

IHP news 538 : Introducing a new IHP resident

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

Dear Colleagues,

*This week's short intro was written by IHP resident **Sophie Vusha** (EV 2013). Last week, she joined the IHP editorial team, and she will be with us till the end of November.*

On 30th August, I left Kenya amidst the 6th (population & housing) **census** since independence, just one day before the end of this exercise. Given its importance for planning resources in the country, it's no surprise the exercise has been highly politicized by some groups (across the political spectrum), even when the importance of the census was clearly explained by the government (see [here](#)). The Kenya National Bureau of Statistics (KNBS) reported that by now, over 95% of the population has been counted. Another notable achievement concerns the intersex people: for the first time, their data were collected as well - a major victory for the rights activists.

Besides the census, debates around the new wave of **Mau forest evictions** have hit the [local media](#). Eviction of settlers in the Mau forest – with many settled there by the former government – is ongoing, and in spite of the commotion, the government is not relenting. The Mau Forest Complex (MFC) is known to be the largest water catchment in Kenya. The efforts to conserve the forest – the restoration of the MFC is a national priority now - are faced with resistance from politicians allied to the ethnic groups settled in the forest. Statements like the following are being made, “*What does the forest far away got to do with the people in the city*”? This heated discussion no doubt sounds familiar to participants in the debates at last week's ([3rd](#)) [Planetary Health Annual meeting in Stanford](#)...

Over to my **internship at ITM** then. In the coming months, I will try to put into context some of these Kenyan and African issues, also with a view on the global health agenda. In addition, I intend to cover some global health (research & policy) conferences: among others, the ITM “[Connecting the Dots](#)” colloquium (9-10 Oct), and the World Health Summit in Berlin, end of October. I have already started processing the vast information covered in some of the most recent IHP newsletters. One of the issues I'm keen on following is “[Malaria Eradication by 2050](#)” (see the new Lancet Commission). Like the authors of this Commission, I'm hopeful it can and should be done. The sooner the better, actually.

Enjoy your reading.

The editorial team

Featured Article

How does the planetary health debate resonate in Africa?

Charles Ssemugabo (*Research Associate, Department of Disease Control and Environmental Health, Makerere University School of Public Health; EV 2016 & Current EV resident*)

Last week's [Third Planetary Health meeting in Palo Alto at Stanford University](#) marked nearly four years since the Lancet with support from the Rockefeller foundation launched [The Rockefeller Foundation–Lancet Commission on planetary health](#). The same year (2015), Wellcome Trust established the [Our planet, Our health: responding to a changing world](#) programme to support research projects in planetary health. In recent years, I have been part of a few planetary health discussions including the [Second Planetary Health meeting in Edinburgh, Scotland in 2018](#). Nevertheless, Africa's representation in planetary health events and discussions has been minimal so far. As this was already the 3rd planetary health meeting, I thought there would be a fairly good African representation to share how planetary health discussions are shaping up in Africa. So, I quickly snapped through the speakers on the program. Despite a small representation from Africa, there was barely a plenary speaker from Africa. Visa issues might have played a role, but a more obvious question is perhaps: to what extent are planetary health discussions being prioritized in Africa? I will explore this question in this short Editorial.

If you take a helicopter view, it's clear that other continents are showing increasing commitment to advance planetary health, at least in academia. Several research centers exploring planetary health and related fields have emerged. Among others, there's the [Planetary Health Alliance \(PHA\)](#) at Harvard University's School of Public Health and the London school of Hygiene and Tropical Medicine's [Centre on Climate Change and Planetary Health](#). Planetary health education has also picked up at several universities in Europe, Asia, North and South America, and Australia, offering programmes and courses on planetary health and related fields like climate change. In short, colleagues from other continents are making great strides to understand and build capacity for planetary health.

Africa should do likewise. Even more so as Africa should be deeply concerned about planetary health.

Population growth, urbanization and exploitation of natural resources, three of the key drivers of environmental change as highlighted in Alex Ezeh's (2016) Commentary, "[Addressing planetary health challenges in Africa](#)", are some of Africa's biggest challenges in the 21st century. The World Population Review shows that [Africa, with a population of 1.3 billion people, has \(by far\) the highest population growth rate of all continents \(2.5 %\)](#). Africa's unmet need for family planning is also reportedly high, certainly in some regions. With its rapid population growth, Africa is urbanizing fast but sadly in an unplanned fashion. Many people are migrating to urban areas in search for better social services, fueling the development of slums and inequalities between the urban poor and rich. Population growth and rapid urbanization are also straining Africa's natural resources and ecosystem. The high demand for food has resulted in unsustainable land use patterns. The unplanned land use especially in urban areas is yielding congestion and breeding places for disease vectors, and thus further increases the spread of diseases. Africa is also very vulnerable to other worrisome planetary health trends such as climate change and yet it's less resourced to deal with them. Obviously, there are plenty of reasons why we should care about planetary health in Africa too.

Below, I will use a multidimensional lens to assess Africa's current involvement in planetary health discussions. Aspects of training, research, common practice, funding as well as the actual "framing" of the discipline need to be examined consciously.

To start with the latter, in many African settings, planetary health is framed as One Health and/or resilience, recovery and reconstruction during adverse climatic events. Perhaps, planetary health is clearer to many stakeholders in Africa if framed through the human-animal-environment interaction/intersection? Also, Global Health Security (GHS) is never really far away in the more health related discussions, more so than in the global planetary health discourse.

Regarding training, many public health training programmes in African universities are still based on conservative training models for public health professionals. In fact, several institutions are not willing to relax on the stringent and historical models of colonial public health training in which many leaders of academic institutions today were bred. However, some Schools of Public Health including those at Makerere University, University of Cape Town, and University of Witwatersrand among others are starting to transition into emerging fields. They are gradually integrating planetary health related courses such as climate change and health, public health in disaster situations, emerging and reemerging diseases etc. into their programmes as well as offering short courses on the same. Given the multidisciplinary nature of planetary health, this effort needs to spread to other relevant areas including agriculture, urban planning, engineering and natural resources among others. By the way, this is not just an issue in Africa, public health training institutions in other continents face similar challenges.

Human and financial investment in planetary health research by African governments is still minimal. This correlates with Africa's research outputs in planetary health. However, with funding from Northern agencies such as USAID among others, African institutions are beginning to explore the planetary health space. Currently, Makerere University's School of Public Health is leading the [One Health Central and Eastern Africa \(OHCEA\) consortium](#) of Universities with a focus on research and training as well as the [ResilientAfrica Network \(RAN\)](#) which coordinates the regional labs from 20 African universities with a focus on developing, incubating and scaling individual, household and community innovations that enhance resilience and adaptation to adverse climatic events among others. African research centres like the African Population and Health Research Centre (APHRC) are also on the forefront of promoting planetary health research in Africa.

As for practices, some planet-friendly practices are still common in African settings, or at least they still ring a bell. Till recently, many African countries were practicing sustainable food production methods including crop rotation and mulching, even if intensification of agriculture with pesticide in Africa already started three decades ago. In addition, many of Africa's natural resources that reportedly could contribute more than half of the world's (future) carbon emissions such as coal and oil have not been exploited yet. However, with the anticipated (and in some countries already ongoing) industrialization of Africa, there is an urgent need for African countries to explore sustainable ways of development (including [Doughnut Economics which explains how countries' economies can thrive while saving the planet](#)). Another planet-friendly practice that is perhaps still more common in African rural areas than in many other places around the world, is reliance on a [plant based diet](#), which ensures food production for healthy humans and a sustainable environment. However, in many settings where an animal based diet presents a semblance of a balanced diet and an association to good feeding, Africans are moving in the wrong direction in this respect.

With constrained budgets, many African countries' funding priorities do not advance planetary health fields. For example, [Uganda's 2019/2020 budget](#) top five priority funding areas were 'works and

transport', 'security', 'Education and sports', 'Energy and minerals' and 'health' in descending order. Even if health (just) made the top five, other sectors that are pertinent to planetary health including urban planning, agriculture and water and environment were among the least funded areas. As such, many African governments are not committed to the promotion of a sustainable planet. Or at least, they seem to have more urgent concerns.

In sum: despite the difference in framing and limited dedication to advancing planetary health so far, Africa is a key stakeholder in the advancement of the planetary health discourse. As such, it needs to be represented and heard in planetary health discussions.

Highlights of the week

Run-up to UNGA HL Meeting on UHC (23 Sept, NY)

Official UN website: <https://www.un.org/pga/73/event/universal-health-coverage/>

Final draft political declaration (as of 12 Sept)

<https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/09/UHC-HLM-silence-procedure.pdf>

Let's see whether this is indeed the "final" one... Was under silence procedure till Thursday 12 September, 12 pm (NY). The accompanying letter mentions the few changes that were still made over the past month.

(Friday early morning, I just checked, and no 'additional letter' mentioned so far on the UN website. Touch wood, but this might indeed be the final political declaration. Ouf!)

The UNGA Secretariat published an "updated provisional programme" of the High-Level Meeting on UHC with names of confirmed speakers and panellists.

<https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/09/LETTER-UHC-HLM-PROGRAM-and-PANELS-CONCEPT-NOTE-AS-OF-9-SEP.pdf>

Check it out. Looks like civil society speakers won't make it to the HL event. Presumably not because their sailing boat is still under way.

GFO - Global Fund role in attaining Universal Health Coverage will be in focus at UN General Assembly

<http://www.aidspace.org/node/5041>

Very neat analysis by **Andrew Green**. (must-read)

*“Ahead of the first High-Level Meeting on UHC at the UNGA, **discussions about how multilaterals such as the Global Fund fit within a system of universal coverage become more prominent**”*

Excerpts: “...With a High-Level Meeting on universal health coverage (UHC) scheduled for 23 September 2019, the day before the United Nations General Assembly begins, the United Nations could intensify the global movement toward a health-systems approach offering comprehensive basic coverage that is funded by domestic governments. ... **A transition to UHC would have significant implications for the Global Fund. The meeting is bringing to the fore questions about whether the Fund has a role to play in attaining UHC, but also longer-term considerations, including whether this transition, if it happens, might ultimately render the Fund unnecessary.** ...

... As attention has centered on UHC, **the Global Fund has taken steps to underscore how it contributes to universal coverage.** In a **May publication**, the Fund highlighted how its efforts have strengthened health systems and promoted integrated points of care that offer more than services for HIV, TB and malaria. The Fund has **also broadened access to care, especially for marginalized populations, and spurred domestic governments to invest more in health.** **The Fund also sees a role for itself in determining what UHC looks like,** including ensuring that, in the places where it is important, preventing and treating HIV, malaria and TB remain high on the health agenda.

... **And its input could be critical, especially for marginalized communities that include men who have sex with men, sex workers and transgender people.** “The Global Fund has played a key role in demonstrating how you can involve a marginalized population in governance and decision making,” said Marielle Hart, the head of policy in the United States for the Dutch organization, Aidsfonds. She pointed specifically to the inclusion of representatives from key populations in Country Coordinating Mechanisms (CCM)...”

Lancet Comment – Financing universal health coverage: four steps to go from aspiration to action

A Aman, A Nordström et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32095-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32095-1/fulltext)

“A UN High-Level Meeting on Universal Health Coverage (UHC) will be convened during the 74th session of the UN General Assembly on Sept 23, 2019. Most countries support the aspirations of UHC and have committed to its principles. **Less has been articulated about how to deliver this goal.** In many low-income and middle-income countries, health-care systems are inadequate and providers rely on patients' out-of-pocket payments. Those who are poor and sick cannot access care or avoid seeking care because they are unable to pay. This situation contributes to unacceptably high burdens of preventable diseases and deaths. Some countries, including Ethiopia and Rwanda, are undertaking reforms to upgrade health systems and develop sustainable financing towards UHC. **We propose four practical steps for governments to define their pathway to UHC and align stakeholders around these reforms....**”

“First, governments should define a cost-effective package of essential health benefits available to all. ... Second, governments should develop investment plans for the physical and human infrastructure needed to deliver benefits. ... Third, governments should develop a national health financing system, such as insurance, to fund health service delivery. Fourth, governments should

develop multisectoral district transformation approaches to ensure macro-level policies, strategies, and resources to transform lives at the household level.

Run-up to Climate Action summit (23 Sept, NY)

WHO - [WHO Director-General urges world leaders to protect health from climate change](#)

Statement by dr. Tedros ahead of the Climate Action summit.

“In less than two weeks’ time, I will join the UN Secretary-General and other world leaders at the Climate Action Summit at the United Nations General Assembly. This landmark summit will showcase the concrete commitments governments are making to address climate change and to secure and improve the health and well-being of their citizens...”

“Two of those commitments have been developed by the World Health Organization and its partners. The first is a pledge to ensure that air meets WHO safety standards by 2030 at the latest, and to align climate change and air pollution policies. Many of the same practices that lead to climate change also result in deadly air pollution.”

“The second is to provide financial resources to protect people from the detrimental health impacts of climate change. Today, less than 0.5% of international finance for climate change is allocated to health, and the most vulnerable countries, particularly small island developing states, receive only a fraction of that. Countries are being asked to allocate more to protect people against the ravages of the climate crisis.”

As far as I can tell, dr. Tedros still doesn't use the words 'planetary health emergency' or 'climate breakdown'. That is a pity.

However, the **Global Climate Strike** is also coming up – on **September 20**. For the rationale behind this global mobilization, see Open Democracy - [Climate emergency: why global mobilization is so important](#).

Gates Foundation & award for Modi

WP - The Gates Foundation shouldn't give an award to Narendra Modi

S Vijayan & A S Sethi; <https://www.washingtonpost.com/opinions/2019/09/06/gates-foundation-shouldnt-give-an-award-narendra-modi/>

*“On Monday, an Indian minister announced that the Bill & Melinda Gates Foundation is planning to give Prime Minister Narendra Modi an award this month for the **Swachh Bharat Abhiyan (Clean India Mission)**, a sanitation and toilet access initiative across India.”*

“While public health is undoubtedly a priority in India and around the world, such an honor would come as his Hindu nationalist party has incited violence against minorities, silenced dissent and curtailed freedom of expression. In light of Modi’s record, including promoting repressive policies in the past month in Kashmir and the northeastern state of Assam, he should not be given the award.”

For an update on the commotion on this award, see [the Guardian](#) - [Bill and Melinda Gates Foundation under fire over award for Narendra Modi](#).

Lancet Commission on malaria eradication - Malaria eradication within a generation: ambitious, achievable, and necessary

R Feachem et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31139-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31139-0/fulltext)

*“50 years after a noble but flawed attempt to eradicate malaria in the mid-20th century, the global malaria community is once again seriously considering eradication. Momentum towards eradication has been building for decades, and more than half of the world’s countries are now malaria free. Since 2000, a surge of global progress has occurred, facilitated by the roll-out of new technologies and the substantial growth in political and financial commitment by countries, regions, and their global partners.” **“Inspired by these outstanding achievements, and troubled by a stagnation in progress that saw 55 countries report an increase in cases between 2015 and 2017, the Lancet Commission on Malaria Eradication (the Commission) was convened to consider whether malaria eradication is feasible, affordable, and worthwhile. In this report of the Commission, we synthesise existing evidence and new epidemiological and financial analyses to show that malaria eradication by 2050 is a bold but attainable goal, and a necessary one given the never-ending struggle against drug and insecticide resistance and the social and economic costs associated with a failure to eradicate.”***

*“...**There are a number of measures needed for this to happen, the experts said in the report: better use of data and partnerships with the private sector; country, regional, and global leadership and accountability; new and better drugs, insecticides and diagnostics; and more financing. ... The world will need an additional \$2 billion investment per year for malaria, on top of currently estimated annual spending levels of \$4.3 billion. The experts recommended dividing the bill between external donors and domestic country financing: a quarter or \$500 million of the additional resources will be shouldered by external financing, while the rest of the \$1.5 billion come from the governments of countries where malaria remains endemic. ...***”

- Do check out also **dr. Tedros’** accompanying **Comment** in the Lancet, in which he strikes a slightly more cautious note: [The malaria eradication challenge](#).
- Coverage: for some **great coverage**, also explaining **how this Lancet Commission relates to the (less bold) WHO SAGEme report** from a few weeks ago:

HPW coverage - [Malaria Eradication Feasible by 2050, Says New Lancet Report](#) (must-read analysis!!!)

*“A new Lancet Commission report calls for health policy leaders to agree upon an ambitious global plan to eradicate of malaria by 2050 – contrasting with a World Health Organization report released in August that concluded it was too early to set a target date for eradication. The report Malaria eradication within a generation: ambitious, achievable, and necessary sets out a detailed roadmap for achieving eradication in the next three decades. Authored by a group of 41 leading malariologists, economists, health policy experts, and biomedical scientists, the report concludes that eradication is possible with the right tools, political commitments – and **another \$2 billion annually in funding....”***

The Lancet Commission report, **launched at a WHO-hosted Geneva [Forum on Rising to the Challenge of Malaria Eradication](#) this week, sounds a much bolder note** (than the WHO report), **claiming that global eradication is possible by 2050** – providing there is sufficient political and research community leadership, finance, and country commitment.

Read (in this excellent HPW coverage/analysis) **why WHO & this Lancet Commission disagree** on the feasibility of eradication of malaria by 2050, and on whether it’s wise/useful to set a clear target date (2050).

Part of the reason: *“...SAGEme concluded that under even with the most optimistic scenarios, in 2050 there would still be 11 million malaria cases annually in malaria’s epicenter, Africa. The WHO report also comes **against the history of a failed 14-year global WHO campaign to eradicate malaria in the 1950’s, which observers say has made the agency reluctant to set such an ambitious goal again, unless it is really attainable.**”*

Also: *cfr Pedro Alonso (WHO): “... **But to make the “ultimate push” for eradication, he underlined that the world first needs to get “back on track” to meet the 2020 global goals for malaria. Countries need to embrace Universal Health Coverage, “to deliver malaria interventions to everyone who needs them,” he added. And new R&D tools as well as more resources for health systems will also be critical. ...As a result, the WHO SAGEme report concludes that setting a target with too many uncertainties “may actually be counterproductive.” It urges a more cautious approach that will assess the progress against malaria in five-year intervals, until a “tipping point” is reached where a time-limited malaria eradication campaign is fully feasible.**”*

*“On the other hand, the Lancet Commission argues that the target date should be set for 2050, believing that the goal is “a bold but attainable, and necessary one.” ... “While acknowledging that there are outstanding challenges to malaria eradication, **the Commission’s report also is more optimistic about the R&D pipeline, calling it “robust” and noting that new tools are expected to be rolled out in the next decade.**”...”*

Devex (J L Ravelo) - [Q&A: Amid concerns, Lancet Commission eyes 2050 for malaria eradication](#)

- For another analytical piece, see **Jonathan Kennedy** (Guardian) - [History shows it will take more than technology and money to beat malaria](#)

“History shows it will take more than technology and money to beat malaria. Hopes of eradicating the disease by 2050 will fail unless we tackle the poverty and weak governance that allow it to thrive.”

World Suicide Prevention Day (10 Sept) & WHO reports

WHO-Suicide: one person dies every 40 seconds

<https://www.who.int/news-room/detail/09-09-2019-suicide-one-person-dies-every-40-seconds>

*“Despite progress in national prevention strategies, **one person dies by suicide every 40 seconds**, the World Health Organization’s (WHO) Director-General lamented on Monday, highlighting key findings of the agency’s **latest report on global suicide estimates...**” (see the new WHO report - [Suicide in the world: Global Health estimates](#)).*

See also [UN News](#) :

*“Speaking in Geneva ahead of [World Suicide Prevention Day on 10 September](#), Dr. Tedros Adhanom Ghebreyesus said, “every death is a tragedy for family, friends and colleagues,” yet many more suicides can be prevented. **Suicide is now the leading cause of death among youth aged 15-29. An estimated 20 per cent of global suicides are a result of pesticide poisoning...**”*

See also another new WHO publication - [Preventing suicide: a resource for pesticide registrars and regulators](#). WHO makes the case that **pesticide regulation** is an under-used but highly effective strategy for suicide prevention.

Global Health Security

WEF - Launch of Africa Public Health foundation

<https://www.weforum.org/press/2019/09/africa-public-health-foundation-to-address-epidemic-preparedness-and-response/>

From late last week, announced at the WEF in Africa. *“The Africa Centres for Disease Control and Prevention (Africa CDC), in partnership with the African Union and World Economic Forum, [today] announces the **establishment of the Africa Public Health Foundation (APHF)**. The foundation will facilitate public-private cooperation on supporting Africa CDC’s mission to strengthen health and economic security...”*

WHO Afro - Republic of Korea launches five-country health security initiative in West Africa, in partnership with WHO

[WHO Afro](#);

(Dakar, 10 Sept) *“The Korea International Cooperation Agency (KOICA) and the World Health Organization (WHO) today launched a health initiative in five West African countries that responds to their shared commitment to improve health security worldwide. The initiative, supported by a US\$12 million grant for three years of activities in Côte d’Ivoire, Guinea, Liberia, Senegal and Sierra Leone, aims to reinforce national capacities to prevent as well as detect and respond to outbreaks of infectious diseases and other health security threats.”*

The Telegraph – Revealed: Public Health England 'hot on the trail' of Disease X

<https://www.telegraph.co.uk/global-health/science-and-disease/revealed-public-health-england-hot-trail-disease-x/>

“... a team of UK virus hunters has revealed how the country has faced down its own Disease X scenario on multiple occasions in recent years. At the launch of its first ever strategy on infectious diseases on Wednesday, Public Health England (PHE) revealed that 12 "novel" infections and viruses have been identified in the UK in the last 10 years....”

“...The threat of climate change also means we are more likely to "witness a global pandemic in the coming years", PHE warned.”

See also Cidrap News - [UK health officials launch new infectious disease strategy](#)

Ebola DRC

Some reads from this week:

Nature (News Feature) - Exclusive: Behind the front lines of the Ebola wars

Amy Maxmen; [Nature](#)

The Ebola (must-)read of the week. *“How the World Health Organization is battling bullets, politics and a deadly virus in the Democratic Republic of the Congo.”*

A few excerpts: *“... Tedros has put the WHO in the spotlight in the DRC. Throughout this year, the WHO has had around 700 of its staff in the cities and towns where Ebola is spreading. In contrast, the US Centers for Disease Control and Prevention (CDC) has had only about a dozen epidemiologists in the country, and they are not in the hot zone. Other aid groups that were at the forefront of the world’s largest Ebola crisis — in West Africa from 2014 to 2016 — such as MSF and the Red Cross, are helping, but in lesser numbers than the WHO. ... Another difference in the current outbreak is that the WHO’s Ebola responders are almost all African — from the DRC, Guinea, Senegal and other French-speaking nations. Fall says it’s a sign of Africa’s growing ability to fight outbreaks on the continent. ”*

“... Yet by June, the WHO had conceded that it needed help from sister UN agencies that handle other aspects of humanitarian crises. The head of the UN peacekeeping mission in the DRC, David Gressly, stepped in as emergency Ebola coordinator. ... Tedros returned again that month to

check on the transition with Gressly, and to depoliticize the outbreak by winning the support of key figures in the country. This included meeting the head of the DRC alliance of traditional authorities — a system of leadership that pre-dates colonization — and the head of the leading opposition party. “They all need to have the same position” on Ebola, he explained. ... Although Tedros’s background is in science — he is an epidemiologist by training — it’s his years as a politician that surface as he navigates the complexities of DRC politics. ...”

Stat News - Azar, other top Trump officials to travel to DRC to assess Ebola crisis

<https://www.statnews.com/2019/09/10/azar-other-top-trump-officials-to-travel-to-drc-to-assess-ebola-crisis/>

(10 Sept) *“Health secretary Alex Azar and a sizable delegation of other Trump administration officials plan to travel to the region of the Democratic Republic of the Congo struggling to address a long-running Ebola outbreak, a show of political force meant to signal U.S. support for the response effort. The mission, announced Tuesday, marks Azar’s first trip to the region since the start of the outbreak. He will be accompanied by Dr. Anthony Fauci, director of the National Institute for Allergy and Infectious Diseases, and Dr. Robert Redfield, director of the Centers for Disease Control and Prevention, who has previously traveled to the outbreak zone....” Dr. Tedros will join them.*

Updates on the current situation – via Cidrap News

From late last week - (6 Sept) “Ebola transmission in the affected Democratic Republic of the Congo (DRC) region is still substantial, **with new hot spots emerging in areas with limited access and security problems, posing more challenges for response teams**, the World Health Organization (WHO) said today in its weekly snapshot of the outbreak.”

See Cidrap (Sept 9) - [With Ebola cases rising, officials launch new infection control steps](#)

“...In other developments, the DRC, with support from its global health partners, launched new infection prevention and control (IPC) efforts to curb healthcare-acquired infections....”

Cidrap - [Ebola cases rise by 13, with spread in insecure and border areas](#)

HPW - WHO To Revisit Guidelines On Ebola Survivors’ Care; Study Finds 5-fold Higher Mortality

<https://www.healthpolicy-watch.org/who-to-revisit-guidelines-on-ebola-survivors-care-study-finds-5-fold-higher-mortality/>

“New data revealing that survivors of Guinea’s 2013-16 Ebola outbreak were five times more likely to die within the first year after recovery, as compared to the general population, suggests a need to revisit WHO guidance on Ebola survivors’ monitoring and care, a top WHO official said on Friday.”

A few Ebola Governance & Financing related reads

Deutsche Welle - [German foreign minister demands Congo step up Ebola fight](#)

Xinhua News (6 Sept) - [DRC Ebola outbreak remains substantial, adds risks of regional spread: WHO](#)

The financing situation is still bleak ... “..According to the DRC's Strategic Response Plan against the current Ebola outbreak, the estimated **funding requirement for the period July to December 2019 is 287 million U.S. dollars, including 120 to 140 million dollars for the WHO**. However, as of Friday, the WHO has just received 45.3 million dollars, with current available funds only capable of closing the financing gap until the end of September....”

See also a **tweet from Amy Maxmen** (Nature):

“New @WHO report says they only have enough funds for the #Ebola response to last to the end of the month. The UK has given the WHO nearly 6x more than the US (\$30m v \$5m) this yr. And even Gates gave more than US (\$6m v \$5m). Ebola just gets more expensive the worse it becomes.”

BMJ Editorial - New treatments for Ebola virus disease

<https://www.bmj.com/content/366/bmj.l5371>

On last week's announcement on Ebola treatments. “Effective in early disease but more research is needed for late disease.”

Global Vaccination Summit (Brussels, 12 September)

<https://www.who.int/news-room/events/detail/2019/09/12/default-calendar/global-vaccination-summit>

“The European Commission and the World Health Organization co-host[ed] a Global Vaccination Summit on 12 September 2019 in Brussels, Belgium. ... This high-level one-day event aim[ed] to bring together around 400 people, including political leaders, high-level representatives from the UN and other international organizations, health ministries, leading academics, scientists and health professionals, the private sector, social media influencers, and NGOs. The goal: to propel global action against vaccine preventable diseases and against the spread of vaccine misinformation...”

For the press release, see WHO - [Vaccination: European Commission and World Health Organization join forces to promote the benefits of vaccines](#)

Among others, “...**The European Commission and the World Health Organization also urged for strong support of GAVI, the Global Vaccine Alliance. GAVI plays a critical role in achieving the global vaccine goals in the world's least-resourced countries. New models and opportunities for stepping**

up vaccine development are also on the Global Vaccination Summit agenda, as well as ways to ensure that immunisation is a public health priority and a universal right....”

Coverage: HPW - [World Leaders Tackle Vaccine Hesitancy At Global Summit](#).

A few tweets perhaps to give you a flavor:

“4 key messages from @DrTedros: to increase access and uptake of vaccines at the opening at #VaccineSummit19 1) Political commitment 2) Research & Innovation 3) Partnership 4) Investment. #VaccinesWork.”

“A call for #PoliticalCommitment & a #SocialMovement from @maggie_deblock : We need a #vaccination movement - engage all stakeholders - from media to communication to soap operas to primary & second education.”

PS: Maggie De Block is the Belgian minister of Health.

Community Health Roadmap: new announcements

<https://www.communityhealthroadmap.org/>

Some background on this initiative: *“The Roadmap process has been guided by a Steering Committee that includes representatives from USAID, UNICEF, The Rockefeller Foundation, the Community Health Acceleration Partnership hosted by WHO Ambassador for Global Strategy, the World Bank and the Bill & Melinda Gates Foundation.”*

On September 10th, important announcements were made, including additional national priorities from governments and the establishment of a catalytic fund.

“... the Community Health Roadmap convened leaders to reveal 6 new announcements for joint action to advance national community health priorities in 15 countries...” Check them out.

As for the catalytic fund, I have less hope. Usually (see also the NCD debate), people start talking of a “catalytic fund” if there’s no substantial public money available :)

I read in the press release (see below) *“...a Catalytic Fund has been established to support national priorities, with over \$1 million in initial pledges. This fund would assist Ministries of Health with grants to fill immediate gaps not met by existing resources.”*

For the **press release**, see [here](#). *“The Community Health Roadmap (Roadmap) today convened Ministries of Health, business leaders, philanthropists, the UN and civil society for joint action on advancing national community health priorities in 15 countries, with six new announcements....”*

World Patient Safety Day

Lancet (Comment) – Five reasons for optimism on World Patient Safety Day

G Fontana et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32134-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32134-8/fulltext)

*“On Sept 17, 2019, WHO and its member countries will mark the first World Patient Safety Day. Patient safety has **finally been recognised as a top global health priority**, but much more work needs to be done to eliminate patient harm. Adverse events due to unsafe health care are among the leading causes of death and disability worldwide and exacerbate health inequalities since people in low-income and middle-income countries (LMICs) are more likely to suffer patient harm than those in high-income countries. Unsafe health care costs health systems worldwide trillions of dollars every year and up to 83% of patient harm is avoidable.*

*However, on World Patient Safety Day there are reasons for optimism. Analysis of the global state of patient safety by Imperial College London's NIHR Imperial Patient Safety Translational Research Centre to be released on Sept 17 **suggests five trends that provide hope for the future....”***

Among others: **patient safety has become a crucial component of the WHO and UHC agenda.**

Lancet (Editorial) – Patient safety: too little, but not too late

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32080-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32080-X/fulltext)

*“...Some of the statistics proffered by WHO to highlight patient safety are striking. In low-income and middle-income countries (LMICs), 134 million adverse events per year are directly attributable to unsafe care. These adverse events—including misdiagnosis, hospital-acquired infections, and medical errors—lead to 2.6 million unnecessary deaths....” “... **the data compiled by WHO should be a wake-up call as they would be in any other industry. So what can be done?...**” This Lancet Editorial has some suggestions.*

Global Fund replenishment

For an **update on recent GF replenishment announcements** (over the past few weeks), see GFO - [Updates on the Global Fund's Sixth Replenishment](#) See also previous IHP issues.

We also want to flag this **Bloomberg article** (with an interview with Peter Sands at the WEF in Cape Town) - [Gender Inequality Is Hurdle in Fight Against AIDS, \\$14 Billion Fund Says](#)

*“The next hurdle that must be overcome to dramatically reduce the spread of HIV is gender inequality, said the head of a fund that expects to raise \$14 billion to tackle the world's deadliest infectious diseases. ... **An increasing proportion of the money that's available to fight HIV infections should be spent on prevention rather than treatment and testing**, said Peter Sands, the executive director of The Global Fund to Fight AIDS, Tuberculosis and Malaria. ... About 1,000 young*

women, mostly in east and southern Africa, are infected with the virus every day, he said. “It’s sexual violence, education disadvantages and economic inequality” that make young women susceptible to contracting the disease, Sands said in an interview at the World Economic Forum on Africa in Cape Town....”

AMR

Globalization & Health (Commentary) - The glocalization of antimicrobial stewardship

O Rubin; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-019-0498-2>

*“This brief commentary argues that **glocal governance** introduces a fruitful new perspective to the global governance debate of AMR, and cautions against too strict a focus on establishing globally binding governance regimes for curbing AMR.”*

BMJ (Editorial) - Subscription model for antibiotic development

R Glover et al; <https://www.bmj.com/content/366/bmj.l5364>

“An unlikely answer to the global crisis in antibiotic resistance”.

Excerpts: *“In July 2019 the National Institute for Health and Care Excellence (NICE), NHS Improvement, and NHS England announced that they will trial a “subscription model” when paying for new classes of antibiotics. This incentive for antibiotic research and development decouples payments to drug companies from the volume of antibiotics sold, to help encourage new products to market. The model will use a health technology assessment process to identify a base “value” that the NHS would pay to pharmaceutical companies annually, regardless of how many prescriptions are issued. There may also be a small cost for each prescription, but the details of this new incentive have yet to be announced. The scheme’s relation to existing means of valuing antibiotics and to related strategies for infection control requires scrutiny....”*

*“... The dominant discourse around antimicrobial resistance draws heavily on liberal and behavioural economic models: by nudging companies to invest and urging individuals not to demand antibiotics and doctors to restrict prescription. But structural and social solutions, such as improving sick pay entitlements for workers, reducing poverty, and providing longer appointment times with better resourced primary care, can also contribute to reducing infections, antibiotic use, and antibiotic resistance in the long term. Unfortunately, these options are not a major part of the policy discourse....” “This new payment model might boost drug discovery but it may also siphon away funds from known effective public health, social, and structural interventions; encourage distortions in global pharmaceutical regulatory markets; and create no long term meaningful change in the antimicrobial resistance framework. An international and interdisciplinary approach will be required if this policy is to be successful. **Understanding how this policy option came to dominate discourse is crucial.** In a political context that supports market approaches in antimicrobial resistance, incentives can act as a means of capturing public resources for private gain. We must evaluate the subscription model throughout the policy cycle to avoid any risk of moving*

from an incentive scheme for new antibiotics towards a broader taxpayer funded grant state for big multinational drug companies.”

Planetary Health

Let's start this section with an obvious remark. I have to say **Friday the 13th** has lost a bit of its ominous charm now that my Twitter feed related to 'planetary health' indicates that it's everyday sort of "Friday the 13th" (ahum).

HPW - Health Care Climate Footprint Is 4.4% Of Global Emissions; Larger Than Japan Or Brazil

<https://www.healthpolicy-watch.org/health-care-climate-footprint-is-4-4-of-global-emissions-larger-than-japan-or-brazil/>

“Some 4.4% of the world’s climate emissions are from health care activities – meaning that if health care was a country, it would rank as the world’s fifth largest emitter in absolute terms – after the United States, China, India and Russia, but ahead of Japan and Brazil. This is the key finding from a first-ever global report on climate emissions from health care, launched Tuesday by Health Care Without Harm (HCWH), an international NGO devoted to “greening” the health sector for the benefit of patients, health workers – and the environment. The report, [Health care’s climate footprint: How the health sector contributes to the global climate crisis and opportunities for action](#), also found that the US health care sector is by far, the largest aggregate and per capita emitter – with a whopping 27% percent of the world’s total healthcare-related emissions, or [1.2 tons of CO₂ equivalent per capita](#) (tCO₂e). That is 57 times more emissions per person than India, which has the lowest per capita emissions of the 43 developed and emerging economies, where detailed data was available for the report.”

See also a **BMJ blog** - [Josh Karliner: A prescription for a healthy planet](#) (by the international director of Health Care without Harm)

Guardian - World 'gravely' unprepared for effects of climate crisis – report

<https://www.theguardian.com/environment/2019/sep/10/climate-crisis-world-readiness-effects-gravely-insufficient-report>

On the just released report from the **Global Center on Adaptation** (chaired by **Bill Gates & Ban Ki Moon**).

*“The world’s readiness for the inevitable effects of the climate crisis is “gravely insufficient”, according to a report from global leaders. This lack of preparedness will result in poverty, water shortages and levels of migration soaring, with an “irrefutable toll on human life”, the report warns. **Trillion-dollar investment is needed to avert “climate apartheid”,** where the rich escape the effects and the poor do not, but this investment is far smaller than the eventual cost of doing nothing. The study says the greatest obstacle is not money but a lack of “political leadership that shakes people out of their collective slumber”. A “revolution” is needed in how the dangers of global heating are*

understood and planned for, and solutions are funded. **The report has been produced by the Global Commission on Adaptation (GCA), convened by 18 nations including the UK. It has contributions from the former UN secretary general Ban Ki-moon, the Microsoft founder, Bill Gates, environment ministers from China, India and Canada, the heads of the World Bank and the UN climate and environment divisions, and others. Among the most urgent actions recommended are early-warning systems of impending disasters, developing crops that can withstand droughts and restoring mangrove swamps to protect coastlines, while other measures include painting roofs of homes white to reduce heatwave temperatures...."**

*"...Patrick Verkooijen, the chief executive of the Global Center on Adaptation, said: "What we truly see is the **risk of a climate apartheid**, where the wealthy pay to escape and the rest are left to suffer. That is a very profound moral injustice." But **the moral imperative alone will not drive change, he said, and the report also makes an economic case. "It is a nation's self-interest to invest in adaptation," Verkooijen said. The report estimates spending \$1.8tn by 2030 in five key areas could yield \$7.1tn in net benefits, by avoiding damages and increasing economic growth."***

See also Devex – (Amy Lieberman) [Climate adaptation is expensive. Inaction will cost more, report finds](#)

Quote: **"The commission's findings stand to elevate the importance of adaptation, said Christiana Figueres, former executive secretary of the U.N. Framework Convention on Climate Change. She spoke during a recent media briefing on the report. The main message, she said, is either "we delay and pay, or we plan and prosper." "For years, we have seen adaptation as being the Cinderella of climate change, way behind mitigation," Figueres said. "If we delay mitigation any further we will never be able to adapt sufficiently to keep humanity safe. And if we delay adaptation we will pay such a high price that we would never be able to look at ourselves in the mirror.""**

Guardian - Adaptation isn't enough. We've got to throw everything at the climate crisis

F Harvey; <https://www.theguardian.com/commentisfree/2019/sep/11/adaptaion-climate-disaster-cutting-emissions>

Spot on analysis related to the **increasing momentum for more focus on 'adaptation'**. This is only ok if in line with Figueres' 'AND-AND' analysis (see above).

Excerpt:

*"...The view that adapting to inevitable climate change should be our priority, over futile and ruinously expensive attempts to cut emissions, has been spread by those who want to continue to emit CO2, come what may. Fossil fuel companies saw adaptation, along with the idea that we could geo-engineer our way out of trouble, as a way to keep selling oil while paying lip service to the climate science. Now it is gaining traction among more respectable thinkers. **Jonathan Franzen**, the American novelist and nature lover, **whipped up a storm when he suggested in the New Yorker that: "In the long run, it probably makes no difference how badly we overshoot 2C ... Every billion dollars spent on high-speed trains ... is a billion not banked for disaster preparedness, reparations to inundated countries, or future humanitarian relief."***

It's true that spending on adaptation is a good deal. It saves lives, and if used wisely could stave off the climate apartheid that experts foresee. But setting up adaptation versus emissions-cutting as an either-or choice is a grave mistake.... "It can seem that in a world of finite resources, we need to make a binary decision about where to put our efforts. That is an illusion. **The truth is that dealing with the climate emergency requires an across-the-board approach, for the simple reason that all of our resources – economic, physical, social – are at stake.**"

In short, **we need to do both. Mitigation & adaptation.** With all the efforts we can muster. And asap.

Having said that, I quite liked **Jonathan Franzen's** piece in the **New Yorker** - [What If We Stopped Pretending? The climate apocalypse is coming...](#) At least with respect to human nature (and thus the political battles/trade-offs ahead), his article struck a chord (for me). But do check out the criticism as well (Vox) - [The controversy over Jonathan Franzen's climate change opinions, explained.](#)

Nature (World View) - Scientists must act on our own warnings to humanity

<https://www.nature.com/articles/s41559-019-0979-y>

"We face interconnected planetary emergencies threatening our climate and ecosystems. Charlie J. Gardner and Claire F. R. Wordley argue that scientists should join civil disobedience movements to fight these unprecedented crises."

UN News - We are 'burning up our future', UN's Bachelet tells Human Rights Council

<https://news.un.org/en/story/2019/09/1045862>

*"The **Human Rights Council opened in Geneva** on Monday with a warning from the UN's top rights official that, with forest fires raging in the Amazon, **"we are burning up our future, literally"**. In a direct appeal to the forum's 47 Member States to unite to tackle climate change, **Michelle Bachelet** insisted that every region of the world stands to be affected...."*

*"**"The world has never seen a threat to human rights of this scope"**, Ms. Bachelet insisted. "This is not a situation where any country, any institution, any policymaker can stand on the sidelines. The economies of all nations; the institutional, political, social and cultural fabric of every State, and the rights of all your people – and future generations – will be impacted."..."*

See also the **Guardian** - [Climate crisis is greatest ever threat to human rights, UN warns.](#)

Washington Post – 2° C: Dangerous new hot zones are spreading around the world

<https://www.washingtonpost.com/graphics/2019/national/climate-environment/climate-change-world/>

“Major parts of the globe have already passed 2 degrees Celsius of warming, a WP investigation has found.”

*“The Post analyzed four data sets, and found: **Roughly one-tenth of the globe has already warmed by more than 2 degrees Celsius, when the last five years are compared with the mid- to late 1800s.** That’s more than five times the size of the United States.... ... About 20 percent of the planet has warmed by 1.5 degrees Celsius, a point at which scientists say the impacts of climate change grow significantly more intense. **The fastest-warming zones include the Arctic, much of the Middle East, Europe and northern Asia, and key expanses of ocean.** A large part of Canada is at 2C or higher....”*

Planetary Health Annual meeting Stanford (5-6 Sept)

<https://www.youtube.com/channel/UCt-RNjESXMBByBrMQQ63U0oA/videos>

You can watch the whole event again, here (see ‘5 Sept’ and ‘6 Sept’). For an overview of the (order of the) sessions, see [here](#).

The conference was focused on **solutions & implementation**.

SDGs & upcoming SDG summit (24-25 September, NY)

UN News - SDG progress ‘in danger’ of going backwards without change in direction, new UN report reveals

<https://news.un.org/en/story/2019/09/1046132>

On the just released [GSDR 2019](#) report. Yet another one that recommends a ‘total transformation’ of our current global economic system (and ways to ‘develop’).

*“The current worldwide sustainable development model is threatening to reverse years of progress, if strategies don’t drastically change, an independent group of scientists has concluded in a major new report launched on Wednesday. **The UN report will be at the centre of discussions during the [UN summit on the SDGs](#) later this month....”***

*“... “Achieving human well-being and eradicating poverty for all of the Earth’s people—expected to number 8.5 billion by 2030—is still possible,” they highlighted, “but **only if there is a fundamental—and urgent—change in the relationship between people and nature.**” The report, “[The Future is Now: Science for Achieving Sustainable Development](#),” points to understanding the relationships between individual SDGs and the “concrete systems that define society today” to devise a plan to ameliorate global instability. “*

*“...According to the report, **there are 20 points of intervention that can be used to accelerate progress toward multiple goals and targets in the next ten years.** Among these, **basic services***

must be made universally available—healthcare, education, water and sanitation infrastructure, housing and social protection— as a prerequisite” toward eliminating poverty....”

IISD - IAEG Preparing Recommendations to Add, Delete, Revise and Replace SDG Indicators

<http://sdg.iisd.org/news/iaeg-preparing-recommendations-to-add-delete-revise-and-replace-sdg-indicators/>

Update on the SDG indicator saga:

*“The next step in the **2020 Comprehensive Review of the SDG indicators** is for the comments on the proposed changes to be compiled and considered ahead of the **IAEG’s tenth meeting**, which will convene in **October 2019**. A **second Comprehensive Review of the SDG indicator framework** is expected to take place in **2025**.”*

Some new indicators are also proposed for SDG 3 (good health and wellbeing). See [here](#)

Among others, related to AMR, health security preparedness (IHR), ...

Speri - Advocates of the SDGs have a monetarism problem

R Rowden; <http://speri.dept.shef.ac.uk/2019/09/09/advocates-of-the-sdgs-have-a-monetarism-problem/>

By Rick Rowden. **“More expansionary fiscal and monetary policies are needed to meet the Sustainable Development Goals.”**

*“This month, the international community will gather at the United Nations in New York to review progress on the implementation of the 17 Sustainable Development Goals (SDGs) that are intended to reduce poverty, hunger and economic inequality and promote development, particularly in developing countries. But only one of the SDGs, #17, says anything about how to finance all the efforts. While **SDG 17 calls for more international cooperation and foreign aid**, it **only suggests that developing countries strengthen domestic resource mobilization (DRM) by improving their tax collection and curtailing illicit financial flows, etc.** While important, this approach neglects much **bigger problems with the prevailing set of macroeconomic policies that hamper the ability of developing countries to increase public investment, employment and scale-up the long-term investments in the underlying health and education infrastructure needed to achieve the SDGs.** The policy framework used in many developing countries is characterized by an overly restrictive low-inflation target achieved by using high interest rates and backed up by strict inflation targeting regimes at independent central banks....”*

Interesting analysis, although I’m not sure he’ll convince many Ministers of Finance in LMICs...

CGD (blog) - Achieving the SDGs Will Require More than Revenue Increases

S Gupta et al; <https://www.cgdev.org/blog/achieving-sdgs-will-require-more-revenue-increases>

Important article related to the **domestic revenue mobilization** deemed crucial for the SDGs, see the mantra “Achieving the SDGs will require countries to mobilize more revenues domestically...”. Just increasing revenues is not enough, though. *“The bottom line: First, donors and IOs **should begin paying as much attention to equity-enhancing taxes** in their financial support, technical assistance, and policy advice on DRM as they do to aggregate tax ratios. **The equity objectives should become part and parcel of their evaluation mechanisms.** Second, the MTRS under discussion with several countries (e.g., Egypt, Lao PDR, Senegal, Thailand, and Uganda) should establish explicit criteria for assessing progress on equity. The criteria could include the share of progressive taxes in total tax collections and incidence of taxation on the poor. Finally, **donors and IOs should support LIC/LIMCs on improving the quality of spending. In fact, there is a strong case for including an expenditure-efficiency enhancing component in DRM projects.**”*

Global Health Governance

CSIS (Brief) - Putin and Global Health: Friend or Foe?

J Stephen Morrison et al ; <https://www.csis.org/analysis/putin-and-global-health-friend-or-foe>

*“Over the course of this decade, Russia has consciously enlarged its engagement and commitments, at home and in the wider world, **in battling both tuberculosis (TB) and non-communicable diseases (NCDs)** [where Russia has taken center stage]. Despite these positive steps, **Russia remains a serious global health security threat.** There is a live risk of uncontrolled HIV/AIDS and drug-resistant tuberculosis (DR-TB) epidemics within Russia itself, as well as ongoing risk of export to neighbors in Eastern Europe and Central Asia, whose deep interdependence with Russia, including extensive migrant traffic, creates acute vulnerabilities...”*

*“...**This analysis weighs Russia’s positive contributions against its multiple destructive actions in global health,** examines what the overall pattern of Russian behavior means for U.S. policy, and concludes with a proposal for an expanded U.S. health security alliance with Eastern Europe and Central Asia. It argues that the United States should welcome Russian contributions and collaborate with serious Russian partners in the service of broader shared health goals. **At the end of the day, however, Russia will only earn a legitimate global health leadership seat through progressive, evidence-based policies and actions, which can never be wholly segregated from the noise created by its geopolitically destabilizing actions.**”*

You wonder what’s so different from the US under the Trump administration 🤔.

MSF - Dr Christos Christou new International President of MSF

<https://www.msf.org/dr-christos-christou-new-international-president-msf>

*“Médecins Sans Frontières (MSF) welcomes **Dr Christos Christou as our new International President. Dr Christou was elected President during MSF’s International General Assembly in June 2019, and***

is starting his tenure in September. The arrival of Dr Christou marks the end of the six-year presidency of Dr Joanne Liu.”

Our dire times require saviours with slightly messianist names, it appears 😊.

- Do read also [From Ebola to Kunduz: MSF head Joanne Liu looks back](#) (in The New Humanitarian)

“Canadian doctor Joanne Liu held the position from 2013 to 2019 through tumultuous times for the organisation, including the West Africa Ebola epidemic, a wave of attacks on health facilities in conflict zones, and what became known – in Europe at least – as a migration “crisis”....” In the interview with the New Humanitarian, she answered **questions about the strategy, culture, role, and relevance of the iconic medical organisation.**

Some of the questions for her: *“In an internal report in June you gave a diagnosis of some of the illnesses you think MSF faces. ‘Humanitarian diva’ was number one...”; “MSF used to be an ‘enfant terrible’, but now it’s middle-aged – how is the organisation?...”*

Quotes: *“MSF is most of the time a great responder, a fairly good doer, a very bad partner.”*

“...The 20th century was, after World War II, somehow the humanitarian century. The 21st century for me is a century of fear. Everything today is seen through the lens of security....”

Brookings (Development blog) - Are the multilaterals ready to act on pandemic prevention and other global public goods?

K Kennedy, G Yamey et al; <https://www.brookings.edu/blog/future-development/2019/09/11/are-the-multilaterals-ready-to-act-on-pandemic-prevention-and-other-global-public-goods/>

(must-read).

“...A striking feature of the [Global Action] plan (GAP) is its call for agencies to enhance their collective efforts in providing global public goods (GPGs) for health. This is good news, because donor agencies have given neither enough attention nor funding to GPGs for health....” But **“... Are multilateral agencies ready to collaborate to scale up their support for GPGs for health in a truly joined-up way? ... In a new policy analysis led by Duke University’s Center for Policy Impact in Global Health, we set out to answer this question by focusing on the four multilateral organizations that give the most development assistance for health—Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund); the World Bank; and the WHO. Our analysis points to five key actions these organizations can take individually and collectively to deliver on the Global Action Plan....”**

For the (Duke) policy paper, see [Aligning multilateral support for global public goods for health under the Global Action Plan.](#)

GHN – Is Germany Really a New Leader in Global Health?

Mathias Bonk; [GHN](#)

Lovely intro: *“Although Germany only published its first global health strategy in 2013, it has rapidly accelerated its pace in the field—like a new Porsche on the Autobahn.”*

*“...Taken together, Germany’s recent moves in global health are considerable. But some argue it’s still not enough. A [Berlin Institute of Global Health position paper](#), which I coordinated, concluded that Germany still lags “behind the opportunities of a country that is so economically strong and so important in terms of foreign policy.” The group argued that “as an important and reliable player in international politics,” **Germany should champion the Sustainable Development Goals agenda in the UN Security Council and WHO’s Executive Board**—Germany is a member of both. It should also **advance global health during its upcoming EU Presidency in 2020**. The authors also call for **closer cooperation with the European Commission and other European countries as an essential basis for Germany’s upcoming global health strategy...**”*

“...Overall Germany seems to be heading in the right direction as a team player and a role model in the global health arena”.

Bonk argues that Germany can still do much more for global health and gives some suggestions.

As for my own view: (1) will be important to see what happens to global health in Germany ‘post-Merkel’, and (2), on a lighter note, I suggest Germany invests in a hacker army of its own to disturb the US elections in 2020 (and make sure that Trump loses this time) 😊. Or set up a #hackathon for the WHS in Berlin along these lines?

Alliance for multilateralism

World Politics Review - Can an ‘Alliance for Multilateralism’ Succeed in a New Era of Nationalism?

Patrick Stewart; [World Politics Review](#).

*“...In a desperate attempt to hold the [multilateralism] line, **France and Germany will officially launch an “Alliance for Multilateralism” at the opening of the 74th United Nations General Assembly later this month**. The architects of this new alliance hope to leverage Western democracies’ combined weight and influence to reinvigorate international cooperation...”*

New European Commission: quid global health?

- Let’s see how the [new European Commission](#) (under the leadership of **Ursula von der Leyen**) will turn out for **global health** in the months & years to come. And migration...

- At least with respect to **planetary health**, there seems to be some momentum for a **carbon-neutral Europe by 2050**. See (Euractiv) [Green Deal branded as ‘hallmark’ of new European Commission](#).

Unfortunately, (cfr a tweet by Kevin Anderson), "**net-zero** is not the same as ‘real zero’. “Net-zero means emissions keep growing, but we speculate that new technologies (so called “negative-emission technologies” or NETs) will compensate. Then when we fail to mitigate emissions, we suddenly assume we’ll have more/better NETs to compensate ?”

- Check out also the profile of the **new EU development commissioner** [The EU's development commissioner-elect receives her mission](#) (via Devex, Vince Chadwick), and some of the expectations towards her (from civil society & others).

*“Provided she passes a grilling from the European Parliament in the coming weeks, former Finnish finance minister **Jutta Urpilainen** will lead the European Union’s development policy for the next five years....”*

*“... Urpilainen was assigned responsibility for development policy, dubbed “**international partnerships**,” while Slovenia’s ambassador to the EU, Janez Lenarčič, will manage humanitarian aid through the crisis management portfolio....”*

*“In an interview following her nomination over the summer, Urpilainen predicted that the **partnership between Europe and Africa will become more important in coming years, and said it must go beyond aid spending....”***

PS: you might also want to check a **short (ODI) [briefing paper](#)**, in which the **European Think Tanks Group presents its Agenda for Europe in the World**. “It sets out (9) concrete proposals for action in key domains where the EU can make a difference. Contributions focus on peace and security, mobility and migration, climate action, energy and urbanisation, trade and development, human development, strategic partnerships, democracy support and financing for development.”

Trump & foreign aid

Politico - Trump plan would steer foreign aid to ‘friends and allies’

[Politico](#).

*“President Donald Trump is moving closer to unveiling a dramatic overhaul of how America should distribute foreign aid, one that would channel money to “**friends and allies**” and prioritize countries that “**support**” America’s goals.” “The move would **upend at least a generation of largely bipartisan foreign aid policy**, which has long operated under the principle — at least in theory if not always in practice — that financial assistance should prioritize humanitarian need, not political allegiance. **The plan, laid out in a draft presidential policy directive obtained by POLITICO**, could lead the U.S. to stop sending aid to countries that do not side with it in international disputes or somehow align themselves with U.S. rivals such as China. Countries in the third world, especially those in Africa, but also Asia and Latin America, may be seriously affected....”*

Let's vote him out before that's the case.

HSG updates

The **HSR 2020 website** (for the Dubai symposium) is now live, see [here](#).

And the **Dubai 2020 call for abstracts** is now open! You find all info here:
<https://hsr2020.healthsystemsresearch.org/abstracts>

As for **how the conference theme was chosen**, see this blog by some of the organizers: [A peek into the science and art of crafting a conference theme](#)

*"...We were particularly inspired by the observation that **2020 stands at a cross road of two major events: it marks ten years on from the First Global Symposium on Health Systems Research; and ten years away from the 2030 sustainable development agenda.** ..."*

Final meeting High-Level Commission on NCDs (Geneva)

This week the **last meeting of the High-Level Commission on NCDs took place in Geneva**, aiming 'to finalize a set of bold recommendations to accelerate progress'.

Do read the short **opening speech by dr. Tedros** - [Speech DG](#).

*"... The **first phase** was very successful. As Sania [Nishtar] said, your report was launched more than a year ago and helped to shape the 2018 Political Declaration on NCDs. ... I congratulate you for the work you have done in working groups during the second phase. I have reviewed the 12 recommendations in the summary paper you have produced. **As a next step, I would like to suggest that the second report of the Commission be developed with a similar number of bold "game-changing" recommendations as the first report. Some of the recommendations that caught my eye are the following five:**...*

*"... Among others, ... **First**, WHO needs to be more strategic, effective and efficient in supporting countries to establish national coordination mechanisms for NCDs and mental health. ... **Second**, WHO needs to establish a strategic collaboration with cutting-edge specialists and media outlets to develop targeted media campaigns, in particular through the education system. ... **Third**, we must promote primary health care as the most powerful vehicle for delivering essential NCD and mental health services. ... **Fourth**, WHO needs to establish a platform for exchange of best practices on engagement with the private sector, and to publish and track commitments and contributions. ... **Fifth**, WHO and other interested UN organizations should establish a multi-donor voluntary contribution fund for the prevention and control of NCDs, based on public health needs in low- and lower-middle income countries, with governance under the WHO Secretariat. "*

Will be interesting to see whether such a catalytic NCD Fund indeed materializes in the years to come. In any case, the final report of the HL Commission is expected in October-November of this year.

Tobacco control

Lancet Letter - Philip Morris International: time for a new conversation

Marian Salzman (PMI); [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32126-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32126-9/fulltext)

This PMI staff member complains PMI's "UnsmokeYourWorld campaign" is unfairly being treated by the Lancet (and a Lancet Editorial in particular). Still, nothing in this rant on how PMI expands its (traditional) tobacco activities in the Global South. So try again, I'd say, Marian :)

Global inequality

Guardian - Thomas Piketty's new War and Peace-sized book published on Thursday

https://www.theguardian.com/business/2019/sep/09/thomas-piketys-new-magnum-opus-published-on-thursday?CMP=Share_iOSApp_Other

Yet another reason to brush up on my French (🇫🇷): so far Piketty's new book can only be read in French (till March).

"Capital and Ideology expands on the themes sketched out in Capital in the 21st Century, which sold 2m copies worldwide after its publication in 2013."

"...Among the proposals in the book are that employees should have 50% of the seats on company boards; that the voting power of even the largest shareholders should be capped at 10%; much higher taxes on property, rising to 90% for the largest estates; a lump sum capital allocation of €120,000 (just over £107,000) to everyone when they reach 25; and an individualised carbon tax calculated by a personalised card that would track each person's contribution to global heating."

Artificial Intelligence & Healthcare Conference Considers Access, Equity & Gender (Basel)

<https://www.healthpolicy-watch.org/ai-healthcare-conference-considers-access-equity-gender/>

"Digital health holds the potential to transform health systems so that they become more proactive and responsive to patients, advocates said at Wednesday's launch of a two-day

*international conference that brought together members of the global healthcare and artificial intelligence (AI) communities in Switzerland's pharmaceutical industry hub, Basel. But using AI doesn't inherently empower women or other vulnerable groups, some speakers and participants also pointed out. Policies have to be shaped to ensure that such technologies advance equity and access to health care. The two-day **Intelligent Health 2019 conference, organized by Novartis Foundation**, brings together experts from some 67 countries, as well as representatives of the World Health Organisation, and other international agencies, along with tech giants such as Google and Microsoft...."*

Wellcome Trust - Why we need to reimagine how we do research

J Farrar; <https://wellcome.ac.uk/news/why-we-need-reimagine-how-we-do-research>

Very courageous initiative from the Wellcome Trust.

*"The **emphasis on excellence in the research system** is stifling diverse thinking and positive behaviours. As a community we can rethink our approach to research culture to achieve excellence in all we do.**The relentless drive for research excellence has created a culture in modern science that cares exclusively about what is achieved and not about how it is achieved.** "*

"... As I speak to people at every stage of a scientific career, although I hear stories of wonderful support and mentorship, I'm also hearing more and more about the troubling impact of prevailing culture. People tell me about instances of destructive hyper-competition, toxic power dynamics and poor leadership behaviour – leading to a corresponding deterioration in researchers' wellbeing. We need to cultivate, reward, and encourage the best while challenging what is wrong...."

*"I **want Wellcome to lead the way in reimagining research** and I hope that others will join us. Further inaction is inexcusable – expectations across society are already shifting but academia is lagging behind. We all have a stake in this debate. Today we are asking you to [share your perspective by completing our survey](#)(opens in a new tab). "*

Do the survey!

Lancet Series – Tuberculosis 2019

<https://www.thelancet.com/series/tuberculosis-2019>

*"... In this Series, we present how diagnosis of **multidrug-resistant tuberculosis** can be improved, how drug regimens could be used to best treat different patient populations, and future perspectives for management of multidrug-resistant tuberculosis. **We highlight the gap in knowledge surrounding children with tuberculosis and how testing can be improved.** We also present the latest insights into the field of **tuberculosis vaccine development**, looking at clinical*

and preclinical trials, the challenges that remain to be overcome, and how controlled human infection models and tools, such as in-vitro functional killing assays, can facilitate vaccine selection.”

You might want to start with [Management of drug-resistant tuberculosis](#). (by C Lange et al)

Check out also the related Lancet Editorial - [Tuberculosis needs accelerated and continued attention](#).

“Ahead of the annual meeting of the European Respiratory Society (Madrid, Spain, Sept 28–Oct 2), we publish together with The Lancet Respiratory Medicine a three-part Series on tuberculosis. This Series, which focuses on the management of drug-resistant tuberculosis, challenges in childhood tuberculosis, and the state of vaccine development, will be discussed in a special symposium at the conference. Tuberculosis is now the most common and deadly infectious disease. An estimated 1.6 million people die from the disease annually, including 230 000 children. The Lancet Commission on tuberculosis, published in March this year, sadly concluded that little has changed over the past decade....”

Some key papers and reports of the week

BMJ Global Health (Analysis) – ‘Protecting Life in Global Health Assistance’ Towards a framework for assessing the health systems impact of the expanded Global Gag Rule

M Schaaf et al; <https://gh.bmj.com/content/4/5/e001786>

“During his first week in office, US President Donald J Trump issued a presidential memorandum to reinstate and broaden the reach of the Mexico City policy. The Mexico City policy (which was in place from 1985–1993, 1999–2000 and 2001–2009) barred foreign non-governmental organisations (NGOs) that received US government family planning (FP) assistance from using US funds or their own funds for performing, providing counselling, referring or advocating for safe abortions as a method of FP. The renamed policy, Protecting Life in Global Health Assistance (PLGHA), expands the Mexico City policy by applying it to most US global health assistance. Thus, foreign NGOs receiving US global health assistance of nearly any type must agree to the policy, regardless of whether they work in reproductive health. This article summarises academic and grey literature on the impact of previous iterations of the Mexico City policy, and initial research on impacts of the expanded policy. It builds on this analysis to propose a hypothesis regarding the potential impact of PLGHA on health systems. Because PLGHA applies to much more funding than it did in its previous iterations, and because health services have generally become more integrated in the past decade, we hypothesise that the health systems impacts of PLGHA could be significant. We present this hypothesis as a tool that may be useful to others’ and to our own research on the impact of PLGHA and similar exogenous overseas development assistance policy changes.”

WHO Afro – The transformation agenda of the WHO Secretariat in the African region 2015-2020: Highlights of the journey so far

<https://www.afro.who.int/sites/default/files/2019-08/TSA%20English%20Web.pdf>

cfr a **tweet by Mrs M Moeti** (WHO Afro) herself:

*“Proud to share this milestone report on @WHOAFRO 's Transformation Agenda – it highlights our journey so far & key achievements: **Closer to #Polio eradication; Progress in eliminating key #NTDs; Fewer #AIDS & #TB-related deaths; Lower child mortality.**”*

Health Systems & Reform – When Do Governments Support Common Goods for Health? Four Cases on Surveillance, Traffic Congestion, Road Safety, and Air Pollution

Jesse Bump et al; <https://www.tandfonline.com/doi/full/10.1080/23288604.2019.1661212>

*“Common goods such as air, water, climate, and other resources shared by all humanity are under increasing pressure from growing population and advancing globalization of the world economy. Safeguarding these resources is generally considered a government responsibility, as common goods are vulnerable to market failure. However, governments do not always fulfill this role, and face many challenges in doing so. This observation—that governments only sometimes address common goods problems—informs the **central question of this paper: when do governments act in support of common goods?** We structure our inquiry using a framework derived from three theories of agenda setting, emphasizing problem perception, the role of actors and collective action patterns, strategies and policies, and catalyzing circumstances. We used a poll of experts to identify important common goods for health: disease surveillance, environmental protection, and accountability. We then chose four historical cases for analysis: the establishment of the Epidemic Intelligence Service in the US, transport planning in London, road safety in Argentina, and air quality control in urban India. Our analysis of the collective evidence of these cases suggests that decisions to advance government action on common goods require a concisely articulated problem, a well-defined strategy for addressing the problem, and leadership backed by at least a few important groups willing to cooperate.”*

UN News – UN health agency spotlights stalled effort to close health divide across Europe, in new report

<https://news.un.org/en/story/2019/09/1046072>

“Progress on equal access to a healthy life for all, is at a standstill across Europe, a new report by the World Health Organization (WHO) revealed on Tuesday, despite their being a clear path to close gaps in national care.”

“In the first-ever report of its kind, [The Health Equity Status Report](#), authors share that in many of the 53 countries in the [WHO](#) European Region, the status of health equity has either gone unchanged, or worsened, despite government efforts to address avoidable disparities.”

“... The Report also highlights new and emerging groups at risk of falling into health inequality, and breaks down drivers of health inequality into five factors:

1. **Income insecurity**, accounting for 35 percent of the burden of inequity.
2. **Poor living conditions**, contributing 29 percent.
3. Around 19 percent can be attributed to **social factors** including feelings of isolation and resistance to ask for help.

4. **Access to good quality service**, accounts for 10 per cent.
5. And seven per cent is down to **employment insecurity**. “

See also a related **Lancet Comment**, by J Hanefeld et al - [Achieving health equity: democracy matters](#) As you might have guessed, she argues in the Comment that governments should also focus on deeper (political) and more systemic changes, as tackling these drivers doesn't happen just overnight.

And **HPW coverage** - [Health Equity Stagnant Or Declining Across Europe, New WHO Report Finds](#)

Quote: “... Released less than two weeks ahead of the planned UN High-Level Meeting on UHC, 23 September), **the report places renewed focus on the third stated objective: of the planned UHC declaration – ensuring that “the cost of using services does not put people at risk of financial harm.”...**”

Review of International Political Economy - Health under capitalism: a global political economy of structural pathogenesis

S K Sell & O Williams;

https://www.tandfonline.com/doi/abs/10.1080/09692290.2019.1659842?journalCode=rrip20#.XXcq9wS_S9w.twitter

Introduction to a Special Issue.

“This introduction to the special issue aims to conceptualize the structural and super-structural relations between global capitalism and health, incorporating both historical and contemporary capitalism. Capitalism is an all-encompassing global phenomenon that interacts with health at multiple scales and via a range of ‘vectors’ that analysts must engage, examine and understand. We highlight some of the key structural and institutional conditions that shape global health outcomes. Deep and underlying structural effects of capitalism on health are evident at multiple scales and underpin new health challenges of the twenty-first century. At present, macro political economy – neoliberalism and market fundamentalism – profoundly shape governance of global health through regimes and institutions in areas such as trade and investment policy, austerity programs, pharmaceutical and food governance, and the rules that support globalized production and consumption. We develop an account of capitalism in which this overarching global system generates health outcomes like no other system, viewing it as structurally pathogenic with negative impacts on human health.”

We sort of agree. Still, we also had to look up a few terms (like ‘monopsony’) 🤔.

BMJ Global Health (Editorial) - Accelerating the SDG3 Global Action Plan

M Voss et al; <https://gh.bmj.com/content/4/5/e001930>

“...We think the SDG3 GAP can accelerate SDG3 implementation and at the same time be an instrument to explore global health governance reform. It can complement and harmonise strategies and investment cases to accelerate achieving SDG3. Yet we fear the plan, as it is currently

conceptualised, perpetuates existing challenges, power relations and misses opportunities to transform global health governance. Accordingly, we offer feedback along the latest Quadruple-A approach. ...” (Assess/Align/Accelerate/Account)

That’s where the authors lost me a bit, I’m afraid :)

Dag Hammarskjöld Foundation & UN Multi-Partner Trust Fund Office - Financing the UN Development System: Time for Hard Choices

<https://docs.daghammarskjold.se/financing-the-un-development-system-2019/>

“It is ... time for hard choices. Choices that governments, lead-ers, investors and citizens need to make about when and how to fund a multilateral approach to address these global development challenges. The case for a multilateral approach needs to be based on evidence; it needs to demonstrate effectiveness and impact. This report strives to advance the quality of this evidence-based debate and to expand the marketplace of ideas related to the United Nations and development financing. It asks, how and by whom is the UN funded? And where and on what does the UN spend? How can the UN spur greater and more diverse financing flows for the 2030 Agenda? The answers to these questions are key to understanding the multilateral financial architecture of the UN and informing future debates on the funding of the UN.”

Includes **25 essays** from experts.

We especially want to draw your attention to [Improving the World Health Organization's financing](#) (by Brian Elliot et al) Elliott is **Chief, Coordinated Resource Mobilization and Donor Analytics at the World Health Organization**. On some of the recent WHO initiatives in this respect (and their impact so far).

You might also want to read (by the one and only **Guido Schmidt-Traub**), [Lessons from health on how to invest wisely in development](#) (in which he refers to the example of the **Global Fund**). He also shares his suggestions on **how to entice China to play a bigger role in the GF Board**.

Some key blogs and mainstream articles of the week

Nature (News) - Elsevier investigates hundreds of peer reviewers for manipulating citations

https://www.nature.com/articles/d41586-019-02639-9?utm_source=twit_nnc&utm_medium=social&utm_campaign=naturenews&sf219201149=1

“The publisher is scrutinizing researchers who might be inappropriately using the review process to promote their own work.”

F2P blog - When democracies die, they die quietly... but what's the role of Civil Society?

<https://oxfamblogs.org/fp2p/when-democracies-die-they-die-quietly-but-whats-the-role-of-civil-society/>

Save the Children's José Manuel Roche reviews a new book, [How Democracies die](#).

*"So, it turns out that nowadays democracy seldom dies through violent coup d'état. More commonly (and insidiously), **democracy slides gradually into authoritarianism**. By the same token, democracy survives when democratic leaders fight for it...."*

FP – No Continent for Old Men

A Alim; <https://foreignpolicy.com/2019/09/12/africa-no-continent-for-old-men-social-entrepreneurship-politics-youth/>

*"Africa has the world's youngest population and its oldest leaders. **If the next generation wants change, young Africans must abandon dreams of private-sector success and enter the political arena.**"*

Put differently, Young Africans have to **move beyond** the fantasy dream of 'heropreneurship' (in reference to the growing hero-worshipping and self-promotion evident among seemingly well-intended change-makers.)

PS: Abdullahi Alim leads the World Economic Forum's network of emerging young leaders, known as the Global Shapers, across Africa and the Middle East

And a few links:

Anthony Costello - [Ten readings that changed my practice in community and child health](#)

Helen Schneider (in the Conversation) - [Rebuilding health systems from the bottom up: a South African case study](#).

Lancet Letter - [Developing country: an outdated term in The Lancet](#) The Authors link their question to Hans Rosling's Factfulness. *"In using the words **developing country**, Rosling explained that we live with an outdated mindset. The progress and achievements of the countries labelled as developing are so diverse that it would be misleading to lump all the countries together based on a single criterion. ..."* *"... **Will The Lancet, one of the leading academic journals that publishes many articles about global health, make this change?** A search of the Lancet website with the key words "developing country" shows that **its worldview has not changed yet, because 100 or more articles have used the term every year since 2011.** If The Lancet continues to accept the term developing country, who will change the global mindset after the untimely death of Rosling? It is time for The Lancet to acknowledge and educate others that the world no longer falls into two categories."*

Tweets of the week

- **Richard Horton** on Mugabe's death last week:

"Robert Mugabe died in Singapore, not Zimbabwe. As with all elites, he was able to escape his weak health system to take advantage of high-quality care elsewhere. Whatever Mugabe's legacy of liberation, he betrayed the most fundamental right of his people—their right to health."

- **Gregg Gonsalves** on the Gates award for N Modi:

"Sue Desmond-Hellmann, Chris Elias, @trevormundel, @MSuzman: WTF is going on @gatesfoundation? Human rights are under attack in India & you give @narendramodi an award? Even former UN SG Special Rapporteur for Health is being targeted and you're giving out blue ribbons to the man."

- **Jamie Uhrig** on the final meeting of the HL Commission on NCDs in Geneva:

*"Looking forward to the *bold* recommendations. #NCDs "*

Global health events & announcements

- Next week (**16-20 September**), many eyes will be on **Liverpool**, for the [11th European Congress on Tropical Medicine and International Health](#) (ECTMIH).
- This week, a **WHO Strategic Meeting on Social Determinants of Health** took place (**12-13 September**) in **Geneva**. Among others to discuss the approach of the **newly established department of social determinants of health at WHO**.

UNAIDS - Global leaders unite to tackle health inequalities (London, 9 September)

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2019/september/london_fast-track_cities

*"Delegates from more than 300 municipalities [join] global Fast-Track Cities conference on urban HIV, tuberculosis, and viral hepatitis." ... **Fast-Track Cities 2019 is the inaugural conference of more than 300 cities and municipalities prioritizing their responses to urban HIV, tuberculosis (TB), and viral hepatitis...**"*

See also **the Telegraph** - [London praised for role in tackling HIV but more needs to be done to tackle late diagnosis](#)

“London has been hailed for its track record on tackling HIV at the first international conference focused on the role of cities in stopping the Aids epidemic. The UK capital is the first city in the world to meet and surpass United Nations targets aimed at ending HIV and Aids. The targets aim for 95 per cent of people with HIV to be diagnosed, 95 per cent of those diagnosed to be on antiretroviral therapy and 95 per cent to be virally suppressed - that is, the level of HIV in their blood is undetectable and therefore they cannot transmit the disease. London has in fact hit rates of 95 per cent diagnosis, 98 per cent on therapy and 97 per cent virally suppressed....”

Reflection in Global Health Essay Contest (CUGH)

<https://www.cugh2019.org/reflection-in-gh-essay>

“What? An opportunity to submit an essay about your reflections in global health education and practice. ...

Who? Trainees from undergraduate, graduate and post-graduate levels and GH faculty/practitioners are eligible to submit an essay to the contest. **We strongly encourage essay submission by trainees and global health practitioners/educators from low-middle income countries.**

Deadline: Sept 30.

November 5, 2019. A select group of winners will be invited to read their essays at the 2020 CUGH Annual Conference in Washington D.C. Additional essays will be invited to submit for publication in “Reflection and Global Health: An Anthology.”

A few upcoming webinars

17 September (HSG) - [Webinar to launch the call for abstracts for Dubai.](#)

20 Sept (CGD) - [Health Benefits Package Design in Low- and Middle-Income Countries: Insights from Disease Control Priorities](#) (With David Watkins & Amanda Glassman)

Global governance of health

Lancet World Report – Health providers urged to help to eradicate modern slavery

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32083-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32083-5/fulltext)

*“Millions of people are victims of modern slavery, and experts say that countries are failing to stop it. Should health-care workers do more? John Zarocostas reports. **Health providers can have a more active role in the global fight to eradicate modern slavery, health and human rights experts say, but they also stress that more steps must be taken by governments to enhance prevention and awareness, and to protect and rehabilitate victims of cruel and inhuman treatment....”***

Lancet Correspondence – Militaries and global health – Authors' reply

J Mishaud et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31339-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31339-X/fulltext)

Replying to a few Letters. *“We appreciate the **comments by Jonathan Kennedy and colleagues referencing some of the challenges inherent in military engagement in global health. ...**” “We thank Kathy Barker and colleagues for sharing their concern that public health practitioners can never truly partner with militaries as they will always be subordinate to defence objectives, and that the public health mission is incompatible with the security mission. We believe partnership is possible—even advisable in some circumstances—but not always. In our Series paper, we make the case for when and why engagement might be beneficial....”*

UNICEF executive Board Meeting (11-13 September, NY)

<https://papersmart.unmeetings.org/executive-boards/unicef/second-regular-session-2019/programme/>

See this website for programme, documents, statements, ...

See also https://www.unicef.org/about/execboard/index_103713.html

For the **opening statement by Henrietta Fore** (UNICEF executive director), see [here](#).

A tweet: *“At UNICEF's Executive Board Meeting, **@unicefchief highlights, efforts to collaborate with the private sector “benefit not only children — they benefit businesses, too, as they expand their market reach across high, middle and low-income countries.”***

Devex – DFID resources drained by other departments, experts warn

<https://www.devex.com/news/dfid-resources-drained-by-other-departments-experts-warn-95584>

“The United Kingdom’s aid watchdog has said the Department for International Development needs more staff and resources and a clear mandate to carry out its much-needed job of helping other departments spend U.K. aid effectively. It comes amid concerns that DFID’s supporting role in the cross-government aid strategy, in addition to no-deal Brexit preparations, are becoming a drain on the department....”

Global Policy - The Vulnerable World Hypothesis

Nick Bostrom; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12718>

*“Scientific and technological progress might change people's capabilities or incentives in ways that would destabilize civilization. For example, advances in DIY biohacking tools might make it easy for anybody with basic training in biology to kill millions; novel military technologies could trigger arms races in which whoever strikes first has a decisive advantage; or some economically advantageous process may be invented that produces disastrous negative global externalities that are hard to regulate. **This paper introduces the concept of a vulnerable world: roughly, one in which there is some level of technological development at which civilization almost certainly gets devastated by default, i.e. unless it has exited the ‘semi-anarchic default condition’.** Several counterfactual historical and speculative future vulnerabilities are analyzed and arranged into a typology. **A general ability to stabilize a vulnerable world would require greatly amplified capacities for preventive policing and global governance.** The vulnerable world hypothesis thus offers a new perspective from which to evaluate the risk-benefit balance of developments towards ubiquitous surveillance or a unipolar world order.”*

Economist - Countries most exposed to climate change face higher costs of capital

<https://www.economist.com/finance-and-economics/2019/08/15/countries-most-exposed-to-climate-change-face-higher-costs-of-capital>

*“Poor countries find themselves **trapped in a vicious cycle**”.*

*“Poor countries have less capacity than rich ones to adapt to changing weather patterns, and tend to be closer to the equator, where weather patterns are becoming most volatile. As the world heats up, they will suffer most. ... By **2030 poor countries will need to spend \$140bn-300bn each year on adaptive measures, such as coastal defences, if they want to avoid the harm caused by climate change.** That estimate, from the UN Environment Programme, assumes that global temperatures will be only 2°C above pre-industrial levels by the end of the century, which seems unlikely. **Adding to the costs, research suggests that these countries face higher interest rates than similar countries less exposed to climate risks. This raises the prospect of a vicious cycle, in which the most vulnerable countries pay more to borrow, making adaptation harder and them even more exposed....”***

ODI (essay series) - Impact of development finance institutions on sustainable development

<https://www.odi.org/publications/11431-impact-development-finance-institutions-sustainable-development>

“Development finance institutions are set to take centre stage in attaining the Sustainable Development Goals.”

“... This **essay series**, co-produced with the European Development Finance Institutions, brings together an array of perspectives from academics, researchers, practitioners and civil society, to assess the role of DFIs in attaining the SDGs. The essays examine the contribution of DFIs to job creation and decent work, climate change and access to clean energy, and also argue that there is potential to harmonise impact measuring and reporting among DFIs.”

Foreign Policy - Senior Officials Concede Loss of U.S. Clout as Trump Prepares For U.N. Summit

[Foreign Policy](#);

“State Department meeting highlights internal alarm at China’s growing influence in international organizations.”

““The two most severe challenges to the multilateral order today are the **relative decline of American power**, and the **emergence of China as a rival power to the US in global organisations**,” according to a recent [policy paper](#) by Richard Gowan and Anthony Dworkin of the European Council on Foreign Relations. “...”

American Journal of Sociology - The Making of Neoliberal Globalization: Norm Substitution and the Politics of Clandestine Institutional Change

A Kentikelenis et al;

http://www.kentikelenis.net/uploads/3/1/8/9/31894609/kentikelenisbabb2019-the_making_of_neoliberal_globalization.pdf

Recommended read. Focus on the IMF.

“Since the 1980s, neoliberal policies have been diffused around the world by international institutions established to support a very different world order. **This article examines the repurposing of the International Monetary Fund (IMF) to become the world’s leading promoter of free markets.** Social scientists commonly point to two modes of global-level institutional change: formal and fundamental transformations, like renegotiated treaties, or **informal and incremental changes of a modest nature.** The **case of the IMF fits neither of these molds: it underwent a major transformation but without change in its formal foundations.** Relying on archival material and interviews, the authors show that **fundamental-yet-informal change was effected through a process of norm substitution—the alteration of everyday assumptions about the appropriateness of a set of activities.** This transformation was **led by the United States** and rested on **three pillars:** mobilization of resources and allies, normalization of new practices, and symbolic work to stabilize the new modus operandi. This account denaturalizes neoliberal globalization and illuminates the clandestine politics behind its rise.”

Devex – In wake of rescission battle, US aid community faces spending restrictions

<https://www.devex.com/news/in-wake-of-rescission-battle-us-aid-community-faces-spending-restrictions-95575>

(gated) “While U.S. aid supporters recently managed to fend off another attempt by the White House Office of Management and Budget to rescind funding for global development programs, **the U.S. Agency for International Development and the State Department are still facing restrictions that limit the rate at which they can spend their money until the end of the current fiscal year....**”

See also Roll Call - [White House keeping foreign aid spending on a tight leash](#).

Al Jazeera – 'Frontier finance' is scaling up to achieve United Nations goals

<https://www.aljazeera.com/ajimpact/finance-scaling-achieve-united-nations-goals-190910175002720.html>

“New report on impact investment shows that big opportunities exist to make money and achieve global development targets.”

“In advance of the United Nations General Assembly that begins later this month, **a new report released on Wednesday details the present shortcomings and future opportunities in "frontier finance".** That area of impact investment **seeks to attract funding for projects consistent with the UN's Sustainable Development Goals (SDGs).** Published by the [Global Impact Investing Network \(GIIN\)](#), the report is the first of its kind to study the financing for efforts to improve the lives of low- to lower-middle-income people in emerging and frontier markets. And it identifies ways to [scale the market](#) to reach ambitious targets. ...”

“... **The social impact objectives most commonly cited by these types of investors include no poverty (SDG1) and decent work and economic growth (SDG8). Industry, innovation and infrastructure (SDG9) as well as good health and wellbeing (SDG3) were also cited as important targets for their investments....**”

As for the frontier investors polled, “... **three-quarters of them expect to make a risk-adjusted, market-rate return and nearly nine out of 10 are happy with their financial performance...**”

The Conversation – Explainer: how Nigeria got hit with a \$9.6 billion judgment debt in London

O Akanmidu; https://theconversation.com/explainer-how-nigeria-got-hit-with-a-9-6-billion-judgment-debt-in-london-122740?utm_source=twitter&utm_medium=twitterbutton

*“Nigeria has received a legal hiding after a UK court awarded a private company a US\$9.6 billion judgment debt against the West African nation. The ruling has generated significant attention in both domestic and international media. This is understandable given that the sum amounts to 20% of the country’s foreign reserves. This means it poses a significant threat to its economy. The big question is: What went wrong? How did Nigeria end up in this costly situation? For the answer, we must look back to January 2010 and a **gas supply contract** that went horribly wrong....”*

Tweet Ronald Labonté: *“Madness! Company in tax haven invests (maybe) \$40 million, successfully sues Nigeria for \$9.6 billion lost future profits because government failed to build pipelines promised in contract.”*

International Journal of Health Services - From Social Justice to Economic Logic: The World Health Organization and Health Sector Reform in Nigeria, 1993–2007

B Anaemene; <https://journals.sagepub.com/doi/full/10.1177/0020731419874975>

“This article examines the role of the World Health Organization (WHO) in global health governance, particularly in the area of health sector reform. This is a demonstration of its strategic adaptation to the aspirations of wealthy member states and other external forces, such as the World Bank. The article argues that this change in strategic adaptation dramatically undercut the aspiration of the WHO and facilitated the encroachment of economic logic into matters of emerging regimes of global governance of the WHO, by emphasizing the importance of health for economic development rather than as a fundamental part of a nation’s social development....”

Quick links:

- **Guardian** - [Money from arms sales dwarfs aid for Yemen](#)

(based on an Oxfam report). *“UK aid to the war-ravaged country is dwarfed by arms sales to the Saudi-led coalition responsible for the devastation.” “Britain has earned eight times more from arms sales to Saudi Arabia and other members of the coalition fighting in Yemen than it has spent on aid to help civilians caught up in the conflict, a report has found....”*

- Paper: [The rise of managerialism in international NGOs](#) (in the Review of International Political Economy)

Plos One - The impact of public health insurance on health care utilisation, financial protection and health status in low- and middle-income countries: A systematic review

D Erlanga et al ; <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0219731>

Some of the results & interpretation: "... Overall, health insurance schemes in low- and middle-income countries (LMICs) have been found to improve access to health care as measured by increased utilisation of health care facilities (32 out of 40 studies). There also appeared to be a favourable effect on financial protection (26 out of 46 studies), although several studies indicated otherwise. There is moderate evidence that health insurance schemes improve the health of the insured (9 out of 12 studies). ... **Increased health insurance coverage generally appears to increase access to health care facilities, improve financial protection and improve health status, although findings are not totally consistent.** Understanding the drivers of differences in the outcomes of insurance reforms is critical to inform future implementations of publicly funded health insurance to achieve the broader goal of universal health coverage."

BMJ Global Health (Analysis) - The potential impact of austerity on attainment of the Sustainable Development Goals in Brazil

<https://gh.bmj.com/content/4/5/e001661>

"In the recent decades, Brazil has outperformed comparable countries in its progress toward meeting the Millennium Development Goals. Many of these improvements have been driven by investments in health and social policies. **In this article, we aim to identify potential impacts of austerity policies in Brazil on the chances of achieving the sustainable development goals (SDGs) and its consequences for population health.** Austerity's anticipated impacts are assessed by analysing the change in federal spending on different budget programmes from 2014 to 2017. We collected budget data made publicly available by the Senate. Among the selected 19 programmes, only 4 had their committed budgets increased, in real terms, between 2014 and 2017. The total amount of extra money committed to these four programmes in 2017, above that committed in 2014, was small (BR\$9.7 billion). Of the 15 programmes that had budget cuts in the period from 2014 to 2017, the total decrease amounted to BR\$60.2 billion (US\$15.3 billion). **In addition to the overall large budget reduction, it is noteworthy that the largest proportional reductions were in programmes targeted at more vulnerable populations.** In conclusion, it seems clear that the current austerity policies in Brazil will probably damage the population's health and increase inequities, and that the possibility of meeting SDG targets is lower in 2018 than it was in 2015."

IJHPM - Inside the Black Box: Organisational Buying Behaviour and Strategic Purchasing in Healthcare: A Response to Recent Commentary

<http://www.ijhpm.com/data/ijhpm/news/Sanderson-XXXX-IJHPM.pdf>

by Joe Sanderson et al.

Planetary health

Rockefeller Foundation/Oxford Martin school - Blog – Health and environment: the same side of the coin

Jennifer Cole et al ; <https://www.planetaryhealth.ox.ac.uk/2018/10/29/health-and-environment-the-same-side-of-the-coin/>

Interesting blog. *“...Human and planetary health should not be viewed as two sides of the same (environmental) coin. Instead, global health and environmental science need to be on the same side if we are to find truly innovative solutions rather than simply manage trade-offs...”*

But especially this paragraph struck my attention: *“...global health – a field heavily influenced by medical practitioners – often finds the language implicit in the planetary health discussion overly sensationalist and existentialist. While the challenges in planetary health are certainly alarming, planetary health professionals would be wise to think through how they can best deliver their message in an inviting, not alienating, manner.”*

Carbon Tracker - Breaking the Habit – Why none of the large oil companies are “Paris-aligned”, and what they need to do to get there

<https://www.carbontracker.org/reports/breaking-the-habit/>

“... “Last year, all of the major oil companies sanctioned projects that fall outside a “well below 2 degrees” budget on cost grounds. These will not deliver adequate returns in a low-carbon world. Examples include Shell’s \$13bn LNG Canada project and BP, Total, ExxonMobil and Equinor’s Zinia 2 project in Angola. We highlight \$50bn of recently sanctioned projects across the oil and gas industry that fail the Paris alignment test by a margin. This includes the large European companies that are doing the most to reassure investors that they are responsive to climate concerns – BP, Shell, Total and Equinor...”

See also the Guardian - [Oil and gas companies undermining climate goals, says report.](#)

And see a pertinent tweet by **Andrew Simms**:

"Every oil major is betting heavily against a 1.5C world and investing in projects that are contrary to the Paris goals." There should be a law against it... #ClimateEmergency #Ecocide "

Foreign Policy - The Limits of Clean Energy

Jason Hickel; <https://foreignpolicy.com/2019/09/06/the-path-to-clean-energy-will-be-very-dirty-climate-change-renewables/>

"If the world isn't careful, **renewable energy could become as destructive as fossil fuels.**"

Cfr. a tweet by **Jason Hickel**:

*"We need a rapid transition to 100% clean energy. But **clean energy is not a ticket to "green growth"**. **Clean energy requires a huge increase in extractive mining.** And the more we grow, the more aggressive it will be."*

FT – Sharp rise in number of investors dumping fossil fuel stocks

<https://www.ft.com/content/4dec2ce0-d0fc-11e9-99a4-b5ded7a7fe3f>

"The number of institutional investors committed to cutting fossil fuel stocks from their portfolios has risen from 180 in 2014 to more than 1,100 now, as activists turn up the heat on companies over climate change."

ODI (event)- Managing climate risks: adaptation without borders

<https://www.odi.org/events/4639-managing-climate-risks-adaptation-without-borders>

(11 September) – "... Ahead of the UN Climate Action Summit 2019, ODI and Wilton Park convene a high-level discussion to **present new research on transboundary climate risk**. Together with our partners, SEI and IDDRI, we are also **launching a new initiative—Adaptation without borders**—to harness the international cooperation needed to effectively govern and manage such risks. We explore how we can **raise visibility of transboundary climate risks**, gather evidence and analysis, build connections between stakeholders and drive action from both policy-makers and practitioners, to ultimately reposition adaptation as a global public good...."

For the related **Briefing paper**, see (ODI) - [The Wilton Park agenda on adapting to transboundary climate risk](#).

“On 13–15 March 2019, the Overseas Development Institute (ODI), the Stockholm Environment Institute (SEI) and the Institute for Sustainable Development and International Relations (IDDRI), in association with Wilton Park and the Global Center on Adaptation, convened 40 stakeholders from 19 countries to discuss the emerging topic of transboundary climate risk...”

Guardian - Phosphate fertiliser 'crisis' threatens world food supply

<https://www.theguardian.com/environment/2019/sep/06/phosphate-fertiliser-crisis-threatens-world-food-supply>

*“The world faces an “imminent crisis” in the supply of phosphate, a critical fertiliser that underpins the world’s food supply, scientists have warned.... Phosphate use has quadrupled in the last 50 years as the global population has grown and the date when it is estimated to run out gets closer with each new analysis of demand, with **some scientists projecting that moment could come as soon as a few decades’ time....**”*

Quick links:

- Guardian - [Barcelona's car-free 'superblocks' could save hundreds of lives](#)

*“Report predicts radical scheme could cut air pollution by a quarter as other cities including Seattle prepare to follow suit. Barcelona could save hundreds of lives and cut air pollution by a quarter if it fully implements its radical superblocks scheme to reduce traffic, a **new report claims....**”*

Guardian - [World losing area of forest the size of the UK each year, report finds](#)

*“An area of forest the size of the UK is being lost every year around the world, the vast majority of it tropical rainforest, with dire effects on the climate emergency and wildlife. The rate of loss has reached 26m hectares (64m acres) a year, a report has found, having grown rapidly in the past five years despite pledges made by governments in 2014 to reverse deforestation and restore trees. Charlotte Streck, a co-founder and the director of **Climate Focus**, the thinktank behind the report, said: “We need to keep our trees and we need to restore our forests. **Deforestation has accelerated, despite the pledges that have been made.**”...”*

Infectious diseases & NTDs

Guardian - Hundreds of children die in Philippine dengue epidemic as local action urged

<https://www.theguardian.com/global-development/2019/sep/12/hundreds-of-children-die-in-philippine-dengue-epidemic-as-local-action-urged>

*“The Philippine health ministry has urged local officials to ramp up efforts to combat dengue fever after the death toll from the epidemic reached 1,021. **The young have born the brunt of the outbreak, with children under the age of 10 accounting for more than a third of the deaths recorded in the eight months up to August, when a national epidemic of the mosquito-borne disease was declared...**”*

In other dengue news, [Thousands fall ill as Nepal becomes latest country to be hit by dengue outbreak](#) (The Telegraph).

Stat - In a CRISPR first, therapy intended to cure HIV patient appears safe — though ineffective

<https://www.statnews.com/2019/09/11/in-a-crispr-first-therapy-intended-to-cure-hiv-patient-appears-safe-though-ineffective/>

*“An HIV-positive man in China is doing well after receiving infusions of donor cells whose genes were edited with CRISPR 19 months ago, scientists reported on Wednesday in the **New England Journal of Medicine**. That makes him the **longest-followed individual ever to be treated with CRISPR**, a genetic technology that has inspired sky-high hopes for disease cures and spawned a multibillion-industry in just four years. The patient’s mere survival, apparently without side effects from a treatment that a few studies suggested might trigger cancer or other disastrous genetic damage, provides some assurance that CRISPR-based therapies might be safe — and overshadows the fact that **the intervention fell well short of its goal: eliminating HIV from the man’s cells...**”*

Global Health Action - The realities of HIV prevention. A closer look at facilitators and challenges faced by HIV prevention programmes in Sudan and Yemen

<https://www.tandfonline.com/doi/full/10.1080/16549716.2019.1659098>

By F Bashir et al.

Zika May Cause Damage in Adult Brains Too

<https://www.technologynetworks.com/immunology/news/zika-may-cause-damage-in-adult-brains-too-323662>

*“... Although ZIKV infection has historically been associated to relatively mild symptoms, a number of serious neurological complications were described in adult patients during the 2015 outbreak in America. Despite these clinical observations, how ZIKV is toxic to the adult brain and how neurological problems are caused in infected adults have remained unknown. **Researchers led by neuroscientists Sergio T. Ferreira e Claudia Figueiredo and virologist Andrea Da Poian at the Federal University of Rio de Janeiro (Brazil) have now come up with answers to these questions....”***

Guardian - How snakebites became an invisible health crisis in Congo

https://www.theguardian.com/global-development/2019/sep/09/how-snakebites-became-an-invisible-health-crisis-in-congo?CMP=tw_t_a-global-development_b-gdndevelopment

Interesting read. DRC is at the centre of an issue Médecins Sans Frontières has called a “neglected crisis”: death by snake bite.

LA Times - Polio was nearly extinct. Then the anti-vaxx movement reached Pakistan

[LA Times](#);

*“An **anti-vaccination movement** rooted in suspicions of modern medicine. Unsubstantiated rumors fueled by social media. Children infected with a disease that had been all but wiped out. **Polio is making a troubling comeback in Pakistan, and it is being driven by some of the same forces spreading measles in the United States....”***

AMR

Bloomberg - Superbugs Deadlier Than Cancer Put Chemotherapy Into Question

<https://www.bloomberg.com/news/articles/2019-09-05/superbugs-deadlier-than-cancer-put-chemotherapy-into-question>

Focus on India in this piece. « *In India, patients and their families face a heart-wrenching choice: forgo lifesaving treatment or run the risk of a killer infection.* »

Scidev – Latin American subways 'highest antimicrobial resistance'

<https://www.scidev.net/global/health/news/latin-american-subways-highest-antimicrobial-resistance.html>

Key messages: “*Scientists create ‘atlas’ of subway microorganisms to study urban microbial ecosystem; Antibiotic resistance was most prevalent in Latin American cities, study found; Experts say results underline need for better management of antibiotics.*”

BMJ Global Health – Strengthening strategic management approaches to address antimicrobial resistance in global human health: a scoping review

R Ahmad et al (on behalf of the **ASPIRES study** coinvestigators);

<https://gh.bmj.com/content/4/5/e001730>

*“The development and implementation of national strategic plans is a critical component towards successfully addressing antimicrobial resistance (AMR). This study aimed to review the scope and analytical depth of situation analyses conducted to address AMR in human health to inform the development and implementation of national strategic plans. A systematic search of the literature was conducted to identify all studies since 2000, that have employed a situation analysis to address AMR. The included studies are analysed against **frameworks for strategic analysis, primarily the PESTELI (Political, Economic, Sociological, Technological, Ecological, Legislative, Industry) framework**, to understand the depth, scope and utility of current published approaches....”*

“...The PESTELI framework provides further opportunities to combat AMR using a systematic, strategic management approach, rather than a retrospective view....”

And a few quick link:

- (with focus on UK) - [Bacteria developing new ways to resist antibiotics, doctors warn](#) (Guardian)

*“Bacteria are increasingly developing ways of resisting antibiotics, threatening a future in which patients could become untreatable, doctors have warned. **Over the last decade scientists in the UK studying samples from patients have identified 19 new mechanisms of antibiotic resistance....”***

- NYT - [Nursing homes are a breeding home for a fatal fungus](#). Candida auris. Focus here on the US, even if this is a global problem.

NCDs

Bloomberg - Bloomberg Philanthropies Launches New \$160 Million Program to End the Youth E-Cigarette Epidemic

<https://www.bloomberg.org/press/releases/bloomberg-philanthropies-launches-new-160-million-program-end-youth-e-cigarette-epidemic/>

Focus on the US. At least for now.

FT Health - US health officials warn against vaping

<https://www.ft.com/content/0a459bde-d0e3-11e9-99a4-b5ded7a7fe3f>

From late last week.

“US health officials warned people not to vape until they determine the cause of a severe respiratory illness, which has killed at least three people and hospitalized many more...”

See also **the Guardian** - [“Cases of respiratory illness under investigation have more than doubled to 450.”](#) and **Stat** (Helen Branswell) - [Pneumonia cases linked to vaping are still rising. And federal officials don’t know what’s causing them](#)

By now, it seems at least some [“Pieces of the Mysterious Lung Disease Puzzle \[are \] Starting to Come Together \(, But CDC Continues to Endanger Health by Hiding the Critical Pieces\)”](#) (Tobacco Analysis blog spot, by **M Siegel**)

Excerpt: “... *The more cases that are closely examined, the more clear it becomes that this outbreak is primarily, if not entirely, explained by the **vaping of illicit, black market THC cartridges**. ... Although the cause of this outbreak is becoming clearer and clearer, **the CDC's messages to the public are becoming vaguer and vaguer**. Instead of honing in on the importance of youth immediately stopping the use of black market THC vape cartridges, **the CDC is instead continuing to put the blame on vaping in general, including electronic cigarettes manufactured by legally by reputable companies**. ... The CDC is deviating from standard protocol used in disease outbreak investigations and health emergencies, and I believe this is because they have such a bias against electronic cigarettes that they refuse to let this opportunity to further demonize e-cigarettes go by, even though the evidence points in a completely different direction....”*

Stat News - Trump administration prepares to ban flavored e-cigarettes

<https://www.statnews.com/2019/09/11/ban-flavored-e-cigarettes/>

“The Trump administration is preparing to ban flavored e-cigarettes, Health and Human Services Secretary Alex Azar said Wednesday. The word comes as health officials across the country scramble to try to identify the cause of a growing number of reports of severe lung illnesses related to vaping....”

Economist (Leader) – Don’t panic about e-cigarettes

<https://www.economist.com/leaders/2019/09/14/dont-panic-about-e-cigarettes>

The Economist’s stance: *“regulating vaping is wiser than trying to eliminate it.”*

“...Governments should carefully control what goes into vape fluid, following the example of the European Union, which restricts the amount of nicotine it may contain. America’s FDA, by contrast, seems constantly to change its mind about how to regulate vaping. Governments should also regulate how e-cigarettes are advertised. Marketing aimed at children is obviously unacceptable. So, perhaps, are fruity flavours that appeal especially to young palates. Government health warnings should be clear and measured. Vaping may be a dangerous habit, but it is vastly less deadly than lighting up”

Lancet Editorial – Let's talk about dementia

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32081-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32081-1/fulltext)

*“On Sept 1, kicking off World Alzheimer's Month, Alzheimer's Disease International joined forces with the Pan American Health Organization, launching **Let's Talk About Dementia, a campaign aiming “to demystify dementia and to get people talking”**. The ambition is to encourage discussion in families and with health providers to reduce the stigma associated with Alzheimer's disease and all forms of dementia. ...”*

“... A follow-up standing Lancet Commission on dementia, due to be published in 2020, will build upon the evidence that much dementia can be prevented. But for those with dementia, the goal should be the best possible care, which can only be achieved through discussion, destigmatisation, early diagnosis, and putting the needs of the patient and family first.”

Sexual & Reproductive / maternal, neonatal & child health

Project Syndicate - The World and the UN Must Reduce Population Growth

F Götmark et al; <https://www.project-syndicate.org/commentary/new-sdg-dampen-population-growth-by-frank-gotmark-and-robin-maynard-2019-09>

Fat chance this still happens, but it's not a dumb idea: *"The United Nations' 17 Sustainable Development Goals imply that there is no longer any need to reduce global population growth, even though it is a serious problem that undermines most of the SDG targets. By adding a further SDG aimed at slowing the increase in population, the world could yet save the UN's 2030 Agenda."*

"... Reproductive rights and family planning are mentioned in both SDG 3 (good health and wellbeing) and SDG 5 (gender equality), but neither goal explicitly aims to reduce population growth. As they currently stand, the SDGs imply that there is no longer any need to curb the global population increase, even though it undermines most of the goals...."

Project Syndicate - Sustainable Financing for Family Planning

E Amuzu; <https://www.project-syndicate.org/commentary/funding-family-planning-sexual-reproductive-health-services-trump-gag-rule-by-esenam-amuzu-2019-09>

*"The Trump administration's defunding of sexual and reproductive health services worldwide has underscored developing countries' vulnerability to the whim of donors. Given the importance of sexual and reproductive health to development, **governments must take action to ensure adequate funding.**"* Amuzu focuses here on the **importance of national leaders**, to uphold SRHR.

"To be sure, some donor countries are stepping up to the challenge of protecting SRHR. Citing the "devastating consequences" of the politicization of women's rights, Canadian Prime Minister Justin Trudeau recently pledged to increase his country's spending on women and girl's health globally, from C\$1.1 billion (\$836 million) to C\$1.4 billion (\$1 billion) by 2023. **But it is not enough. Developing-country governments must urgently reduce their dependence on outside donors. And yet, so far, they have been slow to pick up the slack..."** But there's reason for hope.

BMJ - US "global gag rule" on abortion is limiting family planning choices for women in Nepal

<https://www.bmj.com/content/366/bmj.l5354>

*“US President Donald Trump has reinstated and strengthened the on-again, off-again rule prohibiting US aid to abortion providers in foreign countries. **Rojita Adhikari** looks at the effect the rule is having on contraceptive and abortion services in Nepal.”*

BMJ Global Health - Quality improvement in maternal and newborn healthcare: lessons from programmes supported by the German development organisation in Africa and Asia

S Goyet et al ; <https://gh.bmj.com/content/4/5/e001562>

*“Improving the quality of maternal and child healthcare (MCH) is a mandatory step on the path to reaching the Sustainable Development Goals and Universal Health Coverage. Quality improvement (QI) in MCH is a strong focus of the bilateral development cooperation provided by Germany to help strengthen the health systems of countries with high maternal and child mortality rates and/or with high unmet needs for family planning. **In this article, we report on the findings of an analysis commissioned by a community of practice on MCH, of Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ).** The objectives were to review the QI interventions implemented through programmes which have received technical assistance from GIZ on behalf of the German Federal Ministry for Economic Cooperation and Development **in 14 Asian and African countries**, to identify and describe the existing approaches and their results, and finally to draw lessons learnt from their implementation. Our analysis of the information contained in programme documents and reports **identified five main methodologies used to improve the quality of care: capacity-building and supervision, governance and regulation, systemic QI at facility level, support to infrastructures, and community support....”***

BMC health services - Implementing the skilled birth attendance strategy in Uganda: a policy analysis

S M Babigumira et al ; <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4503-5>

*“Uganda, a low resource country, implemented the skilled attendance at birth strategy, to meet a key target of the 5th Millennium Development Goal (MDG), 75% reduction in maternal mortality ratio. Maternal mortality rates remained high, despite the improvement in facility delivery rates. **In this paper, we analyse the strategies implemented and bottlenecks experienced as Uganda’s skilled birth attendance policy was rolled out....”***

Some quick links:

- **UNICEF - [3,758 school backpacks laid at the United Nations show the grave scale of child deaths in conflict in 2018](#)**

As kids all around the world were returning to school, a “UNICEF installation to show the devastating scale of **child deaths in conflict zones in 2018** was unveiled today at the United Nations in New York.

The haunting display features 3,758 backpacks in rows reminiscent of a graveyard, each one representing a senseless loss of a young life to conflict.” Harrowing picture.

- Thomson Reuters Foundation - [U.N. says women and babies at risk in Yemen as funds crunch forces clinics to shut](#)

“The United Nations warned on Thursday that more than half its reproductive health facilities in war-hit Yemen would close by the end of this month, putting the lives of women and babies at risk, unless it got more funding. The UN Population Fund (UNFPA) said it had closed 100 facilities at the end of August and would have to shut 75 more this month, leaving 650,000 women and girls without access to vital services....”

- Guardian - [#MeToo Bangladesh: the textile workers uniting against harassment](#)

*“Women routinely face sexual assault and exploitation in factories, many of which supply western brands. A **grassroots movement** is helping victims to seek justice.”*

Access to medicines

Global Policy - Is the Patent System a Barrier to Inclusive Prosperity? The Biomedical Perspective

H Gubby; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12730>

*“As patents grant monopolies, the patent system has a considerable impact on markets. When corporations use certain patent strategies, social welfare can be damaged. **This article focuses on how corporations use patent strategies in the biomedical sector.** Strategic patenting makes it possible to extend monopolies beyond the designated period and block competitors. Access to fundamental research can be restricted. Patients are disadvantaged by high monopoly prices for drugs, which can mean exclusion from treatment. **It is argued here that as biomedical technologies are so vital to the welfare of people, and that in some cases are literally a matter of life or death for patients, this area of technology should not be controlled by private companies through their patent monopolies.** The whole biomedical sector should be taken out of the ambit of the patent system.”*

Check out also the **policy implications**.

Stat News - Insulin: a case study for why we need a public option in the pharmaceutical industry

D Brown et al; [Stat News](#);

“Today, three companies — Eli Lilly, Novo Nordisk (NVO), and Sanofi (SNY) Aventis — control virtually the entire global market for insulin. This oligopoly, which may have colluded to fix insulin prices, charges exorbitant amounts for a medicine that people with type 1 diabetes cannot live without. Since the 1990s, they have raised the price of insulin more than 1,200%....”

*“... as one of us (D.B.) argues [in a report released Tuesday](#), if we act now to **institute a public option for pharmaceuticals**, we could ensure that this terrible story is never repeated. By **public option** we mean the creation or expansion of publicly owned institutions to function across the entire pharmaceutical supply chain — from research and development to manufacturing to wholesale and distribution — in order to assure a safe, consistent, and accessibly priced supply of essential medicines....”*

In other insulin related news, see also a **BMJ Global Health Research article** - [Insulin price components: case studies in six low/middle-income countries](#).

Quick link:

Bhekisisa (by G Nakweya) - [Drones, drugs, hackers & the future of healthcare?](#)

“From the Ganges River to Ghana, drones are delivering vaccines, HIV tests and blood transfusions around the world and cutting waiting times for life-saving healthcare. But is all that glitters really gold when it comes to the next big thing in health?”

Excerpt: *“... **some critics question whether drones are truly the best way to deliver medical commodities – particularly outside of emergency situations**. It’s one thing to make a small delivery of blood by drone after a crisis like a road accident where every minute is essential. But it’s another to deliver a routine stock like vaccines that can be planned for and ordered in advance, argues technology and public health expert Jennifer Foth in a [recent Quartz opinion piece](#). **Governments, she cautions, should think carefully about the value of investing in drones versus less flashy but more sustainable solutions, like better infrastructure and training for hospital staff**. “What I am cautioning against is seeing this — or any— technology as a ‘silver bullet’ and not carefully **considering its broader, longer-term impact and sustainability**,” she says. “We haven’t considered the true cost of drone delivery medical services in Africa.” **But for those working at the hospitals receiving drone delivery, those cost-benefit analyses are distant and abstract. Instead, they see only the lives the project has saved...**”*

Human resources for health

BMJ Global Health - International migration of health labour: monitoring the two-way flow of physicians in South Africa

A S Tankwanchi et al; <https://gh.bmj.com/content/4/5/e001566>

“Although health labour migration is a global phenomenon, studies have neglected the flow of health workers into low-income and middle-income countries (LMICs). In compliance with the data-

monitoring recommendation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (Code), we estimated post-Code physician net migration (NM) in South Africa (SA), and SA's net loss of physicians to Organisation for Economic Co-operation and Development (OECD) countries from 2010 to 2014...."

Miscellaneous

Project Syndicate - Should We Worry About Income Gaps Within or Between Countries?

Dani Rodrik; <https://www.project-syndicate.org/commentary/growth-in-inequality-within-countries-by-dani-rodrik-2019-09>

Always worth a read, Rodrik. *"The rise of populist nationalism throughout the West has been fueled partly by a clash between the objectives of equity in rich countries and higher living standards in poor countries. **Yet advanced-economy policies that emphasize domestic equity need not be harmful to the global poor, even in international trade.**"*

Excerpt: "... Given patchy data, we cannot be certain about the respective shares of within- and between-country inequality in today's world economy. But in an unpublished paper based on data from the World Inequality Database, Lucas Chancel of the Paris School of Economics estimates that **as much as three-quarters of current global inequality may be due to within-country inequality.** Historical estimates by two other French economists, François Bourguignon and Christian Morrison, suggest that **within-country inequality has not loomed so large since the late nineteenth century.** These estimates, if correct, suggest that **the world economy has crossed an important threshold, requiring us to revisit policy priorities...."**

The Conversation - Remembering David Sanders: a humble, visionary public health activist

<https://theconversation.com/remembering-david-sanders-a-humble-visionary-public-health-activist-123041>

By **Tanya Doherty** (Chief specialist scientist, **South African Medical Research Council**). Doherty shares her warm memory of David Sanders. *"The sudden death of public health scholar Professor David Sanders has left people across the globe shocked and with a deep sense of loss. David was still, at the age of 74, actively involved in research, writing, teaching, mentoring and activism. This, after a long career that saw him contribute enormously to many African countries' health sectors – most notably in Zimbabwe and South Africa...."*

Politico - The Shocking Paper Predicting the End of Democracy

<https://www.politico.com/magazine/story/2019/09/08/shawn-rosenberg-democracy-228045>

“Human brains aren’t built for self-rule, says Shawn Rosenberg. That’s more evident than ever. “ On a new paper, presented at the International Society of Political Psychologists’ annual meeting in Lisbon.

*“... Rosenberg, a professor at UC Irvine, was challenging a core assumption about America and the West. His theory? **Democracy is devouring itself**—his phrase — and it won’t last. As much as President Donald Trump’s liberal critics might want to lay America’s ills at his door, Rosenberg says the president is not the cause of democracy’s fall—even if Trump’s successful anti-immigrant populist campaign may have been a symptom of democracy’s decline. **We’re to blame, said Rosenberg. As in “we the people.” ...** “...Our brains, says Rosenberg, **are proving fatal to modern democracy. Humans just aren’t built for it.**”*

Interesting theory – even if I, of course hope he’s wrong. **The key** in my opinion: whether we can avoid runaway climate change (or not). If we can’t, chances are democracy is doomed as well.

Guardian - ‘Life-saving’: hundreds of refugees to be evacuated from Libya to Rwanda

<https://www.theguardian.com/global-development/2019/sep/10/hundreds-refugees-evacuated-libya-to-rwanda>

*“Hundreds of African refugees and asylum seekers trapped in Libyan detention centres will be evacuated to Rwanda under a “life-saving” **agreement reached with Kigali and the African Union, the UN refugee agency said on Tuesday...**” “The measure is **part of an “emergency transit mechanism”,** to evacuate people at risk of harm in detention centres inside the county.*

*“...The UN denied reports the European Union were behind the agreement, as part of a strategy to **keep migrants away from Europe.** Vincent Cochetel, the special envoy for the UNHCR for the central Mediterranean, told Reuters the funding would mainly come from the EU, but also from the African Union which has received \$20m (£16m) from Qatar to support the reintegration of African migrants. But he later said on Twitter that no funding had yet been received and that he was working on it “with partners”. ...”*

Science News – Open-access megajournals lose momentum as the publishing model matures

<https://www.sciencemag.org/news/2019/09/open-access-megajournals-lose-momentum-publishing-model-matures>

“When PLOS ONE debuted in 2006, its founders declared it would transform scientific publishing. It was the first multidisciplinary, large-volume, open-access journal that published technically sound science without consideration of novelty. Five years later, Peter Binfield, then its publisher, forecast that by 2016, 50% of all scientific papers would appear in 100 such “megajournals.” Based in San Francisco, California, PLOS ONE grew to become the world’s largest journal, publishing more than 30,000 papers at its height in 2013 and spawning more than a dozen imitators—but megajournals have fallen far short of Binfield’s aims. From 2013 to 2018, PLOS ONE’s output fell by 44%....”

Emerging Voices

Check out a new contribution (by **Erlyn Macarayan** (EV 2014)) in the series of short blogs on the 10th EV anniversary - [My journey as an Emerging Voice for Global Health](#).