

IHP news 537 : Global health security musings

(6 September 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,

In this week's issue, we will zoom in among others on the run-up to the UN High-Level Meeting on UHC later this month, Ebola DRC updates, the sad loss of David Sanders for the public health community, the [2019 Planetary Health Annual meeting](#) in Stanford – *we hope the planetary health community increasingly embraces post-capitalist ideas (doughnut economics, post/de-growth, [economics of arrival](#) ...)* given the climate breakdown we're currently witnessing– , encouraging news on [Facebook & authoritative vaccine information](#), the [2019 Global Week for Action on NCDs \(2-8 September\)](#) ... and much more.

As for **publications**, we already want to flag a really neat (International Affairs) **paper by Clare Wenham** here, [The oversecuritization of global health: changing the terms of debate](#). Among others, she proposes *“to create a typology within the global health security narrative to distinguish the different types of concerns. This might entail reserving the term ‘global health emergency’ for the really big events, with a tiered scale below this level for global health security crises, global health security threats and, for smaller issues, global health security concerns, as well as encouraging the greater use of regional, national and local language to describe health security threats.”* Put differently, *“...The highest level of urgency would be embodied in the global health emergency; and at the same time the legitimacy of action at this level would be sustained through the use of more nuanced terminology to identify global health security crises, threats, risks and concerns.”* It's clear from her paper that Wenham doesn't approve of (further) diluting of the term 'global health security', so I leave it up to your personal imagination (or nightmares) to consider whether your own “leader” (Trump, Bolsonaro, Modi, Johnson, Duterte, ...) qualifies as a 'global health emergency' or rather as a GHS 'concern' only 😊. As well as which public-private partnerships need to be set up to decisively 'tackle' them 😊!

In her paper, Wenham also argues that *“...with the frequent use of the global health security narrative, the **global health community has created a perpetual state of emergency (and routinized health security fatigue in the global health security narrative...)**”*. PS: With a bit of imagination, you could see some similarity with how right-wing populist politicians in the North keep banging on about the - in their eyes “existential” - threat of migration, artificially creating a permanent “crisis situation” on migration in many Western democracies (like Italy). And while pondering all this, from a somewhat different angle you might also want to read **Richard Smith's** recent **BMJ blog** - [Does antimicrobial resistance pose “as great a threat to humanity's future” as climate change?](#)

Enjoy your reading.

Kristof Decoster

Featured Article

Life at the margins: Challenges to enhance healthcare use among ethnic minority, low-caste and indigenous women in rural Nepal

Sarita Panday (Global Challenge Fellow, Department of Politics, The University of Sheffield & IHP correspondent South Asia (s.panday@sheffield.ac.uk))

Ethnic minority groups tend to be marginalised across the globe, and the situation might be even worse in South Asia. Nepal, the country where I'm from, is a multi-ethnic (125 ethnic groups) and multilingual (92 spoken languages) country with still lingering caste-based hierarchies. In this hierarchical system, set up (formally) mid-19th century, Brahmin and Chhetri occupied the high caste groups while Dalit, (formerly) 'untouchable groups', occupied the bottom of the Hindu caste system. Although caste-based discrimination was officially abolished in 1963, Dalits are still widely discriminated against. Similarly, indigenous groups such as Chepang and Tamang in the hill region, and ethnic/religious minorities such as Muslim and Madhesi, in the Terai (i.e. the lowland region of Nepal bordering India) tend to have a low social status till today. All these groups continue to underuse health care services even if they are locally available. In this editorial, I would like to highlight some of the key findings from my recent (2019) publication in [Plos One](#), which focused on barriers to use healthcare for ethnic minority, low-caste and indigenous women in Nepal. The article is based on my PhD study conducted at the University of Sheffield (2012-2016).

My [PhD study](#) zoomed in on the role of community health workers in healthcare provision in two parts of Nepal. Study sites were villages of Dhading (a hill district) and Sarlahi (a Terai district) with a mix of Brahmin, Chhetri, Tamang and Dalit families. Dhading District also had indigenous populations such as Chepang, while Sarlahi District featured Newar, Magar, Madhesi and Muslim families. I studied the use of healthcare services by mothers and children from these communities and found that they often do not use healthcare even if it's available through community health workers, known as Female Community Health Volunteers (FCHVs). For example, in the hill villages, 5 out of 10 Dalit and indigenous mothers interviewed delivered at home without assistance from health professionals, and this despite the option of referral to the health centre by volunteers. This is in line with [earlier findings](#) where only half of Dalit/ indigenous women (approx. 26%) delivered at health facilities compared to women from high-caste groups (Brahmin and Chhetri) (48%).

In the [Plos One article](#), I discussed the following **five challenges** that prevent these women from using healthcare services (*PS: my study focused on the continuum of stakeholders from paid health care workers, volunteer health care providers to women service users*):

First, there is a lack of knowledge about the importance of modern healthcare among ethnic minority, low-caste & indigenous women. Most of these women are illiterate and many local women volunteers tend to be illiterate too. Illiteracy made it difficult for volunteers to communicate health messages effectively across the groups. By way of example, I found an indigenous mother who had never vaccinated her kid and was reluctant to use contraception even after having six children.

Second, a lack of trust in volunteers among service users led to the latter not using volunteers' services. For example, volunteers from the upper caste often did not visit the houses of Dalit

women, as doing so would have prevented them from entering into the houses of “upper caste” people. While such discrimination against Dalit women obviously reduced Dalits’ trust in volunteers, I did not find a Dalit volunteer in the study villages (which might have been an alternative). Still, volunteers from ethnic minority groups & indigenous people, such as Chepang, Tamang, and Madhesi also complained that service users from their own communities often did not follow their advice. This could be due to a lack of communication skills and/or low educational status of volunteers.

Third, in many cases, traditional beliefs and healthcare practices prevented women from seeking modern healthcare services. While indigenous groups such as Chepang and Tamang reported visiting faith healers first to treat their illnesses, some Dalit women reported that praying to God would heal their illnesses. Many Dalit families are evangelized and they often expressed their belief in the healing power of the Bible, as reported by this woman: *“Some people told us that if we believe in the Bible, we don’t need to go to faith healers. What to do, I don’t know. They told us we need to have faith in the Bible, then our children won’t become ill. Or, even if they become ill, if we pray then they will heal.”* I found a case, whereby a mother sadly lost her newborn baby, as the family members kept praying for the life of the ill baby instead of taking him to a hospital: *“The baby’s body became blue. We kept praying, and then he rolled his eyes upwards. Then they (relatives) said that it was not necessary to take him to a hospital. He died in my brother-in-law’s house.”* While the mother regretted that she had not taken her baby to a hospital, she appeared nevertheless to have accepted the untimely death of her son as his “fate”: *“His time had arrived. He might not have lived even if we had taken him to a hospital. However, it was a mistake to not to take him to a hospital.”*

The fourth challenge that prevented women from using healthcare services was their low decision-making power within their families. Often husbands, mothers-in-law or other relatives perceived healthcare services as irrelevant or unnecessary to them and their families. People with rather traditional views might have found it difficult to accept modern healthcare services, as their availability is a relatively recent phenomenon. Moreover, in many remote communities in the hills, there’s still a lack of (immediate) access to healthcare services which presents an additional obstacle preventing women from accessing services. Women in these communities are busy with their household chores and farm work, and their (more powerful) relatives might thus consider it unnecessary (or burdensome for the family) for them to go to health care facilities elsewhere, perhaps days away.

Finally, perceived indignities experienced when using health centres, especially by Dalit women discouraged them from revisiting the health centres. Both volunteers and service users reported discriminatory practices towards pregnant women and mothers at local health centres. To ensure that women were at a low risk of being treated badly, volunteers sometimes accompanied mothers to health centres: *“I go with pregnant women to the hospital; while the staff scold the women I close their (women’s) mouths. Then I say to the health workers, ‘why do you scold them, these are poor women, they cannot go anywhere.”* A mother of two children echoed this sentiment: *“I did not take those iron tablets. I didn’t like the taste. I had a stomach-ache, so I didn’t use them. I was worried that the health worker would scold me, so I told them that I had taken them. But, I threw them away.”*

In short, tackling all of the above challenges is necessary to ensure easy and equitable access to healthcare services for ethnic minorities, Dalit and indigenous groups, who are often more vulnerable to health risks in the first place. These women along with their family members (husbands, mothers-in-law or household heads), traditional health practitioners and local health workers should be the target of community health programmes designed to serve them. And most

importantly, local health workers, including volunteers should be trained to deliver respectful care irrespective of women and children's caste and ethnicity.

Highlights of the week

Run-up to UNGA HL Meeting

For an overview of all **events & side events** scheduled in NY, see: <https://www.uhc2030.org/news-events/uhc2030-events/un-high-level-meeting-on-universal-health-coverage-555293/>

WHO - WHO Director-General calls on world leaders to support Universal Health Coverage high-level meeting

Dr. Tedros; [WHO](#);

Excerpts:

"... This September, all countries will sign up to the most comprehensive declaration on health in history. It builds on the commitments made by world leaders at the Astana Global Conference on Primary Health Care in 2018, in which all countries committed to strengthening primary health care as the foundation of UHC. Specifically, countries will commit to investing in four major areas: robust financing mechanisms, high-impact services, a strong health workforce, and strengthened governance and institutional capacity. ..."

"... My message at the high-level meeting will be clear: UHC is a political choice. I call on all leaders to make that choice – starting with participating personally in the high-level meeting and working to ensure that the meeting is a success. Everyone can express their support for #HealthForAll by signing this petition: who.int/health.

"... In 2015, world leaders made a commitment to achieve UHC by 2030 as part of the Sustainable Development Goals. In the lead-up to the General Assembly, WHO and partners will publish the latest version of the Global Monitoring Report on UHC, which will show we are off-course to meet that target. Far too many people still lack access to essential health services, or are pushed into extreme poverty by paying for them...."

"...WHO is committed to supporting countries on their path towards UHC through strategic support and technical assistance. These efforts will be bolstered by initiatives such as UHC2030, a global movement to build stronger health systems, and the UHC Partnership, a country-level resource that provides technical expertise, builds capacity and supports policy dialogue. Supporting countries on the road to UHC and the other health-related targets in the Sustainable Development Goals is not a job for WHO alone. In addition to the UHC Global Monitoring Report, WHO and 11 other agencies will be releasing the Global Action Plan for Healthy Lives and Well-being for All on 24 September, which outlines the ways in which we will work together to deliver the SDG health goals by aligning our work, accelerating progress and keeping ourselves accountable for results. The UN Secretary General's Climate Action Summit, which will take place on 23 September alongside the UHC high-

level meeting, will include two crucial health-related commitments: first to cut carbon emissions and reduce air pollution; and second to spur more investment in climate action, public health and sustainable development.”

Critical Statement on the Political Declaration to be adopted by the High-level Meeting on Universal Health Coverage

Joachim Rüppel et al (Medical Mission Institute Würzburg); <https://www.aids-kampagne.de/aktuelles/2019-09-04-kritisches-statement>

This in-depth analysis certainly lives up to its title. Well worth a read.

HSG – HSG calling for commitment for evidence at UNGA 74

<https://www.healthsystemsglobal.org/blog/360/HSG-calling-for-commitment-to-evidence-at-UNGA74.html>

*“On **26th September**, Health Systems Global (HSG) and the Alliance for Health Policy and Systems Research(AHPSR), with the sponsorship of the Permanent Mission to the UN of the Government of Georgia, will be co-hosting the **side event: ‘Universal Health Coverage – Unattainable Without Evidence.’** This side event, together with other national and international partners and members of HSG’s international network, **will call on UN Member States and agencies to build a base of what works, and implemented strategies grounded in this knowledge....”***

David Sanders (PHM) passed away

Maverick Citizen - A world of respect pours out for ‘public health legend’ David Sanders

<https://www.dailymaverick.co.za/article/2019-09-01-a-world-of-respect-pours-out-for-public-health-legend-david-sanders/>

“The sudden and unexpected death of public health activist and teacher Professor David Sanders has left the health community in South Africa and beyond saddened, but determined to make sure that they continue his work. Sanders died while on holiday in Wales.”

That summed it up well. The article features a number of reactions to the sad news from last weekend.

See also PHM - [David Sanders \(1945-2019\) : An inspiration in the struggle of Health for All.](#)

For Tributes to David - <https://phmovement.org/write-your-tributes-to-prof-david-sanders/> (you can add your own tribute to him)

Some tweets:

PHM – “Our dear friend and comrade David Sanders passed away last night after a heart attack. David has been a stalwart of the struggle for health and social justice for all here in South Africa and globally, making personal sacrifices throughout his life to do what he believes in.”

Dr. Tedros: “Saddened by the news about David Saunders’ passing. **An enormous loss for the public health community. We will honour his legacy in our continuing quest for #HealthForAll.**”

Kent Buse:” *Let us all redouble our efforts to pursue social justice & health for all to honour David’s commitment to the structural transformation he called for: just last week he pushed us to go further on a rights-based approach to healthy diets.* “

Malaria

Guardian - Malaria breakthrough as scientists find ‘highly effective’ way to kill parasite

https://www.theguardian.com/global-development/2019/sep/05/malaria-breakthrough-as-scientists-find-highly-effective-way-to-kill-parasite?CMP=share_btn_tw

“Human trials of new antimalarial drugs are in the pipeline after Kenyan scientists successfully used bacteria to kill the parasite that causes the disease. The Kenya Medical Research Institute (Kemri) and global health partners say the breakthrough could **potentially lead to the development of a new class of drugs in less than two years. The promise of a new treatment comes after vaccine trials in Burkina Faso proved that Ivermectin, a conventional drug used for parasitic diseases including river blindness and elephantiasis, reduced transmission rates. The medication worked by making the blood of people who were repeatedly vaccinated lethal to mosquitoes.** The study also found that Ivermectin can kill plasmodium falciparum, the malaria parasite carried by female mosquitoes, when administered to humans....”

Lancet correspondence on Lancet Editorial on Kashmir (& further commotion around this publication)

<https://www.thelancet.com/journals/lancet/onlinefirst>

The Lancet features a number of letters in response to its controversial Editorial from a few weeks ago. Not all of them have a point, to put it mildly 😊.

But we certainly recommend [Health-care crisis in Kashmir](#) (by M Rashid)

See also **NPR Goats & Soda - [Why Doctors And Medical Journals Are Fighting Over Health Care In Kashmir.](#)**

TICAD7 (28-30 August, Yokohama)

<https://www.mofa.go.jp/region/africa/ticad/ticad7/index.html>

GAVI replenishment

Last week we already flagged the high-profile **launch of the GAVI replenishment in Japan** (see also [GAVI](#) for a recap) or this **Lancet World Report** - [Gavi sets US\\$7.4 billion replenishment target](#)

*“In the next 5 years, Gavi aims to vaccinate 300 million children and will have a **greater focus on building primary health-care systems**. Ann Danaiya Usher reports.” (must-read!!!)*

GF - TICAD Pledges to Spur More Investments in Global Health

<https://www.theglobalfund.org/en/news/2019-08-30-ticad-pledges-to-spur-more-investments-in-global-health/>

“The Seventh Tokyo International Conference on African Development (TICAD7) made a strong pledge by Africa and Japan to invest in health in efforts to end infectious diseases, strengthen health systems and deliver universal health coverage. In the final Yokohama declaration, TICAD7 resolved to invest to reinforce primary health care and promote resilient health systems, including sustainable domestic financing through enhanced collaboration between health and finance authorities to increase domestic resources for health....”

CNN - [Japan takes on China with a planned \\$20 billion investment in Africa](#)

“Japan's private sector will invest \$20 billion over three years in Africa, Prime Minister Shinzo Abe promised Wednesday. Abe, who was addressing African leaders gathered at the Tokyo International Conference on African Development (TICAD) in Yokohama, said Japan is interested in infrastructure and human development on the continent....”

*“... Japan is not new to investment in Africa. For more than 30 years, the country has focused its efforts on providing economic aid to African countries. **Now, it wants a partnership that involves more than just aid -- adding infrastructure and human resource development. ...”***

And via WHO - [Health leaders see urgency of better coordination among partners for delivering universal health coverage in Africa](#)

“African health leaders urged development partners to better coordinate their efforts when supporting countries in strengthening their health systems towards achieving universal health coverage and health security. The call came during a side event, organized today by the World Health Organization (WHO) and other Harmonization for Health in Africa partners, during the Tokyo International Conference on African Development taking place in Yokohama this week....”

Link – (IISD) [TICAD7 Highlights Business-based Solutions for SDGs, Climate Goals in Africa](#)

Nutrition & health

WHO - Stronger focus on nutrition within health services could save 3.7 million lives by 2025

<https://www.who.int/news-room/detail/04-09-2019-stronger-focus-on-nutrition-within-health-services-could-save-3.7-million-lives-by-2025>

*“Health services must integrate a stronger focus on ensuring optimum nutrition at each stage of a person’s life, according to [a new report](#) released by the World Health Organization (WHO). It is estimated that **the right investment in nutrition could save 3.7 million lives by 2025**. “In order to provide quality health services and achieve Universal Health Coverage, **nutrition should be positioned as one of the cornerstones of essential health packages**,” said Dr Naoko Yamamoto, Assistant Director-General at WHO....”*

Health policy watch - Healthier diets key to reducing obesity and NCDs new WHO-report

<https://www.healthpolicy-watch.org/healthier-diets-key-to-reducing-obesity-and-ncds-new-who-report/>

*“A new WHO nutrition report highlights how healthier diets can combat obesity and leading noncommunicable diseases (NCDs) – suggesting that less consumption of free sugars, salt and saturated fat, particularly animal fat, will help reduce global trends of rising obesity, hypertension and cardiovascular disease....But **the report [Essential Nutrition Actions – Mainstreaming Nutrition through the Life Course](#)**, steers clear of delivering recommendations on controversial policies that some nutrition advocates have said are needed to actually shift global diets to healthier foods – such as taxation of sugary drinks or graphic front-of-package labeling about unhealthy processed foods....”*

Ebola DRC

CIDRAP – Ebola case counts grow by 26 raising total to 3043

<http://www.cidrap.umn.edu/news-perspective/2019/09/ebola-case-counts-grow-26-raising-total-3043>

*“By 3rd September, 26 more Ebola cases have been confirmed in the Democratic Republic of the Congo (DRC), raising the **outbreak total to 3,043**, including 2,035 deaths. Officials are still tracking 327 suspected cases of the viral illness. The cases were confirmed during a weekend of **unrest throughout the outbreak region, including Kalunguta**, where a motorcycle was burned and several people clashed with local Ebola response agents who were attempting to perform a safe and dignified burial for a patient. According to translated media reports, the **conflict began when family members protested the declaration of the deceased as an Ebola patient....”***

“...In the latest update from the World Health Organization's (WHO's) African regional office, the WHO says the new "hot spot" status of Kalunguta is of highly worrisome....”

BMJ (News) - Uganda records fourth death from Ebola as DRC grapples with epidemic

<https://www.bmj.com/content/366/bmj.l5344>

*(30 August) “The Ebola epidemic in the Democratic Republic of Congo (DRC) continues to pose a serious health challenge with the death toll nearing 3000, said the **World Health Organization as it called on donors for more support.**” Yet Again, you might add... (see [WHO](#)).*

“Countries neighbouring the DRC are on high alert, strengthening health surveillance systems along their porous borders to stem the risk of Ebola spill-over....”

Reuters – Former Congo health minister questioned over Ebola spending

[Reuters](#):

“Democratic Republic of Congo’s former health minister has been questioned by police over his management of funds in the country’s response to the Ebola epidemic, his lawyers said on Monday....” They denied any wrongdoing by the former minister.

He’s not allowed to leave the country (see also [Bloomberg](#)), for the time being.

The Lancet Infectious Diseases: Mortality rates in Ebola survivors after hospital discharge could be five times higher compared with the general population

[Subsequent mortality in survivors of Ebola virus disease in Guinea: a nationwide retrospective cohort study](#)

Cfr **Lancet** press release:

“First study of its kind suggests Ebola survivors may be at increased risk of death in the first year after hospital discharge, particularly those who spent longer in hospital.

*“In the first year after hospital discharge, mortality in Ebola survivors was five times higher than would be expected in general Guinean population (55 deaths versus 11 deaths), according to an observational study of 1,130 people published in **The Lancet Infectious Diseases** journal. Over the full follow-up period, **59 deaths were reported, of which 37 were tentatively attributed to renal failure** based on reports of the deceased’s symptoms made by family members. The authors note that there was a lack of documentation or autopsies available to rule out other causes of death, and **call for more research to be done to investigate whether renal failure is a common long-term effect of the disease.** This study confirms that the high vulnerability of survivors of Ebola virus disease persists after hospital discharge, particularly for those with prolonged severe forms of the*

disease, and **suggests that the overall case fatality rate for the disease may have been previously underestimated. ...**"

For coverage, see also **the Telegraph** - [Ebola survivors five times more likely to die in year following recovery than general population](#) (by Anne Gulland)

And a few links:

- The Hill - [Ebola in the DRC: One Year, 2000 deaths and counting](#)

*"... If this outbreak, which has been designated by many experts as the most difficult and complex Ebola outbreak in history, continues to simmer along uninterrupted as it has for over a year, **the DRC is facing the real threat of endemicity, a chronic continual transmission of Ebola....**"*

- USAID – [The US announces more than \\$21 Million in additional humanitarian assistance to contain the outbreak of Ebola in the DRC](#)

*" The United States, through the U.S. Agency for International Development (USAID), is providing more than \$21 million in additional humanitarian assistance to help end the ongoing outbreak of Ebola in eastern Democratic Republic of Congo (DRC). **This brings total USAID funding for the Ebola response efforts to nearly \$158 million since the beginning of the outbreak in August 2018, including for regional preparedness activities in neighboring countries....**"*

- NPR Goats & Soda - [Why The Ebola Response Is A Success In Goma — But Not Elsewhere In Congo.](#)

Global Health Security

Reliefweb - African Risk Capacity and Africa CDC Sign Partnership Agreement to Strengthen Disease Outbreak Preparedness

[Reliefweb](#);

See also last week's IHP newsletter. *"**The African Risk Capacity (ARC) and the Africa Centre for Disease Control (Africa CDC) have signed a Partnership Agreement to establish a collaborative framework to help African Union Member States strengthen preparedness and emergency response against infectious diseases, of epidemic nature....**"*

International Affairs - The oversecuritization of global health: changing the terms of debate

Clare Wenham; <https://academic.oup.com/ia/article-abstract/95/5/1093/5556752#.XW6CNCLJKFU.twitter>

See this week's intro. Must-read.

*“Linking health and security has become a mainstream approach to health policy issues over the past two decades. So much so that the discourse of global health security has become close to synonymous with global health, their meanings being considered almost interchangeable. While the debates surrounding the health–security nexus vary in levels of analysis from the global to the national to the individual, **this article argues that the consideration of health as a security issue, and the ensuing path dependencies, have shifted in three ways.** First, the concept has been broadened to the extent that a multitude of health issues (and others) are constructed as threats to health security. Second, securitizing health has moved beyond a rhetorical device to include the direct involvement of the security sector. Third, the performance of health security has become a security threat in itself. **These considerations, the article argues, alter the remit of the global health security narrative; the global health community needs to recognize this shift and adapt its use of security-focused policies accordingly.**”*

CGD - Building an EU-Africa Partnership of Equals: A Roadmap for the New European Leadership

A Käppelli et al ; <https://www.cgdev.org/eu-africa-partnership>

CGD launched its EU-Africa roadmap this week, discussing **four areas** where a mutually beneficial partnership b/w the two continents could be created. One of them being, GHS (**'Strengthening European leadership on Global Health Security'**).

*“In this report, we lay out a roadmap for how the new European Commission can turn this aspiration into reality. **We examine specific policy areas—migration, development finance, trade, and global health security—and present four actionable proposals that the EU's new leadership can pioneer...**”*

*“**For global health security, we propose a financing mechanism to increase sustainability, coordination, and effectiveness of the joint external evaluation process assessing pandemic preparedness, and we define an integrated way for the Commission's Directorates- General and other entities to collaborate on global health security priorities.**”*

Global Fund replenishment

Global Fund - India makes strong commitment to global fund

<https://www.theglobalfund.org/en/news/2019-09-03-india-makes-strong-commitment-to-global-fund/>

*“On the 3rd of September, the Government of India announced an **increased commitment of US\$22 million to the Global Fund for the next three years**, highlighting India's leadership in global efforts to end AIDS, TB and malaria as epidemics and to build stronger health systems.”*

GF – Private Sector Partners Step Up the Fight Against AIDS, TB and Malaria in Africa

<https://www.theglobalfund.org/en/news/2019-09-05-private-sector-partners-step-up-the-fight-against-aids-tb-and-malaria-in-africa/>

*“Five private sector partners today announced new pledges for the Global Fund’s Sixth Replenishment during the World Economic Forum on Africa. Goodbye Malaria, which is supported by Nando’s, an international restaurant group founded in South Africa, as well as other corporate partners, has pledged R85 million (about US\$5.5 million) to the Global Fund to expand a grant that aims to eliminate cross-border malaria transmission in Mozambique, South Africa and Eswatini. Project Last Mile, GBCHealth and Zenysis Technologies announced in-kind support and co-investments to increase the effectiveness of health programs through innovations. Africa Health Business has pledged to support the mobilization of African business. **These co-investments will total more than US\$23 million....”***

Links:

GF - [Focus On Private Sector Partnerships](#)

*“Our **new publication series**, Focus On Private Sector Partnerships, highlights the contributions of companies from diverse sectors to step up the fight to end AIDS, TB and malaria by 2030....”*

GF - [Global Fund Joins Last Mile Health and Co-Impact to Boost Investment in Community Health Workers](#)

Planetary Health

(2019) Planetary Health Annual meeting in Stanford (4-6 September)

<https://globalhealth.stanford.edu/event/planetary-health-annual-meeting-at-stanford.html/>

Ongoing. Organized by the Planetary Health Alliance & Stanford University.

See hashtag **#planetaryhealth2019**. For videos of sessions, see [here](#).

“From Sept 4 – 6, more than 400 researchers, policymakers, practitioners and students come together to: –Strengthen the scientific case for planetary health framing; –Learn from efforts to solve planetary health problems – both failures and successes; –Convene stakeholders from academia, the private sector, civil society and government to support catalytic conversations to address these crises.”

As a reminder, “The **Planetary Health Alliance** is a consortium of universities, NGOs, and other partners committed to advancing planetary health — an interdisciplinary field focused on characterizing the human health impacts of human-caused disruptions of Earth’s natural systems.

Researchers, scholars and leaders from around the world will convene at Stanford University to focus on solutions”

AFP - China's 'Belt and Road' risks Paris climate goals: analysis

[Yahoo:](#)

“Carbon-heavy development in countries part of China's Belt and Road Initiative could render the Paris climate goals unreachable, according to a new analysis on the gargantuan global infrastructure project released Monday. The massive network of ports, railways, roads and industrial parks spanning Asia, Africa, the Middle East and Europe will see trillions invested in new infrastructure across 126 countries. While the Chinese state is putting up a significant part of the cash, the project will also see other national and private-sector investment, and opponents warn of its devastating environmental impact. An analysis of the possible carbon footprint of infrastructure development in Belt and Road (BRI) countries said there was a significant risk of the initiative alone producing enough greenhouse gas emissions to derail the Paris climate goals. ... The Tsinghua Center for Finance and Development said that the 126 Belt and Road Initiative (BRI) countries excluding China currently account for 28 percent of manmade emissions. It modelled the effects of different approaches to the development of megaports, pipelines, train lines and highways in 17 BRI countries....”

Quick link:

Guardian - [Amazon fires 'extraordinarily concerning', warns UN biodiversity chief](#)

“The fires in the Amazon are “extraordinarily concerning” for the planet’s natural life support systems, the head of the UN’s top biodiversity body has said in a call for countries, companies and consumers to build a new relationship with nature. Cristiana Paşca Palmer, the executive secretary of the UN Convention on Biological Diversity, said the destruction of the world’s biggest rainforest was a grim reminder that a fresh approach was needed to stabilise the climate and prevent ecosystems from declining to a point of no return, with dire consequences for humanity.”

In related news (Guardian) - [Amazon fires are 'true apocalypse', says Brazilian archbishop](#)

“The fires in the Amazon are a “true apocalypse”, according to a Brazilian archbishop who expects next month’s papal synod at the Vatican to strongly denounce the destruction of the rainforest. The comments by Erwin Kräutler will put fresh pressure on Brazilian president, Jair Bolsonaro, following criticism from G7 leaders last month over the surge of deforestation in the world’s biggest terrestrial carbon sink. The archbishop’s words also highlight a widening division between the Catholic church and the Pentecostal movement. Pope Francis has championed a more harmonious relationship with the natural world for the sake of future generations, in contrast to the fast-growing new-world Pentecostals who form the support base for the ramped-up resource exploitation advocated by Bolsonaro and Donald Trump....”

Access to medicines

BMJ Feature - How moves towards universal health coverage could encourage poor quality drugs: an essay by Elizabeth Pisani

<https://www.bmj.com/content/366/bmj.l5327>

*“Universal health coverage depends on affordable medicines. But pushing down prices without also investing in quality assurance will increase the sale of substandard and falsified drugs, warns **Elizabeth Pisani**.”* Great read.

Vaccines

Guardian - Facebook to direct vaccine searches to public health pages

<https://www.theguardian.com/society/2019/sep/04/facebook-to-redirect-anti-vaccine-searches-to-public-health-pages>

*“Facebook is to take a stand against vaccine denial by directing people searching for information or using vaccine hashtags to web pages set up by public health bodies. People who access Facebook and Instagram pages and groups that discuss vaccines, as well as those searching or using relevant hashtags, will see an **educational module about vaccine safety**. Links will take them to a page provided by the Centers for Disease Control and Prevention (CDC) in the United States and to the World Health Organization elsewhere in the world...”*

See also WHO - [Vaccine Misinformation: Statement by WHO Director-General on Facebook and Instagram](#) where he welcomes FB’s new commitment in this respect.

Tweet Ilona Kickbush – *“A good example of the **new kind of strategic work** @WHO @DrTedros now need to be involved in. It’s a new world of #globalhealth #DigitalTransformation.”*

For some background, see Vox - [Facebook, Pinterest, and YouTube are cracking down on fake vaccine news](#) *“But it’s not clear how much influence social media has over parents refusing vaccines for their kids.”* (by Julia Belluz)

Science - Critics ‘alarmed by lack of interest’ in studying children put at risk by dengue vaccine

<https://www.sciencemag.org/news/2019/09/critics-alarmed-lack-interest-studying-children-put-risk-dengue-vaccine>

Cfr. a **tweet from Helen Branswell**: *“Smart piece by @sciencecohen about the continuing saga of Dengvaxia use in the Philippines & the apparent disinterest in studying the children potentially at risk of severe #dengue because they got the vaccine.”*

“Public health experts are debating how to help the 1 million children in the Philippines who received a new vaccine against dengue that could, in rare cases, sicken rather than protect them. The country launched a campaign in 2016 to vaccinate schoolchildren against the mosquito-borne virus, which can cause high fevers, muscle and joint pains, and rashes. One year later, the campaign was suddenly halted after the vaccine’s producer, Paris-based Sanofi Pasteur, announced it could, in rare cases, trigger severe, potentially fatal forms of dengue in children who became infected with the virus despite their vaccination. Now, critics of the vaccine, named Dengvaxia, say researchers should try to identify those at increased risk of harm, which might save their lives. But Sanofi Pasteur has no plans to conduct a big, complex study, although it is following the fate of about 1% of the vaccinated children for 5 years....”

The Lancet: Cancer now leading cause of death in high-income countries -- while heart disease burden persists in low-income and middle-income countries

Via [Eurekalert](#).

Lancet - [Modifiable risk factors, cardiovascular disease, and mortality in 155 722 individuals from 21 high-income, middle-income, and low-income countries \(PURE\): a prospective cohort study](#) (by S Yusuf & colleagues)

Lancet - [Variations in common diseases, hospital admissions, and deaths in middle-aged adults in 21 countries from five continents \(PURE\): a prospective cohort study](#) (by G Dagenais et al)

Cfr. Lancet Press release:

*“The Lancet: **Cancer now leading cause of death in high-income countries - while heart disease burden persists in low-income and middle-income countries***

Two reports from the Prospective Urban and Rural Epidemiologic (PURE) study published in the Lancet and presented together at the ESC Congress 2019 provide unique information on [1] common disease incidence, hospitalisation and death, and [2] modifiable cardiovascular risk factors, in middle-aged adults across 21 High-Income, Middle-Income, and Low-Income Countries (HIC, MIC, LIC). ...”

“Cardiovascular Disease (CVD) remains the leading cause of mortality among middle aged adults globally, accounting for 40% of all deaths, but this is no longer the case in HIC, where cancer is now responsible for twice as many deaths as CVD, according to a new report from the PURE study ...”

“... CVD related deaths were 2.5 times more common in middle-aged adults in LIC compared with in HIC, despite LIC experiencing a substantially lower burden of CVD risk factors compared with wealthier countries. Authors suggested that higher CVD related mortality in LIC may be mainly due to lower quality of healthcare, given that the report found first hospitalisation rates and CVD medication use to be both substantially lower in LIC and MIC, compared with in HIC.”

“The world is witnessing a new epidemiologic transition among the different categories of non-communicable diseases (NCD), with CVD no longer the leading cause of death in HIC...”

For a few related **Comments in the Lancet**: [Prevention of premature cardiovascular death worldwide](#) & [Cancer's global epidemiological transition and growth](#).

WHO Bulletin – September issue

<https://www.who.int/bulletin/volumes/97/9/en/>

Start with the **Editorial** - [Ethiopia’s quest to champion emergency care systems](#)

Some papers and reports of the week

WHO Bulletin - International corporate tax avoidance and domestic government health expenditure

Bernadette Ann-Marie O’Hare; https://www.who.int/bulletin/online_first/BLT.18.220897.pdf?ua=1

This article **compares estimated losses from international corporate tax avoidance in individual countries and domestic government health expenditure**, with reference to the annual threshold of 86 United States dollars (US\$) per capita required to achieve universal health coverage.

Some of the findings: *“...Domestic government health expenditure was under US\$ 86 per capita in all 24 low-income countries and in 24 of 28 lower-middle-income countries. **International corporate tax lost per capita was higher than domestic government health expenditure in 19 low-income and 10 lower middle-income countries.** If the revenue lost to tax avoidance were recouped and allocated to the health sector, **average annual government health expenditure could increase from US\$ 8 to US\$ 24 per capita in the low-income countries studied and from US\$ 54 to US\$ 91 per capita in the lower-middle-income countries....”***

Health Systems & Reform - When Both Markets and Governments Fail Health

A Yazbeck & A Soucat; <https://www.tandfonline.com/doi/full/10.1080/23288604.2019.1660756>

*“This paper presents the rationale and motivation for countries and the global development community to tackle a critical set of functions in the health sector that appear to be under-prioritized and underfunded. The recent eruptions of Ebola outbreaks in Africa and other communicable diseases like Zika and SARS elsewhere led scientific and medical commissions to call for global action. The calls for action motivated the **World Health Organization (WHO) to respond by defining a new construct within the health sector: Common Good for Health (CGH).** While the starting point for developing the CGH construct was the re-emergence of communicable diseases, it extends to additional outcomes resulting from failures to act and finance within and outside the health sector. **This paper summarizes global evidence on failures to address CGHs effectively, identifies potential***

reasons for the public and private sectors' failures to respond, and lays out the first phase of the WHO program as represented by the papers in this special issue of Health Systems & Reform."

IJHPM - Corruption – Taking a Deeper Dive: Comment on “We Need to Talk About Corruption in Health Systems”

R Gaitonde; http://www.ijhpm.com/article_3659_20f8c477ce6577ac1e8ff3551f3af377.pdf

By **Rakhal Gaitonde** (EV 2012). He calls for a systems approach, understanding meaning, and the need for multi-level, multi-pronged approaches.

*“This commentary while agreeing broadly with the points raised by the editorial by McKee et al, seeks to broaden and deepen those arguments. **The commentary contends that unless we understand corruption as deeply embedded in and propping up systems of power differentials, we will not be able to design interventions that will tackle corruption at its roots.** The commentary further points to the context specific nature of corruption and hence the futility of attempting a single definition. This it contends will merely hide the deeper context specific causes. **It calls for the using theoretical insights that draw from post-positivist approaches to enhance the conceptualization of corruption as systemic.** Further it points to the importance of the underlying problematization of corruption in attempts to tackle it. It ends with a call for attempts at multiple levels with the broader aim of evolving caring and just systems of healthcare rather than focusing on narrow ‘politically feasible’ interventions.”*

BMJ Global Health - Tracking development assistance for reproductive, maternal, newborn, child and adolescent health in conflict-affected countries

Z Li et al; <https://gh.bmj.com/content/4/4/e001614>

*« Little is known about the patterns of development assistance (DA) for each component of reproductive, maternal, newborn, child and adolescent health (RMNCAH) in conflict-affected countries nor about the DA allocation in relation to the burden of disease. **We tracked DA to RMNCAH in general and to each of its four components: reproductive health (RH), maternal and newborn health (MNH), child health (CH) and adolescent health (AH), in 25 conflict-affected countries between 2003 and 2017...**”*

Conclusion: *“...While there was a substantial increase in funding to RMNCAH in conflict-affected countries over the period of study, some health issues with high disease burden (eg, AH and non-communicable diseases) received a disproportionately small portion of aid for RMNCAH...”*

BMJ Global Health (Editorial) – Protecting the world from infectious disease threats: now or never

C Shahpar, Thomas Frieden et al; <https://gh.bmj.com/content/4/4/e001885>

*“Whether by microbial mutation, movement across borders, or man-made biological release, a new health threat is inevitable, unpredictable and potentially devastating. **For the first time, the world now has a clear picture of how prepared countries are for this potentially catastrophic event.**”*

When the international evaluation team left Haiti in July 2019, **one hundred countries had completed a Joint External Evaluation (JEE) of health emergency readiness**. The JEE is a voluntary, externally validated assessment of 19 technical areas required to prevent, detect and respond to health emergencies. **This milestone, in addition to the ongoing uncontrolled Ebola epidemic in the Democratic Republic of Congo, makes this an opportune time to take stock of both the status of the world's preparedness and of what needs to be done to make the world safer....**" Check out where we are now.

BMJ Global Health – Duty of care and health worker protections in the age of Ebola: lessons from Médecins Sans Frontières

M McDiarmid et al ; <https://gh.bmj.com/content/4/4/e001593>

*"Health workers were differentially infected during the 2014 to 2016 Ebola outbreak with an incidence rate of 30 to 44/1000 depending on their job duties, compared to the wider population's rate of 1.4/1000, according to the WHO. **Médecins Sans Frontières (MSF) health workers had a much lower incidence rate of 4.3/1000, explained as the result of MSF's 'duty of care' toward staff safety. Duty of care is defined as an obligation to conform to certain standards of conduct for the protection of others against an unreasonable risk of harm. The duty of care was operationalised through four actions: performing risk assessments prior to deployment, organising work and work practices to minimise exposure, providing extensive risk communication and training of staff and providing medical follow-up for staff exposures. Adopting and consistently enforcing these broader, duty of care safety policies in deployed teams augments and fortifies standard infection prevention practices, creating a more protective, comprehensive safety programme. Prioritising staff safety by taking such actions will help avoid the catastrophic loss of the health work force and assist in building resilient health systems.**"*

BMJ Global Health - Nuancing the need for speed: temporal health system strengthening in low-income countries

T Bashford et al; <https://gh.bmj.com/content/4/4/e001816>

*« **Delays in receiving care** are of particular relevance to time-critical pathologies, for which quality of care and timely access are fundamentally interlinked. Characterising and improving delays in a health system are complex, and require both quantitative and qualitative understanding. **There is mutual benefit to collaboration across clinical, academic and geographical areas of interest in order to understand and reduce delays in accessing care.** »*

International Affairs – Up in smoke? Global tobacco control advocacy and local mobilization in Africa

Amy S Patterson et al; <https://academic.oup.com/ia/article-abstract/95/5/1111/5537419?redirectedFrom=fulltext>

*"Even though most African states have signed and ratified the Framework Convention on Tobacco Control (FCTC), a global treaty to limit tobacco use, African states have been slow to pass and implement tobacco control policies like regulations on sales, smoke-free environments and taxes. **This article examines how the ineffectiveness of local tobacco-control advocacy contributes to this***

*suboptimal outcome. It asserts that **the disconnect between the global tobacco-control advocacy network and local advocates shapes this ineffectiveness.** With funding and direction predominately from the **Bloomberg Initiative, local advocates emulate the funders' goal of achieving quick, measurable policy results.** Their reliance on the network drives African advocates to strive to pass legislation, even in difficult political climates, and to remake their agendas when funders change their priorities. They also emulate the network's focus on evidence-based arguments that stress epidemiological data and biomedical interventions, even when this issue frame does not resonate with policy-makers. Financial dependence can draw local advocates into expectations about patronage politics, undermine their ability to make principled arguments, and lead them to downplay the ways that their home country's socioeconomic and cultural contexts affect tobacco use and control. **Based on key informant interviews with African advocates, media analysis and the case-studies of Ghana and Tanzania, the article broadens the study of philanthropy in global health, it adds an African perspective to the literature on global health advocacy, and it deepens knowledge on power dynamics between external funders and local actors in the realms of health and development.**"*

Oxfam report – A tale of two continents: fighting inequality in Africa

https://www-cdn.oxfam.org/s3fs-public/file_attachments/bp-tale-of-two-continents-fighting-inequality-africa-030919-en.pdf

*"Africa sits at the confluence of two related and mutually reinforcing developmental challenges – poverty and inequality – the solutions for which are a matter of policy choice. Despite the recent spate of economic growth, the continent remains afflicted by entrenched poverty and alarmingly high and rising inequality. **The gap between rich and poor is greater than in any other region of the world apart from Latin America, and in many African countries this gap continues to grow.** In this context, the prospects of achieving the Sustainable Development Goals and Agenda 2063 are severely diminished. **African political and business leaders face a clear choice. They can choose the path of ever-increasing inequality and poverty. Or they can choose another path, to a more prosperous, equal Africa built for the many, not the few, by promoting efficient and progressive tax systems, investing in free, quality and gender-responsive public services and social safety nets, and protecting the rights of workers to decent work and wages.**"*

Launched (in a rather powerful way) by Winnie Byanyima at **WEF Africa** – the report found that the 3 richest people have more than the bottom 50 % of the population (650 million people) on the continent.

Lancet Perspective – Winners take all

M Marmot; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32035-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32035-5/fulltext)

Michael Marmot reviews **Raj Kumar's** book, "The Business of Changing the World: How Billionaires, Tech Disrupters, and Social Entrepreneurs are Transforming the Global Aid Industry" and **Anand Giridharadas'** book *Winners Take All: The Elite Charade of Changing the World.* (recommended!)

Some blogs and mainstream articles of the week

BMJ (blog) - Richard Smith: Does antimicrobial resistance pose “as great a threat to humanity’s future” as climate change?

[BMJ blog;](#)

Richard Smith has his doubts, even if both antimicrobial resistance and climate change are manmade disasters that we have failed to confront.

Economics & Poverty (blog) – Time to Rethink global poverty measures

<https://economicsandpoverty.com/posts/>

By **Martin Ravallion**. Based on his new working paper - [On measuring global poverty](#).

CHESAI - Decoloniality

M De Jong et al ; <http://www.chesai.org/index.php/about-us/blog/111-decoloniality>

Short & nice blog. *“As CHESAI, we have spent some time exploring decoloniality and how we as researchers, teachers, activists and citizens can engage with this concept in our work and lives. In this blog, we share some of the key ideas we discussed and invite anyone interested to contribute to the discussion and share their perspectives....”*

Lancet (Offline) – Offline: A canon for global health

Richard Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32084-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32084-7/fulltext)

“Research papers have become the tainted currency of academic medicine. With their hyper-stylised and increasingly guideline-driven formats, scientific articles are displays of conformity and submission. **They signal acceptance of imposed norms of professional communication that strip imagination, feeling, and passion from scientific exchange.** The communication of science is today trapped within conservative structures of dialogue. **If you were asked to construct a canon of writing in global health, what would you include? As important as new scientific discoveries are, don't begin with research articles. Instead, books offer possibilities for radical re-seeing....”**

In the rest of this piece, Frantz Fanon, Arundhati Roy & others pop up...

Global health events

CGD Webinar coming up (17 September): [A Bitter Pill: Assuring the Quality, Safety, and Affordability of Generic Medicines](#)

*“Quality affordable generic medicines play a vital role in health systems around the world. Healthy competition from quality generic medicines can help keep prices in check—a shared concern across high-income and low- and middle-income countries. But CGD’s Working Group on the Future of Global Health Procurement found that markets for generic medicines in many low- and middle-income countries are failing. According to the final report, weak and under-resourced regulatory and quality control systems in many countries can often lead healthcare workers and patients to opt for more expensive branded medicines as a proxy for quality. Join us for a **panel discussion on the challenges in generic medicines markets and what can be done to ensure that people around the world have access to quality affordable medicines and other lifesaving health products**. The conversation will focus on the implications for global health policy and the role of international cooperation. **Investigative journalist Katherine Eban will also share relevant findings from her new book, *Bottle of Lies: The Inside Story of the Generic Drug Boom, which uncovers fraud and falsification in generic drug manufacturing.*”** (also with Amanda Glassman & Jen Kates)*

Global governance of health

O’Neill Institute – the Framework Convention on global health: an empowering international instrument to advance the right to health

E Friedman; <https://oneill.law.georgetown.edu/the-framework-convention-on-global-health-an-empowering-international-instrument-to-advance-the-right-to-health/>

*“We often look to how the Framework Convention on Global Health (FCGH) would empower people, enhancing meaningful participation and government accountability to the right to health, with an emphasis on people who now have the least voice and to whom governments are least accountable. Such empowerment is central to the FCGH. **Here, I focus on the advantages of this proposed treaty from the perspective of governments, especially ministries of health.**”*

Reuters – North Korea tells United Nations to cut international aid staff - letter

<https://www.reuters.com/article/northkorea-aid-un/north-korea-tells-united-nations-to-cut-international-aid-staff-letter-idUSL2N25V1WD>

*“North Korea has told the United Nations to cut the number of international staff it deploys in the country because the world body’s programs have failed “due to the politicization of U.N. assistance by hostile forces,” according to a letter seen by Reuters on Wednesday. The United Nations estimates 10.3 million people - almost half the country’s population - are in need and some 41 percent of North Koreans are undernourished, while Pyongyang said in February it was facing a food shortfall this year and had to halve rations, blaming drought, floods and sanctions. “U.N. supported programs failed to bring the results as desired due to the politicization of U.N. assistance by hostile forces,” **Kim Chang Min, secretary general for North Korea’s National Coordinating Committee for the United Nations**, wrote to the top U.N. official posted in the country. In the Aug.*

21 letter, Kim said the number of international staff should be cut by the end of the year. **North Korea wants the number of international staff with the U.N. Development Programme to be cut to one or two from six, the World Health Organization to four from six and the U.N. Children’s Fund (UNICEF) to cut its 13 staff by one or two....”**

Devex - Fragile states lag behind when it comes to health

<https://www.devex.com/news/fragile-states-lag-behind-when-it-comes-to-health-95519>

Well worth a read, with a focus on **Cordaid’s** work in this respect. “... *Half of the world’s population can’t access essential health services, according to the World Health Organization. **The countries most greatly affected aren’t necessarily the poorest, but the ones with the weakest health systems – particularly fragile states in conflict zones, said Dr. Peter Salama, then-WHO deputy director-general for emergency preparedness and response, during a panel on global health and security last year.** The development of health care systems in these countries often isn’t prioritized, yet more than 2 billion people live in nations where development is affected by fragility, armed conflict, and recurring natural disasters, according to a 2017 report by **Cordaid**, an organization for relief and development aid in fragile states. As part of the Sustainable Development Goals, under SDG 3, all member countries have committed to achieving universal health coverage by 2030. To meet that target, **1 billion people need to benefit from UHC in the next five years**, according to a statement by WHO. **Some health experts think there needs to be a change of strategy in conflict-affected nations, such as South Sudan or the Democratic Republic of the Congo, if ailing health systems are going to improve....”***

Guardian - 'Most renewable energy companies' linked with claims of abuses in mines

<https://www.theguardian.com/global-development/2019/sep/05/most-renewable-energy-companies-claims-mines>

“*Most of the world’s top companies extracting key minerals for electric vehicles, solar panels and wind turbines have been linked with human rights abuses in their mines, research has found. Analysis published by the **Business & Human Rights Resource Centre (BHRRC)**, an international corporate watchdog, revealed that **87% of the 23 largest companies mining cobalt, copper, lithium, manganese, nickel and zinc – the six minerals essential to the renewable energy industry – have faced allegations of abuse including land rights infringements, corruption, violence or death over the past 10 years....”***

IISD - Cites are ‘Living Laboratories’ for SDGs, Climate Action: Civil Society Conference

<http://sdg.iisd.org/news/cites-are-living-laboratories-for-sdgs-climate-action-civil-society-conference/>

*“Civil society representatives and UN officials discussed solutions to sustainability challenges posed by urban life, at the **68th session of the UN Civil Society Conference**. The Conference focused on the theme, ‘Building Inclusive and Sustainable Cities and Communities.’ **The UN Civil Society Conference convened from 28-28 August 2019, in Salt Lake City, Utah, US...**”*

“The Conference’s Outcome Document highlights the need for collaboration and partnership to create humane cities in which people can flourish. Youth participants drafted and adopted a stand-alone climate compact, by which they pledge to take action in 25 areas....”

Devex - With approval for 'almost all' reforms, USAID announces key leadership

<https://www.devex.com/news/with-approval-for-almost-all-reforms-usaid-announces-key-leadership-95539>

“Nearly 17 months after U.S. Agency for International Development Administrator Mark Green first unveiled the new organizational structure he hopes will make U.S. foreign aid programs more effective, the agency has secured Congressional approval for “almost all” of its reorganization proposals, according to emails sent to partners and obtained by Devex....”

Other USAID related **Devex** Link: [New innovation lab backed by USAID points to growing focus on resilience](#).

“A \$30 million investment in the Feed the Future Innovation Lab for Markets, Risk and Resilience, reflects growing recognition by USAID of the role that resilience must play in agricultural development.”

And check out also, in The new Humanitarian - [Rollercoaster US foreign aid spending in four charts](#)

“ The White House has dropped a plan to claw back unspent money from American aid budgets, news reports say. But a trawl through the public data by The New Humanitarian reveals how vulnerable development and humanitarian projects are to US funding cuts, especially near the end of the financial year.” Pretty neat stuff, with some **great & insightful charts**.

BMJ Global Health (Analysis)- Impact of United States political sanctions on international collaborations and research in Iran

F Kokabisaghi et al; <https://gh.bmj.com/content/4/5/e001692>

“International research collaborations improve individual, institutional and governmental capacities to respond to health crises and inequalities but may be greatly affected by political environments. Iran ranks highly in tertiary education, productivity growth, knowledge impact and successful patent applications. In many countries, economic hardship has correlated with increased international

research collaborations. Some have hypothesised that financial constraint drives scholars to seek outside collaborations for cost and risk sharing, and to access funding, materials and patient populations otherwise unavailable. **This paper explores the history and importance of US political sanctions on the health of Iran’s academic sector....”**

Devex – the World Bank's China funding

<https://www.devex.com/news/bangladesh-cuts-refugee-cell-service-dorian-slams-the-bahamas-and-the-world-bank-s-china-funding-this-week-in-development-95548>

“The World Bank is looking into possible links between its funding and China’s oppression of Muslim Uighurs in Xinjiang province. The inquiry comes in the wake of a [letter](#) from U.S. lawmakers who expressed concerns and raised questions about a \$50 million education and training program the bank approved in 2015, and for which it continues to disburse funding. A [subsequent report](#) in Foreign Policy added that a World Bank official had previously raised the issue internally to one of the bank’s executive directors, citing red flags including “educational” facilities purchasing tear gas launchers and other security equipment. *The New York Times* [described the controversy](#) as “the first major test” of World Bank President David Malpass’s tenure....”

In case you want to re-read some key messages from the G7 summit (Biarritz) & GAVI replenishment (Tokyo)

IISD - [G7 Summit Discusses Inequalities, Global Environmental Challenges](#)

(PS: VOA reported [At G-7, Trump Dumps Climate But Agrees on Gender, Africa](#)).

GAVI - [Gavi replenishment launch meeting at TICAD](#)

“At the 7th Tokyo International Conference on African Development (TICAD) in Yokohama, Japan, Gavi unveiled its Investment Opportunity for the 2021–2025 period and launched the process towards its replenishment conference in the UK in 2020.”

- A quick link:

Graduate Institute - [Vinh-Kim Nguyen to take over as Global Health Centre's director from founder Ilona Kickbusch](#) *“After a decade as Director of the Global Health Centre (GHC), Ilona Kickbusch, Adjunct Professor of Interdisciplinary Programmes, is stepping down. We are pleased that she will remain affiliated to the Centre as its Chairperson.”*

- And a tweet from Jamie Uhrig re the NCD Alliance: **“Over half of the \$2 million income of @NCDAlliance last year was from the private sector. #NCDs #BigPharma #transparency #accountability”** - [NCD Alliance annual report \(2018\)](#)

International Journal for Equity in Health – On the ethics of healthy ageing: setting impermissible trade-offs relating to the health and well-being of older adults on the path to universal health coverage

K M Gebremariam et al ; <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-019-0997-z>

“This article aims to clarify the moral underpinning of the policy framework of Healthy Ageing. It is a policy adopted by the World Health Organization designed to operate in alignment with the United Nations (UN) framework of the Sustainable Development Goals (SDGs) and the urgency given for the achievement of Universal Health Coverage (UHC). It particularly reflects on what, if anything, justifies protecting the most basic rights to health and well-being of older adults from possible policy trade-offs on the path to UHC. It argues that the dignity of older adults—under which are nested more specific ideas of self-respect, respect for autonomy, as well as the ethical priority for living well—underpins a categorical moral injunction against imposing the familiar utilitarian calculus as the default criterion for policy trade-offs across age groups. Respect for the dignity of older persons marks the moral threshold that every society ought to uphold even under conditions of relative resource scarcity...” “...We argue that there are three main domains where trade-offs are unacceptable from the moral point of view...”

Lancet Public Health (Editorial) – China's health reform: 10 years on

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30161-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30161-6/fulltext)

“In October, 2009, the Chinese Government launched Healthy China 2020—a political commitment to establishing an accessible, affordable, and efficient health system for all by 2020. The programme was later reinforced and expanded, in 2016, with Healthy China 2030, which incorporated the newly agreed Sustainable Development Goals (SDGs) and propelled Healthy China reform into the SDGs era. On July 15, 2019, the State Council announced a series of 15 recommended actions to achieve Healthy China, focusing on public health and prevention. Over this past decade, China's Government has unveiled a series of policies to signal its growing commitment to investing in health and has clearly made health a foundation for its development. 10 years after its landmark commitment to health, has China delivered on its promises?...”

“...In this [issue of The Lancet Public Health](#), a series of Articles and opinion pieces draw attention to several public health issues that illustrate the progress and challenges for public health leaders in China. ...”

Lancet Global Health (Comment) - Universal health coverage and chronic conditions

Louis W Niessen et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30366-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30366-3/fulltext)

Comment linked to a **new study in the Lancet Global Health - [Fixed-combination, low-dose, triple-pill antihypertensive medication versus usual care in patients with mild-to-moderate hypertension in Sri Lanka: a within-trial and modelled economic evaluation of the TRIUMPH trial](#)** This study aimed to assess the cost-effectiveness of the triple-pill (consisting of amlodipine, telmisartan, and chlorthalidone) strategy. The Comment **links the study results with the upcoming UN HL meeting on UHC.**

“...Lung and colleagues report both health and economic benefits of a fixed-dose combination triple pill, comprising amlodipine, telmisartan, and chlorthalidone, in the treatment of high blood pressure in an economic analysis of the Triple Pill versus Usual Care Management for Patients with Mild-to-Moderate Hypertension (TRIUMPH) trial...” “...Consequently, in an unusually rapid reaction, WHO, with the support of relevant societal and professional organisations, has recently added fixed-dose combinations of blood pressure lowering drugs to its Essential Medicines List, which is essential to improve the availability and affordability of these drugs. It is a shining example of international coordination and collaboration. Addition to the list enables more than 1 billion people with high blood pressure worldwide to regularly take medication that can prevent strokes and myocardial infarctions, and thereby reduce the risk of disability in middle age and premature death...”

With respect to the upcoming UN HL meeting on UHC: *“...Universal coverage of prevention and treatment of chronic conditions will have to be a substantial part of this international collaborative process, to reduce inequalities in financing of, access to, and use of treatments, between countries and within countries...”*

Quick links:

- **WB blog - [Governments need to lead towards achieving Universal Health Coverage, but they won't succeed if they act alone](#)**

By **Vanessa Candeias**. Focusing on the **role of the private sector** with respect to UHC.

- Kaiser Health News - **[Trump Promises 'Phenomenal' Health Plan. What Might That Mean?](#)**

Planetary health

Hurricane Dorian

As you probably saw on your tv screens, **Hurricane Dorian** brought enormous devastation to the **Bahamas**. As pointed out already before, hurricanes like this are perhaps not becoming more common due to climate change, but **climate change is [making them more extreme](#)**.

Guardian - Global food producers 'failing to face up to role' in climate crisis

<https://www.theguardian.com/environment/2019/sep/04/global-food-producers-climate-crisis>

“The world’s biggest producers of meat, dairy and seafood are failing to tackle the enormous impact they are having on the planet through deforestation, the routine use of antibiotics and greenhouse gas emissions, a report warns. The [Coller Fairr index](#) ranks 50 of the largest global meat, dairy and fish producers by looking at risk factors from use of antibiotics to deforestation and labour abuses. The producers are the “hidden” supply chain, providing meat and dairy to global brands including McDonald’s, Tesco, Nestlé and Walmart....”

F2P blog - Why our chances of addressing the Climate Crisis have never been better

Tim Gore; <https://oxfamblogs.org/fp2p/why-our-chances-of-addressing-the-climate-crisis-have-never-been-better/>

Tim Gore responds to Duncan Green’s recent downbeat [posts](#) on the politics of the climate emergency.

Guardian - With hajj under threat, it's time Muslims joined the climate movement

R Aly; <https://www.theguardian.com/commentisfree/2019/aug/30/hajj-muslims-climate-movement-global-heating-pilgrims>

“Scientists say global heating could endanger pilgrims as soon as next summer. This must be our call to action.” “According to [research published last week](#) by US scientists, **hajj** is set to become a danger zone. As soon as next year, they say, summer days in Mecca could exceed the “extreme danger” heat-stress threshold....”

Guardian - Do the Brazil Amazon fires justify environmental interventionism?

L Douglas; <https://www.theguardian.com/commentisfree/2019/aug/31/brazil-amazon-fires-justify-environmental-interventionism>

“All the reasons that support the project of humanitarian intervention apply with equal, if not greater force, in the case of the environment.” By a Massachusetts law professor.

IISD – SEI Paper Examines Coherence Between Paris Agreement NDCs, 2030 Agenda

[IISD](#);

“A [working paper from the Stockholm Environment Institute](#) notes strong links between countries’ NDCs under the Paris Agreement and the SDGs, including in the areas of food, water, energy, land use and partnerships. It also indicates that evidence of effective orchestration between NDCs and the SDGs is largely absent at the national level, and calls for better aligning National Sustainable Development Strategies with climate action NDCs.”

And a quick link:

Guardian - [Democratic 2020 hopefuls split over tackling climate crisis](#)

PS: *“... According to Yale University polling, the climate emergency is now the second most important voting issue for Democrats, behind healthcare. ...”*

Infectious diseases & NTDs

Global Public Health - Austerity, and funding cuts: Implications for sustainability of the response to the Caribbean HIV/AIDS epidemic

R McLean et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2019.1657926>

*“The Caribbean, accessed significant external funding over the first three decades of the epidemic, which provided local authorities the opportunity to defer their responsibility in leading or matching the support provided from the external agencies. The reduction in external support has placed increased pressure on the response to the epidemic, with some countries more likely to be affected than others. **This paper undertakes a review of the expenditure and funding landscape for HIV programs in the Caribbean.** The findings confirm that despite the dwindling number of funding sources, some countries continue to display a significant degree of dependency on external funding*

sources. It is noteworthy that Treatment and Care accounted for the largest share of HIV expenditure in those countries, which displayed the highest degree of dependency on external funding. While, HIV spending was a relatively small percentage of both total health expenditure and gross domestic product, expenditure levels were noticeably higher in Haiti....”

Lancet Infectious Diseases (Newsdesk) – 15 years of the ECDC

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(19\)30437-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(19)30437-2/fulltext)

“Since its founding in 2004, the **European Centre for Disease Prevention and Control** has faced measles, West Nile virus, and Brexit. Talha Burki looks back at its first 15 years, and to its future.”

The Telegraph – Experts go nuclear in bid to stop outbreaks of dengue fever

<https://www.telegraph.co.uk/global-health/science-and-disease/experts-go-nuclear-bid-stop-outbreaks-dengue-fever/>

“**The dengue outbreak sweeping across Bangladesh has prompted officials to go for the nuclear option in a bid to wipe out the mosquitoes that spread the disease.** Officials from the **International Atomic Energy Agency (IAEA)** and the **World Health Organization (WHO)** have visited the country, which is in the grip of a particularly virulent outbreak, and agreed **to trial an innovative technique which sterilises mosquitoes with radiation.** The **sterile insect technique (SIT)** exposes male mosquitoes to enough radiation to sterilise them. They are then released into the wild en masse to mate with females, who then do not reproduce. Over time, it is hoped that the technique will reduce the population as fewer mosquitoes will be born. SIT has been used successfully in parts of Africa, such as Senegal, to eradicate the tsetse fly which transmits sleeping sickness....”

“...**The first group of sterilised male mosquitoes will be released into the wild in Bangladesh in 2021-22.** In the meantime, the IAEA and WHO will train Bangladeshi staff and upgrade facilities where the insects will be produced and sterilised. ...”

And a link:

NYT - [How to Get TB Patients to Take Their Pills? Persistent Texting and a ‘Winners Circle’](#)

Based on a trial in Nairobi, Kenya (cfr new [article](#) in NEJM).

AMR

Pew - Tracking the Global Pipeline of Antibiotics in Development

[Pew](#);

"...To shed light on the antibiotic pipeline, evaluate public policies, and monitor the potential impact on public health, The Pew Charitable Trusts has assessed [antibiotics currently in clinical development](#). The list, which is updated regularly, identifies each drug, manufacturer, potential targets, and stage in the development process..."

NCDs

NCD Alliance - Lessons learnt from five years of building NCD civil society's capacity

<https://ncdalliance.org/news-events/news/lessons-learnt-from-five-years-of-building-ncd-civil-society-capacity>

*"The NCD Alliance released a **new report** [today] on lessons learnt from a 5-year capacity development programme on strengthening civil society capacity to stimulate progress on prevention and control of noncommunicable diseases (NCDs)."*

NYT - The Mysterious Vaping Illness That's 'Becoming an Epidemic'

<https://www.nytimes.com/2019/08/31/health/vaping-marijuana-ecigarettes-sickness.html>

"A surge of severe lung ailments has baffled doctors and public health experts."

See also **Vox** - [Vaping appears to be making hundreds of people sick. No one knows exactly why.](#)

"The mysterious spike in respiratory illnesses is a reminder that e-cigarettes may be more dangerous than they seem."

Bloomberg - Philip Morris, Altria Deal Seen as Public Health 'Nightmare'

<https://www.bloomberg.com/news/articles/2019-08-28/philip-morris-altria-reunion-seen-as-public-health-nightmare>

"Philip Morris International Inc. and Altria Group Inc.'s potential remarriage has public-health groups concerned about one behemoth dominating the most popular products used to get a nicotine fix. The potential combined tobacco group with a market value of nearly \$200 billion would create a patchwork family consisting of the three leading brands in cigarettes, vaping and heated tobacco...."

And a quick link:

BBC - [Michigan becomes first state to ban flavoured e-cigarettes](#)

Lancet - A community-based comprehensive intervention to reduce cardiovascular risk in hypertension (HOPE 4): a cluster-randomised controlled trial

[Lancet](#);

Via the Lancet press release:

"The Lancet: Non-physician health workers lead new approach to lowering risk of world's number one cause of death.

Care led by non-physician health workers, with support from family, and free medications, more than doubled control of hypertension and significantly reduced risk of heart disease and stroke compared to usual care

*A substantial reduction in the risk of cardiovascular disease, the world's leading cause of death, can be achieved in a year with a new comprehensive approach, according to a randomised controlled trial of 1,371 adults in two countries [Colombia & Malaysia] published in **The Lancet** and simultaneously presented at the ESC Congress 2019. ..."*

Lancet Global Health - World Health Organization cardiovascular disease risk charts: revised models to estimate risk in 21 global regions

WHO CVO Risk Chart Working group; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30318-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30318-3/fulltext)

“To help adapt cardiovascular disease risk prediction approaches to low-income and middle-income countries, WHO has convened an effort to develop, evaluate, and illustrate revised risk models. Here, we report the derivation, validation, and illustration of the revised WHO cardiovascular disease risk prediction charts that have been adapted to the circumstances of 21 global regions....”

For a related **Comment**, see [Cardiovascular disease risk prediction models: challenges and perspectives](#).

Science (Policy Forum) – Designing better sugary drink taxes

A Grummon et al ; <https://science.sciencemag.org/content/365/6457/989>

“Tax the sugar, not the liquid.”

Quick link:

Guardian - [Tax on snacks would have 'huge impact' on obesity, say experts](#) (focus on UK)

“A snack tax of 20% on biscuits, cakes and sweets would have “a huge impact” on obesity levels in the UK and be more effective than the current levy on colas and other sugary drinks, say experts....”

Sexual & Reproductive / maternal, neonatal & child health

Health Affairs - In Low- And Middle-Income Countries, Is Delivery In High-Quality Obstetric Facilities Geographically Feasible?

A Gage et al; <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2018.05397>

*“Delivery in a health facility is a key strategy for reducing maternal and neonatal mortality, yet increasing use of facilities has not consistently translated into reduced mortality in low- and middle-income countries. In such countries, many deliveries occur at primary care facilities, where the quality of care is poor. **We modeled the geographic feasibility of service delivery redesign that shifted deliveries from primary care clinics to hospitals in six countries: Haiti, Kenya, Malawi, Namibia, Nepal, and Tanzania.** We estimated the proportion of women within two hours of the nearest delivery facility, both currently and under redesign. **Today, 83–100 percent of pregnant women in the study countries have two-hour access to a delivery facility.** A policy of redesign would reduce two-hour access by at most 10 percent, ranging from 0.6 percent in Malawi to 9.9 percent in Tanzania. **Relocating delivery services to hospitals would not unduly impede geographic access to care in the study countries.** This policy should be considered in low- and middle-income countries, as it may be an effective approach to reducing maternal and newborn deaths.”*

Lancet Letter – Child marriage in the Arab world

J Gausman, A Langer et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31287-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31287-5/fulltext)

“We welcome Richard Horton's Comment, in which he highlights the lack of prioritisation of the health needs of a region that has faced tremendous human tragedy over the past several decades. Our ongoing research in Jordan has elucidated a hidden and at-risk population: displaced, married adolescent girls....”

Social Medicine - From Reproductive Rights to Reproductive Justice

Marji Gold; <https://www.socialmedicine.info/index.php/socialmedicine/article/view/1069>

*“... the Social Medicine Journal offers readers the **text of the Annual Harold Wise Memorial Lecture held on June 13, 2017** at the Department of Family and Social Medicine at Montefiore Medical Center. Harold Wise was the founder of the Residency Program in Social Medicine and the award recognizes a faculty member who best represents the values of the Residency Program.”* Check out this speech by **Marji Gold**.

A third of young people polled by UN, report being a victim of online bullying

<https://news.un.org/en/story/2019/09/1045532>

*“Around one-in-three young people across 30 countries say they have been bullied online, while one-in-five report that they have skipped school because of it. Those are some of the key findings in a **new poll released on Wednesday by the UN Children’s Fund (UNICEF) and the UN Special Representative on Violence against Children.**”*

Access to medicines

Stat (news) Doctors Without Borders criticizes the Gavi coalition over access to pneumonia vaccines

[Stat](#)

(gated) “A flap has broken out between Gavi, the Vaccine Alliance, and Doctors Without Borders over funding commitments for pneumonia vaccines at accessible prices for developing countries. At issue

is the cost of pneumococcal vaccines that Gavi helps countries purchase through a financing mechanism. ...”

See also last week’s IHP news.

Miscellaneous

Economist – BRAC to the future: How BRAC, the world’s biggest charity, made Bangladesh richer

<https://www.economist.com/international/2019/09/07/how-brac-the-worlds-biggest-charity-made-bangladesh-richer>

“Its extraordinary success leaves it struggling to find a new purpose.”

Lancet (Editorial) – Lawsuits alone will not fix the US opioid overdose crisis

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32041-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32041-0/fulltext)

“...Pharmaceutical companies did not create the situation alone. Government at all levels in the USA and abroad and health-care providers played a role. Addressing the crisis must go beyond just financial penalties to ensure support and care for those affected. As important, medical professionals and institutions at every level need to begin rebuilding the trust that cynicism and the profits-above-patients nature of the opioid overdose crisis has badly eroded.”

SS&M - The CCGHR Principles for Global Health Research: Centering equity in research, knowledge translation, and practice

K Plamondong et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953619305246>

*“Medical geography and global health share a fundamental concern for health equity. Both fields operate within similar multiple intersecting funding, academic, health systems, and development landscapes to produce scholarship. Both reflect complex interactions and partnerships between people, communities and institutions of unequal power. **The Canadian Coalition of Global Health Research Principles for Global Health Research** evolved from deep concern about the absence of standards for how Canadians engage in this field. They can serve as a broadly relevant framework to guide how to integrate equity considerations into everyday research, knowledge translation, and practice activities. **Comprised of six principles (authentic partnering, inclusion, shared benefits,***

commitment to the future, responsiveness to causes of inequities, and humility), they are an aspirational and reflective frame that can elevate equity as a central procedural goal and outcome. In this commentary, we describe each of the six principles and offer examples of how they are being applied to guide research practices, inform knowledge translation science and build capacity.”

The Wire - Goodbye Citizenship, Hello 'Statizenship'

A Appudurai; <https://thewire.in/rights/goodbye-citizenship-hello-statizenship>

“Any source of citizenship which is outside of the state has been withering for some time in India. Now anyone can be a statizen as long as they line up with the ruling regime.”

NYT – War Crimes Committed by Both Sides in Yemen, U.N. Panel Says

[NYT](#);

“All parties to the war in Yemen are committing horrific abuses, from arbitrary killings to rape and torture, with an impunity that underscores a collective failure of the international community, a panel of international experts said on Tuesday. Saudi authorities directing airstrikes in Yemen that have inflicted heavy civilian casualties and deepened the country’s dire humanitarian crisis may bear criminal responsibility for war crimes, the experts said in a report they will present to the United Nations Human Rights Council in Geneva next week...” “...The United States, Britain, France and Iran could be complicit in abuses by providing intelligence and logistics support, and by making arms transfers that were of “questionable legitimacy,” the panel said, and which perpetuated the conflict...”

For the expert report, see here - [Yemen: Collective failure, collective responsibility – UN expert report](#).

Journal of Global Health - Realizing the potential of telemedicine in global health

T Kim et al; <http://www.jogh.org/documents/issue201902/jogh-09-020307.pdf>

4-pager.