IHP news 550 : Braindead?

(6 December 2019)

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

Dear Colleagues,

This week’s issue will pay, among others, attention to COP 25 in Madrid (the flurry of climate related news and reports included a rather alarming WHO Health and Climate change Survey report), a new World Malaria Report, the ICASA conference in Kigali and a GAVI Board meeting in Delhi. We also come back briefly on World AIDS Day, and of course, many of you are already gearing up for UHC Day next week (12 December), with Dr. Tedros & Rob Yates no doubt leading the pack.

Earlier this week, as I was reading A-E Birn et al’s brilliant paper in a new Globalization & Health Supplement, ‘What matters in health (care) universes: delusions, dilutions, and ways towards universal health justice’ (in which, among others, the authors contrast UHC with Universal Health Justice), I thought of Emmanuel Macron’s labelling of NATO as ‘braindead’ a few weeks ago. As you know, I’m a lot more diplomatic than Jupiter, and granted, Macron might have subconsciously thought of one NATO leader in particular when making this rather general (and harsh) assessment, but you have to admit that Macron’s blunt metaphor managed to focus some minds. And so, on a cold December morning on the train, Birn et al’s paper made me wonder, along similar lines, whether a certain segment of global health isn’t also near-‘braindead’, with its strange mix of (still largely) MDG-era priorities, fondness of MDG-era ways of doing things (enter PPPs), combined now with “UHC mania” (Birn’s term), the ongoing Northern-inspired emphasis on global health security (to be tackled, naturally, with an insurance here, a pandemic bond there …), and before I forget, the still pervasive influence of an MDG-era billionaire who happens to have a rather sedative impact on daring to think ‘out of the capitalist box’, not to mention political and commercial determinants of health.

Meanwhile, it’s rather obvious, end of 2019, that to get to ‘universal health justice’ and avoid the worst of climate breakdown, current global health recipes won’t suffice. Post-capitalism and a more caring economy need to be embraced sooner rather than later, including in global health circles, at least if we want to be part of the transformation we so urgently need. As Naomi Klein and others have said, “there are no non-radical options left before us. We need to rethink not only our energy technologies, but also how we organise work, welfare, public services, and the economy.”

Anyway. Some of you know cognitive decline is my middle name, and so I’ll gently refrain from using the label ‘braindead’ for the abovementioned high-powered section of global health as (1) my assessment above is way too harsh, even for this powerful lot in global health; (2) unlike in NATO, pretty much everybody in global health has good intentions; and (3) last but not least, I do not want to tempt fate. Still, no matter what label you prefer, too many in global health power corridors seem stuck in their old ways – a bit like you hear in shopping malls over and over again Wham!’s Last Christmas, this time of the year. It will probably take a new global health generation to truly enter the SDG health/planetary health era, including in terms of governance.
Meanwhile, I already want to make a gentle contribution to the paradigm shift needed, and so I hope with many of you that the hashtag #Taxthatass will go viral around the globe in the coming months. Anand “Winners take all” Giridharadas coined it earlier this week, pointing out, rather eloquently, “When it comes to billionaires, we need to #Taxthatass.” 😊

Enjoy your reading.

Kristof Decoster

**Featured Article**

**Community health in fragile settings: On the interaction between Community Health Workers and other local actors**

Adalbert Tchetchia & Sanghita Bhattacharyya (Community Health – Community of Practice)

During the closing plenary of the 2nd International Symposium on Community Health Workers (CHW) held in Dhaka, Bangladesh, from 22 to 24 November 2019, the following statement was made: “CHWs, Community Based Organisations (CBOs), leaders and other community actors, including families, can be an effective resource in fragile settings.” This solemn declaration was at least partially based on the panel discussion led by the “Community Health” Community of Practice (CH-CoP) on the first day of the Symposium. The panel, comprising some members of the platform, zoomed in on community health in fragile settings (due to multiple geographical, political and economic factors), drawing on examples from Burkina Faso, Cameroon, Guinea and India.

The relevance of community health (or perhaps more accurately of communities in fragile settings) draws upon the conceptual framework of ‘negentropy’ by Edgar Morin. Morin defines negentropy (‘reverse entropy’) as the tendency of human systems towards permanent reorganisation, reconstruction or resilience, and this especially when facing trouble, disorder or crises. Fragile settings certainly seem to fit the bill.

Along these lines, the moderator of the session, Sanghita Bhattacharyya, explained the focus of the panel, highlighting the resilience of community actors when facing fragility, and this across different contexts in the world. The following points were made during the presentations and a very stimulating Q & A with the audience.

The path dependency of community health and fragility was emphasized. The “three ages of community health”, the Alma Ata Age, the Bamako Initiative Age and the New PHC Age, all show how families and communities can face different and often linked forms of fragility: colonialism, economic crisis, poverty, outbreaks, armed conflicts, climate change, … This historical perspective opens up a window of research and policy to deepen our understanding on how and in what way communities (sometimes) became more resilient in the face of very difficult situations.
Participants agreed on the important role played by CHWs in fragile settings. Evidence from the field (as well as other research) has shed more light on this assertion. We distinguish both health system related practices and community related dynamics.

Health system related practices are linked to health managers or frontline workers. Health managers and frontline workers manage the available information or knowledge on the challenging health service delivery situation in affected communities. Based on this, depending on the situation, they go for task delegation, collaboration with NGOs and/or another way of navigating the health system. For instance, CHWs are often used to provide health services in refugee camps or to Internally Displaced Persons (IDPs) in communities. Health Managers also often collaborate with NGOs as they can play a decisive health service delivery role in many fragile settings, drawing upon CHWs as well.

Besides health system related practices, one also needs to look at community related dynamics. Studies conducted in India and Guinea show that CHWs who are supported by their communities play a steady and vital role in fragile settings. In India, female CHWs known as ASHAs, demonstrate coping strategies or resilience during and after conflicts even if they themselves face plenty of vulnerabilities and challenges. For instance, they will continue doing their work when facing the loss of a family member, social rejection or strong opposition when transporting pregnant women. Sometimes, however, like in Guinea, CHWs can also face distrust from the community, as they’re seen as too close to the health system (in which people have a lack of trust). This can have a detrimental effect on health service delivery.

For effective community health intervention in fragile settings, one has to look beyond CHWs (only)

CH-CoP has always defended the idea it’s crucial to look beyond (just) CHWs for community health, especially in fragile settings. More precisely, promoting the smooth interaction of CHWs with other community structures or actors like local leaders, CBOs or local governance structures will bring more efficiency when the aim is to boost community health in fragile settings. The framework below, developed by the 450+ experts of CH-CoP, shows how, ideally, close linkage between the CHWs and various community actors ensures that they can act as a unit and facilitate service delivery.

The case of the response to the Ebola outbreak in Guinea illustrated in a study from 2016 shows that interventions like social mobilization or community engagement activities were indeed able to bridge the gap created by distrust between communities and health systems (including CHWs).

With a view on evidence based policy, more mapping studies need to be conducted to deepen the understanding of practices, dynamics and mechanisms related to CHWs in health systems and communities. By recognising the broader perspective of community health involving CHWs but also other local actors in fragile settings, the Dhaka Symposium, in alignment with the Alma Ata Declaration and more recently the Astana Declaration, sounded like a forceful plea for more investment in global health and at country level, including – very much so - fragile settings.

We happen to agree.
Thinking outside the cube: The political determinants of universal health coverage

Katerini T. Storeng, Sonja K. Kittelsen and Sakiko Fukuda-Parr

(Cross-posted from the BMC Blog where it was published first)

Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), has stated that universal health coverage (UHC) is “a political choice”. But what does it mean to say that UHC is political?

The politics of UHC

Universal health coverage (UHC) is a key policy priority of our times, endorsed by the United Nations General Assembly as central to achieving the Sustainable Development Goals.

The World Health Organization defines UHC as all people having access to the health services they need, when and where they need them, without financial hardship. This may sound like pie in the sky when out-of-pocket health expenses push 100 million people into extreme poverty each year.

Global-level debates about UHC have focused on how countries can reform their health financing systems towards universal coverage. The popular “UHC Cube” visualises three dimensions for expanding coverage: to individuals previously not covered, to services previously not covered, or to reduce the direct payments needed for each service.

Yet, to achieve UHC we must think beyond this cube. We need to recognise that countries’ ability to enact policies in support of UHC and its underlying aim of greater health equity are also shaped by transnational political processes that often lie outside of the health sector.

The political origins of health inequities

The need for greater attention to the political origins of health inequity was the headline finding in the final report of the Lancet-University of Oslo Commission on Global Governance for Health, published five years ago.

The Commission showed that unacceptable health inequities within and between countries cannot be addressed only through healthcare or domestic policies. We should also recognise norms, policies and practices across nations as political determinants of health that cause and maintain health inequities.

As the Commission recommended, a follow-on Independent Expert Panel was set up with support from the University of Oslo, and has been conducting research and raising awareness. Last year, we convened a conference in Oslo bringing together academic and policymakers to discuss the politics of UHC. An important outcome of this gathering is a new special supplement of Globalization and Health we have co-edited.
Across 10 original articles and commentaries, this special issue provides critical historical and social scientific analyses of how power relations and transnational political and commercial interests shape the prospects for achieving UHC in a variety of settings – from the US and Japan to Sri Lanka, Brazil and Mozambique.

21st century capitalism and the commodification of healthcare

The special issue shows how UHC is challenged by global financialised capitalism, characterised by liberalisation, privatisation and a shift towards intangibles like financial products and intellectual property in trade policy. Such financialisation undermines domestic tax bases that support government programming and restricts the policy space available for governments to adopt pro-health regulations.

The impact of trade and investment agreements on pharmaceutical policy is a powerful case in point. Provisions in these agreements often favour the interests of pharmaceutical companies, curtailing the ability of countries to steer policy in ways that ensure equitable and affordable access to safe and effective medicines – a key component of UHC.

The values and practices of 21st century capitalism also displaces a vision of health as a human right guaranteed through a social contract with the state, with that of healthcare as a commodity. Gaps in public social safety nets, for example, have fuelled the rise of medical crowdfunding platforms – privatised philanthropic financing arrangements that cannot be expected to ensure universal protection. These platforms can exacerbate inequities, since access to health services depends on individuals’ ability to compete with others to raise funds.

UHC and the struggle for health justice

Taken together, the articles highlight the risks of private sector capture of the health sector, and the limit of insurance-based models of UHC focused on a limited package of health services rather than equitable universal access to healthcare.

At the same time, the authors show how productive it can be to recognise the struggle for UHC as part of broader political struggles for social, economic and health justice as shown in the experiences in Sri Lanka, Brazil and many other countries around the world.

The question remains: How can we promote health equity in policy approaches to UHC? The special supplement does not provide all the answers, but makes a strong call for greater scholarly attention to the global power structures that shape the norms, practices and policy choices available in pursuing UHC. This includes not only domestic health policy and financing reform, but also the transnational political and regulatory challenges to global health equity.

The special supplement on the Political determinants of universal health coverage is available open access here.

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Highlights of the week

COP 25 (Madrid (2-13 Dec)) & Planetary Health

As already mentioned, the COP 25 started in Madrid, with the usual flurry of reports & alarming news. We first focus on WHO’s input (and report), and then give some of the other news.

HPW - Countries Exposed, But Lack Support To Address Climate-Related Health Risks Says WHO Report


“Countries lack capacity and even more important, the money, to incorporate health factors into their climate action strategies – even though increased disease and deaths are one of the most immediate outcomes of climate change. This is the key finding of a first-ever report by the World Health Organization that looks at how national health systems are responding to climate-related health threats that are affecting countries more frequently and with greater intensity, including food-borne and water-borne as well as vector-borne infectious diseases, as well as heat stress and extreme weather events. The report, The WHO Health and Climate Change Survey Report – Tracking Global Progress – surveyed 101 countries, from high- to low-income economies across all regions of the world."

See WHO - Climate risks to health are growing but prioritized funding lacking to safeguard human health from climate change.

Excerpt: “...For the Paris Agreement to be effective to protect people’s health, all levels of government need to prioritize building health system resilience to climate change, and a growing number of national governments are clearly headed in that direction,” said Dr Maria Neira, Director, Department of Environment, Climate Change and Health, World Health Organization. “By systematically including health in Nationally Determined Contributions – as well as National Adaptation Plans, climate finance pledges, and other National Communications to the UNFCCC — the Paris Agreement could become the strongest international health agreement of the century ...”
_coverage also in the Telegraph - *Countries are 'exposed and vulnerable' to health impacts of climate change.*

“The majority of countries around the world are not prepared to deal with the health impacts of climate change, despite mounting evidence of the threat to health posed by the warming planet. A report by the World Health Organization (WHO), launched as world leaders convene in Madrid for the United Nations climate change summit, has assessed the readiness of 101 countries to cope with the health impacts of extreme weather events such as heat waves, floods and droughts....”

Project Syndicate - Climate Change Is also a Health Crisis


“...At WHO, we will continue to push for action on these issues, while collaborating with others who are doing the same. On December 7, during the UN Climate Change Conference (COP25) in Madrid, WHO and the Global Climate and Health Alliance will convene a one-day summit on climate and health, allowing representatives from civil society, the health sector, and all other stakeholders to shine a spotlight on this critical issue....”

For some more info on WHO's involvement at COP 25, see the WHO website:

“As the UN’s Health Agency, WHO has a strong involvement in the UNFCCC process. At COP23 in Bonn in 2018, WHO and the COP23 Presidency launched a Special Initiative on Climate change and Health in Small Island Developing States. ... ... At COP25, WHO will present the Health Commitments from governments and financial actors that have come out of the 2019 UN Climate Action Summit in New York. Over 53 national governments and 87 sub-national governments, together covering more than 1 billion people, have signed into the commitment already, thereby vowing to provide their citizens with clean air. Financial commitments to scale up finance for climate-resilient health systems and air quality, as well as the creation of the Clean Air Fund, are beginning to provide the necessary financial backing to make these commitments a reality. WHO will also launch a new series of Climate & Health Country Profiles at COP25, as well as a Health and Climate Change Global Survey Report, tracking the progress of key health and climate change indicators for more than 100 governments. The global health community, together with WHO, will also hold a Climate Change & Health Summit on the sidelines of COP25, bringing together a broad range of actors in the field to discuss the global state of climate and health.”

So it’s clear that ‘health’ is more prominent at the COP than a few years ago. Was long overdue.

UN News - COP25: ‘Signals of hope' multiplying in face of global climate crisis, insists UN chief Guterres


Meanwhile UN SG Guterres is trying to both sound alarming enough and keeping up the spirit that we can still do this.
“The UN Secretary-General has outlined the “increased ambition and commitment” that the world needs from governments during the coming days of the COP25 UN climate change conference which opens in Madrid on Monday, calling for “accountability, responsibility and leadership” to end the global climate crisis. “My message here today is one of hope not of despair” …”

Links:
UN News Green economy ‘not to be feared, but an opportunity to be embraced’ says UN chief as COP25 gets underway
HPW: Guterres: European Commitment To Carbon Neutrality Can Pave Way For Progress On Global Climate Agenda
Guardian - COP25: youth ‘leadership’ contrasts with government inaction, says UN chief
Nature - Carbon markets shape agenda at UN climate summit
https://www.nature.com/articles/d41586-019-03695-x

Good overall analysis of the general backdrop of COP 25, and the key agenda. “The COP25 discussions also face a backdrop of uncertain geopolitics and intensifying public pressure. The talks, which start today in Madrid and last until 13 December, also take place against a backdrop of shifting geopolitics that has created uncertainty over who will lead global efforts to tackle climate change, and of intensifying public pressure on governments to take action.”

See also Climate Change news - Madrid climate talks to split nations into vanguard and laggard

“In the wings of the Cop25 talks, hosts Spain and Chile will push governments to join a coalition of progressive nations pledging to raise their targets.”

The Conversation - Global emissions to hit 36.8 billion tonnes, beating last year’s record high

As a reminder (cfr tweet Jason Hickel): “In order to stay under 1.5C, global emissions need to be falling by 7% per year. Instead they continue to rise. “

“Global emissions for 2019 are predicted to hit 36.8 billion tonnes of carbon dioxide (CO₂), setting yet another all-time record. This disturbing result means emissions have grown by 62% since international climate negotiations began in 1990 to address the problem. The figures are contained in the Global Carbon Project, which today released its 14th Global Carbon Budget. Digging into the numbers, however, reveals a silver lining. While overall carbon emissions continue to rise, the rate of growth is about two-thirds lower than in the previous two years. Driving this slower growth is an extraordinary decline in coal emissions, particularly in the United States and Europe, and growth in renewable energy globally. A less positive component of this emissions slowdown, however, is that a lower global economic growth has contributed to it. Most concerning yet is the very robust and stable upward trends in emissions from oil and natural gas....”
Guardian - Poor states ‘need extra cash to combat climate crisis threats’

https://www.theguardian.com/environment/2019/dec/01/madrid-climate-talks-poor-nations-sea-levels-rising

“A new international organisation should be set up to raise and distribute funds to nations who will suffer the worst impacts of global heating. That is the key conclusion of a UK report – Addressing the Impacts of Climate Change – that will be debated this week at the COP25 climate talks in Madrid. The authors argue that the cash raised by the new body should be used in addition to the $100bn a year rich countries have pledged to help poorer nations cut their carbon emissions and adapt to the climate crisis. These new funds would compensate nations who suffer the most acute effects of rising temperatures, in terms of the cultural devastation, loss of traditional jobs and eradication of biodiversity inflicted on them....”

Oxfam report - Forced from home: climate-fuelled displacement

Oxfam;

“Climate-fuelled disasters were the number one driver of internal displacement over the last decade – forcing an estimated 20 million people a year from their homes. While no one is immune, it is overwhelmingly poor countries that are most at risk. Eighty percent of those displaced in the last decade live in Asia, home to a third of the world’s poorest people. Small island developing states make up seven of the 10 countries that face the highest risk of internal displacement as a result of extreme weather events. These communities are 150 times more likely to be displaced by extreme weather disasters than communities in Europe. Countries from Somalia to Guatemala are seeing large numbers of people displaced by both conflict and the climate crisis. Despite this, the international community has made little progress towards the provision of new funds to help poor countries recover from loss and damage resulting from the climate emergency. As the 2019 UN Climate Summit opens, Oxfam is calling for more urgent and ambitious emissions reductions to minimize the impact of the crisis on people’s lives, and the establishment of a new ‘Loss and Damage’ finance facility to help communities recover and rebuild.”

Coverage (CNN): Climate change is forcing one person from their home every two seconds, Oxfam says

“Climate-fueled disasters have forced about 20 million people a year to leave their homes in the past decade -- equivalent to one every two seconds -- according to a new report from Oxfam. This makes the climate the biggest driver of internal displacement for the period, with the world’s poorer countries at the highest risk, despite their smaller contributions to global carbon pollution compared to richer nations....”

Guardian - Tackling climate crisis is what we should be doing, says new IMF boss

“In an exclusive interview, Kristalina Georgieva tells why global heating is as big a threat to economic stability as another financial crash.”

Some other climate related links from this week

- Guardian - Countries from Siberia to Australia are burning: the age of fire is the bleakest warning yet

“The advent of “the age of fire” is the bleakest warning yet that humans have breached boundaries we were never meant to cross. “It is time not only to think the unthinkable, but to speak it: the world economy, civilisation, and maybe our survival as a species are on the line.” Referring to Deep Adaptation: A Map for Navigating Climate Tragedy (2018).

- Guardian - Hot weather raises risk of early childbirth, study finds

- V Ridde (BMJ Global Health blog) - Challenges for climate change research: interdisciplinarity, evidence use & carbon footprint.

- Guardian - Cutting air pollution ‘can prevent deaths within weeks’

Based on a review.

World Malaria report 2019

WHO - More pregnant women and children protected from malaria, but accelerated efforts and funding needed to reinvigorate global response, WHO report show

WHO:

“The number of pregnant women and children in sub-Saharan Africa sleeping under insecticide-treated bed nets and benefiting from preventive medicine for malaria has increased significantly in recent years, according to the World Health Organization’s World malaria report 2019.

However, accelerated efforts are needed to reduce infections and deaths in the hardest-hit countries, as progress stalls. Last year, malaria afflicted 228 million people and killed an estimated 405 000, mostly in sub-Saharan Africa....”

“In 2018, an estimated 11 million pregnant women were infected with malaria in areas of moderate and high disease transmission in sub-Saharan Africa. As a result, nearly 900 000 children were born with a low birthweight. Despite the encouraging signs seen in the use of preventive tools in pregnant women and children, there was no improvement in the global rate of malaria infections in the period 2014 to 2018. Inadequate funding remains a major barrier to future progress. In 2018, total funding for malaria control and elimination reached an estimated US$ 2.7 billion, falling far short of the US$ 5 billion funding target of the global strategy....”
Coverage for example in Reuters - Malaria fight stalling at 'unacceptably high level' of deaths: WHO

“Malaria still infects millions of people every year and kills more than 400,000 - mostly children in Africa - because the fight against the mosquito-borne disease has stalled, the World Health Organization said on Wednesday....”

UN News - Malaria: Focus on pregnant women and children, stresses UN health agency report

FT Health - Progress in malaria prevention questioned by health experts

‘Call for inquiry into pace of improvement amid statistical inconsistencies’

“Leading malaria experts have questioned official data showing progress in tackling the disease and called for independent scrutiny of the slow-moving efforts by governments and international organisations to respond....”

“The latest World Malaria Report, published this week by the World Health Organization, found that estimated infections had fallen from 286m in 2000 to 228m last year, suggesting good progress in reducing the parasite's heavy burden on human health and economic development. It concluded that malaria deaths were down 31 per cent between 2010 and 2018 and called for an increase in the current figure of $4bn a year that goes towards eradication. But Nicholas White, professor of tropical medicine at the University of Oxford and a global expert on malaria, criticised the WHO methodology. He noted how the figures for infections in previous years had been significantly increased from those given in previous editions of the report. ... However, Abdisalan Noor of the WHO’s global malaria programme, defended the organisation’s data-collection methodology, stressing that efforts had been stepped up to develop more reliable statistics. ... Karen Barnes, a clinical pharmacology professor at the University of Cape Town, said the row over data added to concerns that efforts to tackle malaria were stagnating.”

NCDs

Lancet Global Health - Implementation of non-communicable disease policies: a geopolitical analysis of 151 countries


Via the press release:

“The Lancet Global Health: Half of WHO-recommended policies to reduce chronic diseases are not put into practice
On average, countries implemented just under half of the 18 non-communicable disease (NCD) policies recommended by WHO in 2017, and implementation is slowly improving over time.

The application of all 18 policies increased except for those targeting alcohol and physical activity.

Iran and Costa Rica score highest in the world for the number of policies they implemented by 2017. USA lags behind middle-income countries for implementing policies to reduce non-communicable diseases. UK is joint second with Norway, while Haiti and South Sudan come last.

The first analysis of WHO-recommended policies to prevent and control non-communicable diseases (NCDs) finds that implementation is slowly improving, but on average just over half get no further than being endorsed, according to results from 151 countries published in The Lancet Global Health journal. The current study is the first to analyse what progress was made in putting 18 policies into practice worldwide between 2015 and 2017."

“Aggregate implementation scores tended to be highest in high-income countries that invest in health care and education....”

Accompanying Lancet Global Health Comment by Sandeep Kishore et al: Learning from progress: global NCD policy implementation at national level

The authors “…examined the association of seven social, political, and economic factors with policy implementation. Many of these factors are intuitive barriers and promoters of progress: region, NCD burden, human and financial resources (ie, personal wealth, tax burden), political ideology, and social solidarity. ... ... The authors find the most frequently implemented policies are clinical guidelines, graphic warnings on tobacco packages, and NCD risk factor surveys. In examining which factors are most associated with progress, in their multivariate model the strongest predictor was the human capital index, a World Bank metric.

“This analysis brings forth three major contributions. ...” One of them being: “... the authors provide one of the first investigations of national political characteristics and their relationship to NCD policy implementation. Previous work by Bollyky and colleagues found that democracy is positively associated with health outcomes and service provision; the present study observes that although democratic countries might be more responsive to vulnerable groups, they might also be less likely to impose measures that address commercial determinants of health....”

Big Alcohol

IOGT International report – Alcohol obstacle to development: How alcohol affects the SDGs

New @IOGTInt report out on the harms of alcohol use on sustainable development. Every ten seconds someone dies because of alcohol. This represents 5.3% of all deaths and more than 5% of the global disease burden...” Alcohol kills 3 million people every year.

Global tax justice

Guardian - New study deems Amazon worst for 'aggressive' tax avoidance

https://www.theguardian.com/business/2019/dec/02/new-study-deems-amazon-worst-for-aggressive-tax-avoidance

“The big six US tech firms have been accused of “aggressively avoiding” $100bn (£75bn) of global tax over the past decade. Amazon, Facebook, Google, Netflix, Apple and Microsoft have been named in a report by tax transparency campaign group Fair Tax Mark as avoiding tax by shifting revenue and profits through tax havens or low-tax countries, and for also delaying the payment of taxes they do incur. The report singles out Amazon, which is run by the world’s richest person, Jeff Bezos, as the worst offender. It said the group paid just $3.4bn (£2.6bn) in tax on its income so far this decade despite achieving revenues of $960.5bn and profits of $26.8bn. Fair Tax Mark said this means Amazon’s effective tax rate was 12.7% over the decade when the headline tax rate in the US has been 35% for most of that period....”

Tax Justice Net - Will the OECD tax reforms collapse? Three scenarios

Alex Cobham; https://www.taxjustice.net/2019/12/04/will-the-oecd-tax-reforms-collapse-three-scenarios/

Good overview of the state of affairs re BEPS 2.0. “The OECD’s process for reform of international tax rules has just been torpedoed by the United States. ... What’s the current position of the ’BEPS 2.0’ process, after this extraordinary development? In brief, it’s pretty bad....”

“...Overall, the prospects of an eventual shift to a UN forum, and away from the OECD, have become more likely this week. This could happen more quickly, following a collapse of the BEPS 2.0 process, or more slowly as an attempt to deliver limited reforms drags on into 2020. Or perhaps there is another twist in the tail, from this unpredictable and often illogical US administration...”

G20 – Saudi Arabia starts presidency

The theme is: “Realizing Opportunities of the 21st century for all”.

With among others, women’s human rights & climate protection as key concerns.

See Overview of Saudi Arabia’s G20 presidency for more detail.
For a start, to “realize opportunities in the 21st century for all”, the Saudi’s might want to stop with chopping off limbs from now on : )

Humanitarian aid

UN News - A record number of people will need help worldwide during 2020: Global Humanitarian Overview


“A record 168 million people worldwide will need help and protection in crises spanning more than 50 countries in 2020, the UN’s emergency relief chief has said, in an appeal for nearly $29 billion in humanitarian aid from donors.”

See also the Guardian - Record rise in attacks on healthcare workers leaves 'millions at risk' – UN

“Attacks on healthcare workers have reached a record high according to a UN report that predicts a “bleak outlook” for the world’s poorest people due to intense armed conflict and the climate emergency. The number of highly violent conflicts has risen to 41, from 36 in 2018, causing deaths, injuries, significant displacement and hunger, the UN’s global humanitarian overview 2020 report found. More than 12,000 children were killed or maimed in conflict last year, raising fears of a “lost generation”. Compliance with international law is declining, while attacks against aid and health workers in areas hit by conflict are putting “millions of people at risk” by denying them care and aid.”

The New Humanitarian - Searching for the nexus: It’s all about the money


“It’s a lot easier to deliver blankets and food aid to a warzone than it is to build roads or set up new justice systems. But what if the highways and courts help resolve the war and lead to fewer emergency needs in the longer term?” “That’s the theory behind the triple nexus – a proposed closer collaboration between the humanitarian, development, and peacebuilding aid sectors.”

Key points: “Donors are rethinking at least $60 billion in annual aid spending. Joining up development, humanitarian, and peace spending should have more impact in the long run. Some examples of the new nexus approach are already underway, involving hundreds of millions of dollars. Donors have to reorganise themselves to implement the nexus. Aid agencies also need to redesign their proposals to donors to move beyond short-term programming. So far, the rhetoric is well ahead of reality as risk looms large.”
Vaccines

HPV: WHO calls for countries to suspend vaccination of boys

https://www.bmj.com/content/367/bmj.l6765

“The World Health Organization is calling on countries that are vaccinating boys against the human papillomavirus (HPV) to suspend these programmes until all girls who need the vaccine can get it. The recommendations from WHO’s Strategic Advisory Group of Experts on immunisation (SAGE), come just months after the UK began immunising boys aged 12-13 against the virus. “SAGE was deeply concerned that the current HPV vaccine shortage could result in failure to introduce or sustain programmes in some countries, particularly those with a high burden of cervical cancer,” the group said in WHO’s Weekly Epidemiological Record of 22 November....”

As for cervical cancer & HPV, see also a new study in the Lancet Global Health - Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis

“The knowledge that persistent human papillomavirus (HPV) infection is the main cause of cervical cancer has resulted in the development of prophylactic vaccines to prevent HPV infection and HPV assays that detect nucleic acids of the virus. WHO has launched a Global Initiative to scale up preventive, screening, and treatment interventions to eliminate cervical cancer as a public health problem during the 21st century. Therefore, our study aimed to assess the existing burden of cervical cancer as a baseline from which to assess the effect of this initiative....” Approximately 570,000 cases of cervical cancer and 311,000 deaths from the disease occurred in 2018....... Cervical cancer continues to be a major public health problem affecting middle-aged women, particularly in less-resourced countries. The global scale-up of HPV vaccination and HPV-based screening—including self-sampling—has potential to make cervical cancer a rare disease in the decades to come.”

Accompanying Comment in the Lancet Global Health: Evidence for the path to cervical cancer elimination

“The eradication of cervical cancer is at the forefront of the global health agenda with the launch of the WHO Initiative for the Elimination of Cervical Cancer in 2018. Human papillomavirus (HPV) vaccination is expected to be a priority agenda item on health for the 2020 G20 Summit in Riyadh following the 2019 commitment to universal access to vaccination in the G20 Osaka Leaders’ Declaration and the Okayama Declaration of the G20 Health Ministers3 This political momentum should be coupled with the latest evidence to pinpoint outstanding areas for action and to implement responsive strategies....”

The Telegraph - ‘Ground breaking’ typhoid vaccine reduces infections by 80 per cent in Nepal


“A “ground breaking” typhoid vaccine has reduced cases of the bacterial disease by more than 80 per cent in a trial involving 20,000 children in Nepal. It is the first time the inoculation, typhoid conjugate vaccine (TCV), has been tested in the field but experts say the “exciting” results could be a
turning point in efforts to combat drug-resistant typhoid infections. The highly contagious disease, caused by Salmonella Typhi bacteria, spreads rapidly in areas with poor sanitation and dirty drinking water and is a leading cause of fever among children. Each year, nearly 12 million people are infected and between 128,000 and 160,000 die. But Salmonella Typhi is increasingly resistant to the antibiotics typically used to treat typhoid, so experts say that new vaccines are vital to prevent infections occurring in the first place....” Based on a new study in NEJM.

BBC News - Bug busters: The tech behind new vaccines


Focus here on CEPI. “...With more than $750m from governments and organisations like the Bill & Melinda Gates Foundation, it is funding promising new vaccine technologies. In particular, CEPI wants vaccines that can be produced quickly. "In most circumstances that we have an epidemic, speed becomes really, really important," Mr Hatchett says....”

GAVI Board Meeting (Delhi)

GAVI - Gavi Board approves new Ebola vaccine programme


“A global emergency stockpile of Ebola vaccines will be available to countries for outbreak response and prevention following the approval of a new Ebola vaccine programme by the Board of Gavi, the Vaccine Alliance, which met this week in New Delhi, India. Gavi will open a new funding window, with estimated investment of US$ 178 million between now and 2025 for the new Ebola vaccine programme. Gavi-supported low- and middle-income countries will be able to access the stockpile free of charge and will receive support for the operational costs of vaccination campaigns. Wealthier countries will be able to access vaccines but will be expected to self-finance. As well as creating the emergency stockpile, Gavi will also support targeted preventative vaccination outside of an outbreak in high-risk populations, such as health workers, in countries at risk. The target populations and scope of countries will be based on future recommendations by the WHO’s Strategic Advisory Group of Experts on Immunisation (SAGE)....”

“...The Gavi Board approved US$ 11.6 million in further funding to support the RTS,S malaria vaccine implementation programme for 2021-2023....”

“...This was the last Board meeting before the UK government and Gavi hold a major international conference in London on 3-4 June 2020 to raise funds needed to immunise 300 million people and avert over seven million deaths over the 2021-25 period.”

MSF Access’ response to this news - MSF response to Gavi announcement on financing of global emergency stockpile of Ebola vaccine

Coverage in Stat News - The Gavi coalition boosts the global stockpile of Ebola vaccines
“The global emergency stockpile of Ebola vaccines will grow to 500,000 doses following a decision Thursday by the board of Gavi, the Vaccine Alliance. Previously the target for the stockpile had been 300,000 doses. The Gavi board also agreed to support a program of targeted preventive vaccination of key front-line health workers in Ebola at-risk countries, though details of how many and how soon remain to be worked out....”

MSF Access - US$262 million subsidy should not go to pharma giants Pfizer and GSK for pneumococcal vaccine


Published ahead of the Board Meeting.

“Ahead of this week’s board meeting of Gavi, the Vaccine Alliance in New Delhi, Médecins Sans Frontières (MSF) called on board members to immediately stop paying out funds from a remaining US$262 million subsidy to the pharmaceutical corporations Pfizer and GlaxoSmithKline (GSK) for the pneumococcal vaccine. MSF called for the remaining funds to instead be used to support the uptake of a more affordable pneumococcal vaccine expected to come to market shortly. Pfizer and GSK have reaped more than their fair share of donor money for the pneumococcal vaccine, on top of the combined nearly $50 billion in sales they have made over the last 10 years from the vaccine, so it’s time for Gavi to stop this big pharma payout. “Pfizer and GSK have reaped more than their fair share of donor money for the pneumococcal vaccine, on top of the combined nearly $50 billion in sales they have made over the last 10 years from the vaccine, so it’s time for Gavi to stop this big pharma payout,” said Kate Elder, Senior Vaccines Policy Advisor, MSF Access Campaign. “Instead of lobbing more money at Pfizer and GSK, Gavi should start supporting countries to prepare for the alternative supplier that promises lower pneumococcal vaccine prices for all countries.””

BMJ Global Health - Has Gavi lived up to its promise? Quasi-experimental evidence on country immunisation rates and child mortality

P Jaupart, S Dercon et al.; https://gh.bmj.com/content/4/6/e001789

« Gavi, the Vaccine Alliance, was set up in 2000 to improve access to vaccines for children living in the poorest countries. Funding has increased significantly over time, with Gavi disbursements reaching US $1.58 billion in 2015. We assess whether Gavi’s funding programmes have indeed increased immunisation coverage in 51 recipient countries for two key vaccines for 12–23 month olds: combined diphtheria, pertussis and tetanus (DPT) and measles. Additionally, we look at effects on infant and child mortality.... ... Our findings provide evidence that Gavi has had a substantial impact on the fight against communicable diseases for improved population and child health in lower-income countries. In this case, the health policy to verticalise aid—specifically development assistance for health—via a specialised global fund has had positive outcomes. »
World AIDS Day – Theme: Communities make the difference

Last week we already paid attention to World AIDS Day, among others, through the latest UNAIDS report Power to the People. Some other reads you might want to go through:

Devex - HIV treatment access isn't rising fast enough to reach 2020 targets, UNAIDS report shows

Devex;

With coverage of the UNAIDS report’s key messages. “There has been “significant progress” in expanding access to HIV treatment over the last decade, but testing and treatment gaps still place the goal of getting 30 million people on treatment by 2020 out of reach, according to new findings from UNAIDS. An estimated 24.5 million people of the 37.9 million living with HIV were accessing treatment as of mid-2019, more than double the number of HIV-positive people on treatment in 2010, according to the UNAIDS report, “Power to the People.” But since 2010, new HIV infections have only slightly declined, and some regions have seen a rise in new cases....

Forbes - AIDS Activism, A Playbook For Global Health Advocacy

M Pai; https://www.forbes.com/sites/madhukarpai/2019/11/30/aids-activism-a-playbook-for-global-health-advocacy/#574d2c2040a1

One of the reads of the week. Based on Madhukar Pai’s discussions with some famous AIDS activists.

« ...The key question is how can those working in other areas of global health adapt and use the AIDS activism playbook? Not all aspects of the playbook might be transferable, but the core elements of a patient-led mobilization, inside/outside strategy, and science-based advocacy might be transferable. »

CGD (blog) - HIV Treatment in Rural South Africa Increases Employment among HIV-Negative Neighbors—Especially Women


“This World AIDS Day, Mead Over and Julia Kaufman examine the positive spillover effects of treating HIV.”

Guardian - South Africa begins rollout of cutting-edge HIV drug


“South Africa has begun rolling out a state-of-the-art antiretroviral drug in a “game-changing” bid to drastically reduce the number of people living with HIV. The distribution of the new three-in-one
pill, timed to coincide with World Aids Day on Sunday, is eventually expected to treat the 7.7 million South Africans who have HIV, accounting for 20% of the global prevalence of the disease....”

Lancet Viewpoint - The complex challenges of HIV vaccine development require renewed and expanded global commitment

L-G Bekker et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32682-0/fulltext

“...Developing a safe and effective preventive HIV vaccine has proven to be an exceptional challenge. After more than 30 years of HIV vaccine research and development, the possibility of an efficacious vaccine is now tangible, with multiple efficacy trials underway and with novel HIV vaccine concepts in the pipeline. However, the field is unprepared for the challenges that follow testing in trial settings. For example, for an efficacious vaccine candidate in a high-burden, resource-constrained setting (eg, sub-Saharan Africa) with little or no financially sustainable market, there are substantial resource and operational challenges associated with process development, manufacturing scale-up, and deployment. This situation reflects, in part, a paucity of corporate and other partners who are willing to make large investments at a high risk of a low financial return. The mix of cautious optimism and measured realism presents a timely and pivotal opportunity to reflect on key issues and challenges in HIV vaccine development, and to call attention to the crucial importance of expanded investment and stronger collaboration across geographies, sectors, and disciplines....”

In this Viewpoint, the authors provide an overview of key priority issues in the HIV vaccine field.

And some other links:

- CSIS (blog by S Allinder) - World AIDS Day: Big Questions on the Eve of HIV’s Pivotal Year

Excerpt: “...The United States will also need to contend with changing dynamics in the global health community. Winnie Byanyima formally begins her tenure as UNAIDS executive director in January 2020. UNAIDS’s Fast Track goals were intended to catalyze accelerated effort in reducing new infections, initiating more people living with HIV onto treatment, and combatting stigma and discrimination within a short five-year window to put us on a track to end HIV as a global health threat by 2030. Strong leadership from UNAIDS is needed in 2020 to set forth a pragmatic and implementable vision for how to meet the 2030 target that unites the key players, such as PEPFAR and Global Fund. However, Ms. Byanyima’s focus on poverty alleviation and gender inequality may not align with U.S. priorities and could put her on a collision course with the United States. Her support for universal health coverage, demand for which is growing globally, may also challenge the relationship....”

- Devex - Opinion: Step up the fight against HIV (by Peter Sands)
ICASA (Kigali, Rwanda)

HPW - Innovation, Community & Political Leadership – 20th International AIDS Conference Kicks Off In Kigali


“African leaders, scientists, and activists are mobilizing to address the scientific, political, and social challenges inherent to ending the HIV epidemic. That was the key message as the 20th International Conference on AIDS and STIs in Africa (ICASA) kicked off on Monday in Kigali, Rwanda under the theme, “AIDS-free Africa: Innovation, Community and Political Leadership.”

Short report of the opening ceremony (with the likes of Tedros & Kagame), and the three-fold (thematic) structure of this ICASA-conference, which the three tracks addressing the major opportunity areas for improving HIV/AIDS response: a scientific track, a leadership track (including on issues around political mobilization) & a community-based track.

See also Xinhua - Gains in AIDS fight under threat due to declining political commitment, funding: WHO - “Global gains made in AIDS fight are under threat due to declining political commitment and funding, Tedros Adhanom Ghebreyesus, director general of the World Health Organization (WHO), said here on Monday....”

Measles – Cases surge worldwide

Guardian – 142,000 died from measles last year, WHO estimates

https://www.theguardian.com/society/2019/dec/05/142000-died-from-measles-last-year-who-estimates

“The worldwide surge in deadly measles outbreaks is showing no sign of abating, with nearly 10 million cases and 142,000 deaths last year, according to new estimates, and three times more cases reported so far this year than at the same stage in 2018. Most of those dying are small children, and thousands more suffer harm including pneumonia and brain damage.”

See also WHO - More than 140,000 die from measles as cases surge worldwide

Link on the measles outbreak in Samoa – (Guardian) Samoa measles outbreak: families fly red flags to request vaccinations.

UHC

As mentioned in the introduction, on 12 December UHC Day will be celebrated around the world, themed Keep the Promise.
Some UHC related reads from this week to get in the mood:

**Lancet Letter - The architects of universal health coverage**

“In September, 2019, the UN General Assembly discussed universal health coverage (UHC) and agreed on measures to ensure that everyone, everywhere, has access to quality health services. Yet, **absent in all but a very superficial way from recent dialogue on UHC are the voices of the affected.** Although we are all affected as users of health systems, the UN civil society hearing on UHC in April invited just one patient speaker out of several speeches, meaning once again the value of lived experience was no more than a passing thought. The scarcity of experienced voices in the architecture of UHC ignores clear evidence that health systems are stronger when their designers capture knowledge that uniquely belongs to people living with disease and using those systems. As two leaders in global health who have also lived with challenging health conditions, **we believe that the omission of insight rooted in personal narrative is bad for health systems and the political engagement needed to support them.** This omission of insight has been shown starkly in the rise of non-communicable diseases, which still do not have the political and financial support needed to stop their spread....”

“...The success of UHC depends on creating systems that are owned by the people they are meant to serve. Let’s make patients the architects of their health services and ensure the systems that are built will stand for generations to come.”

**CGD (blog) - Hard Choices in Priority-Setting: Reconciling Technical Analysis and Public Participation**

Interesting blog. “As countries reaffirm their commitments to achieving Universal Health Coverage, governments face extraordinary pressure to allocate scarce resources in a publicly justifiable manner. The growing list of available health interventions and increasing demand for health services mean that tough spending decisions have to be taken, with unavoidable trade-offs. How can such hard choices be made?”

“... we explore how two core aspects of democratic legitimacy are playing out in the context of HTA and other government agencies: public participation and public reason....”

**WHO Bulletin - Pooling financial resources for universal health coverage: options for reform**
Inke Mathauer et al; [https://www.who.int/bulletin/online_first/BLT.19.234153.pdf?ua=1](https://www.who.int/bulletin/online_first/BLT.19.234153.pdf?ua=1)

“Universal health coverage (UHC) means that all people can access health services of good quality without experiencing financial hardship. Three health financing functions – revenue raising, pooling
of funds and purchasing health services – are vital for UHC. **This article focuses on pooling: the accumulation and management of prepaid financial resources.** Pooling creates opportunities for redistribution of resources to support equitable access to needed services and greater financial protection even if additional revenues for UHC cannot be raised. However, in many countries pooling arrangements are very fragmented, which create barriers to redistribution. **The purpose of this article is to provide an overview of pooling reform options to support countries who are exploring ways to enhance redistribution of funds. We outline four broad types of pooling reform and discuss their potential and challenges in addressing fragmentation of health financing....”

**WHO Webpage – Health Taxes**

https://www.who.int/health-topics/health-taxes#tab=tab_1

Nice resource.

**Book – Global Health Priority-Setting**


“**Presents ethical reflections and a new framework for how to think about priority setting in health for countries that want to achieve Universal Health Coverage and the Sustainable Development Goals for health and reduced poverty...**”

**WHO Bulletin - Developing the health workforce for universal health coverage**

G Cornetto et al ; https://www.who.int/bulletin/online_first/BLT.19.234138.pdf?ua=1

“**Optimizing the management of the health workforce is necessary for the progressive realization of universal health coverage. Here we discuss the six main action fields in health workforce management as identified by the Human Resources for Health Action Framework: leadership; finance; policy; education; partnership; and human resources management systems. We also identify and describe examples of effective practices in the development of the health workforce, highlighting the breadth of issues that policy-makers and planners should consider....”**

**Lancet Public Health – Multimorbidity—a defining challenge for health systems**


« **Multimorbidity has emerged as one of the greatest challenges facing health services, both presently and in coming decades.... ... Momentum has increased in recognising multimorbidity as a key challenge, but urgent applied health research is required to develop and implement evidence-informed policies. Three priorities could accelerate the generation of clinically relevant and implementable evidence.** Firstly, patients with multimorbidity should be more thoroughly integrated into clinical trials, which they have traditionally been excluded from. Secondly, the bidirectionality of mental and physical health, with one in three patients with multimorbidity having a coexisting mental health condition, means that patterns and trajectories of multimorbidity in patients with...”
mental health conditions should be a key focus, to inform the aspirational triple integration of physical and mental health, primary and secondary care, and health and social care within health-care systems. Thirdly, the lived experience of the patient, their family, and economic impact are often overlooked aspects of necessary research ... To advance prevention and treatment research on multimorbidity, we propose three multimorbidity metrics ...

Ebola DRC

Cidrap News - More snags for DRC Ebola response; rebel attack in Oicha


“With the Ebola response at a standstill due to recent attacks in two Democratic Republic of the Congo (DRC) hot spots, a 2-day general strike has now sidelined all response activities in North Kivu province, according a World Health Organization (WHO) African regional office weekly update and the daily report from the DRC’s Ebola technical committee (CMRE)....”

“In other developments, the European Commission (EC) on Dec 1 announced it was allocating about $55 million in humanitarian aid for people in the DRC who are most affected by the Ebola outbreak. The funding is targeted to improve food security and access to health services. The European Union’s ambassador to the African Union made the announcement yesterday in Addis Ababa during an Ebola partners forum hosted by the African Union....”

Access to Medicines

HPW - “Fight The Fakes” Campaign Raises Awareness Of Falsified & Substandard Medicines


“For the second year running, some 37 organizations have launched a week-long mini campaign to raise awareness and promote action against falsified and substandard medicines. This year’s annual Fight the Fakes week aims to mobilize the public and international global health community to speak up more assertively about the growing threat of fake or substandard medicines under the theme “Be Aware, Speak Up, Fight the Fakes.”...”
**AMR**

Lancet Comment – Sustainable development levers are key in global response to antimicrobial resistance


Published end of October already, but worth a re-read.

Bringing Antimicrobial Research and Development to Africa – The Time is Now


By G Basarab et al. Focus on South-Africa in this blog.

Lancet Infectious Diseases (Comment) – Encouraging AWaRe-ness and discouraging inappropriate antibiotic use—the new 2019 Essential Medicines List becomes a global antibiotic stewardship tool


Worth a read.

**Global health governance**

Lancet Offline - The urgent need to protect global health accountability

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)33057-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)33057-0/fulltext)

““The conclusions of this evaluation point to a range of ways that the IAP has so far failed to deliver on its potential.” It’s a devastating verdict. A leaked draft report of an evaluation of the UN Secretary-General’s Independent Accountability Panel for Every Woman, Every Child, Every Adolescent (IAP) describes a catalogue of extraordinary negligence and missed opportunities. The likely outcome of this assessment—led by the UNFPA Evaluation Office, together with a Reference Group that included representatives from WHO, UNICEF, the Partnership for Maternal, Newborn and Child Health (PMNCH), and the Executive Office of the UN Secretary-General—is that the idea of independent accountability for political promises to deliver the SDGs will die. The burial of independent accountability would be a crime against women, children, and adolescents worldwide....”

The draft evaluation leaked to The Lancet draws three damming conclusions. .... “The recommendations of the IAP evaluation have yet to be written. It would not be surprising if the
conclusions provided a convenient justification for termination. Convenient for WHO, UNICEF, UNFPA, and PMNCH—the same organisations that have oversight of the IAP’s evaluation.”

“The UN system has always been suspicious of independent accountability. ... The result has been that WHO and PMNCH in particular have marginalised, excluded, and strangled the IAP’s capacity and voice. ... There are fair questions about the scope of the IAP. But what is urgently needed now is the support of the WHO Director-General to retain and strengthen the IAP. Women, children, and adolescents need advocates. But they also need those who can ensure that commitments made by those with political power are delivered. Global health needs more independent accountability, not less. It’s time not only to resuscitate the IAP, but also to examine how independent accountability can be applied to other domains within the SDGs.”

Stat - Gates Foundation CEO Susan Desmond-Hellmann to step down
https://www.statnews.com/2019/12/05/gates-foundation-ceo-susan-desmond-hellmann-to-step-down/

“Sue Desmond-Hellmann is stepping down as CEO of the Bill and Melinda Gates Foundation, the world’s largest funder of biomedical research. In a statement, she cited health and family reasons for the move. Desmond-Hellmann will be replaced by Mark Suzman, the foundation’s president of global policy and advocacy and chief strategy officer, on Feb. 1....”

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30500-5/fulltext

“...Recently... there has been a distinct uptick in the willingness of intergovernmental agencies, policy experts, political leaders, and researchers to stare the elephant in the face. Corruption. “...” Unfortunately this new interest in reporting the breadth and depth of the problem is in no way matched by the degree of activity to counter it....”

“...A research agenda is desperately needed, but as Dina Balabanova put it during November’s WHO webinar, we need to make sure we are asking the right questions before we start trying to invent solutions: what is driving a particular form of corruption (habit, lack of options, survival)? Who holds the power (is it inside or outside the health sector)? And who can make a difference (ie, who stands to benefit from eliminating corruption)? New policies and interventions need to be targeted rather than broad-brush, focused on what matters most for the health system, and feasible. A multidisciplinary and holistic approach is essential. While the research agenda unfolds, we should keep talking about corruption as the scandal that it is. Only by “re-problematising” what has become ingrained into many health systems will we stem the haemorrhaging of vital resources from the structures that we rely on for our health and wellbeing.”

WHO Bulletin (December issue)
https://www.who.int/bulletin/volumes/97/12/en/
Start with some of the Editorials, among others on: Meeting the needs of people with physical disabilities in crisis settings; Health workers’ education and training to prevent antimicrobial resistance; and Metrics and evidence for healthy ageing.

Some Papers of the week

**BMJ Global Health - Sustainable development for global mental health: a typology and systematic evidence mapping of external actors in low-income and middle-income countries**

V Lemmi et al; [https://gh.bmj.com/content/4/6/e001826](https://gh.bmj.com/content/4/6/e001826)

“Mental disorders account for a substantial burden of disease and costs in low-income and middle-income countries (LMICs), but attract few resources. With LMIC governments often under economic pressure, an understanding of the external funding landscape is urgently needed. This study develops a new typology of external actors in global health adapted for the sustainable development goals (SDGs) era and uses it to systematically map available evidence on external actors in global mental health....”

**WHO Alliance - Ethical considerations for health policy and systems research: A publication from the Alliance for Health Policy and Systems Research (WHO) with the Global Health Ethics Unit (WHO)**


« The field of HPSR and its conduct pose important challenges for both researchers and research ethics committees (RECs) about the interpretation and application of the principles for ethical conduct of health research to policy and systems research. For instance, when is a project health research and when is it health practice? Is research ethics review required for studies of existing policy decisions? This document provides researchers and RECs with a series of “points to consider” for clear identification, consideration and communication of ethical issues in HPSR. It is intended that, after reading this document, researchers will better understand relevant ethical issues in their HPSR study protocols and respond effectively to REC comments and questions; and REC members will be better able to identify aspects of an HPSR project that fall within its purview, identify ethical issues raised by the study and better communicate comments and questions to researchers.”

**Global Policy - National Level Preparedness for Implementing the Health-related Sustainable Development Goals (SDGs) in Seven South Asian Countries: Afghanistan, Bangladesh, Bhutan, India, Pakistan, Nepal and Sri Lanka**


“The objective of this research is to explore national institutional arrangements for Sustainable Development Goals (SDGs), describe the roles of different stakeholders in SDG implementation, and identify where gaps may lie at national and regional level. This paper analysed initiatives taken by seven South Asian countries towards implementing the health-related SDGs thus far. …. While,
Bangladesh and Bhutan have initiated the adoption of SDGs with development plans and programs, others have established national level institutional structures and coordination channels. An overarching concern is inadequate ownership of the SDGs by the sub-national governments for implementation and coordination. The level of engagement of non-state stakeholders such as non-governmental organizations (NGOs), civil society, think tanks, research institutes, academia, and media, however, varies across countries. This engagement ranges from raising awareness, to consultations, membership in committees, and planning and policymaking.”

Globalization & Health - How healthy is a 'healthy economy'? Incompatibility between current pathways towards SDG3 and SDG8


Very interesting paper. “The interconnections between health and the economy are well known and well documented. The funding gap for realizing SDG3 for good health and well-being, however, remains vast. Simultaneously, economic growth, as expressed and measured in SDG8, continues to leave many people behind. In addition, international financial institutions, notably the International Monetary Fund (IMF), continue to influence the economic and social policies that countries adopt in ways that could undermine achievement of the SDGs. We examine the incoherence between the economic growth and health goals of the SDGs with reference to three East African countries, Malawi, Uganda, and Tanzania, where our organization has been working with partner organizations on SDG related policy analysis and advocacy work.”

Critical Public Health - Global action, but national results: strengthening pathways towards better health outcomes for non-communicable diseases


“Global governance of non-communicable diseases (NCDs) has moved beyond the World Health Organization (WHO) to become a shared responsibility of WHO, the United Nations General Assembly, and other willing stakeholders. Despite the significant attention NCDs have received, progress towards global goals and political commitments remains disappointing. This lack of progress calls for greater attention to be given to how actions taken at the international level can lead to improvements in health at the country level. This paper reviews progress in the global response to NCDs by highlighting the role of pathways – both current and potential – for translating global aspirations into national actions that improve health outcomes. Important pathways to national action include the development of normative instruments, political accountability mechanisms, provision of economic support and technical assistance, and other forms of engagement we refer to as ‘institutional pathways’. We find that global leadership on NCDs has focused predominantly on generating a suite of normative instruments for influencing national policy, together with global targets and reporting processes but with inadequate development assistance for NCDs, or investment in capacity building. We point to the distinctively legal and regulatory nature of many priority interventions identified by WHO for NCD prevention and control, arguing that legal capacity building of both government and civil society stakeholders is a vital, cost-effective yet neglected pathway for strengthening national responses. We outline a modest vision for global, regional and national leadership in capacity-building and in promoting the role for law in NCD prevention and control.”
Blogs and mainstream articles of the week

Project Syndicate - What Kind of Capitalism Do We Want?


Short answer, none, Klaus 😊.

Almost end of the year, so before you know it, Davos will be around again. So high time to alert you to a bit more of the usual “blabla” by organizer Klaus Schwab. This time, he tells the world about a new Davos Manifesto; 50 years after the previous one. “Though the concept of "stakeholder capitalism" has been around for a half-century, it has only recently begun to gain traction against the prevailing shareholder-primacy model of profit maximization. Now, advocates of a more socially conscious economic system must take steps to ensure that their vision takes hold for the long term.”

“...the new “Davos Manifesto” states that companies should pay their fair share of taxes, show zero tolerance for corruption, uphold human rights throughout their global supply chains, and advocate for a competitive level playing field – particularly in the “platform economy.” You wonder why it didn’t work the first time, in 1973.

BMJ Global Health blog - What does data privacy and its commercialisation mean for global health?

BMJ Global Health;

“In the world where digital health is becoming the norm – what does data privacy and commercialisation mean for global health ? writes Michael Johnson.”

WEF (blog) – How venture capital can transform global health


For the fans. I ain’t one of them : )

“Venture capital can turn scientific discoveries into consumer products for patients in LMIC. It has transformed the market for rare disease medicines, bringing huge benefit to patients worldwide [as well as outrageous prices]. Healthcare innovation in low-income countries driven by a venture capital model could also benefit high-income countries, which share the same disease challenges.” “...So far, the concept of global health venture capital is in its infancy, spearheaded by the Bill & Melinda Gates Foundation. ...”
Some tweets of the week

- **Devi Sridhar** (after the change of leadership at the Gates Foundation)

> “All well-qualified & deserving but now heads of biggest global health institutions (WHO, World Bank, Gavi, Global Fund, Gates Foundation, Wellcome Trust, Rockefeller Foundation) are all men.”

- **R Horton:**

> “Over discussions this evening with 3 friends from Sciences Po, I am asked why The Lancet seems to have been reluctant to ask questions about the widespread influence of the Gates Foundation in global health. It’s a good question and one that I need to reflect upon.”

- **M Kavanagh & O’Neill institute:**

> “First look at big new project: the #HIV Policy Lab, a tool to track, quantify, and compare policies laws and policies around the world. Partnering with @UNAIDS, @georgetown_ghss, @talusanalysts, @gnpplus @undp, and many others. **Launching in June 2020.**”

Global governance of health

**FT Health - Trump administration willing to drop USMCA pharma provisions**

https://www.ft.com/content/f5448be0-1652-11ea-9ee4-11f260415385

(gated) “The Trump administration is prepared to scrap provisions in the new USMCA trade pact that would benefit US pharmaceutical and biotech companies selling medicine in Canada and Mexico, according to people briefed on the negotiations. ...”

“In a move expected to win support for the deal from Democrats in Congress, the US Trade Representative has signalled it is willing to make concessions that on a provision that would allow developers of cutting-edge biologic drugs to benefit from 10 years of data protection before they were forced to contend with generic competition, the people said. US law allows pharmaceutical companies 12 years of data protection for those products but in Canada and Mexico they are afforded just eight and five years of data protection respectively. Democrats have criticised the inclusion of this provision in the USMCA, saying it would make it harder to cut drug prices domestically. ... The Trump administration’s signal that it might back down on the pharmaceuticals provisions in USMCA was first reported by Bloomberg News. The USMCA is considered the template for US trade deals under Mr Trump and dropping the pharmaceuticals provision could have an impact on negotiations with other countries....”
CGD (blog) Fostering Development Cooperation: A Development Leaders Conference

M Gavas; https://www.cgdev.org/blog/fostering-development-cooperation-development-leaders-conference#.XeejGL0PluU.twitter

“The development landscape is constantly evolving. We face new donors, old challenges, enduring institutions, hostile political environments, and increasing uncertainty and risk—all while trying to emphasise greater cooperation and partnerships. But how can the development community truly harness the power of this cooperation and come together to achieve the Sustainable Development Goals? Earlier this month, the Center for Global Development again hosted the Development Leaders Conference, this time in Beijing in partnership with the Asian Infrastructure Investment Bank (AIIB).”

Check out some of the take home messages. Pretty interesting blog, among others pointing out the increasing impact of conflicts & climate change.

CGD Note – The Role of the World Bank in Fragile and Conflict-Affected Situations


“...In 2016, the World Bank began greatly amplifying its engagement in fragile states and humanitarian contexts, engaging in the World Humanitarian Summit, launching new crisis-focused mechanisms in the 18th replenishment of the International Development Association (IDA18, covering July 2017-June 2020), and establishing new trust funds to respond to crises. World Bank financing and programs could mobilize vast new intellectual and financial resources for fragile and violent contexts, and in doing so, potentially improve the lives of millions of vulnerable people. ...”

“...As the World Bank develops a new Fragility, Conflict and Violence (FCV) Strategy, and approaches its 19th replenishment of IDA (IDA19, covering 2021-2024), this note explores the lessons learned since 2016 and asks what is working, what isn’t, and what else should the World Bank be considering? ...”

Devex - Q&A: New PATH CEO on plans to become 'the go-to health NGO'


Interview with PATH’s new CEO, Nikolaj Gilbert.
Devex – In wake of safeguarding scandal, IPPF approves organizational overhaul


“Six months after allegations of sexual and financial misconduct, the world’s largest sexual health charity, the International Planned Parenthood Federation, has said it will undertake sweeping reforms.”

Quick links:

Devex - UK election 2019: How do parties' promises on aid measure up?

You might want to (re-)read this article after the UK election next week.

Guardian - Nestlé cannot claim bottled water is 'essential public service', court rules

Cfr. a tweet by Global Policy Watch: “A small step to prevent #privatization of essential public services. #Nestle, member of the World Economic Forum and UN Global Compact commits widespread violations of #HumanRights.”

UHC

WHO Bulletin - Using district health information to monitor sustainable development

A Farnham et al ; https://www.who.int/bulletin/online_first/BLT.19.239970.pdf?ua=1

“... the long-term solution to adequately track progress towards the SDGs is investment in the production of empirical data through national health management information systems, instead of reliance on out-dated estimates. An adequate health management information system that allows close monitoring of population health through the systematic collection of data from health facilities nationwide is a key building block of national health system planning and decision-making. ...”

This article discusses DHIS2: “... District Health Information System 2 (DHIS2) software has been portrayed as a solution to many of these problems. This software was developed by Health Information Systems Programme and is supported by the Norwegian Agency for Development Cooperation, the United States President’s Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations Children’s Fund and the University of Oslo...”
BMJ Editorial - Manifesto promises on health and social care

H Alderwick;
https://www.bmj.com/content/367/bmj.l6773?utm_source=twitter&utm_medium=social&utm_term=hootsuite&utm_content=sme&utm_campaign=usage

On the UK election. “In an election that was supposed to be about Brexit, the NHS has taken centre stage. Politicians have pledged more cash, more doctors and nurses, and millions more general practice appointments. But what do the promises add up to? The parties’ manifestos give us a clearer picture of what—beyond the campaign rhetoric—a new government might mean for health and care in England....”

See also a Lancet World Report from this week - Health and medicine in the UK election.

Link: WHO Bulletin - Reforms for financial protection schemes towards universal health coverage, Senegal.

Planetary health

HPW - Global Temperatures Already 1.1°C Above Pre-Industrial Levels; Last Ten Years Appear To Be Hottest On Record, Says WMO


“Exceptional global heat waves, retreating ice sheets and record sea levels – all driven by rising concentrations of atmospheric greenhouse gases – are the hallmark of the past decade as 2019 draws to a close, said the World Meteorological Organization (WMO) on Tuesday. The global average temperature in 2019 (January to October) was about 1.1°C above pre-industrial levels. Average temperatures for the past ten years (2010-2019) are “almost certain” to be the highest on record, WMO Secretary-General Petteri Taalas said in a press conference here on the second day of the UN Climate Conference (COP25). And 2019 is on course to be the second or third warmest year ever on record. His remarks were based upon a WMO provisional statement on the State of the Global Climate, released simultaneously....”

IISD - OECD Report Calls for Aligning Development Finance with Climate Goals

IISD.
“The Organisation for Economic Co-operation and Development (OECD) has released a report that finds that development finance for energy efficiency and renewables has increased since the Paris Agreement on climate change, but continues to be undermined by financing for new fossil fuel-based energy. The report calls for donors to improve alignment with climate goals to support a sustainable development pathway. The report titled, ‘Aligning Development Co-operation and Climate Action: The Only Way Forward,’ analyzes development finance provided by members of the OECD Development Assistance Committee (DAC), non-DAC members, UN agencies and development banks. It finds that 20% of finance provided by DAC members over 2013-2017 focused on climate change, compared to 40% of finance provided by UN agencies and development banks.”

Devex - The EAT-Lancet Diet is unaffordable, but who is to blame?


Not the authors of the EAT-Lancet Diet report, apparently. Interesting analysis. “When new research came out in November showing that the EAT-Lancet reference diet was too costly for nearly 1.6 billion people in the world, headlines zeroed in on the diet’s unaffordability as the latest evidence of its impracticality....”

Quick links:

* Guardian - Scientist's theory of climate's Titanic moment the 'tip of a mathematical iceberg'

“Formula for climate emergency shows if ‘reaction time is longer than intervention time left’ then ‘we have lost control’”

* Guardian - Climate change to steer all New Zealand government decisions from now on

Again a global role model, New Zealand.

- Guardian - Climate models have accurately predicted global heating, study finds

Infectious diseases & NTDs

Cidrap - Novel additions to malaria bed nets increase effectiveness

“Research published yesterday in Nature Microbiology details how simple additions to traditional bed net design can help reduce the lethality of malaria and increase the choice of insecticides used to target the mosquitoes that carry the deadly disease. Researchers and engineers from the University of Warwick and the Liverpool School of Tropical Medicine (LSTM) collaborated on the bed nets, called Barrier Bednets, and showed the netting was highly effective against wild insecticide-resistant Anopheles gambiae mosquitoes in Burkina Faso....”

“The bed nets have a perpendicular piece of netting attached to the top of a traditional net. The design was based on imaging systems developed at the University of Warwick, which showed that mosquitoes fly back and forth across the top of a traditional bed net looking for entry. The top panel of perpendicular netting is firmly attached to the roof and out of the reach of children, which increases the types of insecticides that are safe to use....”

Cidrap News - Six nations report more polio cases; Pakistan tops 90


“Countries experiencing recent polio outbreaks saw no letup in activity, with Pakistan reporting five new wild poliovirus type 1 (WPV1) cases and four African nations, Pakistan, and the Philippines reporting more circulating vaccine-derives poliovirus type 2 (cVDPV2) cases, according to the latest update from the Global Polio Eradication Initiative (GPEI)....”

Lancet World Report - Stigma, politics, and an epidemic: HIV in the Philippines

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32939-3/fulltext

“Incidence is increasing in the Philippines faster than anywhere else in the world, driven by discrimination and the policies of President Duterte. Sharmila Devi reports.”

Lancet Global Health - Strengthening quality of care for children who are HEU

A Goga: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30497-8/fulltext

“The [new] analysis by Amy Slogrove and colleagues in The Lancet Global Health contributes to increased understanding of the extent of future health needs of children in low-income and middle-income countries (LMICs) with high HIV prevalence. Using 2019 UNAIDS global estimates of children who are HIV-exposed uninfected (HEU) as well as the UN Population Division estimates of the number of all children in each region or country, the authors produced four estimates: the
regional or national prevalence of children who were HEU; the regional or national contribution of children who were HEU to the global population of children who were HEU; the proportion of children who were HEU and exposed to antiretroviral drugs; and the percentage change in the global population of children who were HEU between 2000 and 2018.

**Guardian - Global heating driving spread of mosquito-borne dengue fever**

“Rising temperatures across Asia and the Americas have contributed to multiple severe outbreaks of dengue fever globally over the past six months, making 2019 the worst year on record for the disease. In 1970 only nine countries faced severe dengue outbreaks. But the disease, which is spread by mosquitoes that can only survive in warm temperatures, is now seen in more than 100 countries. There are thought to be 390 million infections each year....”

**BMJ News – Tuberculosis: experts question evidence and safety data used to approve latest drug**

https://www.bmj.com/content/367/bmj.l6832

“Two dozen leading tuberculosis (TB) clinicians and researchers have written to a leading TB charity to question the US’s approval of the antibiotic pretomanid, which was hailed by trialists three months ago as a “watershed” moment....”

**NEJM (Perspective)- Preparing for the Next Pandemic — The WHO’s Global Influenza Strategy**


“Given the ongoing threat posed by influenza, the WHO earlier this year released its Global Influenza Strategy 2019–2030. Although the strategy is a welcome step, additional challenges will test its effectiveness unless efforts are made to ensure that they are addressed.”

And a quick link from the US:

**Stat - Trump administration will provide HIV prevention drug for free to uninsured in new program**
AMR

Quick link:

Science Daily - The deadly superbugs lurking in more than nine in ten make-up bags

“Superbugs including E. coli and Staphylococci have been found in more than nine out of ten in-use beauty products.”

NCDs

Lancet - Application of non-HDL cholesterol for population-based cardiovascular risk stratification: results from the Multinational Cardiovascular Risk Consortium

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32519-X/fulltext

Cfr the press release:

“The Lancet: First long-term estimates suggest link between cholesterol levels and risk of heart disease and stroke

“Study is the most comprehensive analysis of long-term risk for cardiovascular disease related to non-high-density lipoprotein (non-HDL) cholesterol – including almost 400,000 people from 19 countries who were followed for up to 43.5 years (median 13.5 years follow-up) between 1970 to 2013. This longer-term evidence may be particularly important in people aged under 45 years. Depending on cholesterol level and number of cardiovascular risk factors, men and women aged under 45 years have a 12-43% or 6-24% risk (respectively) of having fatal or non-fatal heart disease or stroke by the age of 75 years.”

For the accompanying comment, see Lancet - The next treatment paradigm in cardiovascular prevention?

Coverage in the Guardian (Sarah Boseley) - 'Bad cholesterol' levels should be checked from age of 25 - study

“All adults as young as 25, as well as older people, need to know of their “bad cholesterol” levels so they can change their lifestyle or take drugs to protect themselves against heart attacks or strokes in later life, say scientists. A landmark study involving data from nearly 400,000 people in 19 countries has established for the first time that levels of non-HDL, or “bad cholesterol”, in the blood are closely linked to the risk of heart disease across the entire life course. The research could lead to many younger people taking statins to lower their cholesterol levels. At the moment GPs prescribe the cholesterol-lowering drugs mostly to people in middle age....”
Global Health Research & Policy - A scoping review of non-communicable disease research capacity strengthening initiatives in low and middle-income countries


“As the epidemic of non-communicable diseases (NCDs) is rapidly developing in low and middle-income countries (LMICs), the importance of local research capacity and the role of contextually relevant research in informing policy and practice is of paramount importance. In this regard, initiatives in research capacity strengthening (RCS) are very important. The aim of this study was to review and summarize NCD research capacity strengthening strategies that have been undertaken in LMICs....”

BMJ - Pathways to independence: towards producing and using trustworthy evidence

[https://www.bmj.com/content/367/bmj.l6576](https://www.bmj.com/content/367/bmj.l6576)

“A global team of influential researchers, clinicians, regulators, and citizen advocates suggest how we can start to build an evidence base for healthcare that is free of commercial influences.”

Part of the BMJ Collection - [Commercial influence in health: from transparency to independence](https://www.bmj.com/content/367/bmj.l6576)

Also part of the Collection - [Karla Soares-Weiser: Cochrane announces a new, more rigorous “conflict of interest” policy](https://www.bmj.com/content/367/bmj.l6576)

Guardian - Half of all homeless people may have had traumatic brain injury


“Half of all homeless people may have suffered a traumatic brain injury at some point in their life, according to new research – which experts say could be either a consequence or even the cause of their homelessness. ... ... A large study compiling research results from six high-income countries – Australia, Canada, Japan, South Korea, the UK and the US – found that 53% of homeless people had suffered a traumatic brain injury (TBI). This, estimate the authors, could be 2.3 to four times the rate for the population as a whole....”
Sexual & Reproductive / maternal, neonatal & child health

Washington Post – To tackle violence against women and girls, U.N. health agency pushes RESPECT program

Washington Post:

“About 1 in 3 women has experienced violence during her lifetime, according to the World Health Organization — an epidemic that is truly worldwide. In the days leading up to Human Rights Day on Dec. 10, the United Nations health agency wants to spread awareness to prevent violence against women and girls....” “...RESPECT, the agency’s new policy framework to prevent violence against women, proposes seven strategies that can help: ●Relationship skills strengthened. ●Empowerment of women. ●Services ensured. ●Poverty reduced. ●Environments made safe. ●Child and adolescent abuse prevented. ●Transformed attitudes, beliefs and norms;...”

And a quick link:

AP - Once-a-month birth control pill? Experiment works in animals

“...The experimental capsule is still years away from drugstores, but researchers reported Wednesday that it worked as designed in a key test in animals. The Bill and Melinda Gates Foundation is investing $13 million for further development of the once-a-month pill, in hopes of eventually improving family planning options in developing countries.”

Access to medicines

HPW - HIV Treatment For Children To Be Produced For Under One Dollar A Day

https://www.healthpolicy-watch.org/hiv-treatment-for-children-to-be-produced-for-under-one-dollar-a-day/

“The Indian pharmaceutical company Cipla has announced their commitment to price the groundbreaking new product Quadrimune, a “4-in-1” treatment for young children with HIV, at below a dollar a day. Quadrimune is currently under review by the US Food and Drug Administration (FDA) for use in children between 3 and 25 kg bodyweight.”
Nature biotechnology - Cut-price CAR-T cell therapies top India’s biotech agenda

https://www.nature.com/articles/s41587-019-0346-1

“Indian startups plan affordable CAR-T therapies—first for domestic use, then for the global market.”

Human resources for health

BMJ - Pakistan attracts 700 female doctors back into practice through online service

https://www.bmj.com/content/367/bmj.l6752

“A digital medical service launched by one of Pakistan’s oldest universities has attracted 700 female doctors back into practice and helped 100,000 patients, often in the most deprived and remote parts of the country, to receive medical care. The eDoctor initiative, which is led by gynaecologist Jehan Ara Ainuddin from Dow University of Health Sciences in Karachi, is targeting 35,000 women doctors who trained in Pakistani medical schools but have never entered clinical practice, often because of the restrictions placed on women by Pakistani society or family commitments. Some of these doctors have left the country to practise abroad, but have joined the internet medical service, which launched last July, to allow more women in Pakistan to be treated by a female doctor….”

Miscellaneous

Bloomberg - Worst of China’s African Swine Fever Over, Says Ministry Official

Bloomberg:

“China’s hog population has stopped shrinking and is starting to rise, after months of decline because of African swine fever, and the recovery should keep pork prices in check, a senior agriculture ministry official said.”

Lancet World Report - Tensions grow between Hong Kong police and medics

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32938-1/fulltext
“Health workers involved in treating protesters are reported to have been targeted by police. Shawn Yuan reports from Hong Kong.”

See also a related Lancet Editorial - [Hong Kong: counting the health cost](https://www.lancet.com/pdfs/lancet/PIIS0140-6736(19)32579-8.pdf)

**Nature - Crack down on genomic surveillance**

[https://www.nature.com/articles/d41586-019-03687-x](https://www.nature.com/articles/d41586-019-03687-x)

“Corporations selling DNA-profiling technology are aiding human-rights abuses. Governments, legislators, researchers, reviewers and publishers must act.”

Quick links:


(by N Hossain of the Accountability Research Center).

Some quotes:

(on the wave of global protests) “… back at the Bank, I heard a lingering resistance to viewing such protests as properly political acts of ordinary citizens holding public authorities to account. Part of this, most notable in the World Bank and the IMF and their intellectual hinterlands, comes from bad political sociology that frames protestors suspiciously as ‘non-poor’ vested interests – young, urban and educated, demanding wasteful subsidies that distort the economy and punish the poor. Recent protests should have killed that notion. Spending cuts have galvanized cross-class nation-wide alliances in so many countries precisely because they are widely-shared concerns among the masses of the ‘non-rich’…”

“…I am not in the business of interpreting protests so as to help the IMF or the World Bank design or push through their adjustment programmes. But I do see basic failures of accountability when such powerful organizations propose or insist on subsidy cuts by borrowing governments in the knowledge that mass popular resistance might kick off, and if it does, that it will be met with the full force of state repression. Social accountability should be about creating channels for communication and spaces where grievances can be aired and addressed. Each new protest is a sign of institutional failure.”


Some preparation for the ones among you going to the Dubai HSR symposium in 2020.
• Noam Chomsky - [Noam Chomsky: Democratic Party Centrism Risks Handing Election to Trump](#)

Worth a read. Also because he rightly describes, how, increasingly authoritarian populists like Trump, Modi, Salvini et al have managed to change the ‘political culture’ in countries. It’s a term global health should perhaps pay more attention to. Also in this respect, the SDG era doesn’t feel like the MDG one anymore.

• Guardian - [China gene-edited baby experiment ‘may have created unintended mutations’](#)

“He Jiankui’s original research, published for the first time, could have failed, scientists say.”

**Research**

**Health Research Policy & Systems - Health promoter, advocate, legitimiser — the many roles of WHO guidelines: a qualitative study**


“Properly implemented evidence-based clinical and public health guidelines can improve patient outcomes. WHO has been a major contributor to guideline development, publishing more than 250 guidelines on various topics since 2008. However, well-developed guidelines can only be effective if they are adequately and appropriately implemented. Herein, we aimed to explore whether and how WHO guidelines are implemented in local contexts to inform the success of future guideline implementation...”

**Globalization & Health - A conceptual framework for capacity strengthening of health research in conflict: the case of the Middle East and North Africa region**


“In conflict settings, research capacities have often been de-prioritized as resources are diverted to emergency needs, such as addressing elevated morbidity, mortality and health system challenges directly and/or indirectly associated to war. This has had an adverse long-term impact in such protracted conflicts such as those found in the Middle East and North Africa region (MENA), where research knowledge and skills have often been compromised. In this paper, we propose a conceptual framework for health research capacity strengthening that adapts existing models and
frameworks in low- and middle-income countries and uses our knowledge of the MENA context to contextualise them for conflict settings....”