

IHP news 526 : More Ebola worries

(14 June 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,

I'll keep it short in this week's intro as we have two incisive editorials reflecting on last week's **Women Deliver** conference in Vancouver, by [Sumedha Sharma](#) (EV 2016) & [Maggie Woo Kinshella](#) respectively.

Just flagging that [Men's Health Week](#) is being celebrated (10-16 June) this week, themed 'know your numbers' (*and no, I don't mean the Raptors' NBA score of last night* 😊). As you no doubt already know, there was unfortunate news from the DRC, where **Ebola**, at last, [crossed the border](#) with Uganda. Later today, WHO [convenes](#) an emergency panel of outside experts to advise Dr. Tedros on whether the outbreak should be declared a public health emergency of international concern. Guess this (third) time they'll finally go for out. We also pay attention to the **inaugural Global Health Forum of the Boao Forum for Asia** (*quite a mouthful, I know*) [in Qingdao](#), China. If I remember well, they have good German beer over there, but that would be 'partnering under the influence' 😊. In Japan, a rather important **G20 Forum of Ministers of Finance** started the [BEPS 2.0](#) process on fairer global taxation in earnest, but also paid quite some [attention to UHC](#), unfortunately with the fingerprints of the private sector all over it (probably due to pressure from the US & WB). In Geneva, the [Centenary International Labour Conference](#) is being celebrated, with still no decent work and social justice for all in sight (*we 'Health for All by 2000' people can surely empathize*), in times that are probably more worrying than ever for this 'World parliament of labour'. Plenty of dire **planetary health news** again this week, as usual (with among others shocking [dengue projections](#) for the latter half of this century), but there was also some encouraging **LGBT rights news from Botswana**. As always, this newsletter also provides you with **updates on global health actors & publications** - we already want to draw your attention to one in particular, a Lancet systematic review & meta-analysis on [mental health in conflict settings](#).

The quote of the week came from Rutger Bregman: "*We cannot afford to be moderate*" [i.e. in our times, where the planet has entered "[a new climate regime](#)" (the Earth's version of George Bush sr.'s 'A New World Order'), and WHO reckons that [large Ebola outbreaks are the "new normal"](#) ...]. When it comes to geopolitics, though, moderation is probably what we need these days.

Enjoy your reading.

Kristof Decoster

Featured Articles

Women Deliver: time and place

Sumedha Sharma (*University of British Columbia, Vancouver / Northwestern University Kellogg School of Management*)

When Kristof asked me whether I would like to write a piece on [Women Deliver](#) in Vancouver, I thought it would be easy. However, days before the largest conference on gender equality, when 8000 people from over 160 countries were landing in my city, the excitement turned into slight panic. If you have seen a glimpse of this programme, it spans from education rights, gender-based violence, [2SLGBTQ+* rights](#), sexual and reproductive rights, youth engagement, economic empowerment, women's health, maternal health and much more. I began my sojourn into the programming from pre-conferences on Friday, and after attending many sessions, I have possibly only been able to capture a small fraction of the programming.

But when I was thinking of writing this piece, I heeded the very wise words of a facilitator at the 'Nutsahmaht', the indigenous women's preconference on June 2, who quoting Carl Jung said, "What is most personal is most universal". I am sure you can find many excellent summaries of the conference for your topic of interest and you can also (re-)watch the plenaries online. I am motivated to write about two key themes which resonated personally with me leading up to, and throughout the week. The time and place. Here I go!

The time

Yes, there has not been a better time. I do believe that we are in one of the most defining times in recent sociopolitical history. I believe that if, in recent years, there was a time to come together for women's rights and gender equality— this is it. Having seen a sweeping regression on women's sexual and reproductive health rights in the US, could there be a better time for people to come to gather and galvanize? With the #MeToo, and TimesUp Movements having taken a stronghold since the last Women Deliver conference (Copenhagen, 2016), I was ready for a cathartic experience. I looked upon Women Deliver to wash away the patriarchy like devotees in India look to the Ganges.

To be honest, I have drawn inspiration from this gathering at some critical junctures in my professional life. At my first Women Deliver in 2013 (Kuala Lumpur, Malaysia), at 22 years old, I met Hans Rosling in person, saw what speaking truth to power looks like with Kavita Ramdas (now Ford foundation, previously former President and CEO of the [Global Fund for Women](#)) and Theo Sowa (CEO of the [African Women's Development Fund](#)), and found myself in some high-level sessions I had no business attending. Being surrounded by really smart, passionate and eloquent people for four days in 2013 inspired me to apply for my Masters in Global Health Policy, and I wrote my admissions essays on the flight from Malaysia to Canada, feeling that I had so much to learn.

So yes, Women Deliver has had a very formative impact on me. But at the time, and then again in 2016, nothing invoked a more visceral reaction in me than the argument I heard over and over again by the conference stating that investing in women is 'smart' since the economic dividends to countries are huge - read for example (2010) "[Investing in girls and women is not only the right thing to do, but it makes economic sense](#)". This hurt every rights-based approach bone in my body.

Thankfully, I heard the poorly phrased economic investment argument only once during the last week which is a huge testament to how the discourse has evolved.

The place

Vancouver is a place I have had the privilege of making my home for exactly half my life so far (the other half in India). For those among you who attended the HSR symposium in November 2016, I hate to break it to you but the weather last week was gorgeous- sunny, warm and no rain in sight. That aside, it is no secret that Canada has a dark history rooted in colonialism, resulting in social displacement of the Indigenous people. Indigenous health disparities in Canada are unacceptable with [higher rates of maternal mortality, trauma, interpersonal and domestic violence, and suicide.](#)

Two historic moments lined up during the week of Women Deliver.

First, on 3rd of June, a long national inquiry launched in 2016 into **thousands of missing and murdered Indigenous women and girls came to light and the final verdict called the crisis a “genocide.”** The report is comprised of testimonies of 2,380 family members, survivors of violence, experts and Knowledge Keepers. The 1200 page [report](#) is titled “Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls”.

This is historic.

While the twenty-one recommendations resulting from the report call for tangible changes, by accepting this as a “genocide” the Canadian federal government has taken the first step to acknowledge that specific colonial and patriarchal policies displaced women from their traditional roles in communities and governance and that this multigenerational and intergenerational trauma marginalized indigenous women and girls, leaving them vulnerable to violence.

Second, on 4th June, Canadian Prime Justin Trudeau [announced](#) that **Canada will increase its spending to 1.4 billion Canadian dollars (\$1 billion) by 2023 from C\$1.1 billion currently** in funding to support women’s sexual and reproductive health, and this yearly. Hon. Maryam Monsef, the minister of international development [announced](#) 300M for the ‘Global Equality Fund’ to support women’s rights organisations in Canada and beyond. Combined, these funds have made Canada the largest funder for women’s sexual and reproductive health and gender equality.

Given the Global Gag rule imposed again by President Trump in the first few days of his office, almost \$9 billion in U.S. foreign aid is at stake, requiring ‘foreign nongovernmental organizations that receive certain categories of U.S. foreign assistance from using their own, non-U.S. funds to provide abortion services, counseling or referrals, or to advocate for the liberalization of abortion laws, except in cases of rape, incest, and life endangerment of the pregnant woman’. As reported during Women Deliver, [people are dying right now because of this.](#)

Against this dire backdrop, I found myself on my feet, clapping and cheering on these Canadian announcements. This is what I was waiting for- not tokenist announcements, but politicians in leadership who unequivocally support advancing gender equality and stop politicizing women’s rights. I guess I was having a bit of cathartic experience after all.

The Power of You

After a week of intense conferencing, I am slightly depleted in energy but far more energized in my resolve. However, the all-too familiar feeling of whether we have achieved something tangible has started to surface. While my experience is just that- mine and singular, I am heartened with the community that comes together for this conference. While we have not been emancipated from patriarchy as I had wished, I would be remiss to say that I do not gain inspiration from many in this community.

Over the last two years, I have been attempting to be reflexive of the work I have done in maternal health so far. This honest deliberation has prompted me to pivot my career path from academia to a place where I am determined to make a difference. In all my interactions, I cannot imagine achieving any level of health parity without creating avenues for economic parity. I also have realized my growing restlessness with drafting, creating and appraising evidence but not seeing effective scale up of what-works. In the increasing competition for in-country resources in the places where I have worked, I have realized that discussing evidence to scale cannot happen without an understanding of domestic health financing, political windows of opportunity, and engaging private sector effectively. While at Women Deliver then, I attended every possible session on financial inclusion of women, providing catalytic funding to women's funds, and creating economic empowerment through a gendered approach. I am completely naïve to this area so I welcome any resources and insights, but I have come to believe that the gender norms that affected women's right to health are the same that hinder access to economic empowerment.

On the same, watching the likes of Tarana Burke [on stage](#) ("Power of Movements"), I was reminded that vulnerability is the birthplace of love, belonging, joy, courage, empathy and creativity (as said by the lovely Brene Brown), and perhaps a gender equal world cannot happen without the courage to share our own stories.

After all, as Carl Jung said 'What is personal is most universal'.

Reflections on Women Deliver 2019: It's time to move beyond individualistic gender empowerment

Maggie Woo Kinshella (*Global Health Research Coordinator for PRE-EMPT (Pre-eclampsia Eclampsia Monitoring, Prevention and Treatment) and IMCHA (Innovating for Maternal and Child Health in Africa), PhD Student in Reproductive and Developmental Sciences (RDS), Department of Obstetrics and Gynaecology, University of British Columbia, Vancouver, Canada**)

The question that [Women Deliver 2019](#) kept asking was "How will you use your power?" to inspire the participants, 8,000 strong from 165 countries, to continue the fight for gender equality and justice. I was really inspired by the community, the energy and hope, which is sometimes tough these days as it seems like two steps forward, one step back, or heartbreakingly in reverse, one step forward and two steps back. The passion of the speakers, the participants and really the youth leaders inspired me that even with some of the steps back, we would be in a worse situation if we did not keep pushing forward.

As much I loved the event, how I will use my power is to keep questioning those lines of power. My critique of the event was that it was too binary: men versus women. Even though some said that this was not a zero sum game, it still conceptualized human rights as individualistic. Improving the ability

for women to make their own decisions seemed to be a recurring theme in many sessions. We could solve world hunger, world poverty, world peace, climate change and other urgent issues of our time if only women were making decisions for themselves. However, a prickly example is the [rising global rates of caesarean deliveries](#), driven in part by demand by women, and [educated women with higher socio-economic status and more antenatal care visits at that](#)! I have noticed that at Women Deliver 2019, as well as at the recent FIGO World Congress 2018 (international meeting of gynaecologists and obstetricians), the conversation often then takes a paternalistic and patronizing turn: these women just need more education to realize their mistaken perceptions and fears. Without going into too much depth, some studies have shown how important perceptions of [quality of care](#) are for caesarean use and my guess is that dramatic increases in private facilities in low- and middle-income countries are likely where the public system is perceived as dysfunctional.

In bringing the individual focus broader to the social and systemic, I borrow from [Alicia el Yamin](#) (2015), an inspiring global health human rights lawyer and advocate who argues that the way that the public continues to think about human rights is often too limited. A narrow liberal paradigm of human rights focuses on individuals as autonomous actors. This led to a focus on civil and political human rights that enshrined the protection of the individual from interference of the state. Vivid examples of this include protection against torture, unjust arrest and confinement, even underlying the current arguments against anti-abortion laws as interference on a woman's bodily autonomy. While it seems easier to build momentum on a simplified conceptualisation of human rights, the flip side is the undervaluing of social, economic and cultural rights as "programmatic". In other words, the rights to work, health and education are great to include into programming and aspirations but not necessarily legally accountable as a part of the justice system.

As Alicia el Yamin argues, human rights are inherently social. They pop up in the interactions between people, governments and systems. Inequalities are at the foundation about relationships. As she argues and anthropologists have long described, people are not islands but are nested in communities and identities, in the web of meanings and relationships that people weave around themselves. Within human rights for health, it is building capacity of people within accountable and equitable communities and systems.

To take a personal example, though I consider myself a fairly empowered woman working in gender and global health, I rarely make decisions about my life and health completely on my own. My husband and I make decisions together because we are a family. Perhaps the difference between my example and others where the low status for women is a significant barrier to well-being is that our situation is not one-directional: we discuss, explore, compromise and sometimes argue in decisions for me, him and us. I feel like we need to build capacity for empowering people in partnerships, rather than simply individualistic decision-making. People are rarely completely autonomous but nested in relationships and communities, which in my opinion is what "intersectionality" is all about.

Empowering women through a focus mainly on autonomy (and support of male allies that often feels like an afterthought) not only superimposes a narrow liberal paradigm of rights and individualism into a global setting where there may be cultures and communities that put greater value on interdependence, but also has an element of blame as if it is within their power and responsibility to shift structures of inequity that constrain them. Women Deliver was fantastic but I think we can do more to build more realistic and intersectional conceptualizations of empowerment.

**Views are my own and not necessarily those of my project teams or UBC*

Highlights of the week

Ebola DRC – Crossing the border and thus, at last, a PHEIC?

Stat News - Health officials ramp up Ebola response after first cases reported in Uganda

<https://www.statnews.com/2019/06/12/ebola-uganda-first-death-announced/>

*“With confirmation that the long-running outbreak in the Democratic Republic of the Congo had spilled across the country’s eastern border to enmesh Uganda in the epidemic, partners in the Ebola containment effort moved Wednesday to ramp up their responses. The World Health Organization announced Director-General **Tedros Adhanom Ghebreyesus** has convened a panel of outside experts to advise him on whether the outbreak should be declared a public health emergency of international concern. The so-called emergency committee will meet on Friday.*

In the U.S., the Centers for Disease Control and Prevention announced it was activating its emergency operations center to better coordinate its contribution to the containment effort. ... Redfield noted the CDC, the WHO, and other partners in the Ebola response have been preparing DRC’s neighbors for months to be ready in case the virus spread across their borders. Those preparations were put to the test Monday when a family returning to Uganda after attending the funeral of a man who died from Ebola in DRC went to a hospital in Kagando looking for care for a 5-year-old boy. With the boy were his mother and father, his grandmother, two younger siblings, and another member of the party. A number of them were ill....”

Sadly, the boy and the grandmother already died. The other family members will return to DRC where they can participate in clinical treatment trials not available in Uganda (cfr. [The Washington Post](#))

The news on the international spread of Ebola led to renewed **debate, on the use of PHEIC** (and that it [should perhaps already have been declared earlier](#)) but also on the **lacklustre financing of the response**.

A few tweets:

L Gostin – “As we have said in @TheLancet the **legal grounds for a PHEIC have been met for months**. Now is the time to pull the trigger.”

L Garrett – “With the case of Ebola in Uganda, I believe this outbreak **meets the criteria for the full payout of the Pandemic Emergency Financing Facility** (Regional outbreak of 2 of more countries): [PEFF](#) That 1 case could cost \$300 million.”

A Costello: “Does the world want to stop epidemics? **The gap in funding for WHO to tackle Ebola was identified as \$58m before the World Health Assembly. So far I understand only \$11m has arrived, from Germany and Sweden. That leaves a \$47m shortfall. Member states?**”

Let's see what the emergency committee decides today.

FT – Ebola escalation keeps World Bank's 'pandemic bonds' in spotlight

<https://www.ft.com/content/30dc1a0c-8da4-11e9-a24d-b42f641eca37>

"The World Bank's "pandemic bonds" are under scrutiny again following an escalation in the Ebola outbreak in central Africa. First issued in 2017, such bonds use private investment to help developing nations tackle outbreaks of infectious diseases. The particular bond which covers Ebola, among other diseases, pays investors a coupon of 11.1 per cent over Libor, funded by donor nations Japan and Germany. But since their introduction, pandemic bonds have yet to pay out to affected nations and have faced criticisms over their structure: helping to handle outbreaks only when the virus crosses an international border...."

"...Despite this escalation, the World Bank's pandemic bonds would not pay out until at least 20 people were confirmed to have died in Uganda and a positive rate of growth of the outbreak was confirmed, according to a person familiar with the bonds. Only then would the Washington-headquartered institution pay \$90m to help both governments and international aid responders tackle the crisis.... In February the development bank gave the DRC \$80m in grants to help finance responses for the Ebola outbreak. But the bank's readiness to allow the death toll to rise, before acting, is likely to fuel criticism over the pandemic bonds' structure...."

Some other Ebola related reads from the past week

Cidrap News - DRC daily Ebola totals show possible signs of slowing (10 June)

<http://www.cidrap.umn.edu/news-perspective/2019/06/drc-daily-ebola-totals-show-possible-signs-slowing>

Overall, there were **encouraging signals, WHO said, late last week.** *"Over the weekend and through today the Democratic Republic of the Congo (DRC) reported 23 new Ebola cases, 2 of them in healthcare workers and one involving a reintroduction of the virus into an earlier affected area. In a related development, a snapshot from the World Health Organization (WHO) African regional office notes a continued decline in weekly cases, which it says is encouraging...."*

See also Cidrap - [WHO details some strides in Ebola response](#) (7 June)

"Earlier case-contact registration and a drastically reduced rate of nosocomial transmission—those are two of the main improvements the World Health Organization (WHO) has identified in a new assessment of the ongoing Ebola outbreak in the Democratic Republic of the Congo (DRC). As the outbreak crossed the 2,000-case milestone earlier this week, the WHO has taken stock of the outbreak response and seen some signs of progress toward ending it. ..."

But not everybody shared this sentiment of slow progress, see **Stat News** - [WHO sees progress in Ebola response, but others see a grimmer reality](#) (among these others was CDC's Redfield)

Lancet - Ebola, community engagement, and saving loved ones

Melissa Parker et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31364-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31364-9/fulltext)

Must-read. Tragic one, also.

"The importance of community engagement in the control of an Ebola epidemic is often emphasised, but how engagement occurs, and with whom, is not always straightforward. Do targeted populations act collectively, with shared values? If engagement means finding local interlocutors, who do they represent? Does linking them to an externally generated policy agenda compromise their roles or transform them into resented, externally empowered agents? ... Our research in Sierra Leone suggests other processes were occurring and are under-emphasised. ...

"The experience of Ebola by those infected and their families is crucially a matter of moral choices. People are expected to give up their loved ones to be taken away, often by foreigners with whom they have no relationship, to treatment centres where they will likely die with strangers. This helps explain why people often do not cooperate, even in the face of demands by those deemed to speak for them or threats of violent enforcement...."

BBC - Large Ebola outbreaks new normal, says WHO

<https://www.bbc.com/news/health-48547983>

Also from late last week.

"We are entering a very new phase of high impact epidemics and this isn't just Ebola," Dr Michael Ryan, the executive director of the WHO's health emergencies programme told me. ... He said the world is "seeing a very worrying convergence of risks" that are increasing the dangers of diseases including Ebola, cholera and yellow fever. ... He said climate change, emerging diseases, exploitation of the rainforest, large and highly mobile populations, weak governments and conflict were making outbreaks more likely to occur and more likely to swell in size once they did. ... Dr Ryan said the World Health Organization was tracking 160 disease events around the world and nine were grade three emergencies (the WHO's highest emergency level). He said: "I don't think we've ever had a situation where we're responding to so many emergencies at one time...."

Finally, some links:

AP - [UN says about 25% of Ebola cases could be going undetected](#)

Stat Op-Ed - [Ebola vaccine for pregnant women: one step closer but still more to go](#) (by S Rasmussen et al)

"...We believe that the criteria for offering the vaccine should apply regardless of pregnancy or lactation status: The vaccine should be offered not only to pregnant and lactating women who are contacts of those diagnosed with Ebola, but also to pregnant and lactating health care workers, and to pregnant and lactating women who are the contacts of contacts. To guide future vaccination efforts, data should be collected on pregnancy outcomes. We also believe that pregnant women should be offered the vaccine regardless of trimester...."

Most recent update: **Cidrap News (13 June)** - [Ebola outbreak in DRC, Uganda tops 2,100 cases](#)

International Men's Health week (10-16 June)

<https://www.menshealthforum.org.uk/mens-health-week-2019-numbers>

See also this week's intro.

*"Men are supposedly obsessed with **numbers** but when it comes to our own health, there are quite a few we don't know. Men's Health Week 2019 takes up that challenge. **The Men's Health Forum are raising awareness of: 7 numbers that all men need to know and 5 statistics** that policy-makers and service-providers need to know if they're to reach men effectively."*

(PS: a maximum of 14 units of alcohol a week is a bit rich, I'd say. But perhaps this is advice for the UK "male market" :))

And see a **tweet from Kent Buse**:

"A good way to think about #MensHealth on #MensHealthWeek is to think about the [#gendered](#) determinants of risk exposure, the gendered dimensions of health seeking & harming behaviour, the [#gendered](#) dimensions of advertising & marketing."

Planetary health

Washington Post - Planet is entering 'new climate regime' with 'extraordinary' heat waves intensified by global warming, study says

https://www.washingtonpost.com/weather/2019/06/11/climate-change-intensified-last-summers-northern-hemisphere-heat-wave-it-may-be-starting-all-over-again/?utm_term=.7d1f84b1b9ac

"Planet is entering 'new climate regime' with 'extraordinary' heat waves intensified by global warming, study says."

*Simultaneous heat waves scorched land areas all over the Northern Hemisphere last summer, killing hundreds and hospitalizing thousands while intensifying destructive and deadly wildfires. **A study published this week in the journal Earth's Future concludes that this heat wave epidemic "would***

*not have occurred without human-induced climate change.” The alarming part? There are signs record-setting heat waves are beginning anew this summer — signaling, perhaps, **that these exceptional and widespread heat spells are now the norm.** In the past few days, blistering, abnormal heat has afflicted several parts of the Northern Hemisphere, including major population centers. ... **the Earth’s Future study concluded we’ve entered “a new climate regime,” featuring “extraordinary” heat waves on a scale and ferocity not seen before....** “*

Guardian - Carbon emissions from energy industry rise at fastest rate since 2011

<https://www.theguardian.com/business/2019/jun/11/energy-industry-carbon-emissions-bp-report-fossil-fuels>

#viciouscycle *“Carbon emissions from the global energy industry last year rose at the fastest rate in almost a decade after extreme weather and surprise swings in global temperatures stoked extra demand for fossil fuels. BP’s annual global energy report, an influential review of the market, revealed for the first time that temperature fluctuations are increasing the world’s use of fossil fuels, in spite of efforts to tackle the climate crisis. ...”*

Ecobusiness - Healthcare in world’s largest economies ‘accounts for 4%’ of global emissions

<https://www.eco-business.com/news/healthcare-in-worlds-largest-economies-accounts-for-4-of-global-emissions/>

*“ CO2 emissions from healthcare in the world’s largest economies account for about 5 per cent of their national carbon footprints, according to a new study. While healthcare emissions have rarely been assessed in isolation, the analysis suggests that in most countries they are only surpassed by those from the heaviest polluting sectors, related to energy, transport and construction. The research found that the **combined emissions** from hospitals, health services and the medical supply chain across the **OECD group of market-based economies, as well as China and India, make up around 4 per cent of the global total.** This is a larger share than either aviation or shipping. In their [new paper](#), published in **Environmental Research Letters**, a team led by scientists at the Potsdam Institute for Climate Impact Research in Germany **present the first comparable estimates of healthcare-related CO2 emissions for these countries....”***

WB - 57 Carbon Pricing Initiatives Now in Place Globally, Latest World Bank Report Finds

<http://www.worldbank.org/en/news/press-release/2019/06/07/57-carbon-pricing-initiatives-now-in-place-globally-latest-world-bank-report-finds?CID=CCG TT climatechange EN EXT I4C2019>

“57 carbon pricing initiatives are now implemented or scheduled for implementation globally, up from 51 in April 2018 according to the annual [State and Trends of Carbon Pricing report](#) launched today at the Innovate4Climate conference in Singapore....”

“The report, which presents the latest developments of carbon pricing around the world, finds that in the past year new carbon pricing initiatives continued to emerge, mostly at the subnational level and

in the Americas. These include new carbon pricing initiatives in Canadian provinces and territories, driven by Canada's federal carbon pricing approach. At the national level, initiatives were launched in Argentina, South Africa, and Singapore; and countries exploring new or complimentary policies include Colombia, Mexico, the Netherlands, Senegal, Ukraine, and Vietnam. However, the report concludes that both the amount of emissions covered by carbon pricing and the prices levels are still too low to meet the objectives of the Paris Agreement...."

Open Democracy - "Batshit jobs" - no-one should have to destroy the planet to make a living

B R Hansen; <https://www.opendemocracy.net/en/opendemocracyuk/batshit-jobs-no-one-should-have-to-destroy-the-planet-to-make-a-living/>

You already heard about David Graeber's concept of 'bullshit jobs'. This week, we learnt about '**batshit jobs**'. *"An in-depth look at workers' participation in the climate and ecological breakdown, and how this might be transformed into ecological care, and leveraged for change."*

Guardian - The problem with billionaires fighting climate change? The billionaires

K Aronoff; https://www.theguardian.com/commentisfree/2019/jun/10/billionaires-climate-change-michael-bloomberg?CMP=Share_AndroidApp_Twitter

Linked to last week's news on Michael Bloomberg that he's going to spend \$500m to help the United States move closer to a carbon-neutral future.

"It's great that philanthropists are pouring money into environmental causes. But it would be better for the planet if billionaires didn't exist at all."

PS: you might want to read **Michael Bloomberg's [Annual letter on Philantropy](#)** (among others, on his 'Beyond Coal' & 'Beyond Carbon' campaigns for the US).

Dengue in 2080

Nature Microbiology - The current and future global distribution and population at risk of dengue

<https://www.nature.com/articles/s41564-019-0476-8>

The authors *"...applied statistical mapping techniques to the most extensive database of case locations to date to predict global environmental suitability for the dengue virus as of 2015. We then made use of climate, population and socioeconomic projections for the years 2020, 2050 and 2080 to project future changes in virus suitability and human population at risk. **This study is the first to consider the spread of Aedesmosquito vectors to project dengue suitability. ...**"* (as compared to just consider the impact of 'climate change')

For coverage, see NYT - [How dengue, a deadly mosquito-borne disease, could spread in a warming world](#) or [The Telegraph](#).

“Dengue virus will threaten 60 per cent of the world's population or six billion people by 2080, a new study predicts. ...”

“... the study found a likelihood for significant expansion of dengue in the southeastern United States, coastal areas of China and Japan, as well as to inland regions of Australia.....” Also in Southern Europe, although there health authorities should be able to prevent widespread outbreaks.

Richard Horton gets Roux Prize

IHME - The Lancet editor Richard Horton honored with Roux Prize

<http://www.healthdata.org/news-release/lancet-editor-richard-horton-be-honored-june-10>

“Dr. Richard Horton, the “activist editor” of the international medical journal The Lancet, was honored June 10 for his accomplishments as one of the world’s most “committed, articulate, and influential advocates for population health.” He received the Roux Prize, given annually to individuals on the front lines of global health innovation in data science....”

Sometimes the adjective ‘well-deserved’ doesn’t suffice.

Mental health in conflict settings

Guardian – One in five people in war zones have mental health conditions – WHO

<https://www.theguardian.com/society/2019/jun/11/war-zones-mental-health-issues-world-health-organization-data>

“One in five people living in areas beset by conflict have mental health conditions, according to data from the World Health Organization that suggests far more help for survivors is needed. The figures are substantially higher than previously thought. Data published in 2016 suggested one in 16 people in conflict zones had mental health problems. But the WHO says its figures are more robust because they are based on 129 studies, of which 45 have not been included in estimates before. The WHO’s paper, published in the Lancet medical journal, says 22% of people living in conflict areas have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia...”

WHO says **mental health care should be prioritized in such (conflict) areas.**

- For the **Lancet paper**, see [New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis](#)

Cfr the **press release**:

“The Lancet: One in five people living in an area affected by conflict has a mental health condition

New estimates from the World Health Organization (WHO) highlight need for increased, sustained investment in the development of mental health services in areas affected by conflict.

*One in five people (22%) living in an area affected by conflict has depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia, and about 9% of conflict-affected populations have a moderate to severe mental health condition, according to an analysis of 129 studies published in **The Lancet**. The figures are substantially higher than the global estimate for these mental health conditions in the general population, which stands at one in 14 people (as shown in the Lancet infographic). Depression and anxiety appeared to increase with age in conflict settings, and depression was more common among women than men.*

The findings suggest that past studies underestimated the burden of mental health conditions in conflict-affected areas – with higher rates of severe mental health conditions (5% at any one time in the new study compared to 3-4% over a 12-month-period in the 2005 estimates), and also of mild to moderate mental health conditions (17% at any one time in the new estimates compared to 15-20% over a 12-month period in previous estimates).

*Overall, the **mean prevalence** was highest for mild mental health conditions (13%), for moderate the prevalence was 4%, and for severe conditions the prevalence was 5%....”*

- Do read also the accompanying **Comment** - [Guiding policy and practice to address mental disorders in conflict settings](#) (by C Duarte et al) Among others, stressing the **need for more reliable data**.

Visa & UK – time to ‘blacklist’ the UK for conferences & meetings?

Guardian - ‘Prejudiced’ Home Office refusing visas to African researchers

https://www.theguardian.com/politics/2019/jun/08/home-office-racist-refusing-research-visas-africans?CMP=Share_AndroidApp_WhatsApp

“The [UK] Home Office is being accused of institutional racism and damaging British research projects through increasingly arbitrary and “insulting” visa refusals for academics. In April, a team of six Ebola researchers from Sierra Leone were unable to attend vital training in the UK, funded by the Wellcome Trust as part of a £1.5m flagship pandemic preparedness programme. At the LSE Africa summit, also in April, 24 out of 25 researchers were missing from a single workshop. Shortly afterwards, the Save the Children centenary events were marred by multiple visa refusals of key guests....”

... The system is so difficult to predict or navigate that meetings, including conferences funded with British government money, are now being held in other countries. Melissa Leach is director of the

*Institute of Development Studies at the University of Sussex. She told the Observer that the constant suspicion faced by applicants from Africa is undermining global collaboration. **Our colleagues here at Sussex and at other institutions now routinely meet in other countries, Dubai for example.***

LSE conferences are now held in Belgium. Allen said that, even for conferences funded by the Department for International Development, “if we have colleagues from the Central African Republic or DRC then it’s easier to go to Ghent. Most of the people we invite refuse to come to London.”

We remind you of a **tweet by Stefan Peterson** (UNICEF) (from 10 April):

*“**Suggesting a “blacklist” of countries** that have a bad track record for visas to eg guide where future conferences get organized. Conference=business - let the demand side speak ! **Conversely, let’s have a list of good places to organize meetings, visa wise.**”*

See also [Visa rejection for African experts hits GDI conference](#) (Manchester)

But it’s not just a UK problem, see for example a tweet by **Karen Grepin**:

*“Earlier this week, I hosted my #ebola research team in Canada but none of my #drc colleagues made it due to visa issues - **not denials but it multi-month processing times.** It was embarrassing and a huge challenge to advance research.”*

LGBT rights breakthrough in Sub-Saharan Africa (Botswana)

Guardian - Botswana judges rule laws criminalising gay sex are unconstitutional

<https://www.theguardian.com/world/2019/jun/11/botswana-high-court-decriminalises-gay-sex>

*“**High court judges in Botswana have ruled that laws criminalising same-sex relations are unconstitutional and should be struck down, in a major victory for gay rights campaigners in Africa.** Jubilant activists in the packed courtroom cheered the unanimous decision, which came a month after a setback in Kenya when a court rejected an attempt to repeal similar colonial-era laws. **The ruling was welcomed enthusiastically by campaigners across the African continent, where homosexuality is illegal in most countries.** In several, gay people face life imprisonment or the death penalty....”*

For the reaction from **UNAIDS**, see [here](#). The **Global Fund** also welcomed it, adding in a tweet

“This is the product of 10 yrs of work, with partners in #Botswana trying to get the issue heard. The decision today is thanks in part to @GlobalFund, through its regional & local grants which helped with strategic litigation support.”

For the broader (dire) picture on LGBT rights in SSA, see a NYT article - [A Win for Gay Rights in Botswana Is a ‘Step Against the Current’ in Africa](#)

HIV studies

Eurekalert - The Lancet: First randomised trial finds no substantial difference in risk of acquiring HIV for three different forms of contraception

https://www.eurekalert.org/pub_releases/2019-06/tl-pss061119.php

*“Previous research has suggested that some contraceptive methods may increase women’s susceptibility to HIV. However, all three forms of contraception trialled were safe and highly effective, supporting their continued and increased access alongside high quality HIV prevention services. A randomised trial of more than 7,800 African women found that a type of contraceptive injection (intramuscular depot medroxyprogesterone acetate - DMPA-IM) posed no substantially increased risk of HIV acquisition when compared with a copper intrauterine device (IUD) and a levonorgestrel (LNG) implant. **The results of this first ever randomised trial in the area, published in The Lancet, counter 30 years of epidemiology research suggesting a potential association between some types of contraceptives and risk of acquiring HIV....”***

For some coverage, see Devex - [‘Reassuring’ contraceptives and HIV trial also a wake-up call, experts say](#)

*“ There is no substantial difference in HIV risk among three highly effective methods of contraception, the results of a randomized clinical trial conducted in four African nations show. **But the findings reveal high rates of HIV contracted among each group of women studied, prompting calls for deeper integration of HIV prevention with family planning services.** The results of the **Evidence for Contraceptive Options and HIV Outcomes, or ECHO, study** — which ran from December 2015 through October 2018 — were announced today at the **South African AIDS Conference in Durban....”***

Or *the Guardian* - [Contraceptive injections do not increase chance of contracting HIV, study finds](#)

Plos Med - Changes in rapid HIV treatment initiation after national “treat all” policy adoption in 6 sub-Saharan African countries: Regression discontinuity analysis

[Plos](#);

“Olga Tymejczyk and colleagues report on the impact of WHO’s universal treatment recommendation for people with HIV in sub-Saharan African countries. “

Conclusion: *“**Our analysis indicates that adoption of treat all policies had a strong effect on increasing rates of rapid ART initiation, and that these increases followed different trajectories across the 6 countries.** Young adults and men still require additional attention to further improve rapid ART initiation.”*

AMR

Chatham House (Expert Comment) - Preserve the Effectiveness of Antibiotics with a Global Treaty

David Heymann & Emma Ross; <https://www.chathamhouse.org/expert/comment/preserve-effectiveness-antibiotics-global-treaty>

*"The way the world uses antibiotics has to change. A **treaty** to curtail unnecessary antibiotic use would bring much-needed global governance to the effort to combat antibiotic resistance, and would offer a clear way forward for all countries."*

Plos Med - Government policy interventions to reduce human antimicrobial use: A systematic review and evidence map

S R Van Katwyk, S J Hoffmann et al;
<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002819>

"In a systematic review, Susan Rogers Van Katwyk and colleagues assess policy interventions intended to reduce antimicrobial overuse."

For coverage, see **Devex** - [Experts: Policies to cut antibiotic use need more scrutiny](#)

*" **Government policies designed to reduce the use of antimicrobial drugs need more rigorous evaluation** so that the lessons they offer can be better understood and used, say researchers who reviewed studies on a wide range of policies tried out in many countries around the world..."*

Global health governance

Development & Change - Deconstructing the Financialization of Healthcare

Benjamin Hunter et al; <https://onlinelibrary.wiley.com/doi/full/10.1111/dech.12517>

One of the papers of the week. "**Financialization** is promoted by alliances of multilateral 'development' organizations, national governments and owners and institutions of private capital. In the healthcare sector, the leveraging of private sources of finance is widely argued as necessary to achieve the Sustainable Development Goal 3 target of universal health coverage. Employing social science perspectives on financialization, **the authors of this article contend that this is a new phase of capital formation**. The article traces the antecedents, institutions, instruments and ideas that facilitated the penetration of private capital in this sector, and the emergence of new asset classes that distinguish it. **The authors argue that this deepening of financialization represents a fundamental shift in the organizing principles for healthcare systems, with negative implications for health and equality.**"

The authors “... argue that an examination of the interaction between healthcare and a financialization–development nexus helps us to distinguish the **distinctive nature of the latest emerging phase of health system change** — that of the **transformation of healthcare into saleable and tradeable assets for global investors....**”

Check out also this paragraph, from the section ‘**The curious bed-fellows of financialization and UHC**’:

*“...The euphoria of the buzz, and buzzwords, of financialization have begun to permeate some potential sites where critique and resistance might have been anticipated, and private investment in healthcare is fast becoming an unquestioned policy in global health. Organizers of a leading biennial global health systems conference — the **Global Symposium on Health Systems Research** — chose to set up the differing views on private sector engagement for provision and financing as a conflict between ‘pragmatism’ and ‘polemic’, thus offering little invitation to critical analyses ...”*

Blog Jeremy Farrar (on LinkedIn) – Launching our advisory board statement on Germany's role in global health.

<https://www.linkedin.com/pulse/launching-our-advisory-board-statement-germanys-role-global-farrar/>

Jeremy Farrar (Wellcome Trust) is part of the International Advisory Board which produced recommendations for a new Global Health Strategy. In this blog, he zooms in on two key aspects, leadership & innovation.

On the first, “*It’s clear to me that the single biggest contribution that Germany could make to the world of global health would be to step up its leadership even further. We set out some specific ideas in the statement about how Germany might do this, such as including global health high on the agenda for its EU presidency next year.*”

The second relates to the creation of a **global health Innovation Institute** in Germany.

Short updates on global health stakeholders

PEPFAR

Devex - What's behind PEPFAR's funding cut threats?

<https://www.devex.com/news/what-s-behind-pepfar-s-funding-cut-threats-95053>

“PEPFAR priority countries that are failing to hit targets are facing unprecedented cuts to their budgets this year.”

See also **The Nation** - [Kenya and Tanzania face big cuts in US anti-Aids funding](#)

“Failure to provide essential data or to serve especially vulnerable groups will result in deep cuts in US anti-Aids funding for Kenya and Tanzania, [Devex] said on Wednesday. The President's Emergency Programme for Aids Relief (Pepfar), a US initiative launched in 2003, plans to reduce spending for Kenya from 2018's level of \$505 million to \$395 million in 2020. For Tanzania, Pepfar funding is set to drop from \$512 million to \$395 million. “With these cuts, **Pepfar is intensifying its message that if a country is not making progress toward specific targets, either for programmatic or policy reasons, then the money will go elsewhere...”**

World Bank

Fox News –Drs. Thomas Frieden, Margaret Hamburg: There’s a limited window to make America safer from epidemics

[Fox News](#);

Op-ed from earlier this week: “... ***In one week, the World Bank will decide how to allocate more than \$50 billion in development funding to lower income countries. The World Bank should dedicate some of its International Development Association (IDA) funds – say, 5 percent, or about \$1 billion per year over three years – to help countries become better prepared for infectious disease outbreaks. The United States delegation should champion this initiative and insist on both fundings for preparedness and accountability for progress....” “The total needed to close preparedness gaps is estimated at about \$4.5 billion annually, less than \$1 per person per year. An additional \$1 billion infusion each year for the next three years will provide a tremendous jump start – and is a bargain the United States cannot afford to miss.”***

Devex - Georgieva outlines 4 factors guiding World Bank's fragile state work

<https://www.devex.com/news/georgieva-outlines-4-factors-guiding-world-bank-s-fragile-state-work-95103>

“The World Bank is expanding its work in fragile states and on Wednesday, CEO Kristalina Georgieva outlined four factors guiding the institution’s work in the most challenging environments....” The World Bank has doubled financial resources to fragile states — it is now about \$14 billion — and moved staff into those countries, with nearly 1,000 people now employed in fragile areas, Georgieva said at the annual Interaction Forum in Washington D.C. The World Bank is in the consultation process for its strategy for fragility, conflict and violence. In fiscal year 2019, the World Bank identified 36 countries and territories as fragile....”

“...There must be a “much stronger focus on prevention” and an ability to act early if there are warning signs of conflict or natural disasters. ... Another change is about presence, the World Bank, and the development community, need to be in countries that are currently in conflict. ... The last lesson or takeaway for the bank is that its best ally is the people who live in these countries who Georgieva described as “the first responders and best peacekeepers.” ...”

“...A test of how the World Bank can do that is underway with the International Development Association replenishment that is underway. The bank is looking to at least match the last

replenishment of \$75 billion for the world's most vulnerable countries, including its work on fragile states.”

WB's Investing in Health Blog - Human capital and health

F A Akala, J Veillard & Tim Evans; <http://blogs.worldbank.org/health/human-capital-and-health>

Blog giving an overview of the growing ‘Human Capital’ momentum.

“While the Human Capital Project (HCP) and the Human Capital Index (HCI) were launched just over 6 months ago in Bali, the tenor of conversations on investing in health has already changed. The pursuit of policies towards Universal Health Coverage (UHC) – quality, affordable healthcare for all without financial compromise – is being bolstered by growing recognition that good population health, nutrition and education create the foundation for sustainable economic growth. It is now much better understood that a well-educated, healthy and well-nourished workforce pays bigger dividends to the economy than simply building new roads and bridges.....”

*“The HCP has elevated the dialogue in over 60 countries that have signed up to accelerate improvement towards human capital outcomes. Ministries of Finance are leading the charge. Since the World Bank annual meetings in October 2018, these countries are undertaking broad efforts to strategize on addressing key challenges to better outcomes. **Human capital is now taking center stage in country development plans with whole-of-government approaches driving better results.** Leaders from the health, education, finance, social protection, transport, agriculture and water and sanitation now sit at the same table to plan. Resulting programs are better aligned to maximize impact. Tax policies are being reformed to increase the fiscal space for human capital development. This kind of collaboration promises accelerated progress on health and human capital....”*

Global Fund

The latest **Global Fund Observer** [issue](#) is a must-read.

Check out, among others:

[Global Fund Secretariat responds in part to evaluation and audit of its health system investments](#)

“The Secretariat plans to **strengthen the capacity and the voice of “Resilient and Sustainable Systems for Health” in country dialogues, better integrate RSSH into its processes, differentiate and prioritize RSSH investments depending on the country’s development level, increase collaboration with Gavi, the Vaccine Alliance, and improve RSSH indicators’ measurement.** Those are some of the changes the Secretariat presented at the 41st Board meeting, in response to evaluations and an audit of the Global Fund’s investments in RSSH. The Secretariat remained silent on a couple of other issues.”

[Global Fund donation reaches Venezuela amid worsening humanitarian crisis](#)

[OIG advisory review on Western and Central Africa questions ‘challenging operating environment’ policy](#) (Analysis & Commentary by C Boulanger)

*“For the first time, in the Inspector General’s Advisory Report on Western and Central Africa, there is a transparent and multidisciplinary document available for further debate about new operational choices. In this region, **11 countries are classified as Challenging Operating Environments** and should, under this category, benefit from flexibilities in their implementation to maximize impact. Two years after the policy was adopted by the Board, the OIG questions how it is being implemented, and calls for more country-by-country analysis.”*

USAID

USAID administrator Mark Green & Pepsico leaders announce global partnership

<https://www.usaid.gov/news-information/press-releases/jun-7-2019-usaid-administrator-mark-green-and-pepsico-leaders-announce-global>

*“U.S. Agency for International Development (USAID) Administrator Mark Green, PepsiCo Director of Sustainable Agriculture Margaret Henry, and the President of the PepsiCo Foundation Jon Banner, signed a Memorandum of Understanding on June 7, 2019, in New York, to expand collaboration between USAID, PepsiCo, and the PepsiCo Foundation. **The new global agreement lays the foundation for co-creation and co-investment by USAID, PepsiCo, and the PepsiCo Foundation to help underserved communities around the world address food and water challenges sustainably by enhancing agricultural productivity.** Two programs are already planned in India and Egypt to empower women and increase transparency and sustainability in agricultural supply chains....”*

*“These and other potential partnerships will leverage the market reach and expertise of PepsiCo and its Foundation, while advancing development goals associated with the Women’s Global Development and Prosperity Initiative and the U.S. Government’s Feed the Future initiative. **Deeper and broader engagements with the private sector** are a key tenet of USAID’s approach to helping countries move beyond the need for assistance.”*

As **Robert Marten** & others noted on Twitter, this is #PartneringundertheInfluence big time. But USAID is probably a lost cause, as long as it’s the agency of a rogue nation. Let’s hope that changes in 2020.

WHO Academy

WHO - Collaboration between France and WHO to realize the vision of the WHO Academy

<https://www.who.int/news-room/detail/11-06-2019-collaboration-between-france-and-who-to-realize-the-vision-of-the-who-academy>

*“... Emmanuel Macron, President of the French Republic and Dr Tedros Adhanom Ghebreyesus, WHO Director-General met at WHO Headquarters in Geneva. They **signed a Declaration of Intent to establish the WHO Academy that will revolutionize lifelong learning in health.** The Academy aims to reach millions of people with innovative learning via a **state-of-the-art digital learning experience***

platform at a campus in Lyon and embedded in the six WHO regions. The WHO Academy Lyon hub will feature high-tech learning environments, a world-class health emergencies simulation center and collaboration spaces for learning co-design, research and innovation...."

"... It will be run as an internal WHO Division, and the Organization will ensure strong coordination and collaboration with all WHO Member States, thereby optimizing the learning assistance provided to all. The Academy will also harness the strength of the WHO's partnerships, experts, collaborating centres and networks. The overall goal is to support the learning and development needs of WHO staff and stakeholders to progress towards WHO's "triple billion" goal..."

Global health forum in Qingdao, China (10-12 June) – Theme: 'Health beyond health – in the year of sustainable development 2030'

<http://www.ghfbfa.cn/?lang=en>

"The first Global Health Forum of Boao Forum for Asia [was] held from June 10th to 12th, 2019 in Qingdao. ... Launched by Boao Forum for Asia in 2018, Global Health Forum is a comprehensive platform featuring high representativeness and authoritativeness for high-level dialogues and practical cooperation in the health field. It also links governments, the business community and the academia. Dr. Margaret Chan Fung Fu-chun, Member of BFA Council of Advisors, [will serve] as the president of this event. ... Themed on "Universal Health Coverage", "Innovation", "Health in All Policies", the Conference serves as China's first top-level platform in the field of population health, which links industry and academia, for dialogues between governments and the business community. It will accelerate the implementation of policies related to population health and promote the development of population health industry, so as to contribute to the early realization of the UN Sustainable Development Goals 2030 and the goals set in "Healthy China" 2030."

Some coverage of the opening, in which Chinese Vice Premier Sun Chunlan read a letter from Xi Jinping: [Global Health Forum opens in Qingdao](#)

"...Sun said the letter expounded the fundamental role of universal health in global health undertakings and put forward the initiative of promoting international cooperation in the field of health. ... Sun, also a member of the Political Bureau of the Communist Party of China Central Committee, said that China will strengthen cooperation with various countries to build a platform for global health governance and promote health wellbeing of people in the world. Sun mentioned China's efforts in deepening medical and healthcare system reform and its achievements in inheriting and developing the Traditional Chinese Medicine (TCM)...."

See also Beijing review - [Global Health Forum Debuts in Qingdao](#) (with among others some quotes from (president) Margaret Chan's press conference, on June 10).

Tobacco control

Lancet - The Philip Morris-funded Foundation for a Smoke-Free World: tax return sheds light on funding activities

Tess Legg et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31347-9/fulltext?dgcid=raven_jbs_etoc_email#%20](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31347-9/fulltext?dgcid=raven_jbs_etoc_email#%20)

*"... Until now, information concerning the research the Foundation is funding, and who has accepted its money, has been scant. This changed when **the Foundation filed its 2018 tax return**. ... Our analysis of this filing adds to mounting evidence that the Foundation should be seen neither as an independent organisation nor as a primarily scientific one, and suggests that it might be having difficulty convincing researchers and potential funders of its legitimacy and independence as a scientific body. This analysis provides the following key findings. ..."*

And a quick link from India (via **the Wire**): [A Tobacco Company-Funded Foundation Is Using a Contest to Target School Children](#).

108th International Labour Conference: Building a future with decent work (10-21 June)

https://www.ilo.org/ilc/ILCSessions/108/media-centre/news/WCMS_709954/lang--en/index.htm

"World leaders gathered at the Centenary International Labour Conference (ILC) to reaffirm their commitment to the principle of social justice upon which the ILO was founded 100 years ago. The Conference, which is the 108th session of the ILC, runs from June 10 to 21. Heads of state and government and other top officials addressed the plenary on the first day of the Conference. ... ILO Director-General Guy Ryder has [said](#) that the world of work is facing the "most profound and transformative" changes seen in 100 years, and has urged delegates to the International Labour Conference (ILC) to take responsibility for addressing this "defining challenge". ...

Open Democracy - A global solution to end violence and harassment at work

<https://www.opendemocracy.net/en/beyond-trafficking-and-slavery/global-solution-end-violence-and-harassment-work/>

"The ILO is concluding negotiations on a new international law that would finally make employers and governments responsible for ending violence and harassment at work."

*"...If the negotiations are successful, **the new convention** will place clear responsibilities on employers and governments for tackling the scourge of violence and harassment in the world of work. Workers, too, will have responsibilities to refrain from acts of violence and harassment and to comply with any policies, procedures or other steps taken by their employers to prevent it..."*

World Day Against Child Labour - 12 June 2019

Euractiv - One in ten of the world's children are forced to work, report shows

<https://www.euractiv.com/section/development-policy/news/one-child-in-ten-of-the-worlds-children-are-forced-to-work/>

“Every tenth child in the world, which amounts to over 150 million in total, are forced to work to support their family financially, according to the human rights organisation Terre des Hommes. This finding was published in the organisation’s 2019 Child Labour Report, which it published for International Child Labour Day (12 June).”

“...Yet today, 152 million children are still in child labour. Child labour occurs in almost all sectors, yet 7 out of every 10 of these children are working in agriculture....”

See also ILO - [Children shouldn't work in fields, but on dreams!](#)

Or a new WB blog - [Chart: Globally, 168 million children remain trapped in child labor](#) (with slightly higher figures)

Impact Global Gag rule

Lancet Editorial - The devastating impact of Trump's global gag rule

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31355-8/fulltext#figures](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31355-8/fulltext#figures)

The Lancet examines the key messages of ‘Crisis in care: year two impact of Trump's global gag rule’, released by the International Women’s Health Coalition on June 5. The impact is devastating, in a number of areas. Among others, “...*they also report a shrinking of civil society spaces, with some stakeholders concerned that the policy will exacerbate divisions between the HIV/AIDS and sexual and reproductive health and rights communities. Indeed, the spirit of the global gag rule is inherently anti-democratic, insofar as it blocks local organisations that receive US global health funding from advocating for law reform in their own countries....*”

The Editorial concludes: “...*By targeting funding for abortion, the global gag rule weaponises US global health funding against sexual and reproductive health and rights more broadly, with the most severe consequences affecting the most vulnerable.*”

Access to Medicines

Economist - Drone deliveries are advancing in health care

<https://www.economist.com/business/2019/06/11/drone-deliveries-are-advancing-in-health-care>

“No longer just in Africa, but in Europe and America too.”

*“A few years ago Jeff Bezos made a prediction. By 2018 his e-commerce empire, Amazon, would be delivering items by drone. Prime Air has yet to launch. But **startups are making progress—mostly in health care, where they are vying to tap into a lucrative, \$70bn global market in health-care logistics.** As they deal with regulators and investors, these firms are charting the course for other aerial deliveries. One of the best known is **Zipline**, based in San Francisco, which took off in Rwanda in 2016, where it is now a national on-demand medical drone network, delivering 150 medical products, mostly blood and vaccines, to hard-to-reach places....”*

Cfr a tweet by Thomas Bollyky (CFR): *“**A nice succinct explanation of why drone companies are focused on health:** medicines are lightweight but high-value, benefits outweigh concerns ab privacy and noise.”*

BMJ Global Health - Insulin prices, availability and affordability in 13 low-income and middle-income countries

M Ewen et al; <https://gh.bmj.com/content/4/3/e001410>

*“Globally, one in two people needing insulin lack access. High prices and poor availability are thought to be key contributors to poor insulin access. However, few studies have assessed the availability, price and affordability of different insulin types in low-income and middle-income countries in a systematic way. **In 2016, 15 insulin price and availability surveys were undertaken** (using an adaptation of the WHO/Health Action International medicine price and availability measurement methodology) **in Brazil, China (Hubei and Shaanxi Provinces), Ethiopia, Ghana, India (Haryana and Madhya Pradesh States), Indonesia, Jordan, Kenya, Kyrgyzstan, Mali, Pakistan, Russia (Kazan Province) and Uganda....”***

The Conclusion: *“**Improving insulin availability and affordability needs to be addressed through national and global actions**, including prioritising the supply of more affordable human insulin, increasing competition through the use of lower priced quality-assured biosimilars, negotiating lower prices from manufacturers and improving distribution systems.”*

WHO Bulletin - Patent pooling to increase access to essential medicines

E Burrone, M P Kieny et al ; https://www.who.int/bulletin/online_first/BLT.18.229179.pdf?ua=1

*“...To improve access to antiretroviral treatment in low- and middle-income countries, **Unitaid established the Medicines Patent Pool foundation in 2010 as the first public health patent pool.** Later, the patent pool’s mandate was expanded to treatments for tuberculosis and hepatitis C....”*

*“...In 2016, the Lancet Commission on Essential Medicines Policies, the World Health Organization (WHO) and other stakeholders called for the patent pool to expand its mandate to a broader range of patented essential medicines. **Here, we outline the findings of a released feasibility study on expanding the patent pool’s mandate, laying out the public health case for adapting its model to disease areas beyond the initial three focus diseases. In May 2018, the patent pool acted on the results of the feasibility study and expanded its mandate to include other patented essential medicines....”***

Brief HSG update

A reminder on the timelines to keep in mind, via Twitter:

*“**HSR2020’s website launches Aug 2019. Calls for individual presentations and organized sessions open 12 Sept 2019 , deadline 14 Nov 2019 for sessions, 6 February 2020 for individual abstracts; watch this space. ...”***. For more, see <https://www.healthsystemsglobal.org/blog/343/HSR2020-Re-imagining-health-systems-for-better-health-and-social-justice.html>

Meanwhile, this NYT [op-ed](#) on the Saudi-UAE “axis of autocracy” (which threatens to ruin Sudan’s transition to democracy, among others) is worth a read. And some reflection, I guess, given the theme of the symposium, ‘Re-imagining health systems for better health and social justice’.

UHC & PHC

Civil Society Mechanism for UHC 2030 - Country Advocacy Meetings coordinated by the International Federation of the Red Cross (IFRC) and UNAIDS

<https://csemonline.net/country-advocacy-meetings-coordinated-by-the-international-federation-of-the-red-cross-ifrc-and-un aids/>

*“**IFRC, UNAIDS, and partners are organizing a number of United Nations High-Level Meeting on Universal Health Coverage (UN HLM on UHC) country advocacy meetings. The objective is to provide civil society with a national level platform to advocate for an effective high-level meeting. The meetings will ideally bring together citizens, communities, civil society, governments, and multilateral stakeholders to advocate for specific government actions at the HLM and beyond to achieve UHC. The first two meetings have taken place in Panama and Georgia. Meetings are planned, but not yet confirmed, in Afghanistan, Brazil, Cameroon, Central African Republic, Pakistan, Philippines, and South Africa...***”

WHO Synthesis paper - Leveraging public financial management for better health in Africa: key bottlenecks and opportunities for reform

H Barroy et al ; https://www.who.int/health_financing/documents/workingpaper14/en/

« Six months after a **regional conference on public financial management in health (PFM)** co-organized by **WHO & AfDB in Nairobi**, WHO is releasing a **synthesis paper** produced jointly by WHO Geneva and the WHO regional office for Africa. The paper **takes stock of progress and proposes options to accelerate the PFM reform agenda in health in the African region.**”

“...After taking stock of PFM reform progress for health in a number of countries, the report offers a **PFM action framework** for health ministries. **To accelerate PFM reform implementation in health, this report suggests three distinct areas of engagement for health ministries:** (1) Be actively aware and up to date on general PFM reforms, for example monitoring the implementation of multi-year budgeting approaches that can increase predictability in health financing. (2) Contribute to designing and implementing PFM reforms specifically applied to the health sector directly applicable to health: defining budgetary programmes in health to ensure they are aligned with sector priorities and needs. (3) Lead policy development for health specific PFM interventions: designing or refining regulatory frameworks for financial autonomy of health facilities.”

HPW - The Global Malaria Response: Extending The Reach Of Primary Health Care, Expanding Coverage Towards UHC

<https://www.healthpolicy-watch.org/the-global-malaria-response-extending-the-reach-of-primary-health-care-expanding-coverage-towards-uhc/>

“**Extending the reach of primary health care systems to provide malaria services to those in the most hard-to-reach places has become part and parcel to the global malaria response**, and according to experts, is paving the way for the expansion of other essential health services – and moving the world closer towards realising universal health coverage (UHC). This progress, driven by the innovation of effective and easy-to-use drugs and diagnostics, and strategic partnerships that integrate the efforts of governments, local health systems, international organisations and global donors, cannot slow down, experts caution, or malaria will come back. That is why **the global malaria community is calling on all stakeholders to “step up the fight,” with increased financing for malaria control and elimination, as part of an integrated health agenda that strengthens primary health care systems and drives innovation to leave no one behind...**”

NYT - Brazil Fails to Replace Cuban Doctors, Hurting Health Care of 28 Million

[NYT](#);

“...In November, Cuba announced it was recalling the 8,517 doctors it had deployed to poor and remote regions of Brazil, a response to the tough stance against Cuba that Mr. Bolsonaro had vowed to take when he was elected in October. ... The **abrupt departure of thousands of doctors** has presented Mr. Bolsonaro with one of his first major policy challenges — and has tested his ability to deliver on a promise to find homegrown substitutions quickly. “We are graduating, I am certain, around 20,000 doctors a year, and the trend is to increase that number,” Mr. Bolsonaro said in November. “We can solve this problem with these doctors.””

“...But six months into his presidential term, which started in January, Brazil is struggling to replace the departed Cuban doctors with Brazilian ones: 3,847 public-sector medical positions in almost 3,000 municipalities remained unfilled as of April, according to the most recent figures available. In the first four years of **Mais Médicos**, the percentage of Brazilians receiving primary care rose to

70 percent from 59.6 percent, according to a report by the Pan-American Health Organization, which coordinated Cuba's participation in the program. **The withdrawal of Cuban doctors could reverse that trend, with the consequences especially severe for those under 5, potentially leading to the deaths of up to 37,000 young children by 2030**, warned Dr. Gabriel Vivas, an official with the Pan-American Health Organization....”

(6th) UHC Partnership Technical meeting (11-13 June) & Launch of Decide (Geneva)

<https://uhcpartnership.net/6th-annual-meeting/>

*“Ministries of Health (MoH) representatives, development organizations, decision-makers, WHO officials from the three levels of the Organization, global health initiatives, donors and academia will **convene[d] to discuss key achievements and challenges on the path towards UHC and health-related SDGs**. This occasion provides a unique opportunity for participants to **share experiences across countries, exchange on challenges and lessons learnt as well as envision new ways and energies between MoHs, WHO and partners to jointly move the UHC2030 agenda forward.**”*

For more info on this **UHC Partnership**, see <https://uhcpartnership.net/>

*“**The UHC Partnership** comprises a broad mix of health experts working hand in hand to promote UHC by fostering policy dialogue on strategic planning and health systems governance, developing health financing strategies and supporting their implementation, and enabling effective development cooperation in countries. We combine sound technical expertise with political commitment, financial resources and long-standing work experience in health systems both in the international and national fields. Behind the scene: health policy advisors working closely together with national Ministries of Health, WHO country offices and partner delegations. Furthermore, these key stakeholders are supported by a large number of health experts from WHO regional offices and Headquarters as well as from the offices of the European Union, Grand Duchy of Luxembourg and IrishAid. **Since its inception in 2011, the partnership has expanded steadily, reaching 66 member countries worldwide to date.** Under the lead of the Ministry of Health, a roadmap comprising a set of activities to strengthen the national health system is defined in order to make significant progress towards UHC. **Our aim is to build country capacities and hence reinforce the leadership of the Ministry of Health to build resilient and effective health systems in a sustainable manner.** We aim to bridge the gap between global commitments and country implementation on the ground; hence **serving as a country-level resource for UHC2030, the global movement to build stronger health systems for UHC.**”*

You find some of the key quotes & action via the hashtag [#UHCP2019](https://twitter.com/WHO/status/1144444444444444444). Below some examples of tweets, by **Agnès Soucat** (WHO) and others:

*“The 6th technical meeting of the [@UHCPartnership](https://twitter.com/UHCPartnership) started with all the [@WHO](https://twitter.com/WHO) regions presenting the **one @WHO approach to country support on #UHC policies and implementation : #UHC4PHC**”*

*“From policy to action the **@UHCPartnership** supports 66 countries’ #UHC country roadmaps with technical assistance, capacity building and live monitoring It will support more than 100 countries by the end of 2019”*

*“Country owned, flexible, results oriented, bottom up and focused on country budgets to shape domestic funding : the **@UHCPartnership** supports countries to develop FIT for context, FIT for purpose PHC systems for #UHC : Foundations, Institutions and Transformation #UHCP2019”*

“We need to be able to monitor progress on #UHC in real time The @UHCPartnership live monitoring does just that and help countries measure their progress on their own country #UHC roadmap”

Launch of Decide – Health Decision Hub for priority setting, HTA & benefit package design

<http://decidehealth.world/>

*“Key health economics stakeholders gather in Geneva from 12 to 14 June for the **launch of Decide, the Health Decision Hub for priority setting, HTA and benefit package design**. An open collaborative space across this ecosystem to better work together.”*

*“This new interactive platform will be launched, effectively, on **21 June**.*

G 20 Ministers of Finance meeting (Fukuoka, Japan 8-9 June)

Communiqué, G20 Finance Ministers and Central bank Governors Meeting

https://www.mof.go.jp/english/international_policy/convention/g20/communique.htm

Check out in particular **section 9**, related to **UHC**, which we give here below in full:

*“Moving towards Universal Health Coverage (UHC) contributes to human capital development, sustainable and inclusive growth and development, and prevention, detection and response to health emergencies, such as pandemics and anti-microbial resistance, in developing countries. In this context, **we affirm our commitment to the G20 Shared Understanding on the Importance of UHC Financing in Developing Countries**. As articulated in the Shared Understanding document, a multi-sectoral approach, in particular the collaboration between finance and health authorities, with the appropriate contribution of the private sector and non-government organizations, is crucial for strengthening health financing, building on work by international organizations. In this regard, we look forward to a joint session of Finance and Health Ministers in the margins of the Leaders’ Summit. We appreciate the World Bank Group’s report, High-Performance Health Financing for Universal Health Coverage: Driving Sustainable, Inclusive Growth in the 21st Century. “*

Oxfam (briefing note) - G20 Finance Ministers open door to new corporate tax era

<https://www.oxfam.org/en/pressroom/reactions/g20-finance-ministers-open-door-new-corporate-tax-era>

Excellent informative [3-pager](#), published ahead of the G20 meeting. “G20 Finance Ministers are expected to give the **green light to a new round of negotiations on international tax reforms** at a meeting in Fukuoka, Japan on 8 - 9 June 2019. For the first time that countries will debate proposals for fundamental reforms such as where a companies’ profits are taxed and whether to set a global minimum effective corporate tax rate. ...”

Let’s hope the process ‘lands well’ in 2020...

FT - G20 meeting should push for debt transparency

Gayle Smith (president of the ONE Campaign and former administrator of the US Agency for International Development) & **Masood Ahmed** (president of the Center for Global Development); <https://www.ft.com/content/8944ae0c-893f-11e9-a028-86cea8523dc2>

Published ahead of the G20 Meeting. “Finance ministers & central bankers should adopt principles to support SDGs” (in order to avoid the ‘next Mozambique’).

Excerpts:

“... When the G20 finance ministers and central bank governors meet this weekend, they will consider adopting the **Principles for Debt Transparency** recently promulgated by the Institute of International Finance (IIF), the association of international banks. **The voluntary Principles are the result of over 18 months of discussions among IIF members, and are an industry-wide reaction to loans made to developing countries that were both non-transparent and put macroeconomic stability at risk. ...**”

“...More broadly, private-sector financing of projects in developing countries will be critical for meeting the 2030 Sustainable Development Goals. To ensure that investment is effective and sustainable, public-sector financial transactions in developing countries must be transparent. **The rising levels of debt in low-income countries lend more urgency to the need for a full and transparent accounting of public sector borrowing.** The Principles aim to bring about that transparency in lending from international banks to sovereigns. Strong action will give some teeth to a promising, but as yet untested, undertaking by leading financial institutions to commit to **responsible lending to developing countries** — a critical practice in pursuit of the important 2030 SDGs.

#MeToo Meets Global Health: A Call to Action

<https://cdn2.sph.harvard.edu/wp-content/uploads/sites/125/2019/06/CallToAction-Commentary.pdf>

“This statement arose from discussions during the Global Health Fieldwork Ethics Workshop held in Atlanta, Georgia, USA in April 2018, co-sponsored by Agnes Scott College, The Taskforce for Global

Health, and Emory University Rollins School of Public Health. As participants from a wide range of academic and global health implementation organizations discussed ethics challenges in fieldwork settings, it became clear that **gender-based violence was an issue of vast importance** that has not been adequately considered for **global health fieldworkers and participants**. This statement highlights key themes on gender-based violence that emerged from our discussions and calls for further action.”

“...**We call for an inclusive #MeTooGlobalHealth—not a moment, not a movement, but the modus operandi of global health**. Simply, we should respect the contributions and experiences of all our colleagues and participants, and we must elevate gender-based violence until equity is no longer a sentiment but a reality....”

Rockefeller Foundation launches ‘Solvable’

https://www.rockefellerfoundation.org/solvable/?utm_source=Twitter&utm_medium=organic_social&utm_campaign=Solvable&utm_content=SOLVeqn

Ah, that ‘can do’ spirit of Americans!

“At **The Rockefeller Foundation**, we believe some of the biggest challenges that limit the lives or prospects of vulnerable people are solvable — and solvable in our lifetime. Introducing #Solvable — a multimedia platform aimed at driving awareness of global issues that are solvable in the next generation. On podcast episodes, in more than 40 mini-films, and in a television-length documentary film, #Solvable features experts and innovators like Bill Gates, Princess Reema, and Ngozi Okonjo-Iweala, who are tackling everything from childhood malnutrition to financial self-sufficiency for women to access to vaccines — a fascinating array of solvable challenges related to the United Nations’ 17 Sustainable Development Goals for 2030....”

The mantra of Solvable: “**Expertise about what is possible + Optimism to make it happen**”.

Scientific Publishing

Nature - ‘Broken access’ publishing corrodes quality

A Aguzzi; [Nature](#);

“Imagine a scientific journal in which readers don’t pay for access, authors don’t pay for publication and reviewers are paid for each report. That’s how things are done at Swiss Medical Weekly, which pays its bills thanks to a consortium of academic and medical bodies that has evaluated the journal’s qualities. The journal’s director, neuropathologist Adriano Aguzzi, describes **how a system in which funders award competitive grants directly to journals** could help to usher in open access without creating perverse incentives to publish more papers.”

Some papers & reports of the week

Lancet Global Health – July issue

<https://www.thelancet.com/journals/langlo/issue/current>

Most contributions (research articles & comments) were already published online before. But do have a look!

WHO Bulletin - When the patient is the expert: measuring patient experience and satisfaction with care

E Larson et al; https://www.who.int/bulletin/online_first/BLT.18.225201.pdf?ua=1

*“In 2018, three independent reports were published, emphasizing the need for attention to, and improvements in, quality of care to achieve effective universal health coverage. **A key aspect of high quality health care and health systems is that they are person-centred**, a characteristic that is at the same time intrinsically important (all individuals have the right to be treated with dignity and respect) and instrumentally important (person-centred care is associated with improved health-care utilization and health outcomes). **Following calls to make 2019 a year of action, we provide guidance to policy-makers, researchers and implementers on how they can take on the task of measuring person-centred care.** ... **We discuss the distinction between two broad categories of measures of patient-centred care: patient experience and patient satisfaction.** We frame our discussion of these measures around **three key questions**: (i) how will the results of this measure be used?; (ii) how will patient subjectivity be accounted for?; and (iii) is this measure validated or tested? By addressing these issues during the design phase, researchers will increase the usability of their measures.”*

CGD - Imagining the Alternative Worlds of 2030: Policy Implications for the Future of Global Health Procurement

J M Keller & W Savedoff; <https://www.cgdev.org/sites/default/files/imagining-alternative-worlds-2030-policy-implications-future-global-healthprocurement.pdf>

For the helicopter view, with 3 possible scenarios for the future.

*“The availability and affordability of health products—medicines, diagnostics, devices, and equipment—are critical to achieving universal health coverage and improving health outcomes. Yet low- and middle-income countries face multiple challenges in procuring health products related to institutional inefficiencies, market failure, and fragmented demand. At the same time, the world is evolving rapidly in ways that will affect health procurement, from changes in countries’ eligibility for foreign assistance to advances in information technologies. Looking forward, efforts to improve global health procurement must proactively address the sweeping changes on the horizon. **Drawing on a range of political, economic, and social trends, this paper envisions how the global landscape might change between now and 2030, with a focus on the implications for global health, particularly the procurement of health products.** The paper develops **three possible but distinct futures—worlds characterized as atomistic, privately led, or multilateral.** It concludes by describing*

the policy options and locus of action to improve global health procurement in light of these scenarios, emphasizing three areas of work: financing and modes of collaboration, procurement procedures and tools, and procurement capacity.”

Public Health - Revisiting aid dependency for HIV programs in Sub-Saharan Africa

B O Olakunde et al ; <https://www.sciencedirect.com/science/article/pii/S0033350619300526>

“The overall increase in global domestic HIV expenditure obscures the specific performances of many sub-Saharan Africa (SSA) countries in local resourcing of their HIV programs. In this study, we explored the pattern and correlates of domestic HIV expenditure in SSA....”

Highlights: *“The median domestic HIV expenditure as % of the total HIV expenditure in 30 sub-Saharan African countries was 24.9%. In 50% of the countries, domestic HIV expenditure as % of the total HIV expenditure was ≤25%. In about 77% of the countries, public source accounted for >75% of the domestic HIV expenditure. Domestic HIV expenditure was significantly associated with gross national income per capita.”*

Anthropology in Action (special issue) - Anthropology in Global Health? Creating a space for critical incongruity

<https://www.berghahnjournals.com/view/journals/aia/26/1/aia.26.issue-1.xml>

We already flagged some articles in a previous IHP newsletter. The entire issue is now live.

Blogs & mainstream articles of the week

Project Syndicate - Taming the Wild West of Digital Health Innovation

Asha George; <https://www.project-syndicate.org/commentary/global-health-digital-innovation-accountability-by-asha-george-et-al-2019-06>

“Digital innovations in health hold significant promise – and imply serious risks. Only with a clear-eyed assessment of a new technology – including who is responsible for it and who could be left behind if it is deployed – can we ensure that the digital revolution delivers on its promise to improve global health.” Asha George already looks ahead to one of the key themes at the Dubai HSR symposium next year.

The Collectivity (blog) - Reflection and collective learning: the issue of best fit and quality of CHW programs

By Sanghita Bhattacharyya, Helen Schneider, Lilian Otiso, Jerome Pfaffmann Zambruni and Bruno Meessen; <http://blog.thecollectivity.org/2019/06/10/reflection-and-collective-learning-the-issue-of-best-fit-and-quality-of-chw-programs/>

“The piece summarises the webinar organised by the Community Health- Community of Practice on the issue of assessing quality and understanding what will be a ‘best fit’ for community health workers (CHW) programs.” Recommended!

Tweet of the week

By ‘Health in Myanmar’: *“If the @WorldBank insists on calling #STAX by the outdated name ‘sin tax’ then it is going to have to **come up with a globally accepted definition of a sin.**”*

Global health events

EAT Forum in Stockholm (June 12-13)

<https://eatforum.org/event/eatforum19/>

‘The World’s Leading Platform for Global Food Transformation’.

As a [reminder](#), EAT is the science-based global platform for food system transformation. *“EAT is a non-profit founded by the Stordalen Foundation, Stockholm Resilience Centre and the Wellcome Trust to catalyze a food system transformation.”* You might remember the [EAT Lancet Commission](#) from a while ago, with their advocacy for a (somewhat controversial) planetary health diet.

For some of the action, see [#EATForum19](#)

Devex - Who will invest in sustainable food for the 'real world'?

<https://www.devex.com/news/who-will-invest-in-sustainable-food-for-the-real-world-95106>

Coverage of the Forum. *“Bugs and fake meat dominated discussions on the future of food at the sixth annual EAT Stockholm Food Forum, a two-day event that kicked off Wednesday — but for solutions to sustainable food in lower-income countries we need to be looking elsewhere, delegates said. Innovators — and investors — came together to discuss ideas that can push the world toward a healthy diet derived from a sustainable food system, as laid out in the EAT-Lancet Commission report released in January....”*

Among others, *“...GAIN is working to build the **Nutritious Foods Financing Facility**, which would be positioned to support small and medium enterprises in Africa to scale up their production and delivery of healthy foods.....”*

And a few tweets perhaps, via Kent Buse:

*“At the closing of #EatForum19 @MarkWatts40 of @c40cities says **consumption based carbon emissions are set to double in the major world cities, but actually need to halve in next 10 years - sustainable diets can play a major role** @EATforum”*

“Lots of discussion of need shift to plant-based alternatives in food industry - but industry responds to consumer demand...Need better narrative & marketing to convince people to demand alternatives...industry will follow...”

Global governance of health

Guardian - Oxfam failed to report child abuse claims in Haiti, report finds

https://www.theguardian.com/global-development/2019/jun/11/oxfam-abuse-claims-haiti-charity-commission-report?CMP=twl_a-global-development_b-gdndevelopment

*“Damning Charity Commission warns **incidents in country were not isolated events**”.*

See also Devex - [Oxfam: Safeguarding failings laid bare](#)

“Two long-anticipated reports on the Oxfam Haiti scandal — which played a key role in kicking off the #AidToo movement — have delivered their verdicts.”

“Oxfam has been hit with an official warning from the United Kingdom charity regulator as two long-anticipated reports accuse it of putting communities at risk of exploitation and abuse in order to protect its programs and funding....”

See also the Times - [Oxfam ignored emails warning of sex scandal](#)

*“**Oxfam dismissed early warnings** that aid workers were sexually exploiting earthquake victims in Haiti, according to a report into the scandal that will be published today....”*

Devex – At UN disability rights conference, experts question UN inclusivity

<https://www.devex.com/news/at-un-disability-rights-conference-experts-question-un-inclusivity-95085>

*“**People living with disabilities are more likely to struggle with social and political inclusion, including within the United Nations system itself, according to disability experts.** The U.N. must look inward as much as it looks outward to help elevate the lives of people living with disabilities*

worldwide, experts and advocates said this week during the **annual disability rights conference at U.N. Headquarters....**"

O'Neill Institute – The 72nd WHA: Health, Justice and accountability

<http://oneill.law.georgetown.edu/72nd-world-health-assembly/>

Lawrence O. Gostin, Sarah Wetter, and Eric Friedman's take on some of the highlights of the last World Health Assembly.

Bretton Woods Project - What are the main criticisms of the World Bank and the IMF?

<https://www.brettonwoodsproject.org/2019/06/what-are-the-main-criticisms-of-the-world-bank-and-the-imf/>

Nice summary. The main criticisms under three broad lenses: democratic governance, human rights and the environment.

F2P blog - In 'Winner Takes All', Anand Giridharadas takes down philanthropy's 'MarketWorld': Book Review

Duncan Green; <https://oxfamblogs.org/fp2p/in-winner-takes-all-anand-giridharadas-takes-down-philanthropys-marketworld-book-review/>

Duncan Green reviews Giridharadas' bestseller, 'Winner Takes All'.

Our favourite paragraph: "... He coins the term '**MarketWorld**' to describe the philanthropic complex. MarketWorld is a '**culture and state of mind**' in which: 'Elites believe and promote the idea that social change should be pursued principally through the free market and voluntary action, not public life and the law and the reform of the systems that people share in common; that it should be supervised by the winners of capitalism and their allies, and not be antagonistic to their needs; and that the biggest beneficiaries of the status quo should play a leading role in the status quo's reform.' **MarketWorld permits only talk of 'win wins'** – doing good by doing well in assorted social businesses...."

HPW - Interview With Seth Berkley, CEO Of Gavi, The Vaccine Alliance

<https://www.healthpolicy-watch.org/interview-with-seth-berkley-ceo-of-gavi-the-vaccine-alliance/>

In-depth interview. Among others on the GAVI model, in a rapidly changing world.

HPW - New Gavi Partnership: Deploying Biometric Technology To Expand Child Vaccine Coverage

<https://www.healthpolicy-watch.org/new-gavi-partnership-deploying-biometric-technology-to-expand-child-vaccine-coverage/>

As already pointed out in last week's IHP news. *"A major agreement has been signed between Gavi, the Vaccine Alliance, and two private sector partners to deploy a new form of biometric fingerprint technology to give children – who may not even have a birth certificate – a complete medical record in order to track critical childhood vaccines. The agreement, signed yesterday in Tokyo, will enable Gavi to test and scale up the biometric fingerprint technology to boost immunization coverage in developing countries where close to 20 million children have not been vaccinated, and some 1.5 million children annually succumb to vaccine preventable diseases."*

"...By early 2020, the three partners will begin piloting the technology in Bangladesh and in an African country, yet to be named. If the pilot program is successful, they will then begin linking children's new digital identities with their vaccination records. Gavi will guide Simprints and NEC, providing expertise in immunization research and medical practice...."

Devex - Can a new wave of feminist funding change the way development is done?

<https://www.devex.com/news/can-a-new-wave-of-feminist-funding-change-the-way-development-is-done-95072>

(gated) *"Gender-smart investing can fix funding gaps and spur gender-equitable social change. The development community needs more of it to break the current system of funding for women's rights, experts tell Devex."*

New Humanitarian - The creeping criminalisation of humanitarian aid

<https://www.thenewhumanitarian.org/news/2019/06/07/creeping-criminalisation-humanitarian-aid>

One of the many dire trends in the world, currently. Here you find some examples, from various parts of the world.

A look at UNDP's private sector strategy

<https://www.devex.com/news/a-look-at-undp-s-private-sector-strategy-95020>

*“The United Nations Development Programme is adapting its approach to engaging and working with the private sector — and it is in the process of finalizing and implementing a new strategy to guide that work. Achim Steiner discusses a new private sector strategy, internal reforms and system changes, and what he sees as the future of the agency. **The new policy reflects a changing development landscape and a growing role for the private sector and public policy to work together in achieving the 2030 Agenda for Sustainable Development, UNDP Administrator Achim Steiner told Devex in an interview....**”*

Book - International Health Worker Migration and Recruitment: Global Governance, Politics and Policy, 1st Edition

N Yeates et al; <https://www.routledge.com/International-Health-Worker-Migration-and-Recruitment-Global-Governance/Yeates-Pillinger/p/book/9781138933309>

*“This book is the first comprehensive study of international health worker-migration and -recruitment from the perspective of global governance, policy and politics. Covering 70 years of history of the development of this global policy field, this book presents new and previously unpublished data, based on primary research, to reveal for the first time that **international health worker-migration-and -recruitment have been major concerns of global policy-making going back to the foundations of post-war international cooperation.** The authors analyse the policies and programmes of a wide range of international organisations, from **WHO, ILO and UNESCO to the IOM, World Bank and OECD**, and feature extended analysis of bilateral agreements to manage health worker migration and recruitment, critiquing the claim that they work in the interests of all countries. Yeates’ and Pillinger’s ground-breaking analysis of global governance presents an assiduously researched study **showing how the interplay and intersections of several global institutional regimes – spanning labour, migration, health, social protection, trade and business, equality and human rights – shape global policy responses to this major health care issue that affects all countries worldwide.** It discusses the growing challenges to public health as a result of the globalisation of health labour markets, and highlights how global and national policy can realise the health and health-related Sustainable Development Goals for all by 2030.”*

Devex - Q&A: USAID RED teams and working 'outside the wire'

<https://www.devex.com/news/q-a-usaid-red-teams-and-working-outside-the-wire-95087>

*“In February Devex published an article that explored a U.S. Agency for International Development proposal to establish “rapid expeditionary development” — or RED — teams. It evoked a strong reaction. The **concept of RED teams** was developed by **USAID’s Global Development Lab** as a **potential option for expanding the agency’s ability to operate in fragile and conflict-affected environments**. As envisioned, RED team members would be specially recruited, trained, and embedded with “nontraditional” partners, potentially including U.S. special forces, in hopes of allowing the agency to pursue development objectives in insecure environments — to operate “outside the wire.”...” An **update**.*

Quote: “...we have to flip our mental paradigms for how the military should be in support of development campaigns and development objectives instead of the other way around....”

Lancet Correspondence – US sanctions in Venezuela: help, hindrance, or violation of human rights?

T L Zakrison et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31397-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31397-2/fulltext)

Analysis of the root causes of this economic crisis, specifically, the impact of the US economic sanctions.

Do read also this week’s **Lancet Editorial** - [Venezuela: food and medicines used as weapons](#)

“...The sovereignty of a country should be respected but can never be used to justify the use of humanitarian aid as a weapon. **We call on the Venezuelan government to let NGOs restore access to food and medicines.**”

UHC

Livemint - Centre vs Delhi: Argument over Ayushman Bharat continues

<https://www.livemint.com/politics/news/centre-vs-delhi-argument-over-ayushman-bharat-continues-1560003651842.html>

“Delhi chief minister Arvind Kejriwal had claimed that the Delhi government’s health scheme was 10 times better than AB-PMJAY. Union health minister Harsh Vardhan said in reality, citizens still had to spend a lot from their pocket to get ‘free treatment’.”

We know on which side Rob Yates finds himself :)

Planetary health

Nature (Analysis) - Climate as a risk factor for armed conflict

K Mach et al; <https://www.nature.com/articles/s41586-019-1300-6>

*“Research findings on the relationship between climate and conflict are diverse and contested. **Here we assess the current understanding of the relationship between climate and conflict, based on the structured judgments of experts from diverse disciplines.** These experts agree that climate has affected organized armed conflict within countries. However, other drivers, such as low socioeconomic development and low capabilities of the state, are judged to be substantially more influential, and the mechanisms of climate–conflict linkages remain a key uncertainty. **Intensifying climate change is estimated to increase future risks of conflict.**”*

Quick links:

- Guardian - [Most 'meat' in 2040 will not come from dead animals, says report](#)

“Most of the meat people eat in 2040 will not come from slaughtered animals, according to a report that predicts 60% will be either grown in vats or replaced by plant-based products that look and taste like meat. The report by the global consultancy AT Kearney, based on expert interviews, highlights the heavy environmental impacts of conventional meat production and the concerns people have about the welfare of animals under industrial farming....”

- [IEA develops pathway to ambitious 1.5C climate goal](#) (Climate Home News)

“Under pressure, the International Energy Agency has started work on a scenario in line with the stretch target of the Paris Agreement for its influential outlook.”

- Guardian - [Forest twice size of UK destroyed in decade for big consumer brands – report](#)

“An area twice the size of the UK has been destroyed for products such as palm oil and soy over the last decade, according to analysis by Greenpeace International.”

- Guardian - [World's biggest sovereign wealth fund to ditch fossil fuels](#)

“Norway’s Government Pension Fund Global gets go ahead to divest \$13bn of investments.”

- [Bloomberg to put \\$500M into closing all remaining coal plants by 2030](#) (CBS)

News from late last week. *“Former New York City Mayor Michael Bloomberg is plunging \$500 million into an effort to close all of the nation's remaining coal plants by 2030 and put the United States on track toward a 100% clean energy economy.”*

Infectious diseases & NTDs

Stat News -The last pandemic was a ‘quiet killer.’ Ten years after swine flu, no one can predict the next one

H Branswell; [Stat](#);

On the journey since, “On June 11, 2009 — 10 years ago today — the World Health Organization declared that the swine flu virus we now simply call **H1N1** had indeed triggered a pandemic, the first time in four decades a new flu virus had emerged and was triggering wide-scale illness around the globe....”

Excerpts:

*“...Among the key lessons learned from 2009 was it was not enough to tell countries a pandemic had started. They also needed real-time guidance on how severe it seemed to be. ... It was also clear that a WHO-established program designed to guarantee low-income countries access to some pandemic vaccine needed more work. **Now the global health agency requires vaccine manufacturers to commit to donate a portion of their pandemic vaccine production in real time in exchange for getting access to the flu viruses the manufacturers use to make seasonal flu vaccine.** The WHO recently reported it had signed 13 such agreements with manufacturers, commitments that would give it access to an estimated 400 millions doses of pandemic vaccine that it would distribute to countries in need in the next pandemic....”*

Health Affairs (blog) - Seasonal Influenza Vaccination: A Tool To Advance Epidemic And Pandemic Preparedness In Low- and Middle-Income Countries

J Bresee & M P Kieny; [Health Affairs](#);

The authors discuss “how seasonal influenza vaccination may be used as a tool to advance epidemic and pandemic preparedness, as well as describe investments in pandemic vaccine preparedness and challenges low- and middle-income countries face in implementing influenza vaccination programs....”

Rotary - Rotary announces US\$100 million to eradicate polio

[Rotary](#);

“Rotary is giving US\$100 million in grants to support the global effort to end polio, a vaccine-preventable disease that once paralyzed hundreds of thousands of children each year.

The funding comes as Rotary and its partners in the Global Polio Eradication Initiative (GPEI) address the final—and most pressing—challenges to ending poliovirus transmission, and as Nigeria approaches three years without any reported cases of wild poliovirus, bringing the Africa region closer to polio-free status....”

Guardian - At least 31 children in India killed by toxin in lychees

https://www.theguardian.com/world/2019/jun/13/at-least-31-children-in-india-killed-by-toxin-in-lychees?CMP=share_btn_tw

*“At least 31 children have died in northern India in the past 10 days from a brain disease believed to be linked to a toxic substance found in lychee fruit, health officials have said. The deaths were reported by two hospitals in Muzaffarpur in Bihar state, famed for its lush lychee orchards, officials said. The children all showed **symptoms of acute encephalitis syndrome (AES)**, senior health official Ashok Kumar Singh said, adding most had suffered a sudden loss of glucose in their blood....”*

AMR

TWN - WHO: Countries Raise Concerns about Access to Affordable Drug-Resistant TB Treatment

https://www.twn.my/title2/intellectual_property/info.service/2019/ip190601.htm

Short report from the latest World Health Assembly: *“Member states participating in the 72nd World Health Assembly (WHA) renewed their commitment to end tuberculosis (TB) while expressing **serious concerns about drug-resistant TB (DR-TB), the treatment of which is presently costly and beyond the reach of many national TB programmes....”***

NCDs

Guardian – Two-hour ‘dose’ of nature significantly boosts health – study

https://www.theguardian.com/environment/2019/jun/13/two-hour-dose-nature-weekly-boosts-health-study-finds?CMP=Share_AndroidApp_Tweet

*“A two-hour “dose” of nature a week significantly boosts health and wellbeing, research suggests, even if you simply sit and enjoy the peace. The physical and mental health benefits of time spent in parks, woods or the beach are well known, but the new research is **the first major study into how***

long is needed to produce the effect. If confirmed by future research, two hours in nature could join five a day of fruit and veg and 150 minutes of exercise a week as official health advice....”

Independent - Tens of millions of premature deaths could be avoided by cutting out salt and trans fats, study finds

[Independent](#);

*“Cutting down on salt, getting rid of trans fats and treating high blood pressure could prevent almost 100 million premature deaths globally, a new study has revealed. Harvard researchers estimate that reducing salt intake by 30 per cent would save 40 million people from premature death from **cardiovascular disease** (CVD)....”*

“The study [co-authored by Tom Frieden] published in the journal [Circulation](#) - “Three Public Health Interventions Could Save 94 Million Lives in 25 Years Global Impact Assessment Analysis” - used global data from multiple studies and estimates from the World Health Organisation.... “Focusing our resources on the combination of these three interventions can have a huge potential impact on cardiovascular health through to 2040....”

Lancet Diabetes & Endocrinology (Comment) - Diabetes in humanitarian crises: the Boston Declaration

[Lancet](#);

“...To date, diabetes and other NCDs have largely been underserved in humanitarian settings....”

*“... To begin to address these major gaps, **Harvard University convened a meeting in Boston (MA, USA; April 4–5, 2019) of humanitarian and other actors in global health to discuss the immediate needs and barriers to tackling diabetes in humanitarian crises, and to adopt a unified, action-oriented agenda to address this pressing global health issue.***

*...**We have set four major targets to work towards over the next 3 years:** unified and strengthened advocacy; universal access to insulin and other essential medicines and diagnostics for glycaemic and blood pressure control in humanitarian crises; establishment of a unified set of clinical and operational guidelines for diabetes in humanitarian crises; and improved data and surveillance. We intend to hold annual meetings to monitor progress. ...”*

Guardian - Prevention: the new holy grail of treating mental illness

<https://www.theguardian.com/society/2019/jun/08/prevention-the-new-holy-grail-of-treating-mental-illness>

*“Far more attention should be devoted to preventing mental illness rather than simply treating it as it arises, health experts say, comparing the current approach to only treating heart disease after a cardiac arrest. At the start of a new Guardian series on illnesses estimated to affect almost a billion people worldwide, **leading researchers say money and lives could be saved by investing more in keeping people well.** They say the revolution in personal fitness, diet and medicine over the past 50 years has transformed physical health, but that there have been few similar efforts to keep people well mentally. **“Prevention is much less developed in mental disorders than in other areas of medicine,”** said Ron C Kessler, a Harvard Medical School professor. “In psychiatry and psychology it is like we are practising 1950s cardiology, where you wait for a heart attack and once it happens you know what to do. ...” **“We need to go upstream a bit more.” ...**”*

For a related publication, you might also want to read [The Economic case for the Prevention of Mental illness](#). (Annual Review of Public Health, 2019)

HP&P - Emerging threats of global preemption to nutrition labelling

E Crosbie et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czz045/5512300?searchresult=1>

“... In this comment, we look to the history of tobacco control to gauge the potential threat that trade and investment agreements pose to innovative policies regulating nutrition labelling as a case in point....”

Time - Why Alcohol Companies Are Betting on Non-Alcoholic 'Booze'

<https://time.com/5597204/millennial-drinking-alcohol-companies/>

Cfr a tweet: *“**The trend of millennials cutting back on #alcohol has been well documented.** Alcohol companies have realized they’ll need to invest in a drier future if they want a seat at the bar - especially since signs point toward the trend continuing.”*

Bloomberg - New Report Finds 195,000 Deaths and Serious Injuries Could Be Prevented in Argentina, Chile, Mexico and Brazil if Vehicle Safety Regulations Were Applied

[Bloomberg](#);

“A new report commissioned by Bloomberg Philanthropies reveals that more than 25,000 Latin American lives could be saved and over 170,000 serious injuries prevented by 2030 if United Nations

(UN) vehicle safety regulations were applied by four key countries in the region—Argentina, Chile, Mexico and Brazil....”

Lancet Letters related to Alcohol & the GBD

Check out perhaps the [Authors' reply](#) :

They conclude: **“Overall, our findings show that the health burden attributable to alcohol is massive and about half that of tobacco use. Debates concerning whether the safest level of consumption is zero or near zero are missing the point. There is a major obligation of the public health community to address the massive disease burden due to alcohol.”**

Sexual & Reproductive / maternal, neonatal & child health

UN News - Understanding of LGBT realities ‘non-existent’ in most countries, says UN expert

<https://news.un.org/en/story/2019/06/1040381>

“Policymakers in most parts of the world are taking decisions in the dark when it comes to sexual orientation and gender identity, an independent UN human rights expert said on Wednesday.”

*“In a statement issued ahead of presenting his latest report to the Human Rights Council later this month, Victor Madrigal-Borloz **urged States to collect more data in an effort to understand the root causes of violence which is often routinely directed towards Lesbian, Gay, Bisexual and Transgender (LGBT) people in societies across the world....”***

New International Rescue Committee Report: Less than \$2 of help for each woman or girl at risk of gender based violence

[Rescue](#);

“It is estimated that less than \$2 in gender-based violence (GBV) services is allocated to each woman or girl at risk of GBV on average in crisis and conflict settings, according to [new research by the International Rescue Committee \(IRC\) and Voice](#), released today. Where’s the Money? How the Humanitarian System is Failing to Fund an End of Violence Against Women and Girls found that violence against women and girls accounts for just 0.12% of all international humanitarian funding....”

The Conversation - Attitudes to gender and sexual diversity: changing global trends

M S Pepper; <https://theconversation.com/attitudes-to-gender-and-sexual-diversity-changing-global-trends-117684>

"Global attitudes to gender and sexual diversity are changing. Some embrace the diversity; others push back."

Guardian - Vatican launches guide to tackle 'educational crisis' on gender

<https://www.theguardian.com/world/2019/jun/11/vatican-launches-guide-to-tackle-educational-crisis-on-gender>

*"Paper called '**Male and female he created them**' will be sent to Catholic schools around the world."*

*"The Vatican has launched into the debate on gender ideology, publishing an educational document called "**Male and female he created them**" in a bid to tackle what it called "**an educational crisis**". The paper is intended to help Catholic school teachers counter ideas which "deny the natural difference between a man and a woman", and is subtitled "Towards a path of dialogue on the question of gender theory in education". The document drawn up by the church's education ministry states: "It is becoming increasingly clear that we are now facing with what might accurately be called an educational crisis, especially in the field of affectivity and sexuality." The document notes "challenges" rising from gender theory which "denies the difference and reciprocity in nature of a man and a woman and envisages a society without sexual differences, thereby eliminating the anthropological basis of the family"...."*

Doesn't really help (deep sigh).

Hyde amendment, other abortion riders in the spending limelight

[Rollcall;](#)

Analysis from early this week: "Democrats set for showdown with Republicans, administration." In Congress, that is.

*"The debate surrounding abortion access is about to spill over from the campaign trail to Capitol Hill as lawmakers begin debating must-pass appropriations bills. Starting Wednesday, the House will take up a **nearly \$1 trillion spending package written by Democrats** that would roll back Trump administration anti-abortion policies, including restrictions barring health clinics from recommending abortion services and preventing U.S. foreign assistance to aid groups that perform or promote*

abortions. But **the massive spending bill keeps in place the four-decades-old Hyde amendment**, which prevents federal health care funding, including Medicaid, the insurance program for low-income beneficiaries, from covering abortions except in cases of rape, incest or to save the woman's life. The amendment is named for the late Illinois Republican Rep. Henry J. Hyde, who sponsored the original language...."

"...**the State-Foreign Operations title of the package would eliminate the Mexico City policy**, which prevents federal funding from going to any nongovernmental organization that uses any funding, including private money, to discuss, provide referrals or perform abortions outside of the country. Abortion rights advocates refer to the Mexico City policy as the "global gag rule."..."

"...The House bill would also provide \$55 million for the **United Nations Population Fund**, which supports reproductive health care programs in developing countries. The Trump State Department had cut off funding over the group's alleged support for coerced abortions and involuntary sterilization in China, and the White House and Hill Republicans oppose giving the U.N. agency any money. The organization disputes the charge, but Democrats included a provision in the State-Foreign Operations bill that would bar any program funds from being used in China...."

Annals of Internal Medicine – Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services: A Cohort Study

[annals](#)

This [US focused] study examined the physical health of women who seek and receive or are denied abortion. Prospective cohort study. Setting: 30 U.S. abortion facilities from 2008 to 2010.

The conclusion: "Although some argue that abortion is detrimental to women's health, these study data indicate that **physical health is no worse in women who sought and underwent abortion than in women who were denied abortion**. Indeed, differences emerged suggesting worse health among those who gave birth."

For the related **Editorial**, see [Abortion and Women's Physical Health: An Issue for All Physicians](#)

"In their article, Ralph and colleagues compare long-term physical health outcomes between women who had an abortion and those who gave birth after being denied abortion care because of clinic gestational age limits. Like other reports from the Turnaway Study, these data are important because they come from the first large, prospective study of abortion outcomes that has the right comparison group: women with an undesired pregnancy who sought abortion care but ultimately gave birth when abortion was denied. These data matter to internal medicine physicians because they illustrate connections between reproductive health and overall health...."

Guardian - Political violence against women tracked for first time as attacks soar

<https://www.theguardian.com/global-development/2019/jun/10/political-attacks-women-tracked-first-time-surge-violence>

*“Violence targeted against female politicians and activists will be tracked for the first time by a global database, amid indications of a recent rise in attacks. Researchers reviewed thousands of events dating back to 1997, where political violence was targeted at women – ranging from wartime sexual violence to attacks on female civilians and crackdowns on female-led protests. It’s hoped the data, which will be updated on a weekly basis by **the Armed Conflict Location and Event Data Project (Acled)**, will help provide a better understanding of the threats facing women. Analysis by the group suggests a **recent spike in violence, with twice as many cases reported during the first quarter of 2019 (261 events) as during the first quarter of 2018 (125 events)**. The information was obtained from reports collected across Africa, south-east Asia, south Asia, the Middle East, south-eastern and eastern Europe and the Balkans....”*

White House – US Strategy on Women, Peace and Security

Cfr the [statement](#) from the Press secretary:

*“Today, President Donald J. Trump released the United States Strategy on Women, Peace, and Security, which **focuses both on increasing women’s participation in political, civic, and security endeavors to prevent and resolve conflicts and on creating conditions for long-term peace around the world**. The Strategy aims to ensure **women are no longer absent from, or overlooked at, the negotiating table**, and it modernizes international programs to improve equality for, and the empowerment of, women....”*

SS&M - Breastfeeding in the 21st century: How we can make it work

R P Escamilla; <https://www.sciencedirect.com/science/article/abs/pii/S0277953619303004>

*“There is abundant knowledge on the major health and social benefits of breastfeeding, and on how to protect, promote, and support breastfeeding. Hence, it is surprising that recommended breastfeeding behaviors continue to be suboptimal in the 21st Century among large segments of the population, globally. **Moving forward, it is crucial to enable the breastfeeding environments for women through family friendly employment policies and to enforce the WHO Code for Marketing of Breastmilk Substitutes**. It is also key to invest more in training the workforce for successful large-scale implementation and sustainability of the Baby Friendly Hospital Initiative, community-based breastfeeding counseling, and to prevent conflicts of interests with infant formula companies. Behavior change social marketing interventions that include social media need to be designed following social network science and behavioral economics principles. Evidence-informed*

policy tools are now available to help policy makers invest in and guide the scaling-up of cost-effective breastfeeding programs.”

Cidrap – Follow-up study: Mass azithromycin still tied to fewer child deaths

[Cidrap](#):

From late last week, linked to new NEJM studies: *“New follow-up data today in the New England Journal of Medicine (NEJM) provide additional evidence **that mass distribution of azithromycin could be a strategy for reducing childhood mortality in parts of sub-Saharan Africa**. But concerns about antibiotic resistance remain. In fact, a separate analysis published today as a letter in the NEJM notes rising drug resistance among children from the original 2018 study....”*

And some quick links:

- **Guardian** - [Honduras abortion misery a 'frightening preview' of America's future – study](#)

“Reproductive rights pushback could leave American women facing same life-or-death choices as Hondurans, say researchers.”

- **Vox** - [A shocking number of women are harassed, ignored, or mistreated during childbirth](#)

*“A new [US !]study finds one in six women report maternal mistreatment. **The number is higher for women of color.**”* For the study, see **Reproductive Health** - [The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States](#)

- **Philanthropy news digest** - [Gates Foundation Awards \\$180 Million to Address Child Mortality](#)

“Emory University in Atlanta has announced a \$180 million grant from the Bill & Melinda Gates Foundation in support of the Child Health and Mortality Prevention Surveillance (CHAMPS) network. A global health network launched in 2015 and headquartered at the Emory Global Health Institute, CHAMPS collects and analyzes data that is used to help identify the causes of death among children under the age of 5 in seven countries where child mortality rates are the highest — Bangladesh, Ethiopia, Kenya, Mali, Mozambique, Sierra Leone, and South Africa....”

Access to medicines

Lancet World Report – Pharma blockchains AI for drug development

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31401-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31401-1/fulltext)

“The venture would allow AI to be trained on millions of datapoints across databases from several drug companies without threatening the ownership and privacy of the data. Talha Burki reports.”

Stat News – GSK partners with CRISPR pioneer Doudna to search for new drugs

[Stat News;](#)

“The drug maker GlaxoSmithKline announced Thursday that it would team up with some of the nation’s most prominent CRISPR researchers to use the gene-editing technology in a search for new medicines, establishing a new lab in San Francisco and spending up to \$67 million over five years. Jennifer Doudna, the University of California, Berkeley, researcher who co-invented the CRISPR enzyme technology, will help lead the effort, along with Jonathan Weissman, a UC San Francisco researcher who has been using CRISPR to understand the function of individual human genes and how they work together. Both are Howard Hughes Medical Institute investigators. The lab will be called the Laboratory for Genomic Research and will be based near UCSF’s Mission Bay campus....”

Devex - Tech solutions to fight fake medicines

J L Ravelo; <https://www.devex.com/news/tech-solutions-to-fight-fake-medicines-94922>

Short report on the use of AI as well as blockchain solutions to address the problem of counterfeit medicines.

NYT - A New Book Argues That Generic Drugs Are Poisoning Us

<https://www.nytimes.com/2019/05/13/books/review/bottle-of-lies-katherine-eban.html?smid=nytcore-ios-share>

“Who would ever guess that Gandhi helped start an industry whose corruption now plagues us all? Yet here he is, early in Katherine Eban’s “Bottle of Lies,” barefoot in his Ahmedabad ashram, urging

the chemist Khwaja Abdul Hamied (a fellow Indian nationalist) to copy Western drugs as a way to bring affordable medicine to India's masses. Thus the generic drug industry began...."

*"...Eban's gripping book lays bare how Gandhi's well-intentioned local action became hellish global fraud. At once a tale of tragic heroism and a sprawling but concisely written epic, it **shows how an industry founded to counteract Big Pharma is now uneasily merging with it, creating a two-headed monster** whose tentacles ensnare both hapless victims and would-be regulators...."*

"...Thakur's story [i.e. on Ranbaxy Laboratories] stuns with how utterly corrupt an entire company can become. Both his and the book's broader account of the industry, meanwhile, show how a quieter sort of corruption — an erosion of will and mission — has neutralized the industry's overseers...."

Human resources for health

Int Journal of Health Planning & Management - Should I stay or should I go now? The impact of "pull" factors on physician decisions to remain in a destination country

H Ibrahim et al; <https://onlinelibrary.wiley.com/doi/10.1002/hpm.2819>

Focus on **the UAE** in this article. The conclusion: *"Factors influencing retention of the UAE's expatriate physician workforce are primarily lifestyle-related. Physicians also report positive perceptions of newly implemented visa policies."*

Global Health Action - A systematic review of vital events tracking by community health agents

Erin Nichols;

<https://www.tandfonline.com/doi/full/10.1080/16549716.2019.1597452#.XP5eRKRxNG8.twitter>

*"Efforts to improve national civil registration and vital statistics (CRVS) systems are focusing on transforming traditionally passive systems into active systems that have the ability to reach the household level. While community health agents remain at the core of many birth and death reporting efforts, previous literature has not explored elements for their successful integration into CRVS efforts. To inform future efforts to improve CRVS systems, **we conducted a systematic review of literature to understand and describe the design features, resulting data quality, and factors impacting the performance of community health agents involved in tracking vital events...."***

Miscellaneous

IDS Bulletin - Exploring Research–Policy Partnerships in International Development

Edited by J Georgalakis & Paula Rose;

https://bulletin.ids.ac.uk/idsbo/issue/view/237?utm_campaign=IDS+Bulletin+50.1&utm_source=emailCampaign&utm_content=&utm_medium=email

*“This issue aims to identify how partnerships focused on the production of policy-engaged research seek to achieve societal impact and explores the challenges in these processes. The collaborations analysed span academia, civil society and government, from the grassroots to the national and global levels. ... **The featured case studies are explored through the perspectives of both researchers and their partners in civil society and policy. They are predominantly taken from a diverse portfolio of research projects funded through the UK’s Economic and Social Research Council (ESRC) and the Department for International Development (DFID) Strategic Partnership.** A collaboration with the Impact Initiative, this IDS Bulletin is essential reading for all those in research organisations, development agencies and donors committed to the better use of evidence and learning for development.”*

For all you “framework fans”, we suggest you check out first the [Introduction: Identifying the Qualities of Research–Policy Partnerships in International Development – A New Analytical Framework](#)

*“This article sets out a **framework for analysing research–policy partnerships for societal change in international development settings**. It defines types of change associated with engaging research evidence with policy and practice and draws on existing literature to explore how partnerships between researchers, intermediaries, and evidence users may be better understood. **The proposed framework sets out three interconnected qualities of effective partnerships: (1) bounded mutuality, (2) sustained interactivity, and (3) policy adaptability.** We apply this framework to the articles included in this IDS Bulletin describing ESRC-DFID-funded research projects in a variety of international development scenarios.”*

IISD - Governments Exchange Views on Details of SDG Summit Outcome

<http://sdg.iisd.org/news/governments-exchange-views-on-details-of-sdg-summit-outcome/>

*“UN Member States provided suggestions on the entire zero draft of the political declaration to be adopted at the SDG Summit. Some noted that with several SDG targets due in 2020, the declaration should contain a commitment to accelerating their implementation, and possibly a call to revise those targets. **A new draft is expected on 10 June ahead of the next consultation meeting on 12 June.**”*

Brookings (blog) - Can technology improve service delivery?

S Devarajan; [Brookings](#) ;

Blog summarizing some key messages of the recent (Pathways for Prosperity Commission) **report** '[Positive disruption: health and education in a digital age](#)' and then analysing where it could be improved further.

They conclude: *"In short, while **"Positive disruption"** presents a realistic, well-grounded, and yet ambitious vision for harnessing technology to improve service delivery, I think it should be even more ambitious, and explore ways of using digital technology to strengthen the weakest link in the service delivery chain, namely the ability of citizens, especially poor citizens, to hold politicians accountable."*

Vox - The war to free science

<https://www.vox.com/the-highlight/2019/6/3/18271538/open-access-elsevier-california-sci-hub-academic-paywalls>

"How librarians, pirates, and funders are liberating the world's academic research from paywalls."

In-depth analysis of the current state of affairs.

Oxfam (blog) - How can Daniel Kahneman help organizations get better at Strategic Planning?

Duncan Green; <https://oxfamblogs.org/fp2p/how-can-daniel-kahneman-help-organizations-get-better-at-strategic-planning/>

Oxfam is embarking on another round of strategic planning. Duncan Green explores in this blog whether Kahneman's 'Systems 1-2 in the mind' distinction can also be useful for organisations' strategic exercises. Nice blog!

Guardian - Leaked documents reveal Russian effort to exert influence in Africa

<https://www.theguardian.com/world/2019/jun/11/leaked-documents-reveal-russian-effort-to-exert-influence-in-africa>

“Kremlin ally Yevgeny Prigozhin is leading a push to turn the continent into a strategic hub, documents show.”

And an excerpt: “... the Kremlin said it would host the first ever Russia-Africa summit in October in the Black Sea resort of Sochi. Putin and Egypt’s president, Abdel Fatah al-Sisi, will chair the event. About 50 African leaders are due to attend. The aim is to foster political, economic and cultural cooperation. ... **The closest relations are with CAR, Sudan and Madagascar – all put at five. Libya, Zimbabwe and South Africa are listed as four, according to the map, with South Sudan at three, and DRC, Chad and Zambia at two.** ... “

“...Other documents cite Uganda, Equatorial Guinea and Mali as “countries where we plan to work”. Libya and Ethiopia are flagged as nations “where cooperation is possible”. ...”

Devex - Closing the digital divide is 'urgent' global issue, UN task force warns

<https://www.devex.com/news/closing-the-digital-divide-is-urgent-global-issue-un-task-force-warns-95080>

“A multistakeholder approach — and an unknown amount of funding — is needed to help ensure that every adult has affordable access to digital networks by 2030, according to a new U.N. expert panel on digital cooperation. As the world becomes more digitized, the risks of leaving the most marginalized people offline increases, according to the U.N. secretary-general’s High-level Panel on digital Cooperation, which briefed the U.N. General Assembly on the findings of its first report this week in New York....”

NPR - To Save The Science Poster, Researchers Want To Kill It And Start Over

<https://www.npr.org/sections/health-shots/2019/06/11/729314248/to-save-the-science-poster-researchers-want-to-kill-it-and-start-over?t=1560328424408>

We expect this innovative idea for research posters will go viral. In fact, it already does. Also in Dubai next year?

*“... So a couple months ago, [Morrison] tweeted out a little [video](#). It's a cartoon he made about the nightmare that is the scientific poster session. In it, **he proposed a new poster design**. It looks clean, almost empty. The main research finding is written right in the middle, in plain language and big letters. There's a code underneath you can scan with a cellphone to get a link to the details of the study....”*

Quick link:

Nature - [Russian biologist plans more CRISPR-edited babies](#) Was probably an “accident waiting to happen”.

See also the related Nature Editorial - [Act now on CRISPR babies](#).

Emerging Voices

Health needs, health care seeking behaviour, and utilization of health services among lesbians, gays and bisexuals in Addis Ababa, Ethiopia

G Tadele & Woldekidan K Amde (EV 2012);

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-0991-5>

« Studies show that sexual and gender minorities have unique health care needs and encounter complicated problems to access health services. **Drawing on the intersectionality approach, this paper examines the intersecting factors that determine health care seeking behaviour and utilization of health care services among Lesbians, Gays and Bisexuals (LGB) in Ethiopia** including the diversity in experiences of these determinants and differences in the coping mechanisms to navigate these challenges within the LGB group. Despite the importance, there remains a paucity of evidence on the topic in Ethiopia. »

« The results show that heteronormativity intersects with LGB’s social position (sexual identity, social network and class) to influence health care need, health seeking behaviour or access to health services. Sexual health and mental health problems are main concerns of LGB, who reported to live under acute anxiety and fear of being exposed, or bringing shame and humiliation to themselves or their families. One of the main emerging themes from the research is the link between mental health and risky sexual practices. ...” **Conclusion:** “Homophobia and criminalization of homosexuality, and heteronormativity of health care services intersect with LGB’s social position resulting in heterogeneity of risk, diversity of sexual and mental health needs, and difference in coping mechanisms (disadvantages and privilege). **The main implication of the study is the need to recognize the existence of LGB and their diverse sexual and mental health needs, and link them to appropriate health care and psycho-social services including HIV/AIDS prevention and treatment.** »

Research

Globalization & Health - The international partner universities of East African health professional programmes: why do they do it and what do they value?

A Yarmoshuk et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-019-0477-7>

*“Globalization and funding imperatives drive many universities to internationalize through global health programmes. University-based global health researchers, advocates and programmes often stress the importance of addressing health inequity through partnerships. However, empirical exploration of perspectives on why universities engage in these partnerships and the benefits of them is limited.” This article analyses “**who in international partner universities initiated the partnerships with four East African universities, why the partnerships were initiated, and what the international partners value about the partnerships.**” The authors “...applied **Burton Clark’s framework of “entrepreneurial” universities characterized by an “academic heartland”, “expanded development periphery”, “managerial core” and “expanded funding base”,** developed to examine how European universities respond to the forces of globalization, to interpret the data through a global health lens.”*

International Journal of Health services - Is There Less Labor Market Exclusion of People With Ill Health in “Flexicurity” Countries? Comparative Evidence From Denmark, Norway, the Netherlands, and Belgium

K Heggebo et al; <https://journals.sagepub.com/doi/full/10.1177/0020731419847591>

*“Higher employment rates among vulnerable groups is an important policy goal; it is therefore vital to examine which social policies, or mix of policies, are best able to incorporate vulnerable groups – such as people with ill health – into the labor market. **We examine whether 2 “flexicurity” countries, Denmark and the Netherlands, have less labor market exclusion among people with ill health compared to the neighboring countries of Norway and Belgium.** We analyze the 2 country pairs of Denmark–Norway and the Netherlands–Belgium using OLS regressions and propensity score kernel matching of EU-SILC panel data (2010–2013). **Both unemployment and disability likelihood is remarkably similar for people with ill health across the 4 countries, despite considerable social policy differences. There are 3 possible explanations for the observed cross-national similarity.** First, different social policy combinations could lead toward the same employment outcomes for people with ill health. Second, most policy instruments are located on the supply side, and demand side reasons for the observed “employment penalty” (e.g., employer skepticism/discrimination) are often neglected. Third, it is too demanding to hold (full-time) employment for a sizeable proportion of those who have poor health status.”*

Health Research Policy & Systems - Applying the Theoretical Domains Framework to understand knowledge broker decisions in selecting evidence for knowledge translation in low- and middle-income countries

T C Norton, D Rodriguez et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0463-9>

*“Health-related organisations disseminate an abundance of clinical and implementation evidence that has potential to improve health outcomes in low- and middle-income countries (LMICs), but little is known about what influences a user decision to select particular evidence for action. Knowledge brokers (KBs) play a part as intermediaries supporting evidence-informed health policy and practice by selecting and synthesising evidence for research users, and therefore understanding the basis for KB decisions, can help inform knowledge translation strategies. The **Theoretical Domains Framework (TDF)**, a synthesis of psychological theories, was selected as a promising analysis approach because of its widespread use in identifying influences on decisions to act on evidence-based healthcare guidelines. **This study explored its application in the context of KB decisions regarding evidence for use in LMICs.**”*