

IHP news 524 : Towards a holistic SDG “wellbeing” agenda, spearheaded by the new WHO division for healthier populations ?

(31 May 2019)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

This week's issue zooms in, among others, on the new [Lancet series on Gender Equality, Norms, and Health](#); the **final days (and more analysis) of #WHA72 (& ensuing 145th EB meeting)**; the continuing (and no doubt tricky) path towards a strong declaration at the UN High-Level Meeting on UHC in September (with, as the next milestone, probably the [G20 summit in Osaka](#), end of June); [Menstrual Hygiene Day](#) (important day, even if I'm rather unqualified on the matter), **World No Tobacco Day**, an [LGBT setback in Kenya](#), and the [Ebola DRC outbreak](#), unfortunately a fixture in this weekly newsletter, even if there were (tiny) [glimmers of hope](#) this week.

With some **important elections now behind us** in a number of big countries (India, Australia, ...) and regions (EU), Boris Johnson lined up in pole position to replace Theresa May (which is sparking some [existential questions](#) for DFID in some corners), and plenty of presidential hopefuls already warming up for 'the Mother Of All Elections' in the US next year, a key worry in our “democratic” systems nowadays is that **specific issues and performance in government don't seem to matter much anymore** (especially now that authoritarian leaders show themselves very savvy in capitalizing on their huge army of social media followers, fans and trolls to create a certain – ugly – momentum and 'election mood'). In addition, rightwing populist parties now often **combine xenophobic anti-migration policy proposals with (ostensibly) “leftwing” socio-economic agendas (at least for ‘their own’ people)**, a dangerous cocktail that reminds us of the worst decade of the past century. So this is clearly a very worrying point in time, even if there were also [encouraging signals](#) last weekend (for example, the further rise of Green parties in some West-European countries, which considerably strengthens the Green fraction in the EU parliament and will hopefully provide some counterbalance to the nationalist populist parties in the parliament, for example on EU policies on migration and climate change).

Against this difficult political backdrop, the brand new **WHO division/pillar for healthier populations** certainly has its work cut out in the coming years. The new pillar, which should ensure that one billion more people will enjoy better health and well-being by 2023, has **4 subdivisions**: climate change, health and environment; social determinants of health; health promotion; and nutrition and food safety.

As a take away message from #WHA72 (and with momentum slowly but steadily rising for WHO to declare a planetary (health) emergency, if I'm being optimistic for once), I think it's more than time for WHO (and especially this new branch of it, perhaps) to take the lead in taking on the neoliberal paradigm (*now in its death throes anyway*), propagating instead an **entirely new (SDG/planetary health) ‘wellbeing’ agenda**, a “syndemic” one that would imply an NCD/climate change/gender

equality **'triple win'** (and I probably forget a few potential SDG (health) wins). (*New Zealand already gave a good example this week, with its world-first **wellbeing budget**, [tackling mental illness, family violence and child poverty](#).*)

While I understand the merits of 'Health as an Investment' framing and the 'health economy' agenda (via healthier populations, over more productivity to more economic growth) when Tedros talks to Ministers of Finance **of LMICs, I think it's essential he diversifies his rhetoric and so adjusts his core narrative for UMICs, BRICs and certainly "rich countries"**, perhaps as a key part of the new GAP for healthy lives and well-being for all?

And so, at every high-level decision making forum (G20, G7, ...) he attends, he should actually forcefully advocate for **'ending the mantra of economic growth'** (*I'm sure his speechwriter can come up with a few decent one liners*), **link progressive taxation & ending tax havens with the world-wide drive for UHC**, argue for **decent wages** (for the poor/precarious/migrants... but also, on the other side of the spectrum, for ultra-rich billionaires), and for **far more division of labor & shorter working weeks** (now that burnout has been [officially redefined in ICD-11](#), why does WHO, for example, not put forward an SDG-style roadmap for 30-hour work weeks by 2023, 25-hour work weeks by 2030, etc. ?), [the right to a sabbatical year every 7 years, ...](#) There are already a lot of interesting ['post-growth' ideas](#) around, just waiting for Dr. Tedros & WHO to embrace them. Heck, they can be syndemic 'best-buys'! 😊

Not sure Tedros would still be invited next time by Johnson, Xi et al, and it's probably also not the smartest move to boost WHO funding in the short term, but if WHO really wants to be a "World" health organisation, and thus be there for all countries, also 'developed' ones in the North (and increasingly also UMICs and BRICs which also struggle with neoliberalism and the havoc it wreaks in their societies, also via the political backlash we see now), it's time for him (with his new division for healthier populations perhaps as his personal 'storm troops') to take the lead in **advocating for this alternative discourse, paradigm and future**. The NCD Alliance, the gender equity community, climate movements, ... could and should join this new SDG "wellbeing" agenda. As Rutger Bregman argued in his book 'Utopia for Realists', countries with shorter working weeks have smaller environmental footprints - many progressive think tanks have already made a similar point. And if people (women and men) are expected to work only, say, 25 hours a week, it [might become easier](#) to also do something substantially about gender inequity and gender norms. That's a case Femma, a women's organisation in my country for example, makes.

As Dr. Tedros no doubt knows, many of the world's [current key challenges](#) such as *"inequality, wealth redistribution, precarious work, and digitisation"*, increasingly also affect 'developed' or 'wealthy' countries. That leads to aberrations such as (now ex-) Mrs **MacKenzie Bezos** enjoying a 36.6 billion fortune, having the 'luxury' to [give away half of it, as became known earlier this week](#). In case you wonder how the many precarious and poor in the world perceive this sort of thing, just have a look at the election results in recent years. And probably many more to come if we don't do anything 'transformative' about it.

As for that other (tricky) issue that also plays a vital (but ugly) role in many elections, **migration** and especially the way it's cunningly being instrumentalized by xenophobic populist politicians all around the globe, there I guess the global health community can't do much except continuing to make the case that **every human life has the same value**, for example in integrating migrant health in UHC. What progressives (including global health people) can do, though, is at the same time **putting into practice** all their grand rhetoric on **'down with patriarchy and gender norms', whatever the setting, whatever the cultural environment, whatever the religion**. In the 21st century, the rights of men

and women should be totally equal. Full stop. The same goes for LGBTQI. Call it **the global version of Trudeau's famous answer, 'Because it's 2015'**, when asked about the equal representation of women in his cabinet (*in somewhat better times for Justin, admittedly*).

I leave it up to your imagination what such a **'no compromises' stance on gender equity & rights** should entail, in faraway countries (where global health events are often organized nowadays) as well as in our own countries. Once progressives make it clear they always go for gender equity, anywhere, under all circumstances (as it's 2019!) (*which also includes not avoiding difficult debates for fear of not being culturally respectful enough, and thus largely leaving the field to far-right populists & xenophobes (as too often is the case now), who of course cunningly exploit this issue as well, for their own goals*), then all that remains for xenophobic populists (or worse) to use in election campaigns will be racism. On which we should never give in.

Enjoy your reading.

Kristof Decoster

Featured Article

WHO transparency resolution seeks to dispel opacity around drug prices and sheds light on international policy-making

Priti Patnaik (Independent journalist & researcher)

Disease unites the world. So does the impact of unbridled capitalism. Rich and poor countries alike, came together this week to take first steps to understand why medicines cost as much as they do. The 72nd World Health Assembly that convened in Geneva, adopted [a resolution](#) to push for greater transparency around the prices of drugs, but fought shy to endorse costs associated with research and development and clinical trials.

Countries, of course, can implement national policies that can go further than the letter of the resolution with respect to the disclosure of costs of R&D and clinical trials. For example, Thailand has said that it reserves the right to go beyond the resolution in terms of disclosure of R&D costs.

In an unusual move, a few countries (UK, Germany, Hungary) disassociated themselves from the resolution.

For those who did and for others, the resolution will shine light on the opaque processes on how medicine prices are published, negotiated and protected. The resolution hopes that “availability of comparable price information may facilitate efforts towards affordable and equitable access to health products”.

Global health media was awash with the news of a “watered-down” version of the transparency resolution. Activists may quibble on the scope of the resolution itself. The final version of the resolution was softer on the language around costs of clinical trials and R&D costs. The agreed text was the result of more than 70 hours of negotiations during the World Health Assembly, and in addition to formal consultations since February 2019, when [Italy first proposed the resolution](#). But

to be sure, the stream of information that the resolution seeks to make way for, might open the floodgates on transparency in the pharmaceutical sector.

And why not, everyone, not just patients, stand to gain from more transparency. Information, after all is power. And transparency is good for governance.

Shareholders for example, will benefit from more information on costs of clinical trials, James Love of Knowledge Ecology International said. For smaller companies, such costs are material to share price, he added.

Activists are optimistic. This is the first time the WHO has been asked to engage in transparency as cross cutting issue, and it can be seen as a solid start, Love said on Twitter.

The resolution makes a slew of “requests” to the WHO secretariat, including to analyse the availability of data on inputs throughout the value chain (including on clinical trial data and price information). It says WHO must analyse relevant information about the transparency of markets for health products, including investments, incentives, and subsidies. It further asks WHO to support research and monitor the impact of price transparency on affordability and availability of health products, including the effect on differential pricing, especially in Low and Middle Income Countries.

Member states have been asked, among other areas, to work collaboratively to improve the reporting of information by suppliers on registered health products, such as reports on sales revenues, prices, units sold, marketing costs, and subsidies and incentives.

How the negotiations played out

Negotiations around the resolution captured attention for much of the duration of the Assembly, even so far as threatening to precipitate into a vote on the matter. There were murmurs that the UK would force a vote on it. There was a collective sigh of relief and applause in Committee A, when countries let the resolution pass without objection. Few countries did put their statements on record raising procedural and substantive issues on the resolution.

How did this ambitious, high-stakes resolution that has now been referred as a milestone and a game-changer, pass muster?

A number of factors came together to bring this into fruition – a “huge” engagement by ministries of health, an active NGO army, social media chatter and [blow by blow](#) news coverage even before the resolution was passed, according to those present. It is understood that while there was no “advance” plan of action, activists noted how civil society organizations came together organically and engaged with respective governments to support the resolution - particularly in Germany and France. In addition, [more than sixty NGOs from sub-Saharan Africa](#) wrote to the UK government to support the resolution.

“It is easy for an NGO to talk about transparency. But it is very difficult for a government to do so. There was enormous pressure on Italy, by other member states including Germany, UK, Sweden, Denmark. As a member of the European Union, it is not that easy to push through something like this,” Love said.

Personalities make a difference during such negotiations. Sources said that the chair of the drafting group on the resolution, Luca Li Bassi, the General Director of the Italian Drug Agency (AIFA), also on board of the [European Medicines Agency](#), was fully engaged and was present every single day. He also had the backing of his minister of health Dr Guilia Grillo. As many as 19 other countries eventually became co-sponsors of the resolution.

In their statements after the adoption of the resolution, several countries, including Germany, UK, Australia, France, Belgium, New Zealand, Sweden and Canada expressed concerns and disappointment on the processes of tabling the resolution. The UK said that more time should have been allowed to consider the complexities and potential wide-ranging ramifications on price transparency.

Some countries were of the view that the resolution should have been brought up at the Executive Board meeting earlier in January this year. They also expressed displeasure on the way the discussions around the resolution surfaced in public especially on social media. Ironically, this was even as there were calls to make the country positions public when the negotiations were underway.

Whether or not some member states approve of it, international diplomacy will continue to be impacted by public participation, especially online. (A [press conference](#) by Italy's Minister of Health Dr Giulia Grillo on the transparency proposal was broadcast live on [the Ministry's](#) YouTube channel in February this year.)

These are the new rules of engagement, which are likely here to stay. It may not always be possible to control the message any more. (The hashtag of the week, at least for global health geeks was #TransparencyResolution)

Is the resolution really watered down?

As has been reported, stronger commitments around transparency of costs of clinical trials weakened [as the negotiations evolved](#). In addition, the text does not make distinction between health “technologies” and “products”. Experts believe that this could have implications that could result in higher patent protection.

However, it is expected that the resolution could help open future discussions on costs of R&D and even costs of clinical trials. If costs of clinical trials are made public even in one country, say the US, it would be useful across other jurisdictions.

“The beauty of something like this is, even if there are 50 countries disclosing prices, that is sufficient to help us get a better picture. Currently there is hardly any information or transparency around prices. You just need a critical mass of countries to come on board,” Love of KEI said. “I think we are winning the hearts and minds around this conversation on drug prices. The industry will fight back, but I do not think they will be able to stop us,” he added.

What next?

Transparency is the djinn that will not go back into the bottle. The industry will no doubt fight back and want to stanch this.

While transparency itself is not the magic potion to reduce drug prices, the resolution, if implemented well, will gather evidence to address information asymmetry that favors sellers of drugs while negotiating drugs prices in secret, experts have said. “Better information on prices agreed in other countries strengthens the negotiating leverage of buyers (e.g. through reference pricing policies)”, a global health expert [said last week](#).

The negotiations around the resolution, also demonstrate the role of WHO in convening these discussions and getting member states together to take responsibility to fix intractable problems in

global health today. Brazil said that this resolution showed that WHO is able live up to its mandate to improve access to medicines and contribute to the goal of Universal Health Coverage.

Multilateralism has won this round.

Highlights of the week

World No Tobacco Day (31 May)

WHO highlights huge scale of tobacco-related lung disease deaths

<https://www.who.int/news-room/detail/29-05-2019-who-highlights-huge-scale-of-tobacco-related-lung-disease-deaths>

*“Ahead of **World No Tobacco Day (31 May)**, the World Health Organization is highlighting the **damage tobacco causes to lung health**: over 40% of all tobacco-related deaths are from lung diseases like cancer, chronic respiratory diseases and tuberculosis. WHO is calling on countries and partners to increase action to protect people from exposure to tobacco. **“Every year, tobacco kills at least 8 million people....”***

See also WHO - [World No Tobacco Day 2019](#)

*“Every year, on 31 May, the World Health Organization (WHO) and global partners celebrate **World No Tobacco Day (WNTD)**. The annual campaign is an opportunity to raise awareness on the harmful and deadly effects of tobacco use and second-hand smoke exposure, and to discourage the use of tobacco in any form. **The focus of World No Tobacco Day 2019 is on “tobacco and lung health.” ...***

Lancet Series on Gender Equality, Norms and Health

<https://www.thelancet.com/series/gender-equality-norms-health>

*“The Series on Gender Equality, Norms, and Health is **a collection of five papers, led by Gary Darmstadt and colleagues**, that provides new analysis and insights into the impact of gender inequalities and norms on health, and the opportunities that exist within health systems, programmes, policies, and research to transform gender norms and inequalities. **The need for more action and accountability on gender equality is clear**: introduction of the 2030 Agenda for Sustainable Development and the Universal Health Coverage goals demand greater attention to the social determinants of health, including gender, for the purpose of enabling all people to reach their full human potential. The systemic neglect of gender norms and inequalities in programme design, implementation, monitoring, and evaluation undermine the health of everyone—women and girls, boys and men, and gender minorities. **This Series aims to inform the global health community of the***

critical need and effective actions to recognise and transform restrictive gender norms and gender inequalities, and their intersections with other social inequalities—including those related to age, race/ethnicity, religion, and socioeconomic status—in all they do.”

From the **press release**:

*“The Lancet: **Health progress threatened by neglect of gender***

New Lancet Series on Gender Equality, Norms, and Health exposes failures by governments and health institutions to make progress towards gender equality, despite compelling evidence on impact of gender - and the spoken and unspoken rules of societies about acceptable gender behaviours - on health. New research published in The Lancet Child and Adolescent Health adds weight to findings of the Lancet Series, providing first known evidence that male and female gender traits expressed during adolescence affect health in adulthood, at times irrespective of biological sex. In an era of #MeToo and #TimesUp, there is renewed opportunity for a global social movement on health and gender equality - to counter conservative backlash and change societal attitudes towards masculinity and femininity for good.

*“... Today, **The Lancet** published a new Series on “Gender Equality, Norms and Health”, which finds that governments and health institutions have persistently failed to make progress towards gender equality, despite the impact of gender - and the spoken and unspoken rules of societies about acceptable gender behaviours - on health throughout life. **Set to be launched at the annual ‘Women Deliver 2019’ conference**, this Lancet Series is the result of a four-year project developed by over 100 contributors from five continents....”*

Make sure you also read the hard-hitting **Comments**, in addition to the **series articles**.

For example:

- * [Why now for a Series on gender equality, norms, and health?](#) (by Gary Darmstadt et al)
- * [A coming of age for gender in global health](#) (by Jocalyn Clark & Richard Horton)
- * [Doing gender better: can the UN step up?](#)

#WHA72 (weekend & second week)

Analysis of second half of the World Health Assembly in Geneva

Still a lot happened in Geneva since last week’s newsletter. Let’s start with a few must-reads:

Devex - Transparency, migrant health wrap up 72nd World Health Assembly

<https://www.devex.com/news/transparency-migrant-health-wrap-up-72nd-world-health-assembly-95001>

*“The 72nd World Health Assembly wrapped up Tuesday with the passing of landmark resolutions and a few new initiatives, including the establishment of a new special program at the World Health Organization. But **member states found some topics harder to find consensus on, in particular taking responsibility for the health of refugees and migrants and promoting transparency over costs of research and development of medicines and other health-related technologies.** In both discussions, some member states sought to weaken the language, making it more of a voluntary exercise. Negotiations over these two agenda items went over the weekend, with the latter spurring disagreement between member states to the bitter end....”*

On this new initiative: ...One nascent initiative at WHA72 was the **Epidemic Big Data Resource and Analytics Innovation Network, or EPI-BRAIN**. This was flagged by Tedros in his executive board speech in January as **a new concept WHO had developed to predict epidemics using artificial intelligence. The World Economic Forum is collaborating with WHO on the initiative, which aims to promote public-private collaborations in data sharing** — the subject of a McKinsey report WEF released last week....”

HPW - World Health Assembly Approves Milestone Resolution On Price Transparency

<https://www.healthpolicy-watch.org/world-health-assembly-approves-milestone-resolution-on-price-transparency/>

In case Priti Patnaik’s analysis (in this week’s Editorial) doesn’t suffice for you.

Some of you might also be interested in the comments & assessment of **James Love** (KEI) - [KEI Statement on Adoption of the WHA72 Transparency Resolution](#)

You find the **final version of the transparency resolution** [here](#).

Related link: **Guardian** - [UK refuses to back 'game-changing' resolution on drug pricing](#)

Devex - Global health actors share different perspectives as WHO reform unfolds

J L Ravelo; <https://www.devex.com/news/global-health-actors-share-different-perspectives-as-who-reform-unfolds-94968>

(must-read). **“Global health actors are on wait-and-watch mode to see on how the World Health Organization’s “transformation” will unfold, with varying levels of interest and approval....”** With the views of some member states, and civil society voices, among others.

“... Proposals since the January board meeting continue to focus on the idea of having a separate meeting — a “**world health summit of sorts**” — to accommodate civil society voices, Lloyce Pace (Global Health Council) said....” Civil society doesn’t really think that’s a stunning idea.

WHO Assembly daily updates

In these daily updates, you get a short overview of major decisions, resolutions approved, etc. Well worth scanning!

[WHO - 28 May](#) (on access to medicines; Nagoya protocol)

[WHO - 27 May](#) (MS agreed with five-year global action plan to promote the health of refugees and migrants)

[WHO - 25 May](#) (ICD-11; patient safety; emergency care systems for UHC; WASH)

[WHO - 24 May](#) (health, environment and climate change (incl a global strategy); NCDs (with for the first time some improvement); World Chagas Day & **Year of the Nurse and Midwife (2020)**; PIP framework)

Closing remarks Tedros: <https://www.who.int/dg/speeches/detail/closing-remarks>

Tedros made three points in his closing address. “*Celebrate our achievements. Commit to the work ahead of us. Keep ourselves accountable.*”

And see **Devex** – “...[World Health Organization Director-General Tedros Adhanom Ghebreyesus announced in his closing speech that **the institution is establishing a special program on primary health care to “support countries in strengthening the foundations of their health systems and of universal health coverage.” He also formally announced plans that were previously disclosed to create a new WHO Academy intended to “transform the training of WHO staff and public health professionals.” ...**](#)”

Other relevant news snippets, sessions at #WHA72

ITM – Access to quality medicines gains momentum

<https://www.itg.be/E/Article/access-to-quality-medicines-gains-momentum>

“A High-level event at the 72nd World Health Assembly with several donors in attendance **put the quality of medicines firmly on the health agenda.**”

Some links related to ICD 11

- CNN - [Chinese medicine gains WHO acceptance but it has many critics](#)

- Telegraph - [World Health Organisation adopts 'gaming addiction' as official illness despite industry opposition](#)

Or if you want to read the (satirical) version of **the Onion** - [WHO DG classifies gaming disorder as disease after son spends beautiful day inside playing 'Overwatch'](#)

Quote: "...The revision to the ICD-11 listing of diseases and health problems was adopted after Ghebreyesus observed his son sitting inside, staring at a screen for "eight fucking hours straight" despite the fact that it was 70 degrees outside and there wasn't a cloud in the sky. The new entry defines gaming disorder as "a pattern of persistent and recurring behavior in which a kid wastes an entire day sitting on his ass like a slug when he should be outside playing in the sun." "Based on my wide-ranging review of a good-for-nothing kid's entire wasted Saturday, we have determined that it's a fucking shame someone would loaf about playing these games instead of running around with their friends, riding a bike, or playing a game like normal kids used to," said Ghebreyesus...."

- NPR Goats & Soda - [WHO Redefines Burnout As A 'Syndrome' Linked To Chronic Stress At Work](#)

"...The new definition calls it a "syndrome" and specifically ties burnout to "chronic workplace stress that has not been successfully managed." Despite earlier reports to the contrary, **WHO does not classify the problem as a medical condition. It calls burnout an "occupational phenomenon"** and includes it in a chapter on "factors influencing health status or contact with health services." According to WHO, burnout is characterized by "feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy."..."

In response to (wrong) media reports, WHO set the record straight by a special announcement, which is highly unusual : [Burn-out an "occupational phenomenon": International Classification of Diseases](#) "Burn-out is included in the 11th Revision of the International Classification of Diseases (ICD-11) as an **occupational phenomenon**. It is **not classified as a medical condition**."

- HPW - [New Health Guidelines Propel Transgender Rights](#)

"The World Health Organization (WHO) approved a major change to its global manual of diagnoses on May 25, 2019, that will greatly benefit transgender people around the world, Human Rights Watch said today. The World Health Assembly, the WHO governing body that represents 194 member states, voted for **new diagnostic guidelines that no longer describe gender nonconformity as a "mental disorder."** Historically, many medical systems, including those supported by the WHO, have categorized being transgender as a mental health condition. But an evolving scientific understanding of gender and tireless advocacy by transgender activists around the world were crucial in bringing about this development. **"The WHO's removal of 'gender identity disorder' from its diagnostic manual will have a liberating effect on transgender people worldwide,"** said Graeme Reid, lesbian, gay, bisexual, and transgender (LGBT) rights director at Human Rights Watch. "Governments should swiftly reform national medical systems and laws that require this now officially outdated diagnosis."..."

See also **UN News** - [A major win for transgender rights: UN health agency drops 'gender identity disorder', as official diagnosis](#)

WHO - RESPECT women: preventing violence against women

<https://www.who.int/reproductivehealth/topics/violence/respect-women-framework/en/>

*"... WHO with UN Women, together with, the Office of the High Commissioner for Human Rights (OHCHR), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), the Government of the Netherlands, Swedish International Development Cooperation Agency (SIDA), UK Aid, United States Agency for International Development (USAID) and the World Bank Group **have developed RESPECT women: preventing violence against women – a framework aimed primarily at policy-makers.** ... The framework contains **a set of action-oriented steps** that enables policymakers and health implementers to design, plan, implement, monitor and evaluate interventions and programmes using seven strategies to prevent VAW. **The strategies are summarized in R.E.S.P.E.C.T, with each letter representing one strategy.**"*

WHO & meaningful civil society engagement

G2H2 (paper) - Towards a more meaningful engagement of WHO with civil society

<http://g2h2.org/posts/civilsocietyengagement/>

"An initial assessment of the report of the WHO secretariat to the 145th Session of the WHO Executive Board, 29-30 May 2019, on „WHO governance reform processes: Involvement of non-State actors“ (Document EB 145/4) from a civil society perspective. "

The drafting, publication and dissemination of the paper have been facilitated by the **G2H2 working group on WHO and global health governance and financing**, in the follow-up of a **civil society workshop on "WHO, civil society and 'non-State actors': How to deal with a difficult relationship"** on Friday 17 May.

Must-read!

New division WHO for Healthier populations

Cfr some tweets by **Menno van Hilten** & others:

"@WHO is launching its new division for #HealthierPopulations at #WHA72 in @UNGeneva , striving for a world where #health, #equity and #wellbeing are fully mainstreamed into public policies across sectors."

*"Just released: **Org chart for @WHO's Healthier Population Division responsible for ensuring that one billion more people will enjoy better health and well-being by 2023.**" "With: climate change, health and environment; social determinants of health; health promotion; nutrition & safety."*

*"They were **saving the best for last** at #WHA72. A new division on healthier populations and #UHC with explicit reference to the social determinants of health/health promotion. @DrTedros presents it as one of the pillars of #WHO."*

HPW - WHO Releases Full Global Life Expectancy Report With Interactive Online Resource

<https://www.healthpolicy-watch.org/who-releases-full-global-life-expectancy-report-with-interactive-online-resource/>

*"The World Health Organization released the **full version of its World Health Statistics 2019 report** this week – in conjunction with the 72nd World Health Assembly – along with an [online resource of interactive data visualisations](#) **organised by Sustainable Development Goal categories**. The report, World Health Statistics 2019: Monitoring health for the SDGs, compiles statistics for WHO's 194 member states on global incidence of leading diseases, disease risks and life expectancy, and reports on progress towards achieving the health-related 2030 Sustainable Development Goals (SDGs)..."*

Final #WHA72 links, news, ...

Devex - [WHO fraud, harassment cases on the rise](#)

*"The **World Health Organization's Office of Internal Oversight Services** is dealing with increased cases of fraud and other misconduct and wrongdoing, raising concerns among member states. The office is currently dealing with 167 cases, the majority of which were cases reported in 2018, according to the internal auditor report presented at the 72nd World Health Assembly on Thursday. Most of the cases are about fraud, failure to comply with professional standards, and harassment — including sexual harassment and abuse. ..."*

HPW - [Following 110 years of neglect, an official day for Chagas disease is declared](#)

Devex - [WHO seeks equitable answer to health worker shortage](#)

*"The **question of how to meet the expected 18 million health care worker shortfall by 2030** featured prominently at this week's World Health Assembly, **with delegates being warned to avoid an exodus from low- and middle-income countries....**"*

HPW - [Six International Organisations Pledge Collaboration On Local Production Of Medicines](#)

*"... **five United Nations agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria forged a brand new collaboration to promote local production of medicines**. The World Health Organization, the UN Industrial Development Organization (UNIDO), the UN Conference on Trade and Development (UNCTAD), UNAIDS, UNICEF, and the Global Fund co-signed the "Interagency statement on promoting local production of medicines and other health-related technologies." The six signatories pledged to work "in a collaborative, strategic and holistic manner in partnership with governments and other relevant stakeholders to strengthen local production... based on our respective organizations' expertise and mandate." ..."*

- A tweet: “Great news! @WHO - **Civil Society Workinggroup is announced at #WHA72 to advance #action on #climatechange and #health to speed up #transformation to a low #carbon world to protect #people’s #health @KlimaGesundheit** “
- Finally, **Brian Simpson** (on NPR Goats & Soda) also provided his take home messages on #WHA72, especially focusing on the surprises: [Snakebites And Kissing Bugs Among Surprise Items On World Health Agenda](#)

Early analysis of draft political declaration for UN HLM on UHC (and advocacy)

If you haven’t done so yet, do read [the zero draft](#) (9 pages).

HPW - US Faces Off Against 43 Countries On Sexual & Reproductive Health & Rights

<https://www.healthpolicy-watch.org/us-faces-off-against-43-countries-on-sexual-reproductive-health-rights/>

On the battle during #WHA72 to get to the zero draft. And the process in the coming months.

*“The United States faced off against 43 other countries at the 72nd World Health Assembly this week regarding a proposal to include language protecting sexual and reproductive health and rights (SRHR) in the draft political declaration on universal health coverage (UHC), due to be issued at a UN high-level meeting in September. The **US declaration was the first canon shot in what could be a contentious debate and protracted negotiation** over the final language of the declaration. **Sexual and reproductive health and rights is regarded by many countries and civil society groups as absolutely fundamental to universal health coverage.**Dr **Peter Salama**, Deputy Director-General of Emergency Preparedness and Response, and Dr **Ranieri Guerra**, Assistant Director-General for Strategic Initiatives of the World Health Organization, responded to the statements made by countries and civil society, explaining that the **informal consultations on the political declaration on UHC will begin on 28 May, and will continue on a weekly basis through the end of July....**”*

As mentioned last week, **first reactions have been mixed**. Below a quick overview of some of the concerns & first analysis:

- **Michaela Told** (Global Health Centre, Geneva) - [Health is a permanent and tough political struggle](#)

On the draft: “... As chairs of the intergovernmental process, Thailand and Georgia just released the zero draft of the Political Declaration on 21 May 2019. This particular timing also means that UHC discussions have been brought to the corridors of Geneva. **This nine-page document lists 41 actions under 13 headings and reflects some of the Key Asks elaborated by the UHC2030 Movement**, among them: reaffirming the responsibility of governments and the need for whole-of-government and whole-of-society approaches; participatory governance platforms and multi-stakeholder partnerships; the need to build effective, accountable and inclusive institutions; strengthening

regulatory and legislative frameworks; and ensuring universal access to sexual and reproductive health and rights. It also mentions follow-up actions. **Yet, the current draft Declaration falls short, among others, of mentioning that UHC is a social contract, that it requires social accountability, fighting tax evasion and corruption, managing conflicts of interests, as well as maintaining strong language on gender equality, data governance and the need to invest in public goods. ...**

- Thomas Schwarz (MMI & G2H2):

"Time to say goodbye? Much of the clear and strong public health content and language of @UHC2030 Key Asks for #HLMUHC has not made it into the Zero Draft Political Declaration."

- **UHC 2030:** "Yes! We need a strong declaration - and the Key Asks from the UHC movement will play a crucial role in this process."
- **Ann Keeling (Women in Global Health):**
"But good news '7th Ask' on Gender Equality and Women's Rights incl #SRHR from Alliance for Gender Equality & #UHC co-convened by @womeninGH @IntlWomen & @WomenDeliver is in. Alliance look forward to gender/rights language being strengthened. @UHC2030"
- **Via Devex** – "The zero draft of the political declaration on the high-level meeting on universal health coverage — which will take place during the U.N. General Assembly in September — was released just ahead of WHA. **One expert called it "inclusive without being overwhelming," while others say the text includes a lot of rhetoric, but little that is actionable.'** ..."
- **HSG ask:** see [survey](#)

*"In February 2019, HSG submitted an 'ask' during the political declaration consultation process for the High-Level Meeting on UHC: 'Strengthen local and national research systems to help address key health systems constraints and gaps towards UHC, in order to help optimize the performance of such systems and achieve UHC'. Whilst this ask was not incorporated into the current zero draft of the political declaration, the Board of HSG believe that it is important for the Society to continue to call on governments to recognize that **research and evidence are crucial for building the strong health systems needed to achieve health for all....**"*

145th WHO Executive Board meeting (Geneva)

WHO - [EB documents](#)

HPW - WHO's EB Considers New Ways To Work With NGOs – Some Countries Criticise Activists' Role At WHA 72

<https://www.healthpolicy-watch.org/whos-eb-considers-new-ways-to-work-with-ngos-some-countries-criticise-activists-role-at-wha72/>

Must-read. Excerpts:

“In the wake of a World Health Assembly that became a focus of intense activist and social media attention over a WHO resolution on medicines price transparency, member states are now looking at new rules for shaping involvement of NGOs and other “non-state actors” at public WHO meetings. On Wednesday, an initial proposal for revising procedures on the Involvement of Non-State Actors (NSAs) in meetings like the World Health Assembly (WHA) was the focus of an initial review at the 145th WHO Executive Board (EB) session. The EB meeting of 34 member states regularly convenes on the heels of the annual WHA meeting, to plan agendas for the following year. The WHO report, still under development, suggests the creation of a separate, annual “World Health Forum” to provide a dedicated venue for interactions between member states and non-state actors – while curtailing their formal involvement in the WHA somewhat. Currently some 214 such groups, including not only NGOs, but also philanthropies and the private sector, are officially recognised and entitled to speak as observers in governing body meetings such as the World Health Assembly....”

*“...The EB debate over the role of NSAs followed expressions of **dismay by some member states on the very prominent role certain activist groups played in the debate over the milestone resolution approved just the day before**, to support greater price disclosure of medicines purchased by national health systems....” “...The raucous social media campaign clearly **ruffled the feathers of some member states, including major health donors such as Germany and the United Kingdom**, unaccustomed to being targeted for blocking medicines access. Both ultimately “disassociated” themselves from the resolution....”*

*“...The United States, which supported passage of the resolution, albeit with a watered-down section on public disclosure of R&D costs, **criticised the aggressive Twitter campaign waged by some NGOs or their supporters....”** (Sometimes news seems to come straight from the Onion)*

PS: see also a **tweet from Thiru Balasubraniam**:

*“In 2011, @WHO member states rejected the proposal to establish a World Health Forum as they did not want the **Davosification of the World Health Organization**. @DrTedros @wef - What will 2019 usher in? #EB145.”*

Richard Horton’s take on WHO (so far) under Tedros

Lancet (Offline) - WHO—the story so far...

Richard Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31210-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31210-3/fulltext)

Richard Horton applauds the many changes of WHO under Tedros, like *“The World Health Assembly is typically a cold edifice of bureaucracy. But last week, **Tedros enabled the humanity of global health to be revealed, recognised, and honoured.**”* And the fact that **WHO is now in the business of managing, not avoiding of risks** (as was too often the case before).

But ultimately, he says, **WHO will be judged by its results** (and links it to the organisation’s **financing**). He concludes: *“...WHO has to find a better way to prove its effectiveness. It has taken the first steps to do so through a proposed new “impact framework”. The metrics to measure the*

agency's progress towards its triple billion targets by 2023 are the subject of much anxious debate. These prolonged deliberations have slowed WHO's efforts to create a reliable and independent mechanism for proving its value to member states. Without such proof, WHO is likely to continue to be dependent on earmarked voluntary contributions, which restrict its freedom to invest in health according to need. **It is now a matter of urgency that WHO identifies and agrees a credible means to demonstrate the agency's strengths. Investments in WHO will continue to stall until it does so.**"

New Zealand 'wellbeing' budget promises billions to care for most vulnerable

<https://www.theguardian.com/world/2019/may/30/new-zealand-wellbeing-budget-jacinda-ardern-unveils-billions-to-care-for-most-vulnerable>

"Widespread praise for 'world-first' budget tackling mental illness, family violence and child poverty."
*"After more than a year of curiosity and speculation, **New Zealand's Labour coalition government has unveiled its "world-first" wellbeing budget**, to widespread praise from social agencies charged with looking after the country's most vulnerable people. The finance minister, Grant Robertson, **unveiled billions for mental health services and child poverty as well as record investment in measures to tackle family violence....**"*

PS: I also quite like **Martin Wolf's** view (in the [FT](#)) on this - **The case for making wellbeing the goal of public policy** - in which he argues that we should first of all **focus on eliminating harm**.

"... It will be extremely hard to relate many policy choices to the wellbeing of the population in any precise way, but we can identify relatively clearly the determinants of "ill-being". We can also identify policies that are likely to alleviate ill-being relatively effectively. We should eliminate harms...."

*"... This suggested new approach to wellbeing can thus be viewed in two different ways. The broader path is to reconsider all government policy against its contribution to social wellbeing, as New Zealand is trying to do. **The narrower is to shift resources, at the margin, towards areas of spending most likely to reduce the causes of great harm, such as mental ill health and loneliness.** One does not have to buy all of the broader package to accept this shift in priorities toward alleviating the biggest harms. All parties should agree on this as the minimum goal for policy in a civilised and prosperous society."*

DFID worries & EU elections/development

Devex - Opinion: The death of DFID?

Alex Thier; <https://www.devex.com/news/opinion-the-death-of-dfid-94995>

*"Of the countless casualties piling up on the Brexit funeral pyre, there may be a new one coming with far-reaching consequences beyond British shores: **the potential demise of the U.K. Department for International Development....**"* Their (former executive director of ODI) is not the only one worried about DFID's future, now that Boris Johnson might become Prime Minister.

But after making a forceful case for DFID, he argues that, instead Johnson should support and properly resource DFID: “... Overseas Development Institute research shows evidence that **aid is most effective when it is designed and used for the things it can best accomplish**. In other words, aid is good at reducing poverty; supporting inclusive economic growth; supporting public health and family planning; and increasing the capacity of government institutions to deliver for their people and the capacity of civil society to build accountability. It is not good, however, for buying friends to vote for your government at the United Nations, improve the terms of trade, or balancing great power competition. **If Johnson and Britain want influence and results, they will do well to invest their money effectively in things that are critical to planetary stability and survival. That’s what DFID is there for.** “

Devex - What the EU elections mean for development

V Chadwick; <https://www.devex.com/news/what-the-eu-elections-mean-for-development-95002>

(gated) “The European election results announced this week may have seen right-wing euroskeptics strengthen their position in Parliament, but European Union development insiders are quietly relieved as traditionally pro-development parties also won more seats.”

See also a **CGD blog** (A Käppeli)- [European Election Results: A More Fragmented Europe but a Contained Populist Wave—for Now](#)

Snakebite

Lancet Editorial - Snakebite—emerging from the shadows of neglect

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31232-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31232-2/fulltext)

“...After decades of relative neglect, snakebite is now firmly on the global health agenda. With a strategy and substantial funding now in place, the stage is set. Will all actors play their parts? Testing and then implementing WHO's strategy requires long-term commitment by governments of countries with a high burden of snakebite envenoming, in addition to further investment by donors....”

Polio eradication

CSIS - Polio Eradication Needs Gavi Collaboration

Nellie Bristol; <https://www.csis.org/analysis/polio-eradication-needs-gavi-collaboration>

“The Global Polio Eradication Initiative (GPEI) strategy for 2019-2023 calls for strengthening immunization and health systems to “help achieve and sustain polio eradication.” Reaching this goal will require the polio program to coordinate with a broader set of immunization stakeholders, including Gavi, the Vaccine Alliance, which provides support for routine immunization to 73 of the world’s poorest countries. In fact, the two organizations are already moving toward greater alignment with the recent inclusion of Gavi CEO Seth Berkley on the Polio Oversight Board (POB),

*the GPEI's highest decisionmaking body. But while the affiliation has the potential to help both initiatives meet their respective goals, **challenges remain, and roles must be clarified....***"

NYT – To calm nervous families, Pakistan changes polio vaccination tactics

[NYT](#);

"After serious setbacks in April led to a cluster of new polio cases, Pakistan is revamping its vaccination strategy in a renewed effort to wipe out the virus...."

Reuters - WHO counts down Africa polio clock despite fears of new outbreak

[Reuters](#);

*"Africa could be declared free of endemic "wild" polio early next year if a strain last seen in Nigeria almost three years ago does not resurface, the World Health Organization's Africa director said on Tuesday. Africa's **last case of wild polio was recorded in Nigeria in August 2016**. The country can now begin the months of paperwork needed before declaring that the virus is no longer circulating there, WHO Africa Regional Director Matshidiso Moeti told Reuters. ..."*

Philanthropy & global tax justice

Guardian - MacKenzie Bezos pledges at least half her wealth to charity

<https://www.theguardian.com/society/2019/may/28/mackenzie-bezos-pledges-more-than-half-her-wealth-to-charity>

*"MacKenzie Bezos, who recently became the world's fourth richest woman after her divorce from Jeff Bezos, founder and chief executive of Amazon, has promised to give away at least half her \$36.6bn (£28.4bn) fortune. The 49 year-old novelist and founder of the anti-bullying group Bystander Revolution said on Tuesday that she had "a disproportionate amount of money to share" and promised to work hard at giving it away "until the safe is empty". ... **She made the declaration in a letter to the Giving Pledge**, the philanthropic initiative created by the investor Warren Buffett and Microsoft's principal founder, Bill Gates, to encourage the world's richest people to commit to giving away at least half their wealth to charity. ... **MacKenzie did not set out which causes she intended to donate to**, but in the past she has supported marriage equality, action against homelessness, college scholarships for undocumented immigrants, as well as research on cancer and Alzheimer's disease. ... **She was one of 19 new Giving Pledge signatories announced on Tuesday**. The others include the British hedge fund billionaire David Harding, Brian Acton, co-founder of WhatsApp, Paul Sciarra, co-founder of Pinterest, Brian Armstrong, chief executive of the cryptocurrency exchange Coinbase, and the US hedge fund billionaire Paul Tudor Jones. ... **It takes the total number of signatories to the pledge to 203 from 23 countries.** ...*

Tax Justice Network - New ranking reveals corporate tax havens behind breakdown of global corporate tax system; toll of UK's tax war exposed

<https://www.taxjustice.net/2019/05/28/new-ranking-reveals-corporate-tax-havens-behind-breakdown-of-global-corporate-tax-system-toll-of-uks-tax-war-exposed/>

*“Researchers call for new tax rules to ‘tax corporations where employees work, not where ledgers hide’ ‘Decades of tax wars among the world’s richest countries are unravelling the century-old global corporate tax system, new research finds. Forty per cent of today’s cross-border direct investments reported by the IMF – \$18 trillion in value – are being booked in just 10 countries that offer corporate tax rates of 3 per cent or less. The Corporate Tax Haven Index, published today by the Tax Justice Network, has identified **the UK and a handful of OECD countries as the jurisdictions most responsible for the breakdown of the global corporate tax system** – with the UK bearing the lion’s share of responsibility through its controlled network of satellite jurisdictions. These countries have aggressively undermined the ability of governments across the world to meaningfully tax multinational corporations. **An estimated \$500 billion in corporate tax is dodged each year globally by multinational corporations** – enough to **pay the UN’s under-funded humanitarian aid budget 20 times over every year...**”*

See also **the Independent** - [UK by far the biggest enabler of global corporate tax dodging, groundbreaking research finds](#)

*“Britain has ‘single-handedly’ done more to undermine world’s tax system than any other nation, report finds. **The UK is by far the world’s biggest enabler of corporate tax dodging**, helping funnel hundreds of billions of dollars away from state coffers, according to an international investigation.*

Of the top 10 countries allowing multinationals to avoid paying billions in tax on their profits, four are British overseas territories....”

PS: and « pour la petite histoire » : *“The world’s most aggressive country in terms of driving down other countries’ withholding tax rates through treaties, is **the United Arab Emirates.**”*

Something for the opening plenary in Dubai next year 😊. Maybe in some sort of Maoist collective shaming speech, with also a bunch of UK representatives to star.

Menstrual hygiene day (28 May)

Guardian - Access to menstrual health and hygiene is a right. Period.

<https://www.theguardian.com/commentisfree/2019/may/28/access-to-menstrual-health-and-hygiene-is-a-right-period>

“Right now, 800 million girls and women are menstruating: so why is it still ‘secret women’s business’?”

Do read also “ [Menstruation is not a girls' or women's issue – it's a human rights issue; Statement attributable to UNFPA Representative for Somalia Mr. Anders Thomsen](#)”

And see IPS - [Educating Girls about Menstruation and Menstrual Hygiene](#)

*“... what is needed is the **mainstreaming of menstrual hygiene education** into development agendas such as the Sustainable Development Goals and the Gender Mainstreaming agenda....”*

Access to medicines & diagnostics

In addition to the **transparency resolution**, approved at #WHA72 (and clearly the main ‘access to medicines’ news of the week):

BMJ (Analysis) - Threat of compulsory licences could increase access to essential medicines

<http://bmj.com/cgi/content/full/bmj.l2098>

*“Gorik Ooms and Johanna Hanefeld argue that low and middle income countries could increase access to medicines **by forming an alliance to credibly threaten companies with compulsory licences.**”*

Forbes - Can Pharmacies Improve Global Health Delivery By Taking Tests Closer to People?

M Pai; <https://www.forbes.com/sites/madhukarpai/2019/05/25/can-pharmacies-improve-global-health-delivery-by-taking-tests-closer-to-people/#11faa77d3185>

“...can pharmacies solve the access problem with diagnostic testing? In many LMICs, pharmacies and retail drug stores are the first point of contact with the healthcare system....”

Guardian - \$2.1m Novartis gene therapy to become world's most expensive drug

<https://www.theguardian.com/science/2019/may/25/21m-novartis-gene-therapy-to-become-worlds-most-expensive-drug>

*“Swiss drugmaker Novartis has received US approval for its **spinal muscular atrophy gene therapy Zolgensma** – pricing the one-time treatment at a record **\$2.125m**. The Food and Drug Administration on Friday approved Zolgensma for children under the age of two with SMA, including those not yet showing symptoms. The approval covers babies with the deadliest form of the inherited disease as well as those with types where debilitating symptoms may set in later....”*

Novartis Foundation will have its work cut out to make up for this outrageous pricing, “doing good” in LMICs ☹️.

AMR

Wired – The radical plan to change how antibiotics are developed

Wired

Excerpts (on some of the plans being considered in different corners to develop antibiotic in new ways):

*“... **The proposals to remake antibiotic R&D into a government possession or a nonprofit concern** are a response to those departures. They say, in effect: If profitability is an insoluble problem for antibiotics companies, we can solve that problem by making profit irrelevant. **But the ultimate goal of nationalized, internationally supported, nonprofit antibiotic production would be to replace pharma companies**—and because they represent such an established (if malfunctioning) ecosystem, there’s a **lot of skepticism around the idea.** ...”*

*“...**Kevin Outterson**, a professor of health law at Boston University and the executive director of CARB-X, a public-private partnership that funnels money to very early stage antibiotic research, **worries that consigning antibiotic R&D to nonprofits will squelch innovation.** “If you do that, no private investor will ever again put a nickel in a preclinical antibiotic product,” he says. **What Outterson envisions instead is a for-profit public entity, possibly more than one.** The closest analogue may be **investor-owned public utilities, which have shareholders who receive a capped rate of return**—which, in the case of a new antibiotic entity, would reward investment, but at a lower rate than Wall Street currently demands of pharma companies. ... “We have to do it in a way that actually gives some hope to the private investor, and to little startups that have 10 employees and borrowed money from their aunts and uncles to get started, who hope to get bought out at a reasonable price,” he says. **“That’s the only way we’re going to have an ecosystem that works for decades.”***

*“**Decades is the point.** The reason the Achaogen bankruptcy is so serious isn’t because of the loss of one company or drug. It is because **it represents a last gasp—maybe the last gasp—of a manufacturing system that has stood since the end of World War II.** From this point, producing antibiotics isn’t a matter of achieving one new drug, or several; **the actual task is realizing a new paradigm that will guarantee production for at least as many years into the future as we have had them in the past.** Whichever model governments and industry choose, it is unlikely to look like what came before. “*

Guardian - World's rivers 'awash with dangerous levels of antibiotics'

<https://www.theguardian.com/society/2019/may/27/worlds-rivers-awash-with-dangerous-levels-of-antibiotics>

*“**Largest global study finds the drugs in two-thirds of test sites in 72 countries**”. “...Hundreds of sites in rivers around the world from the Thames to the Tigris are awash with dangerously high levels of antibiotics, the largest global study on the subject has found... **Lower-income countries generally had higher antibiotic concentrations in rivers, with locations in Africa and Asia performing worst.** “*

UHC & G20

BMJ - Next steps towards universal health coverage call for global leadership

<https://www.bmj.com/content/365/bmj.l2107>

“Gerald Bloom and colleagues argue that the G20 is uniquely placed to facilitate crucial actions to accelerate progress towards universal health coverage.”

“Universal health coverage (UHC) has been identified as a priority for international development by the G20, the World Health Organization, and the United Nations General Assembly. Since it was explicitly incorporated into the sustainable development goals (SDGs) as target 3.8, much effort has been expended on promoting UHC. Here we focus on four areas that, on current trajectories, are unlikely to achieve sufficient progress to meet the target. These are also areas for which G20 can provide substantial leverage: the principle of “leaving no one behind,” particularly in migrant health and genuine support for primary care; reliable domestic financing, which requires enlightened leadership and deliberate dialogue between finance and health sectors; harnessing and regulating medical and technological innovation; and mutual learning and harmonised aid among donor countries. We call on G20 leaders, who will meet in Osaka in June 2019, to take concrete action on these issues. ... This article is based on a policy brief prepared by a working group convened by the Government of Japan as host of the Think 20 summit in Tokyo in May 2019. Our work has received input from a wide ranging global group of thought leaders, some of whom represent civil society, including patients and the general public.

See also IDS - [Recommendations for G20 on achieving Universal Health Coverage](#)

Recommendations from the **T20 Working Group on UHC**, for G20 on achieving UHC.

And see also **Gerry Bloom** (IDS blog) - [Recommendations from the T20 Working Group on UHC](#)

The G20 might indeed be uniquely placed, but I have my doubts whether Vlad, Xi, Erdogan, Trump, Johnson (perhaps), Bolsonaro et al also feel themselves ‘uniquely placed’ to help the world make progress on UHC ... :

Some **tweets related to the upcoming G20 summit in Osaka**:

John Kirton: “T20 communique has 6 of 96 recommendations on health Will @g20org Osaka Summit have more commitments on health & overall? @g20rg”

Kent Buse : “My hope is #G20 Osaka will make quality commitments (new, quantitative, time bound, etc) to relatively neglected #SDG3 health targets – eg road traffic, substance abuse – and to address health equity & upstream determinants.”

LGBT & women's rights

Guardian - Kenya court upholds ban on gay sex in major setback for activists

<https://www.theguardian.com/world/2019/may/24/kenya-court-upholds-ban-on-gay-sex-in-major-setback-for-campaigners>

Setback from late last week. *"LGBT campaigners have reacted with anger and dismay after judges at Kenya's high court rejected a bid to repeal colonial-era laws criminalising gay sex. The ruling has dealt a major setback to campaigners, who hoped that scrapping the laws would inspire other countries in Africa – where discrimination is widespread – to do the same...."*

The Telegraph - Britain will fight the global 'rollback' of women's rights, says UK development minister

[Telegraph](#);

"The new international development minister [will] use a speech in Norway [today] to make it clear that Britain will not follow America and "rollback" access to abortions and other reproductive health services. Baroness Sugg, a 42-year-old former operations chief to David Cameron, will tell delegates at a conference on gender in Oslo that the UK must "stand strongly against the rollback of women's rights."

1st ever 'Ending Sexual and Gender-Based Violence (SGBV) in Humanitarian Crises Conference (Oslo, Norway, 24 May)

UN News - ['Huge' stakes, 'daunting' job to tackle gender-based violence, UNICEF chief tells ground-breaking conference](#)

"One-in-three girls or women will experience physical or sexual violence in her lifetime, and "the risk multiplies" during a conflict or natural disaster, the Executive Director of UNICEF told delegates attending the first-ever "Ending Sexual and Gender-Based Violence (SGBV) in Humanitarian Crises Conference" on Friday, in the Norwegian capital, Oslo. In a ground-breaking collaboration, the Governments of Norway, Iraq, Somalia, the United Arab Emirates (UAE) together with UN agencies and the International Committee of the Red Cross (ICRC) is taking on the global SGBV challenge. The conference yielded a total of \$363 million in pledges from 21 countries for 2019, 2020 and beyond, including \$226.2 million to be spent on priorities this year alone...."

Children's malnutrition

Devex - Child hunger threatens Africa's economy, report says

[Devex](#);

*“Africa’s economic and social progress is under threat from persistently high levels of child hunger, according to a **report by the Africa Child Policy Forum**. The report — released at last week’s **International Policy Conference on the African Child in Addis Ababa, Ethiopia** — analyzed United Nations data on malnutrition to find that **child hunger currently costs African countries as much as 17% of their gross domestic product**. It urges governments to ensure children have enough food to safeguard their country’s economic future, as well as their citizens’ well-being. ...” 60 million African children are hungry right now.*

Lancet Editorial – Protect lives before political interest in the Middle East

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31234-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31234-6/fulltext)

“Tensions between Iran and the USA are rising, as US President Trump’s acrimonious language fuels an already incendiary situation. The world now pauses during a time that could rapidly accelerate towards an open conflict—none more so for than the millions of civilians already living in protracted crises in neighbouring countries of the WHO EMRO region whose lives could be further threatened by such an escalation.” The editorial points to the citizens of **Yemen, Syria, Palestine, Afghanistan**, ... among others, whose lives should be protected – rather than the warmongering in the region we see once again now.

Data concerns

Nature (News feature) - Can tracking people through phone-call data improve lives?

Amy Maxmen; [Nature](#);

*“**Researchers have analysed anonymized phone records of tens of millions of people in low-income countries**. Critics question whether the benefits outweigh the risks.”*

*“...Since the earthquake [in Haiti, 2010], **scientists working under the rubric of ‘data for good’** have analysed calls from tens of millions of phone owners in Pakistan, Bangladesh, Kenya and at least two dozen other low- and middle-income nations. Humanitarian groups say that they’ve used the results to deliver aid. And researchers have combined call records with other information to try to predict how infectious diseases travel, and to pinpoint locations of poverty, social isolation, violence and more (see ‘Phone calls for good’)..... **Yet as data-for-good projects gain traction, some researchers are asking whether they benefit society enough to outweigh their potential for misuse**. That question is complicated to answer....”*

Ebola DRC – Glimmers of hope?

Cidrap - Decline in Ebola cases comes amid fragile security situation

<http://www.cidrap.umn.edu/news-perspective/2019/05/decline-ebola-cases-comes-amid-fragile-security-situation>

*"In its latest [weekly Ebola assessment](#) (28 May), the World Health Organization (WHO) said Ebola cases have dipped slightly in the past weeks, but it warned that the decline should be interpreted with extreme caution, due to the complex environment and fragile security situation. Aside from **a drop in cases**, the WHO said in its latest situation report that it **sees other encouraging signs, including lower proportions of nosocomial (healthcare-related) infections and community deaths**. Also, it said **outbreak responders are reporting higher proportions of contacts registering when cases are detected**. It said, however, that weekly fluctuations in the indicators that health officials track have been reported in the past, and it's still not clear if the surveillance system has the ability to identify all new cases in areas with ongoing security problems. "Operations are still regularly hampered by security issues, and the risk of national and regional spread remains very high," the WHO said...."*

See also **UN News** - [DR Congo: Strengthened effort against Ebola is paying off, but insecurity still major constraint – UN health agency](#)

On the **new UN Coordinating structure**:

*"To strengthen the coordination of the response and "create a much more enabling environment", this week, **the Deputy head of the DRC peacekeeping mission MONUSCO, David Gressly – newly appointed UN Emergency Ebola Response Coordinator – will be arriving in the city of Butembo, at the epicentre of the outbreak**. Among several other key objectives, his role will be to help strengthen the DRC Government's engagement around security, in a bid to reconcile various warring parties in the area. In parallel, a scale-up of operations in the region from health and humanitarian organizations is also expected. ..."*

See also **HPW** - [New Plan For Ebola Outbreak Response To Ensure Safety Of Respondents](#)

On the **financing gap**: *"Over US\$60 Million Gap in Financing Challenges Response: ... In order to really build upon these tools and sustain progress, Ryan said the WHO needs donors to come through with commitments of more support. **So far the response operation has received only a little more than US\$37 million out of the US\$98 million needed to sustain the response**. While acknowledging donors such as the United Kingdom; Germany; South Korea; Australia; Gavi, the Vaccine Alliance; and the Bill and Melinda Gates Foundation, Ryan said **that the missing US\$64 million threatens the entire Ebola response**. Even so, the Ebola operational financing is secure through the end of June, he said, remarking that **US\$50 million have been borrowed from the contingency fund**, to which he said Japan and Germany have substantially funded...."*

Guardian - Congo Ebola response must be elevated to maximum level, UN told

<https://www.theguardian.com/global-development/2019/may/29/congo-ebola-response-must-be-elevated-to-maximum-level-un-told>

“The UN has been urged by charities to ramp up Ebola prevention work in the Democratic Republic of the Congo to the highest level of emergency response. Only three crises – Yemen, Syria and Mozambique – are treated as the equivalent of a level-three response, activated when agencies are unable to meet needs on the ground. Charities including Mercy Corps and Oxfam said the same declaration should also be made in DRC, following a recent acceleration in the spread of Ebola. Almost 2,000 cases of Ebola have been recorded since the outbreak began in August. As of Monday, 1,287 people have died from the disease....”

HPW - Major cholera vaccination campaign begins in North Kivu in the Democratic Republic of the Congo

<https://www.healthpolicy-watch.org/major-cholera-vaccination-campaign-begins-in-north-kivu-in-the-democratic-republic-of-the-congo/>

“More than 800,000 people will be immunised against cholera in North Kivu in the Eastern part of the Democratic Republic of the Congo (DRC) following the launch of a major vaccination campaign today. The campaign will be implemented by the DRC Ministry of Health with support from the World Health Organization (WHO) and partners, and funded by Gavi, the Vaccine Alliance...”

“...“The DRC is confronted with an unprecedented combination of deadly epidemics,” said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance. “While the Ebola outbreak continues to cause untold misery in the East, measles and cholera epidemics are claiming the lives of thousands of people throughout the country. That’s why we are stepping up our response, through this cholera vaccination campaign, through ongoing measles vaccinations in health zones affected by measles outbreaks, as well as through our continued support for Ebola vaccinations in both the DRC and neighbouring countries. We cannot allow this needless suffering to continue.” ...”

Cidrap – Experts: DRC Ebola outbreak fueled by attacks

<http://www.cidrap.umn.edu/news-perspective/2019/05/experts-drc-ebola-outbreak-fueled-attacks>

Based on a new [NEJM special report](#). “By early February 2019, transmission of Ebola in the Democratic Republic of the Congo's (DRC's) Ituri province was largely under control, and declines were observed in Katwa and Butembo, several leading experts on the outbreak wrote yesterday in the New England Journal of Medicine (NEJM). **But a sudden increase in violent attacks on healthcare workers and facilities throughout North Kivu province have caused the outbreak to spike in the last 2 months and become intractable.** The experts, including DRC Minister of Health Oly Ilunga Kalenga, MD, and the World Health Organization (WHO) African regional director, Matshidiso Moeti, MD, published **a special report on the 10-month-long outbreak, the world's second largest....”**

Lancet (Viewpoint) – Responding to the Ebola virus disease outbreak in DR Congo: when will we learn from Sierra Leone?

The Ebola Gballo Research Group [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31211-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31211-5/fulltext)

“...Much can be learned from the experience in Sierra Leone for the response in DR Congo, where it seems likely that it will be local responders, not the international community, who have the critical part in turning the epidemic around. Here we summarise lessons learnt from the Ebola Gbalo study in Sierra Leone and from DR Congo for successful response efforts....”

... Recognising differences between settings, we believe, nevertheless, that it is urgent that the lessons from Sierra Leone help international responders to rethink their response to the worsening outbreak in northeastern DR Congo. These lessons are: (1) to work closely with the different forms of local authority, including recognising heterogeneity and different capacities among those authorities, with a commitment to allowing local authorities to shape the response; (2) to allow local front-line health workers to advise international responders on the best means to reach, and encourage cooperation from, affected communities; (3) to disperse resources and basic life-saving equipment (including gloves, boots, and chlorine) to communities, particularly in remote locations beyond formal health systems (front-line health workers and distant community leaders should also be provided with communication tools to expand the surveillance area beyond those reached by formal health systems); and (4) to recognise that in the highly politicised context of the Ebola virus disease outbreak in DR Congo, securitisation of response is problematic and will require reflection. If international agencies are to provide effective support to local responders, then serious efforts need to be given to peace negotiations and brokering a ceasefire or securing safe corridors for aid delivery. But even if an improvement in security conditions does not happen, the situation could be transformed if international agencies, including WHO, let go of their control and trust community responders to take the lead. “

Planetary Health

NYT – UN say 80 countries may ramp up climate pledges

<https://www.nytimes.com/2019/05/28/climate/united-nations-climate-pledges.html>

“UN signals up to 80 countries have expressed their intend to ratchet up their NDCs before the Paris Agreement becomes operational in 2020.”

Guardian - Treated like trash: south-east Asia vows to return mountains of rubbish from west

https://www.theguardian.com/environment/2019/may/28/treated-like-trash-south-east-asia-vows-to-return-mountains-of-rubbish-from-west?CMP=Share_AndroidApp_Kopiera_till_Urklipp

*“Region begins pushback against deluge of plastic and electronic waste from UK, US and Australia.”
Or innovative use of ‘circular economy’ thinking, if you want :)*

MIT Technology Review - Turning one greenhouse gas into another could combat climate change

<https://www.technologyreview.com/s/613556/turning-one-greenhouse-gas-into-another-could-combat-climate-change/>

"Sucking methane from the air might deliver a bigger bang for the buck than just removing carbon dioxide."

Guardian - A tax on red meat? That won't save the planet – or do much to improve our health

<https://www.theguardian.com/commentisfree/2019/may/29/tax-red-meat-save-the-planet-improve-health-sin-levy>

"The problems associated with the production of red meat are far too complicated for a simplistic sin levy," Julian Baggini argues.

End fossil fuel subsidies, and stop using taxpayers' money to destroy the world: Guterres

<https://news.un.org/en/story/2019/05/1039241>

UN SG Guterres said this at an event hosted by Arnie (Schwarzenegger), where Greta Thunberg was also present. Nice picture also!

The event: the **World Summit of the R20 Coalition**, a UN-supported environmental organization, founded by former California governor Arnold Schwarzenegger.

'Ground-breaking innovation' needed in cities, where battle for sustainable development will be won or lost, says UN agency chief

<https://news.un.org/en/story/2019/05/1039461>

*"If the battle to achieve the Sustainable Development Goals (SDGs) is to be won or lost in cities, then they need to "achieve a lasting impact on communities and to ensure that no one is left behind," the **head of the UN agency dealing with sustainable urban development said on Wednesday**. Opening the **high-level session of the first UN-Habitat Assembly in Nairobi**, Maimunah Mohd Sharif, Executive Director of the United Nations Human Settlement Programme, UN-Habitat, explained that **innovation** – which she defined as "new knowledge and solutions to improve living conditions for all in cities and communities" – **is the central theme of the Assembly** because cities, which drive national economies by "creating prosperity, enhancing social development and providing employment," can also be breeding grounds for poverty, exclusion and environmental degradation...."*

Devex - New UK aid secretary pledges £1B more for climate

<https://www.devex.com/news/new-uk-aid-secretary-pledges-1b-more-for-climate-95018>

*"The U.K. international development secretary Rory Stewart has moved to fulfill his early promise to do more on climate change by vowing to double aid spending for climate and the environment to more than £2 billion (\$2.5 billion) over the next five years. "I'd like to double the amount that we spend on climate and the environment because **we are facing a climate cataclysm**. Quite literally,*

the ice shelf is going 10 times more quickly than people expected, we're about to lose maybe a million species on Earth, and that's even before you count the fact that 100 million more people will be in poverty unless we tackle this," Stewart told Sky News on Tuesday...."

BMJ (News) - Doctors for Extinction Rebellion: new group fights for planetary and public health

<https://www.bmj.com/content/365/bmj.l2364>

*"Over 200 doctors from a variety of specialties have joined forces to fight climate change and promote planetary and public health, as part of **a new group called Doctors for Extinction Rebellion**. The group initially met through social media and has now officially formed an organisation that has started to hold meetings around the UK. **Its creation comes in response to the Extinction Rebellion movement**, which held protests last month calling ..."*

Yale Environment - Geoengineer the planet? More scientists now say it must be an option

<https://e360.yale.edu/features/geoengineer-the-planet-more-scientists-now-say-it-must-be-an-option>

"...with carbon emissions soaring, initiatives to study and develop geoengineering technologies are gaining traction as a potential last resort...." With the last option (restoring natural forests) the best one (and probably the only one we should advocate for).

Reframing the tobacco epidemic?

Lancet - Leveraging climate change to improve global tobacco control

Vin Gupta, T Bollyky, A Glassman et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30705-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30705-6/fulltext)

*« ...across middle-income and lower-middle-income countries worldwide, politics is the common denominator of insufficient action on tobacco control. How can progress on tobacco control in these countries be encouraged?... ... **Would highlighting the catalytic role of air pollution on worsening smoking-related health outcomes sway governments to greater action and implementation of the FCTC?** "*

*« ...We analysed results from the Global Burden of Disease Study 2017 to better understand how geographical distribution of tobacco use prevalence overlaps with exposure to air pollution (both ambient and indoor particulate matter). Broadly, we observed that **additional risks from air pollution are present across countries already facing intractable tobacco epidemics. These included many of the most populous nations in Asia and the Middle East, most notably China, Egypt, India, and Nepal....** ... "*

The authors conclude: “Countries with the most devastating tobacco epidemics need an infusion of political will to start achieving greater gains. As is often the case in politics, this only comes when the urgency to act is unavoidable. **Conceiving of tobacco use as part of a larger risk framework that incorporates exposure to air pollution** is not only bolstered by a growing body of evidence but also imparts a clearer perspective on the risks of continued smoking in places like China, India, and Indonesia. We hope this **reframing of the contemporary tobacco epidemic** could serve as an additional lever for governments to re-engage with the many policy tools of the FCTC that we already know work well in bolstering tobacco control. »

Plan S delayed by a year

Nature (News) – Ambitious open-access Plan S delayed to let research community adapt

<https://www.nature.com/articles/d41586-019-01717-2>

*“A major push by some science agencies to make the research they fund open-access on publication — Plan S — has been delayed by a year. Funders now don’t have to start implementing the initiative until 2021, the agencies announced today, to give researchers and publishers more time to adapt to the changes the bold plan requires. The funders, together called Coalition S, say they are also now prepared to give publishers more flexibility in how they transform paywalled or part-paywalled journals into fully open-access titles to become compliant with Plan S, and they will not necessarily place a cap on journals’ open-access publishing fees as they’d previously stated. The group of 19 mainly European funders behind the plan made the changes **after a public consultation** drew hundreds of responses from publishers, academic libraries and researchers (see ‘Five key changes to Plan S’)....”*

Papers and reports of the week

WHO Health Finance Guidance N° 7 – Health Financing Policy & Implementation in FCAS: a synthesis of evidence and policy recommendations

https://www.who.int/health_financing/topics/fragility-and-conflict/Health-Finance-FCAS.pdf?ua=1

By **Sophie Witter** et al. Health Financing Guidance paper prepared for the 72nd World Health Assembly.

WHO Bulletin – Gender balance in WHO panels for guidelines published from 2008 to 2018

M Bohren, D Javadi et al ; https://www.who.int/bulletin/online_first/BLT.18.226894.pdf?ua=1

The objective of this paper was **to assess the gender composition of guideline contributors for all World Health Organization (WHO) guidelines published in 2008–2018**. The authors conclude:

*“...Participation on a guideline panel is a prestigious leadership role in global health. **The under-representation of women across most WHO guideline roles** shows that inequalities persist even where standards and policies call for gender balance. Attention can be shifted to strengthening accountability mechanisms and understanding the root causes of this imbalance.”*

Global Health Action - European aid and health system strengthening: an analysis of donor approaches in the DRC, Ethiopia, Uganda, Mozambique and the global fund

Lies Steurs; <https://www.tandfonline.com/doi/full/10.1080/16549716.2019.1614371>

Recommended. *“In the field of international health assistance (IHA), there is a growing consensus on the limits of disease-specific interventions and the need for more health system strengthening (HSS). European donors are considered to be strong supporters of HSS. Nevertheless, little is known about how their support for HSS translates into concrete policies at partner country level. Furthermore, as development cooperation is a shared policy between the EU and its Member States, it remains unclear to what extent European donors share a similar approach. **This article reviews a PhD thesis on European aid and HSS. The thesis investigated (1) the approaches of European donors towards IHA, and (2) the extent to which there are similarities or differences between them.** An original analytical framework was developed to make a **fine-grained analysis of European donors’ approaches in the DRC, Ethiopia, Uganda and Mozambique.** In addition, **the relation of European donors with the Global Fund was investigated....”***

BMJ (Analysis) - The upside of trade in health services

<https://www.bmj.com/content/365/bmj.l2208>

*“Cross border movement of patients and health workers is often portrayed negatively but **Johanna Hanefeld and Richard Smith** discuss how it can benefit both source and recipient countries as long as the risks are properly managed.”*

IJHPM - The Need for a Dynamic Approach to Health System-Centered Innovations; Comment on “What Health System Challenges Should Responsible Innovation in Health Address? Insights From an International Scoping Review”

Josefien van Olmen et al; http://www.ijhpm.com/article_3622.html

“Lehoux and colleagues plea for a health systems perspective to evaluate innovations. Since many innovations and their scale-up strategies emerge from processes that are not (centrally) steered, we plea for any assessment with a dynamic, instead of a sequential, approach. We provide further guidance on how to adopt such dynamic approach, in order to better understand and steer innovations for better health systems....”

BMJ Global Health (Commentary) - Continuity in primary care: a critical but neglected component for achieving high-quality universal health coverage

D Schwarz et al; <https://gh.bmj.com/content/4/3/e001435>

*“Continuity is a critical but often neglected function of high-quality primary care and has three core domains: relational, informational and managerial continuity. Improving continuity is feasible in low-income and middle-income country health systems by using comprehensive empanelment systems or community-based follow-up programmes to improve retention in care. **Continuity must receive more attention, measurement and improvement efforts**, in order to achieve equitable, high-quality health for all.”*

Health Research Policy & Systems (Commentary) - The intersections of industry with the health research enterprise

Elie Akl et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0457-7>

*“There is increased awareness of the negative impact of large multinational corporations – the ‘industry’ – on public health. These corporations have established different types of relationships with a number of actors in the field of health research. **This Commentary explores the different types of relationships between the industry and the actors of health research, how they intersect with the different research steps, and how these relationships allow the industry to exert influence....”***

Pathways for Prosperity Commission on inclusive technology (Report) - Positive disruption: health and education in a digital age

<https://pathwayscommission.bsg.ox.ac.uk/positive-disruption>

*“**Positive disruption: health and education in a digital age** offers guidance on how digital technologies can be used to improve the lives of people in developing countries, while keeping a careful eye on the limitations and risks of focusing solely on hardware over people and processes. Technology is not a silver bullet and history is littered with poor investments in this area. To ensure health and education services are effective, efficient and equitable, governments need to be wise with their choices. The time for these strategic decisions is now; waiting will risk further lost opportunities and lives further entrenched in inequality. **This report sets out realistic visions for how developing countries can significantly improve their health and education systems by making effective use of data-driven technology, and more importantly, what governments working with stakeholders need to do next.**”*

See also a **guest post by Elizabeth Stuart** (CEO Pathways for Prosperity Commission on inclusive technology) on Duncan Green’s blog F2P: [Can digital really revolutionise health and education in the Global South?](#)

Blogs & mainstream articles of the week

Foreign Policy - Good Health Supports Good Governance

Matthew Kavanagh; <https://foreignpolicy.com/2019/05/24/good-health-supports-good-governance/>

“Trump’s budget reopens old—and unnecessary—arguments about the efficacy of health aid.”
Viewpoint Kavanagh based on recent Georgetown research.

*“... **Well-designed global health aid can have beneficial effects on governance** as well. ... In a recent study, Georgetown University’s Lixue Chen and I used data from 112 countries to test whether aid from the Global Fund had any effect on governance. **We found that increased aid from the fund was associated with better control of corruption, government accountability, political freedom, regulatory quality, and rule of law** (the relationship with effective policy implementation was not statistically significant). This relationship held true even when we controlled for other factors that might explain the difference like a country’s wealth, relative political stability, and level of corruption at the start of funding.... ”*

Interestingly, Kavanagh also argues here “Not all aid is created equal”, hinting that **there may be something particularly beneficial about aid for global health.**

*“... Last year, through the Bipartisan Policy Center, two former Senate majority leaders and I collaborated on a study that showed that the **PEPFAR program was associated with similar positive trends in governance**. Other studies have linked more general foreign aid to poorer governance. This suggests **that there may be something particularly beneficial about aid for global health.** ...”*

Open Democracy - UBI without quality public services is a neoliberal’s paradise

R Pavanelli; <https://www.opendemocracy.net/en/transformation/ubi-without-quality-public-services-is-a-neoliberals-paradise/>

*“... **A UBI (Universal Basic Income) without public services is a neoliberal’s paradise**. When we manage to build the political will to raise the substantial extra funds required to fight inequality – then surely funding public health, transport, housing and education would be our key priority? **Free and universal quality public services is a radical demand worth fighting for**. To the progressives of the UBI movement: let’s win this struggle first.”*

Guardian - Neoliberalism must be pronounced dead and buried. Where next?

J Stiglitz; [Stiglitz](#)

Stiglitz makes the case for ‘**progressive capitalism**’.

Global health events

Many among you are already gearing up for **Women Deliver** (next week in Vancouver, June 3-6); others perhaps for the **Global Health Security conference** in Sydney, later this month. And still others, for the **European Development Days** (18-19 June, Brussels).

A few other announcements:

Announcement of WHO EB & WHA meetings next year

Cfr a few tweets:

"Hold the dates: #EB145 just decided on the following dates for meetings of @WHO Governing Bodies in 2020: - 29-31 Jan 2020: #PBAC31 - 3-8 Feb 2020: #EB146 - 13-15 May 2020: #PBAC32 - 17-21 May 2020: #WHA73 (note start on Sunday afternoon and closing on Thursday 21 May 2020)"

"#EB145 had extensive discussions to ensure that the @WHO governing bodies meetings in 2020 did not clash with the dates of the Lunar New Year and Eid al-Fitr."

"Interesting, EB to be one day longer than WHA?"

Coming up: G20 Osaka (June 28-29)

<https://g20.org/en/>

Remains to be seen to what extent global health will be a key priority. But given the host (Japan), the hope is there will be quite some attention on it (UHC, AMR, healthy ageing, ...)

Global governance of health

Apolitical – Gender equality top 100: the most influential policy people in global policy 2019

<https://apolitical.co/lists/gender-equality-100/>

Congratulations to all who made it into the list. I'm sure you'll recognize quite a few names.

Still, this tweet from 'Feminine upheaval' was also spot on:

*"Fantastic recognition of amazing people (many of whom I am privileged to call friends), but **if a list recognising those working towards global gender equality is 97% women** then we really need to ask ourselves where we're going wrong."*

Devex - Global Financing Facility prepares for leadership shake-up

<https://www.devex.com/news/global-financing-facility-prepares-for-leadership-shake-up-94943>

(gated)

“Civil society groups say they will be watching closely as the \$1 billion Global Financing Facility for Women, Children and Adolescents prepares for a leadership shake-up amid a global backlash against sexual and reproductive health and rights. From July 1, GFF will no longer have a standalone director at the World Bank. Instead, the multidonor trust fund will be run by the bank’s new global director of health, nutrition, and population, Muhammad Pate, who is a former Nigerian health minister. Monique Vledder will remain manager of the GFF Secretariat, a GFF spokesperson told Devex....”

See also [Devex](#)

“...In April Mariam Claeson, the current director, announced that she will step down by the end of June, “to time [her] departure with the transition into the next fiscal year and a new phase of the GFF coinciding with, and being part of, the organizational change across the Human Development family of the World Bank.” Pate will replace Tim Evans, who has been the bank’s senior director of health, nutrition, and population for the past six years. Civil society groups are urging that GFF maintain both its independence, and its focus on sexual and reproductive health and rights, which they worry could come under pressure during the tenure of World Bank President David Malpass, who was nominated by the Trump administration.”

See also [Former Nigeria Minister gets World Bank, Harvard appointments.](#)

IISD - OECD Finds Advanced Economies Need to Accelerate SDG Implementation

<http://sdg.iisd.org/news/oecd-finds-advanced-economies-need-to-accelerate-sdg-implementation/>

Duh. “The Organisation for Economic Co-operation and Development (OECD) has released an updated assessment of each OECD country’s progress towards the SDGs. **Overall, the report finds that OECD countries need to accelerate efforts to leave no one behind...**”

“OECD countries are closest to achieving SDG 7 (clean and affordable energy), SDG 11 (sustainable cities and communities) and SDG 13 (climate action). Countries are furthest from reaching SDG 2 (zero hunger), SDG 5 (gender equality), SDG 10 (reduced inequalities) and SDG 16 (peace, justice and strong institutions). Data coverage is best on SDG 3 (good health and well-being) and SDG 4 (quality education) and poorest on the “environment-related” Goals, particularly SDGs 12 (responsible consumption and production) and 14 (life below water).”

Wemos factsheet - Fiscal space for health and four ways to increase it

<http://www.wemosresources.org/finance-for-health/factsheet-fiscal-space-for-health-and-four-ways-to-increase-it/>

Short and nice. *“This factsheet explains the term fiscal space (in connection to the health sector) and its relation with gender and human resources for health, and how governments can increase their fiscal space.”*

International Studies Perspectives - Concealing Disease: Trade and Travel Barriers and the Timeliness of Outbreak Reporting

C Worsnop et al; <https://academic.oup.com/isp/advance-article-abstract/doi/10.1093/isp/ekz005/5492460#.XOfaCvz5OOg.twitter>

*“Slow outbreak reporting by states is a key challenge to effectively responding to global health emergencies like Zika, Ebola, and H1N1. Current policy focuses on improving domestic outbreak surveillance capacity globally in order to reduce reporting lags. However, governments also face economic and political incentives to conceal outbreaks, and these incentives largely are ignored in policy discussions. **In spite of the policy implications for outbreak response, the “capacity” and “will” explanations have not been systematically examined.** Analysis of a dataset coding the timeliness of outbreak reporting from 1996–2014 finds evidence that **states’ unwillingness to report—rather than just their inability—leads to delayed reporting.** The findings suggest that though building surveillance capacity is critical, doing so may not be sufficient to reduce reporting lags. Policy aimed at encouraging rapid reporting must also mitigate the associated economic and political costs.”*

UHC

IJHPM - Strategic Purchasing: The Neglected Health Financing Function for Pursuing Universal Health Coverage in Low- and Middle-Income Countries; Comment on “What’s Needed to Develop Strategic Purchasing in Healthcare? Policy Lessons from a Realist Review”

Kara Hanson et al; http://www.ijhpm.com/article_3626.html

*“Sanderson et al’s realist review of strategic purchasing identifies insights from two strands of theory: the economics of organisation and inter-organisational relationships. **Our findings from a programme of research conducted by the RESYST (Resilient and Responsive Health Systems) consortium in seven countries echo these results, and add to them the crucial area of organisational capacity to implement complex reforms.** We identify **key areas for policy development.** These are the need for: (1) a policy design with clearly delineated responsibilities; (2) a task network of organisations to engage in the broad set of functions needed; (3) more effective means of engaging with populations; (4) a range of technical and management capacities; and (5) an awareness of the multiple agency relationships that are created by the broader financing environment and the provider incentives generated by multiple financing flows.”*

Xinhua - China improves basic public healthcare services

http://www.xinhuanet.com/english/2019-05/26/c_138090744.htm

“China has stepped up efforts to improve its basic public healthcare service program to better safeguard people's health, according to the National Health Commission (NHC). Per capita subsidies for the program were raised from 52.6 yuan (about 7.6 U.S. dollars) in 2017 to 57.6 yuan last year, read a statistical report on China's medical and healthcare sector issued by the NHC. Raising people's health awareness and offering free contraceptives were newly included in the program, which now covers 14 types of services, the report noted. Initiated in 2009, the program aims to provide free healthcare services for vulnerable groups, such as children, the pregnant and elderly people....”

IJHPM (Editorial) - Financing Long-Term Care: Lessons From Japan

N Ikegami; http://www.ijhpm.com/article_3625.html

“Long-term care (LTC) must be carefully delineated when expenditures are compared across countries because how LTC services are defined and delivered differ in each country. LTC's objectives are to compensate for functional decline and mitigate the care burden of the family. Governments have tended to focus on the poor but Germany opted to make LTC universally available in 1995/1996. The applicant's level of dependence is assessed by the medical team of the social insurance plan. Japan basically followed this model but, unlike Germany where those eligible may opt for cash benefits, they are limited to services. Benefits are set more generously in Japan because, prior to its implementation in 2000, health insurance had covered long-stays in hospitals and there had been major expansions of social services. These service levels had to be maintained and be made universally available for all those meeting the eligibility criteria. As a result, efforts to contain costs after the implementation of the LTC Insurance have had only marginal effects. This indicates it would be more efficient and equitable to introduce public LTC Insurance at an early stage before benefits have expanded as a result of ad hoc policy decisions.”

Health Systems & Reform – Assessing the efficiency of sub-national units in making progress towards Universal Health Coverage: evidence from Pakistan

Faraz Khalid et al ; <https://www.tandfonline.com/doi/full/10.1080/23288604.2019.1617026>

“...In this article, we address this gap in the literature by investigating the sub-national UHC performance in Pakistan, a country in South Asia that has experienced significant decentralization over the past decade. We assessed and compared the performance of all 28 divisions in Pakistan against a set of UHC performance indicators relative to health systems inputs....”

Lancet World Report – Colombia struggles to cope with care in Venezuelan influx

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31229-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31229-2/fulltext)

“Venezuelans fleeing their country in large numbers place a heavy burden on Colombia's health system, although its government is intent on helping. Joe Parkin Daniels reports from Bogotá.”

Quick links:

- WHO Euro - [Fast track to strong primary health care](#)

“WHO has identified 10 areas for countries to focus on to improve the performance of their primary health-care systems, boost health outcomes and ensure equitable access to health services. ...”

- News from the US, late last week: [The American Psychological Association condemned the US administration's efforts to use federal rules to dismantle civil rights protections in health care for vulnerable populations, particularly transgender and gender nonconforming patients.](#)

“New rule would weaken protections for transgender people, women, immigrants in health care, among others, APA asserts” ... **A proposed rule** issued [today] by the Department of Health and Human Services, **would weaken existing regulations implementing the Affordable Care Act's nondiscrimination in health care provisions.**

Fortunately, the rules will likely face legal challenges. And of course, voting out Trump et al in 2020 will also work wonders ☺.

Planetary health

Peter Piot launched the London School's new Centre on Climate Change and Planetary Health

<https://www.lshtm.ac.uk/newsevents/events/centre-climate-change-and-planetary-health-launch>

Yesterday, in fact.

Project Syndicate - How to Live Better and Stop Destroying the Planet

A P Aguiar et al ; <https://www.project-syndicate.org/commentary/united-nations-report-nature-destruction-four-changes-by-ana-paula-aguiar-et-al-2019-05>

Viewpoint by 3 experts from the **Stockholm Resilience centre**.

*"A recent United Nations-backed report highlighted the scale of destruction humans are inflicting on the natural world. To reverse these trends, **humanity must transform its economic models and food system, treat the world's oceans far better, and think carefully about the best ways to tackle climate change.**"*

They list **4 major transformations** that humans have to undertake. "... First, we must substantially change our legal, economic, and technological systems. ... Second, the world must transform its food system. ... Third, we must treat the world's oceans far better. ... Finally, the world must think carefully about the best ways to tackle climate change...."

*"Protecting the living world calls for systemic changes that go beyond narrowly focused policies on biodiversity or climate. Fighting poverty and inequality are essential parts of the solution, too. **But these transformative steps will happen only if we start treating the situation like the crisis it is, as Swedish climate activist and student Greta Thunberg has urged....**"*

Vox – More natural gas isn't a "middle ground" — it's a climate disaster

<https://www.vox.com/energy-and-environment/2019/5/30/18643819/climate-change-natural-gas-middle-ground>

"To tackle climate change, natural gas has got to go."

Infectious diseases & NTDs

NYT – An experimental Ebola cure may also protect against Nipah Virus

<https://www.nytimes.com/2019/05/29/health/nipah-ebola-treatment.html?smid=nytcore-ios-share>

"African green monkeys survived infection with the Nipah virus after they received remdesivir. The virus, a pandemic threat carried by bats, has killed dozens of people in Asia..."

NPR Goats & soda - Scientists Genetically Modify Fungus To Kill Mosquitoes That Spread Malaria

[NPR](#);

"In the hope of finding a new way to fight malaria, scientists have used a spider gene to genetically engineer a fungus to produce a venom that can quickly kill mosquitoes.

The modified fungus was a highly effective mosquito killer in the first tests mimicking conditions in sub-Saharan Africa, where malaria remains a major public health problem, researchers [reported Thursday in the journal Science](#). ..."

NEJM (Viewpoint) - A Temporizing Solution to "Artemisinin Resistance"

J Wang et al; https://www.nejm.org/doi/full/10.1056/NEJMp1901233?query=featured_secondary

The authors of this Viewpoint (which include **Dr. Sanjeev Krishna, a member of the WHO Malaria Treatment Guidelines Group**, which produces global guidance on the treatment of malaria, including decisions about artemisinin combination therapies) propose "...that the **continued rational and strategic use of ACTs is the best, and possibly the only, solution to treatment failures** for the foreseeable future. This proposition is **based on two considerations** related to artemisinins and their contribution to successful antimalarial therapies...."

*"... **A next-generation antimalarial** that compares favorably with artemisinins in potency, safety, and risk of resistance **seems unlikely to emerge soon**. Most ACTs are inexpensive (less than \$10, for example, for a treatment course of artemether–lumefantrine in Ghana). The high costs of drug-development programs affect the price of new products and may preclude access for the neediest patients. Four decades after their development, artemisinins remain the antimalarial class of choice when used in combination therapy...."*

Guardian - Scientists pursue universal snakebite cure using HIV antibody techniques

https://www.theguardian.com/global-development/2019/may/24/scientists-pursue-universal-snakebite-cure-using-hiv-antibody-techniques?CMP=share_btn_tw

*"**Scientists in five countries, including the UK, hope to find a universal cure for snakebite using the same technology that discovered HIV antibodies**. A new consortium of venom specialists in India, Kenya, Nigeria, Britain and the US will locate and develop antibodies to treat critical illness from snakebites, which harm nearly 3 million people worldwide each year. The consortium will seek an antidote comprised of "humanised antibodies" rather than conventional animal-based therapies, which can sometimes cause adverse effects in snakebite victims, said Prof Robert Harrison, who*

heads the centre for snakebite research and interventions at the Liverpool School of Tropical Medicine. "We're pursuing what we call the 'next generation' of snakebite therapies, which we hope will be able to treat bites from any snake in Africa or India, in a community setting, and without the need for a cold chain," said Harrison...."

Lancet HIV - Nigeria's new HIV/AIDS conundrum

[https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(19\)30159-6/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(19)30159-6/fulltext)

"The results of the Nigeria HIV/AIDS Indicator and Impact Survey, reveal a sharp drop in HIV prevalence in the general population. Paul Adepoju reports."

AMR

Scientists Develop an Antibiotic Alternative Against 'Superbugs'

<https://www.usnews.com/news/health-news/articles/2019-05-29/scientists-develop-an-antibiotic-alternative-against-superbugs>

"'Superbugs' strike fear in the hearts of scientists who are racing to find new drugs to fight these dangerous infections, but British researchers now report they have developed a compound that could battle these antibiotic-resistant bacteria in an entirely new way. The compound, a metal complex based on the element ruthenium, "works by binding to the cell wall of bacteria and disrupting so much the bacterial cells eventually burst open," explained senior researcher Jim Thomas. He is a professor of bioinorganic chemistry at the University of Sheffield, in England."

For more, see the journal ACS Nano.

NCDs

FT - Norway's biggest pension fund cracks down on 'sin stocks'

<https://www.ft.com/content/018f1394-8110-11e9-9935-ad75bb96c849>

"Norway's largest pension fund divests from gambling and alcohol." (gated)

Asia Times - Getting richer, getting drunker in Asia

<https://www.asiatimes.com/2019/05/article/getting-richer-getting-drunker-in-asia/>

Article from a few weeks ago, based on a Lancet study then.

*“New academic research shows that alcohol consumption is rising with growing affluence across much of the region.... **Rising incomes mean that Asians are increasingly likely to get drunk at least once a month**, according to new data underpinning a report on global drinking habits published this week in The Lancet, a British medical journal. **Since 1990, so-called “heavy episodic drinking” has increased significantly in China, Thailand, Timor Leste and Vietnam....**”*

UNICEF (report) - Implementing Taxes on Sugar-Sweetened Beverages: An overview of current approaches and the potential benefits for children

https://gallery.mailchimp.com/fb1d9aabd6c823bef179830e9/files/08e73191-c279-4179-b54b-e7f79c217432/190328_UNICEF_Sugar_Tax_Briefing_R09.pdf

The title of the report gives you all the information you need :)

Devex - Big tobacco, global health, and the limits of shared value

<https://www.devex.com/news/big-tobacco-global-health-and-the-limits-of-shared-value-94263>

Insightful analysis on the journey **Derek Yach** has made over the years. And how Philip Morris International (and PMI CEO Calantzopoulos in particular) is trying to “...**reposition PMI at the forefront of a tobacco “harm reduction” agenda**. That has involved a broad corporate rebranding, which aims to position the company as a research and development pioneer with health and sustainability at the core of its business strategy. ...” Plus the many caveats, of course...

Reuters – In landmark case, Brazil sues top tobacco firms to recover public health costs

<https://www.reuters.com/article/us-brazil-tobacco-lawsuit/in-landmark-case-brazil-sues-top-tobacco-firms-to-recover-public-health-costs-idUSKCN1SS2DN>

“Brazil is suing the world’s largest cigarette makers, British American Tobacco Plc and Philip Morris International, in a landmark case aimed at recovering the public health treatment costs of tobacco-related diseases over the last five years....”

See also a **Lancet World Report** - [Brazil sues cigarette manufacturers for public health costs](#)

“Brazil argues the companies should repay the cost their product incurs on public health, opening avenues for other countries to do the same. Lise Alves reports from São Paulo.”

Lancet World Report – UNAIDS survey aligns with so-called fourth 90 for HIV/AIDS

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31231-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31231-0/fulltext)

*“The survey echoes a trend in the community to take notice of mental wellness when thinking of public health interventions to fight HIV/AIDS. Paul Webster reports. **Advocates for a so-called fourth 90 to add mental wellbeing to UNAIDS's three-pronged 90–90–90 targets for global HIV control—ie, 90% diagnosis of HIV, 90% treatment, and 90% viral suppression—are praising UNAIDS for probing mental wellbeing within a major new international lesbian, gay, bisexual, trans, and intersex (LGBTI) survey. The call to add 90% mental wellness as a fourth 90 target in HIV care first came from a group of researchers led by Jeffrey Lazarus, head of the health systems research group at The Barcelona Institute for Global Health....”***

Lancet Oncology (Comment) - India's new health scheme: what does it mean for cancer care?

C Caduff et al; [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(19\)30322-5/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(19)30322-5/fulltext)

*“On Feb 1, 2018, the Government of India announced a major health-care initiative to improve the financial protection of India's most vulnerable populations—the **Ayushman Bharat National Health Protection Mission**. The scheme aims to cover the costs of hospital care and treatment for approximately 500 million people, representing the poorest 40% of India's population. Promoted as the “world's largest health-care initiative”, the government scheme provides up to 500 000 Indian rupees (US\$7150) per family per year for health-care expenditures. **In this Comment, we focus on the implications and potential impact of this government health scheme in cancer care, as cancer is one of the fastest growing and most complicated diseases to manage.”***

Stat News - A lifesaver with a catch: Powerful new cancer drugs can trigger diabetes — and no one is certain why

[Stat:](#)

Report on drug-induced diabetes among cancer patients.

Guardian - Heavily processed food like ready meals and ice-cream linked to early death

<https://www.theguardian.com/science/2019/may/29/studies-link-too-much-heavily-processed-food-to-early-death>

*“People who eat large amounts of heavily processed foods, from breakfast cereals and ready meals to muffins and ice-cream, have a greater risk of heart attack, stroke and early death, according to two major studies. The findings, from separate teams in France and Spain, add to a growing body of evidence **that foods made in factories with industrial ingredients** may have a hand in an array of medical disorders such as cancer, obesity and high blood pressure....”*

International Health – Looking back on 10 years of global road safety

M Peden et al; <https://academic.oup.com/inthealth/advance-article-abstract/doi/10.1093/inthealth/ihz042/5506704?redirectedFrom=fulltext>

*“Every year more than 1.35 million people lose their lives on the road and tens of millions more are injured, some permanently. **Since the early 2000s there has been renewed focus on the issue, with the United Nations, World Health Organization and the World Bank placing the issue higher on their agendas.** Guided by the United Nations General Assembly, World Health Assembly resolutions and ministerial-level conferences on the global road safety crisis, multisectoral partnerships have synthesised the evidence, advocated for action (there are two Sustainable Development Goal targets with an ambitious goal of reducing deaths and injuries from road traffic crashes by 50%), raised public awareness, generated funding, piloted interventions and monitored progress. **And yet the total number of deaths has plateaued despite some sporadic country-level successes. More needs to be done**—more people need to be trained in countries to deliver, monitor and evaluate a systems approach to road safety, more solid evidence of what works in low-resource settings is needed (including sustainable transportation options) and there needs to be a greater focus on optimising care and support for those injured in crashes—if we are to begin to see numbers come down in the next decade.”*

Sexual & Reproductive / maternal, neonatal & child health

Guardian - Latin American rape survivors who were denied abortions turn to UN

https://www.theguardian.com/global-development/2019/may/29/latin-american-survivors-who-were-denied-abortion-turn-to-un?CMP=tw_t_a-global-development_b-gdndevelopment

*“Four women from Latin America whose lives were put at risk when they were not allowed abortions after being raped as girls are **taking their cases to the UN human rights committee**. The women, from Nicaragua, Ecuador and Guatemala, **filed cases against their governments on Wednesday for failing to provide appropriate healthcare and denying them abortions, even when it was their legal right to have one....**”*

Guardian - Revealed: women's fertility app is funded by anti-abortion campaigners

<https://www.theguardian.com/world/2019/may/30/revealed-womens-fertility-app-is-funded-by-anti-abortion-campaigners>

*“A popular women’s health and fertility app sows doubt about birth control, features claims from medical advisers who are not licensed to practice in the US, and is funded and led by anti-abortion, anti-gay Catholic campaigners, a Guardian investigation has found. **The Femm app**, which collects personal information about sex and menstruation from users, has been downloaded more than 400,000 times since its launch in 2015, according to developers. **It has users in the US, the EU, Africa and Latin America**, its operating company claims....”*

FP – The kids aren’t alright

<https://foreignpolicy.com/2019/05/28/us-ranks-with-china-in-child-well-being-save-the-children-end-of-childhood-report-2019/>

*“As Washington strives to maintain an edge in defense and technology in an era of renewed great power rivalry, there is one area in which Russia and China are rapidly closing the gap with the United States: the well-being of children. **According to a new report published Tuesday** by the international **nonprofit Save the Children**, the United States is now on a par with China and ranks just above Russia in their **End of Childhood Index**, which **assesses the number of kids impacted by poverty, violence, premature marriage, and pregnancy around the world....**”*

IISD – Preparations Underway for Beijing 25-Year Review and High-level Celebration

[IISD](#);

*“**The Permanent Representatives of New Zealand and Qatar will conduct consultations on arrangements for a one-day, high-level meeting** to celebrate the 25th anniversary of the Fourth World Conference on Women (Beijing+25) in **September 2020**. Ahead of the 25th anniversary of the Beijing conference, **UN Women launched a campaign called 'Generation Equality: Realizing women's rights for an equal future,'** including demands for equal pay, equal sharing of unpaid care and domestic work, an end to sexual harassment, and health care services that respond to women's*

and girls' needs. In March 2020, the UN Commission on the Status of Women will conduct a review and appraisal of the Beijing Platform's implementation."

Access to medicines

HPW - Price Transparency In Medicines Markets – Scrutinizing Evidence Behind The Claims

Suerie Moon; <https://www.healthpolicy-watch.org/price-transparency-in-medicines-markets-scrutinizing-evidence-behind-the-claims/>

Recommended analysis, published last week, ahead of the Transparency resolution negotiations in the WHA. "As the debate over a draft resolution supporting greater price transparency for medicines in national and global markets intensifies, with closed-door consultations among countries at the 72nd World Health Assembly continuing late into the night, Health Policy Watch continues to feature diverse "Inside Views" on this charged issue. **Here, Suerie Moon**, MPA PhD, faculty member at the Graduate Institute of Geneva and Harvard T.H. Chan School of Public Health and **researcher into medicines access policies, examines the evidence behind the debate over whether greater transparency can really help reduce prices.**"

IHP – Poor people struggle to access cancer medicines in India

Neha Faruqui; <https://www.internationalhealthpolicies.org/poor-people-struggle-to-access-cancer-medicines-in-india/>

Based on recent research in BMJ Global Health.

Pulitzer center - Opioid Abuse: From U.S. Epidemic to Global Pandemic?

<https://pulitzercenter.org/projects/opioid-abuse-us-epidemic-global-pandemic>

"As the pharmaceutical company blamed for launching America's opioid crisis faces mounting lawsuits, its foreign arm is expanding globally, using some of the same dubious practices. Other companies are getting in on the lucrative market, too, and prescription rates are spiking around the world. Public health experts warn that the U.S. epidemic could become a pandemic. In a **series of stories, The Associated Press is examining the on-the-ground impact of Big Pharma's global ambitions:...**" Among others, focus on Italy, China & Australia.

Human resources for health

HP&P - Does volunteer community health work empower women? Evidence from Ethiopia's Women's Development Army

S Closser et al; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czz025/5506074?redirectedFrom=fulltext>

*"... Hiring women has in many cases become an ethical expectation, in part because working as a CHW is often seen as empowering the CHW herself to enact positive change in her community. **This article draws on interviews, participant observation, document review and a survey carried out in rural Amhara, Ethiopia from 2013 to 2016 to explore discourses and experiences of empowerment among unpaid female CHWs in Ethiopia's Women's Development Army (WDA).** This programme was designed to encourage women to leave the house and gain decision-making power vis-à-vis their husbands—and to use this power to achieve specific, state-mandated, domestically centred goals. Some women discovered new opportunities for mobility and self-actualization through this work, and some made positive contributions to the health system. At the same time, by design, women in the WDA had limited ability to exercise political power or gain authority within the structures that employed them, and they were taken away from tending to their individual work demands without compensation. **The official rhetoric of the WDA—that women's empowerment can happen by rearranging village-level social relations, without offering poor women opportunities like paid employment, job advancement or the ability to shape government policy—allowed the Ethiopian government and its donors to pursue 'empowerment' without investments in pay for lower-level health workers, or fundamental freedoms introduced into state-society relations.**"*

Miscellaneous

Nature (Comment) - Rethinking impact factors: better ways to judge a journal

[Nature](#);

*"Reviled and abused, the journal impact factor, reflects just one aspect of what journals are for — citation — argue seven specialists in bibliometrics, evaluations and publishing. **They call for a broader, more-transparent suite of metrics to rate journals' ability to register, curate, evaluate, disseminate and archive research.**"*

BMJ (Editorial) - A health crisis is a social crisis

Michael Marmot; <https://www.bmj.com/content/365/bmj.l2278>

“Falling life expectancy and rising inequality are twin indicators of a society in trouble”.

*“Something is going badly wrong with **society in the UK and the US**. Is it linked to Brexit and Trump? Of course, but they are the consequence not the cause of problem—although they are wreaking their own havoc. A simple summary measure of the success of a society is its health: **life expectancy has fallen in the US for three years in a row, and in the UK it has stalled since around 2011....**”*

IISD – World Bank Launches 10-Year SDG Bond

[IISD](#);

*“With investors and other market participants increasingly using the SDGs as a framework for investment, the World Bank considers the Global Sustainable Development Bond an opportunity to align financial and social objectives. **The ten-year Bond raised EUR 1.5 billion from institutional investors to finance the Bank’s sustainable development activities. The SDGs highlighted by the Bond - Goals 2, 5, 13 and 16 - align with Ireland’s focus areas for development.**”*

Emerging Voices

International Journal for Equity in Health - Equitable realization of the right to health in Haiti: how household data inform health seeking behavior and financial risk protection

Co-authored by Jean Patrick Alfred (EV 2010);

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-0973-7>

*“Though the right to health is included in Haiti’s constitution, little progress has been made to expand universal health coverage nationwide, a strategy to ensure access to health services for all, while preventing financial hardship among the poor. Realizing universal health coverage will require a better understanding of inequities in health care utilization and out-of-pocket payments for health. **This study measures inequality in health services utilization and the determinants of health seeking behavior in Haiti.** It also examines the determinants of catastrophic health expenditures, defined by the Sustainable Development Goal Framework (Indicator 3.8.2) as expenditures that exceed 10% of overall household expenditures....”*

Research

Social Science & Medicine - Mapping knowledge domains of non-biomedical modalities: A large-scale co-word analysis of literature 1987–2017

D Nguyen; <https://www.sciencedirect.com/science/article/pii/S0277953619303144>

*“This paper presents a systematic mapping of the disparate literatures on non-biomedical therapeutic modalities using co-word analysis. Non-biomedical modalities are defined in this paper as therapeutic modalities that exist in separation, but not isolation from, biomedicine. ... Arguing that knowledge production about non-biomedical modalities in scholarly literature resembles that of problematic networks of interest, this paper substantiates the separation from biomedicine that contradistinguishes non-biomedical modalities. It does so by analysing the semantic trajectories of the most widely used terminologies in this domain, namely **traditional medicine, alternative medicine, herbal medicine, and unclassified drug**. Although all equally problematic, **these contested terminologies are unlikely to replace one another in any form of paradigmatic shift in the foreseeable future**. Their persisting conceptual usefulness is anchored in their own respective clusters of meaning, and researchers wishing to engage in the production of knowledge in this domain should be mindful of the pitfalls associated with their terminology use. **Non-biomedical modalities** as a term might be better equipped to capture the diversity as well as the historical continuities and discontinuities of therapeutic traditions and practices at the margin of mainstream scientific medicine.”*

IJHPM - Meeting the Challenge of the “Know-Do” Gap; Comment on “CIHR Health System Impact Fellows: Reflections on ‘Driving Change’ Within the Health System”

David Hunter; http://www.ijhpm.com/article_3624.html

*“Bridging the ‘know-do’ gap is not new but considerably greater attention is being focused on the issue as governments and research funders seek to demonstrate value for money and impact on policy and practice. **Initiatives like the Canadian Institutes of Health Research (CIHR) Health System Impact (HSI) Fellowship** are therefore both timely and welcome. However, they confront major obstacles which, unless addressed, will result in such schemes remaining the exception and having limited impact. **Context is everything and as long as universities and research funders privilege peer-reviewed journal papers and traditional measures of academic performance and success, novel schemes seeking to break down barriers between researchers and end users are likely to have limited appeal. Indeed, for some academics they risk being career limiting.** The onus should be on universities to welcome greater diversity and nurture and value a range of academic researchers with different skills matched to the needs of applied health system research. One size does not fit all and adopting a horses for courses approach would go a long way to solving the conundrum facing higher education institutions. **At the same time, researchers need to show greater humility and acknowledge that scientific evidence is only one factor shaping policy and practice.** To help overcome a risk of ideology and opinion triumphing over evidence, attention should*

be devoted to encouraging citizens to get actively involved in research. Research funders also need to give higher priority to how policy can be made to stick if the 'know-do' gap is to be closed."

Journal of Epidemiology & Community Health (Editorial) - Social capital interventions in public health: moving towards why social capital matters for health

Tim R Wind et al; <https://jech.bmj.com/content/early/2019/05/29/jech-2018-211576>

"... In this editorial, we first summarise the status quo of research on social capital interventions in public health. Second, we highlight that researchers have generally approached social capital from a somewhat simplistic and binary assumption that social capital is either beneficial or has no effect. We postulate that research may advance by empirically answering the question why and how social capital is related to health outcomes, as this question has been largely left unanswered...."