IHP news 557 : Bracing for a pandemic?

(31 Jan 2020)

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,

With Davos out of the way, there’s no need anymore to “comment” on the future of capitalism and so I can joyfully sing the praise of PPPs, “partnership” in general, and philanthropic foundations for the remainder of the year, leveraging and harnessing the “unexploited enormous potential of the private sector” all the way towards a better world for all 😊. Ahum.

Anyway. I’ll keep it ultra-brief in this week’s intro, among others because we kick off a SHAPES Featured article series with a great contribution from Jill Olivier. As many of you will know, SHAPES is a thematic working group within Health Systems Global (HSG), which facilitates discussion, debate and collaboration around social science approaches for research and engagement in health policy & systems. In the months leading up to the 6th Global Symposium on Health Systems Research in Dubai (Nov 2020), SHAPES members will be writing about the Symposium’s theme of "re-imagining health systems for better health and social justice" through a social science lens. IHP is very happy to host the series.

Meanwhile, in the broader global health community and far beyond, the coronavirus is all over the place now, with worries about a pandemic (and/or ‘black swan’ event) steadily increasing. The worst scenarios probably won’t materialize. Still, sensationalist media, rumours on social media and Pompeo-style politicians are already leading to a wicked global cycle of anxiety or downright panic. WHO (and dr. Tedros) got some criticism after the WHO DG’s visit to Beijing, more in particular on why it took so long to call the situation a PHEIC. Some of the criticism was probably warranted – there’s been some speculation that Tedros’ relationship with Xi Jinping is rather cozy (in spite of the exemplary “near-quarantine” distance they kept from each other at the main picture of their meeting 😊), and the Chinese government/governance certainly hasn’t been flawless in this outbreak. Still, some of the criticism also feels a bit cheap, especially if it comes from the US, nowadays a weird mix of a banana republic annex plutocracy. You don’t want to know what might happen if the Donald gets “on top of it”.

Over to global health meetings then. In addition to the WHO Executive Board Meeting coming up soon (3-8 Feb), quite a few other global health events are worth noting, among others the 1st ever global conference on childhood pneumonia, in Barcelona. PMAC 2020, also, in Bangkok – still not livestreamed, sadly. If it wasn’t for the presence of the People’s Health Movement in the Thai capital, one would think the Prince Mahidol conference is the UHC community’s equivalent of a Bilderberg group meeting 😊. Later today (1 pm ET), we hope you also follow the livestream of Duke’s Decolonizing Global Health conference.

Enjoy your reading!
LMIC health systems in danger of losing their own history

Jill Olivier (University of Cape Town, School of Public Health and Family Medicine, Health Policy and Systems Division)

The importance of historical and longitudinal perspectives is finally gaining attention in health policy and systems research (HPSR). HPSR is a field that is concerned with understanding and strengthening complex adaptive systems over time. Rather than magic bullets, our focus is on patterns of behaviour and long-term sustainable change.

In HPSR, and among decision-makers, history becomes important because it is useful to understand change, and whether long-term system-wide interventions had the positive effect intended (e.g. the Good Health at Low Cost series). History shapes the particular context of each health system and ensures that previous successes and failures are properly remembered.

"Those who cannot remember the past are condemned to repeat it" - George Santayana

However, despite being fundamentally concerned with change over time, historical methods from the social sciences and humanities have been neglected in HPSR. Specialist tools such as oral history approaches are rarely applied; full historical studies tracing change over time are rarely funded; and health system histories remain an individual interest project.

There is also a significant North-South, or high-income (HIC) low-middle-income (LMIC) divide. For example, while there are multiple publications tracing the history of HIC systems (e.g. the UK’s NHS), there are only a handful of studies tracing the evolution and adaptation of LMIC health systems. Yet HPSR is a field focused on LMIC health systems – and it is easy to see how the features of LMIC health systems are rooted in history. For example, the public-private mix; whether they are centralized/decentralized; whether they are hospital-centric; whether they have a maternal-health orientation. Never mind more nuanced features such as causal loops, tacit assumptions and organisational cultures.

There are renewed efforts to draw like-minded researchers together for further discussion about health system histories (e.g. within the Health Systems Global SHAPES thematic working group). However, the situation is dire, and requires more urgent action. If you accept that the histories of LMIC health systems are important, then you should be feeling alarm at the rapid and permanent loss of historical evidence in these settings.

Fieldwork conducted over several LMIC countries has highlighted the rapid loss of archival material relevant to health systems. In some cases, materials have been ‘extracted’ from LMIC settings, and can sometimes be found in HIC archives. For example, where a PHD student has removed materials from the LMIC study site to the HIC academic archive. Or another common example are institutional archives such as those of missionary groups, whose primary materials tracing health system development in colonial times now rest in mother-body European archives.

Of course, there are very few actual archives in LMICs that collect this type of material (physical or digital), and those that exist tend to be neglected. The situation in fragile and conflict affected states is worse. However, even in more stable and middle-income states, health system historical materials such as policy drafts, contracts, maps, reports, Ministry materials, letters, or (pre-internet generated) studies, are rarely placed in organised storage.
During fieldwork on a related study in Ghana, we were told that there are multiple reasons for this. The main reason was that no one considered such materials to be important (compared to say retaining patient records as required). But other reasons were that there were no resources available to build and sustain archives; the primary materials had been ‘taken overseas’; and most interestingly perhaps, that in Ghana, there was a management culture that prevented the storage of health system relevant materials – so outgoing managers ‘swept the decks’ before handing a blank desk to a new incumbent (often with a new political affiliation), and also that in the 1960s-1980s there was a deliberate culture of ‘not leaving a paper trail’ for accountability reasons. It is also important to note that key LMIC health system decision-makers who were active in critical times from the 1950s-1980s, are now in their eighties or nineties. Several key figures who were instrumental in their LMIC health system’s development were tragically lost over the last few years – and before their narrative could be recorded.

History is essential to understanding and strengthening health systems. We are losing key evidence before we even know what questions to ask of it. We need to develop cadres of engaged health system historians in LMIC settings, and local LMIC-kept archives (perhaps to the scale of the Timbuktu Manuscript Projects), that in our digital era can be shared to the benefit of anyone seeking to understand health system’s development.

**Highlights of the week**

**PMAC 2020 conference/ UHC Forum 2020 (Bangkok, 28 Jan-2 Feb) (ongoing)**

https://pmac2020.com/site

This year’s theme is: Accelerating Progress Towards Universal Health Coverage.

See [Message from the Co-Chairs of the International Organizing Committee](https://pmac2020.com/site).  

“The Conference this year [will be] held jointly with the Universal Health Coverage Forum, which aims to strengthen momentum on UHC in international fora and accelerate global efforts for achieving UHC, and will provide a platform to all stakeholders, including governments, the United Nations System, academic institutions, civil society organizations, professional associations, non-governmental and faith-based organizations, philanthropic foundations, young professionals and the private sector to come together to debate and discuss the most innovative and bold ideas, to propose solutions and forge partnerships to concretely explore how the progress towards Universal Health Coverage can be accelerated.”

You find the 6-fold rationale of the conference more in detail [here](https://pmac2020.com/site).

Given this grand aim, it’s all the more puzzling that there is no livestreaming of plenaries – which makes it stand out between big global health conferences. #deepsigh
Do check some of the highlights so far via the hashtag #PMAC2020. We hope for some great blogs & summary reports afterwards.

Among others, some new publications were released in Bangkok. Do check out, among others:

2 new papers in the BMJ ‘Health, Wealth and Profits collection’
https://www.bmj.com/health-wealth-profits

- BMJ - To include or not include: renal dialysis policy in the era of universal health coverage

“Expensive treatments such as renal dialysis are a challenge for countries aiming for universal coverage. Yot Teerawattananon and colleagues set out a systematic approach to ensuring it is affordable.”

- BMJ - Prevention of non-communicable disease: best buys, wasted buys, and contestable buys

“Wanrudee Isaranuwatchai and colleagues highlight the importance of local context in making decisions about implementing interventions for preventing non-communicable diseases.”

“... To improve priority setting at local level we distinguish best buys, wasted buys, and contestable buys recognising the importance of context....”

BMJ Collection – ‘Leaving no woman, no child and no adolescent behind’ collection : a “Wake up call for the global health community

https://www.bmj.com/leaving-no-one-behind

The Leaving no woman, no child and no adolescent behind collection was published by The BMJ and proposed by Countdown to 2030 for Women’s, Children’s and Adolescents’ Health and the Partnership for Maternal, Newborn and Child Health (PMNCH) hosted by the World Health Organization.

“In 2020 the world enters the last 10 years of the sustainable development goals (SDGs). The SDGs’ mantra, which all countries signed up to through the United Nations, is “Leave no one behind.” The 2030 goals target health and wellbeing for all and the UN’s Every Woman Every Child global strategy for women’s, children’s, and adolescents’ health (2016-2030) is the unifying roadmap to achieve that for women, children, and adolescents. Is leaving no one behind just rhetoric, or is it leading to measurable change? In this collection of articles leading researchers from around the world explore the data on health inequalities in an attempt to answer this question. One third of the way through the SDG era, what will it take to ensure that no woman, child or adolescent is left behind?”
There’s a wealth of must-reads in this collection. So we suggest you have a long, deep look at most of them.

- Do start perhaps (for some quick key messages & general backdrop of the report) here:

The Partnership for Maternal, Newborn and Child Health - Can we achieve health for all women, children, and adolescents by 2030?


“As we enter the last decade of the sustainable development goals (SDGs), a new collection of articles published by The BMJ and BMJ Global Health today tells us whether the world is on track to meet the 2030 global targets for health. The collection Leaving No One Behind brings together key international actors to report on the progress made—and to highlight the ongoing challenges leading to unequal outcomes—in achieving this goal. It is the first comprehensive five-year report in the SDG-era on progress made on women’s, children’s and adolescents’ health. The collection focuses on areas where the most vulnerable women, children and adolescents are being left behind. This includes essential health interventions for reproductive, maternal, newborn, child, and adolescent health and nutrition, such as skilled birth attendance, vaccinations, management of childhood illnesses, improved water supply, and insecticide treated bed nets to prevent malaria. …”

Check out a great short overview of the key findings. ...

“The collection [was] formally launched at the Prince Mahidol Award Conference (PMAC) in Bangkok on Tuesday 28 January 2020 to stimulate discussion and exchange among government ministers, policy makers, funders and key NGOs.”

“...In an editorial to launch the collection, experts say progress is being made, but better data and extra effort is needed to identify and reach the most vulnerable people....” See Reaching all women, children, and adolescents with essential health interventions by 2030 (by Ties Boerma et al)

- Make sure you read also, for the general backdrop of this report & key messages in the eyes of key global health leaders, (by dr. Tedros and other global health leaders) - Wake-up call: 10 years remaining to address inequalities on right to health for all

“...These findings should serve as a wake-up call to the global health community. If we do not act to address these issues we will fall short of our commitment to reach the most vulnerable populations with effective, sustainable solutions by 2030....”

- In addition to the BMJ articles, some new BMJ Global Health Articles are also part of the collection. Among others on intimate partner violence, adolescent sexual and reproductive health, inequities in intervention coverage, ...
World Leprosy Day (Jan 26)

UN News - End discrimination against women and children affected by leprosy


“Governments must put an end to the informal segregation and institutionalized neglect of hundreds of thousands of women and children affected by leprosy, an independent UN human rights expert said on Sunday, World Leprosy Day. “Too many women and children affected by leprosy – also known as Hansen’s disease – are victims of stereotypes, physical and verbal abuse, delays of diagnosis and lack of adequate care”, declared Alice Cruz, UN Special Rapporteur on the elimination of discrimination against persons affected by leprosy and their family members....”

IPS – Leprosy Re-emerges as a Global Health Challenge

IPS.

“IPS Senior Correspondent Stella Paul looks at how the disease is re-emerging as a global health challenge, particularly in countries like India, Brazil and Indonesia....”

Coming up next week – WHO’s 146th EB meeting (3-8 Feb, Geneva)

https://www.who.int/about/governance/executive-board/executive-board-146th-session

“At the 146th session of the Executive Board will take place at WHO headquarters in Geneva on 3-8 February 2020. At this meeting, members will agree on the agenda and resolutions to be considered at this year’s World Health Assembly. Topics under discussion this year include WHO’s response in severe, large-scale emergencies; research and development for diseases with epidemic potential; antimicrobial resistance; poliomyelitis; principles for global consensus on the donation and management of blood, blood components and medical products of human origin; and promoting the health of migrants.”

- Main docs, tentative agenda, ... see WHO EB 146.
- Do check out WHO Tracker with among others, PHM comments on various agenda items https://who-track.phmovement.org/eb146 (not yet compiled into one overall document)

Worth flagging already, one of the agenda items - via the WHO Watch updater:

“WHO Executive Board to consider new ‘Operational Framework for Primary Health Care’

Special Program on PHC proposed if member states support operational framework
The February 2020 meeting of WHO’s Executive Board (EB) will discuss a proposed new Operational Framework on Primary Health Care (in EB146/5) through which the commitments of the Astana Conference on PHC will be progressed. The Operational Framework includes four core strategic levers and ten operational levers. … “Core strategic levers include: political commitment and leadership, governance and policy frameworks, funding and allocation of resources, and engagement of communities and other stakeholders.” “The ten operational levers include: models of care, the PHC workforce, physical infrastructure, medicines and other health products, engagement with private-sector providers, purchasing and payment systems, digital technologies, systems for improving quality of care, PHC oriented research, and monitoring and evaluation.”

PS: you can subscribe to the WHO tracker here.

Civil society meetings ahead of the 146th Session of the WHO Executive Board, 31 January and 1 February 2020

http://g2h2.org/posts/january2020/

With, among others, a civil society workshop on Friday afternoon on ‘Health heartbeats in the age of financial accumulation and digital technology’.

1st Global Forum on Childhood Pneumonia (Barcelona, 29-31 Janu)

https://stoppneumonia.org/latest/global-forum/

Via UNICEF: “On January 29-31, the nine leading health and children’s organisations – ISGlobal, Save the Children, UNICEF, Every Breath Counts, “la Caixa” Foundation, the Bill & Melinda Gates Foundation, USAID, Unitaid and Gavi, the Vaccine Alliance – are hosting world leaders at the Global Forum on Childhood Pneumonia in Barcelona, the first international forum on childhood pneumonia.

Among the announcements to be made at the forum include a more affordable, PCV vaccine from the Serum Institute of India and political commitments from governments in high-burden countries to develop national strategies to reduce pneumonia deaths.”

Some reads:

F2P blog - Everyone is talking about Coronavirus, but why does the World do so little about Pneumonia, which kills 2,000 children a day?


Guest post by Kevin Watkins, providing the backdrop for the 1st global forum on child pneumonia.
UNICEF - 9 million children could die in a decade unless world acts on pneumonia, leading agencies warn


“Boosting efforts to fight pneumonia could avert nearly 9 million child deaths from pneumonia and other major diseases, a new analysis has found ahead of the first ever global forum on childhood pneumonia in Barcelona (January 29-31). According to a modelling by Johns Hopkins University, scaling up pneumonia treatment and prevention services can save the lives of 3.2 million children under the age of five. It would also create ‘a ripple effect’ that would prevent 5.7 million extra child deaths from other major childhood diseases at the same time, underscoring the need for integrated health services....”

BMJ blog – A new shot at protecting children from pneumonia: will leaders accelerate access for the millions of children left behind?

BMJ Blog:

By Kate Elder (MSF Access campaign), with a message for GAVI in particular. “... about 55 million children worldwide live in places where PCV (pneumococcal conjugate vaccine) is not available in their country’s national immunisation schedule, largely because of its high price.”

“... As Gavi turns 20 this year, and revs up for a new round of replenishment funding in June, what better way to celebrate their birthday than to support broader access to a much more affordable new lifesaving vaccine, which can help ensure that many more children can celebrate their next birthday, too?”

Devex – Increased action against pneumonia could save 9 million children


Short report of the 1st day in Barcelona. “As the first Global Forum on Childhood Pneumonia gets underway in Barcelona, Spain, advocates are calling for a boost in efforts to tackle the disease and avert the deaths of 9 million children in the next 10 years. According to analysis by Save the Children and Johns Hopkins University, scaling up pneumonia treatment and prevention services could save 3.2 million children under the age of 5 from pneumonia, and a further 5.7 million from other diseases such as diarrhea, sepsis, and measles. Without effective intervention, the highest death tolls are likely to be in Nigeria, India, the Democratic Republic of the Congo, and Ethiopia.”

“...Commitments from governments on the development of national pneumonia strategies are expected, alongside an announcement from vaccine producer, Serum Institute of India, on a more affordable pneumococcal conjugate vaccine.”
Coronavirus outbreak / epidemic: a PHEIC at last

It wasn’t just the virus that went “viral” this week, the same was true for the coverage, analysis & reports on scientific and other developments related to the outbreak. It’s impossible to list everything here, as there are so many possible angles on this developing story - even in a structured form. So we’ll just list some important reads and do so in steno-style. Here and there, we might provide a quote or excerpt to let a certain message stand out. Our focus is, clearly, more on governance and policies than on biomedical science.

The main worry, is, of course that (see Stat News) “Containing new coronavirus may not be feasible, experts say, as they warn of possible sustained global spread” (26 Jan)

Below you find the info on the coronavirus epidemic structured along the following lines: (1) first the daily coverage; (2) then the various analyses (from different angles); (3) scientific news & publications; and (4) finally, some more news snippets.

But first the big (and long overdue?) news from yesterday evening:

WHO declares coronavirus outbreak a global health emergency
Stat:

Richard Horton summarized it well on Twitter: “PHEIC. It had to be. Now what?”

“The World Health Organization on Thursday declared the outbreak of a novel coronavirus a global health emergency, an acknowledgement of the risk the virus poses to countries beyond its origin in China and of the need for a more coordinated international response to the outbreak. In making the announcement, WHO leaders urged countries not to restrict travel or trade to China, even as some have shut down borders and limited visas....”

... Tedros, as he is called, stressed the decision was not meant to criticize the Chinese response to the outbreak, which he and other WHO officials have gone out of the way to praise. Instead, he said, the declaration of a public health emergency of international concern, or PHEIC, is meant to help support less developed countries and to try to prevent the virus from spreading in those places that are less equipped to detect the disease and handle infections....”


See also HPW - WHO Declares Public Health Emergency Over Novel Coronavirus; Researchers Ramp Up Efforts To Develop Vaccine

“... Didier Houssin, head of the Emergency Committee of expert advisors, said that the expert committee “almost unanimously” recommended that WHO declare a Public Health Emergency of International Concern (PHEIC) over the novel coronavirus under provisions of the WHO International Health Regulations (IHR) at Thursday’s meeting, the third one in a week. Houssin said that the PHEIC was deemed justified due to the increased number of cases seen in China; the increase in the
numbers of countries affected with cases; as well as the fact that “some countries have taken questionable measures against travellers.”

And a quote on the vaccine race (and the key role of CEPI in it):

“...A joint WHO-World Bank statement thrust the CEPI efforts once more into the spotlight Thursday. The statement by the Global Preparedness Monitoring Board called upon CEPI and private sector pharma to “use the vaccine research they are supporting for other coronaviruses, such a MERS-CoV, for exploring the development of vaccines against 2019-nCoV.” ... Observers say that the novel coronavirus will be the first real-time test case for the Norwegian-based international non-profit initiative, which has recruited US $750 million to prepare vaccines that can counter the threat of new disease outbreaks and pandemics....”

As for the name of the virus, it appears that will be officially, at least for now: “2019-nCoV acute respiratory disease”.

Great coverage & daily updates: via STAT, Cidrap News, Devex & HPW

We recommend you check at least one of these daily for amazing updates, including of new scientific publications related to the outbreak, public health measures taken, and WHO’s lead, in close collaboration with the Chinese government & public health officials.

PS: for good updates, you might also want to sign up to Johns Hopkins Center for Health Security daily (health security) newsletter.

● From 30 Jan for example:

Stat - Study documents first case of coronavirus spread by a person showing no symptoms

“People showing no symptoms appear to be able to spread the novel coronavirus that has caused an outbreak in China and led world health authorities to declare a global emergency, researchers reported Thursday in the New England Journal of Medicine. If confirmed, the finding will make it much harder to contain the virus. The case described — from Germany — could help resolve one of the major unknowns about the virus, which as of Thursday night had infected nearly 9,700 people in China and killed 213. About 100 more infections have been reported in 18 other countries, but no deaths....”

Nature News - Coronavirus outbreak: what’s next?

(31 Jan) “Experts weigh up the best- and worst-case scenarios as the World Health Organization declares a global health emergency.”

Quote: “The China coronavirus probably won’t trigger such an apocalyptic scenario [i.e. like the Spanish flu], because it isn’t typically infecting or killing young, healthy people, says Kamradt-Scott.”
Stat - **Limited data may be skewing assumptions about severity of coronavirus outbreak, experts say**

“Health officials in China, racing to try to contain a fast-growing coronavirus outbreak, are **principally recording severe cases of disease**, using a case definition that cannot capture patients with mild illness, according to experts familiar with the surveillance efforts. The approach, the experts told STAT, is **likely resulting in both an underestimate in the total number of cases and flawed assumptions about fatality rates** calculated by those who ignore the repeated caution that it’s too soon to do that math. The experts were quick to note that the Chinese are **not willfully underreporting cases**…”

Devex - **Africa needs early detection of coronavirus, WHO says**

“**Vulnerable populations, including the poor and displaced, are at high risk of being affected by the potential spread of the coronavirus to Africa**, the World Health Organization has warned. Recognizing the fact that **high-density areas such as slums and displacement camps could serve as breeding grounds for the spread of the virus**, WHO is helping countries prepare for a response. In doing so, it is also facing challenges such as limited laboratory capacity and existing outbreaks. **The United Nations health body is focusing much of its efforts on 13 high priority countries on the continent**.”

“**Devex spoke with Dr. Michel Yao, emergency operations program manager for WHO’s Africa Office**, about preparedness measures to prevent a spread of 2019-nCoV, as well as vulnerabilities across the continent that could complicate efforts to squash the potential outbreak....”

See also Scidev.net - **Porous borders place Africa at risk from coronavirus**

“...**Africa’s porous land borders remain a cause for concern** among policymakers and health professionals, who fear that unchecked migration and transport between countries could spread the virus quickly....”

- And see for example from 29 Jan (ahead of the emergency committee meeting):

Stat News - **WHO praises China’s response to coronavirus, will reconvene expert committee to assess global threat** (must-read)

Cidrap News - **WHO experts to again weigh nCoV emergency status as more nations affected**

Quote: At a press conference on Wednesday evening, “...**Tedros Adhanom Ghebreyesus, PhD, the WHO’s director-general, said he wishes the emergency committee had an option for making an intermediate recommendation, short of a full PHEIC. He said discussions are under way into a more tiered public health emergency approach, a topic raised during earlier global outbreaks....**” (i.e. a traffic light approach: green, yellow & red).

Analysis (from various angles)
• **Lancet Offline** - *Offline: 2019-nCoV outbreak—early lessons*

Horton raises a number of very valid points in this short reflection: among others, the importance of good information (not straightforward in an authoritarian system where experts often wait for authorities to authorize their statements); the need to eradicate poorly hygienic animal wet markets; and the need to also focus on sufficient clinical capacity to deliver care to infected individuals.

A lot of analysis focused on the question ‘PHEIC or not’ (and if affirmative, why the apparent delay, as the cases exploded over the last week)?

• **Reuters** - *WHO weighs science and politics in global virus emergency decision*

From earlier this week (28 Jan): “Most of the World Health Organization’s (WHO) criteria for declaring a global emergency have been met, but it is awaiting clear evidence of a sustained spread of the new coronavirus outside China before doing so, some experts and diplomats said....” “The U.N. agency is seeking to balance the need to ensure China continues to share information about the virus while also giving sound scientific advice to the international community on the risks, according to several public health experts and a Western diplomat who tracks the WHO’s work....”

• **Think Global Health** - *Why Global Governance of Disease Matters for the Emergence of a Novel Coronavirus* (by R Katz & A Phelan)

“As WHO manages outbreak, how can we strengthen global governance tools and ensure existing systems fit an evolving world?” Worth a read — published at the beginning of this week, pointing out, among others, the crucial role of WHO.

Concluding: “...Over the coming weeks, WHO will be responsible for making a determination as to whether the emerging outbreak constitutes a Public Health Emergency of International Concern (PHEIC) and providing evidence-based recommendations regarding travel, clinical care, and any non-pharmaceutical measures. The WHO needs to become the trusted and timely source of verified epidemiologic information, pushing any reticent county to take productive response actions and managing the use of any experimental medical countermeasures. This outbreak will test the WHO, but it will also underscore the importance of strong global governance of disease in the face of an infectious respiratory disease spreading around the world. In the immediate future, we must ensure WHO has all the tools it requires to manage this outbreak. Over time, we will need to investigate how to strengthen the tools for global governance and ensure that the systems we have in place are fit for purpose in an evolving world.”

See also a brand new piece in JAMA by some of the same authors - *The Novel Coronavirus Originating in Wuhan, China: Challenges for Global Health Governance*

In this Viewpoint, they describe the current status of 2019-nCoV, assess the response, and offer proposals for strategies to bring the outbreak under control.

Check out in particular the last section “Bringing 2019-nCoV Under Control”.
WP - The WHO held off on declaring the Wuhan coronavirus a global health emergency. Here's why.

Recommended analysis by M Pillinger (O’Neill Institute) “These decisions are an uneasy balance between science and politics.”

Her advice: “How to reform #PHEIC process? My take: Politics is inevitably part of the Emergency Committee deliberations. Let’s make sure we have the best political, legal, econ experts in the room alongside the best scientists #coronavirus “

NYT - Coronavirus Exposes Core Flaws, and Few Strengths, in China’s Governance

Just an example of the increasing criticism of China’s response (and governance) as the coronavirus threat became more obvious (as compared to a few weeks ago). “While China can mobilize a huge national response to the outbreak, its response to the crisis is also a lesson in how the country’s political weak points can carry grave consequences for world health.”

Vox – Did China downplay the coronavirus outbreak early on?

“A new [Lancet] study shows the virus took off weeks earlier than Chinese officials have suggested.”

“A new study, published on January 24 in The Lancet, helps explain why. The authors — Chinese researchers, and doctors working in Wuhan — paint a very different portrait of the first days of the outbreak. They suggest the virus, and its spread among humans, took off weeks earlier than Chinese officials said.”

See also Science news - Wuhan seafood market may not be source of novel virus spreading globally

Some more takes on China and the outbreak there:

Laurie Garrett - What it will take to stop the Wuhan coronavirus (CNN)

Laurie Garrett (in Foreign Policy) Welcome to the Belt and Road Pandemic

“There’s one difference between the Wuhan virus and previous outbreaks in the region: China is now impossible to quarantine.”

R Zhong in Foreign Policy - Wuhan’s Virus and Quarantine Will Hit the Poor Hardest

“China’s migrant workers are far less visible to the state than its middle class.”

And this one, recommended by Horton himself – China Media Project The truth about "dramatic action"
Via a tweet by Steven Dickman: “Thought control, not virus control: Best description I've read from inside Wuhan of the govt (non-)response to #WuhanVirus”

- Think Global Health - The Politics of the Coronavirus Outbreak (by S K Khor)

The broader (governance) picture, focusing on Asia: “Why are outbreaks common in Asia, and what political choices can governments make to reduce risk of infectious.”

“...This essay takes a longer view by focusing on the timeless aspects of the Wuhan outbreak. Why are outbreaks increasingly common in Asia, and what political choices can national governments make in emergency and non-emergency periods to reduce the risk of infectious diseases?”

- Devex – African countries brace for coronavirus spread

Over to Africa then, and well worth a read. “Across Africa, countries are ramping up airport screenings of passengers arriving from China, in efforts to prevent the spread of coronavirus on a continent already facing multiple outbreaks, including Ebola and measles....”


“The strengthening of the Chinese Center for Disease Control and Prevention has been a turning point in outbreak responses in the area. This represents very welcome progress and development for global health security and diplomacy.”

The African CDC director also zooms in on why Africa needs to be prepared.

For more on preparations in Africa, see for example:

The Conversation - Perspectives from Kenya and Ghana on coronavirus preparation

The Conversation - Steps Nigeria is taking to prepare for cases of coronavirus

- Telegraph - This could be the ‘disease X’ health experts fear – but we should have a test vaccine in just 16 weeks

Recommended read. By the CEPI CEO, Richard Hatchett.

“In sum, we are facing an extremely serious epidemic, and very possibly a pandemic, against which we have no vaccines or treatments because the virus was, until now, completely unknown. This is the virus that WHO feared when they spoke of “Disease X”. ... Our hope is that, with our partners, we can get an investigational vaccine from gene sequencing of the new 2019-nCoV pathogen through to clinical testing in just 16 weeks. Trials to establish the safety of the vaccine would take another two to four months.”
NYT (Op-ed) - We Made the Coronavirus Epidemic It may have started with a bat in a cave, but human activity set it loose.

By David Quammen, author of “Spillover: Animal Infections and the Next Human Pandemic.” Some great insights here on the origins of this virus, in (a cave in) Yunnan it seems.

Wired - The Coronavirus Is a Threat to the Global Drug Supply

“The world’s pharmaceutical supply chain is in danger as the virus spreads across China and jeopardizes travel and trade.”

See also Stat News - ‘The time to worry is now’: The coronavirus in China could threaten pharma’s ingredient sourcing

“.Over the past decade, China has become a bigger player in the market for active pharmaceutical ingredients, which are the building blocks found in each drug. China is now home to 13% of all facilities that make ingredients for medicines that are sold in the U.S., according to the Food and Drug Administration....”

Stat - In coronavirus response, AI is becoming a useful tool in a global outbreak, data experts say

“...for the first time in a global outbreak, Artificial Intelligence is becoming a useful tool in efforts to monitor and respond to the crisis, according to health data specialists. In prior outbreaks, AI offered limited value, because of a shortage of data needed to provide updates quickly. But in recent days, millions of posts about coronavirus on social media and news sites are allowing algorithms to generate near-real-time information for public health officials tracking its spread....”

The Conversation - Fear spreads easily. That’s what gives the Wuhan coronavirus economic impact “...It will be the reactions of governments and individuals to the perceived threat of the virus, and not the virus itself, that will have the biggest economic costs....”

NYT Op-ed - To understand the Wuhan virus, look at the epidemic triangle

Cfr a tweet Joanne Liu: “To Understand Wuhan Coronavirus, use Epidemic Triangle: host, pathogen, environment - applying the calculus of epidemic triangle remains the most reliable way to chart an effective public health response while avoiding a descent into hysteria.”

Scientific developments & publications (& coverage of science)

We keep this section brief, as it’s rather well covered in the daily updates (see above) and also, it’s not really the “IHP niche” (let alone of the editor-in-chief 😊).
Recommended. “Here are some of the outstanding questions that doctors, scientists, and health agencies are rushing to answer. (And a reminder that, already, they’ve learned quite a lot.)…”

- Science News - Scientists are moving at record speed to create new coronavirus vaccines—but they may come too late

Great overview of the vaccine work in the pipeline and timelines. “...One sign of the breakneck pace was the announcement on 23 January by the Coalition for Epidemic Preparedness Innovations (CEPI) that it will give three companies a total of $12.5 million to develop 2019-CoV vaccines. A nonprofit formed in 2016 solely to fund and shepherd the development of new vaccines against emerging infectious diseases, CEPI is trying to have vaccines developed and tested faster than any previous effort, anywhere, ever. “This is what CEPI was created to do,” says CEO Richard Hatchett. Each of the three efforts that CEPI supports began within hours after Chinese researchers first posted a sequence of 2019-CoV in a public database....”

- The Hill – Scientists race to develop coronavirus vaccine. Experts say it could take over a year.

“The head of Swiss pharmaceutical giant Novartis says he expects it to take more than a year to develop a vaccine for the deadly coronavirus.”

- Lancet - Genomic characterisation and epidemiology of 2019 novel coronavirus: implications for virus origins and receptor binding

Via Horton: “New study shows that 2019-nCoV is “sufficiently divergent” to be a new human-infecting betacoronavirus. Bats are confirmed as the likely host reservoir. There needs to be constant surveillance for mutations.”

- Telegraph - Coronavirus: Scientists hail ‘game changer’ as version of deadly virus grown in laboratory

“Scientists have successfully grown a version of the Wuhan coronavirus which could pave the way for the development of a vaccine against the deadly illness. Researchers from The Peter Doherty Institute for Infection and Immunity (Doherty Institute) in Melbourne said the breakthrough will allow for accurate investigation and diagnosis of the virus globally. The Doherty Institute’s Virus Identification Laboratory Head Dr Julian Druce called the development a "game changer"....”

- Imperial college report of last weekend: Report 3: Transmissibility of 2019-nCoV
- Lancet Editorial – Emerging understandings of 2019-nCoV, (as of 24 Jan) That’s a week ago now 😓.

Some other news snippets

Stat – (US) Federal officials tell China: Let U.S. health workers enter to help respond to coronavirus
WHO - WHO, China leaders discuss next steps in battle against coronavirus outbreak

Reuters - China agrees to WHO sending experts to study virus

WSJ - U.S. Drugmakers Ship Therapies to China, Seeking to Treat Coronavirus

“AbbVie, Gilead, others respond to Chinese authorities’ requests for antiviral drugs to test effectiveness against deadly respiratory illness.”

Stat - The coronavirus gives Trump his biggest outbreak emergency yet — and experts are worried

We have a hunch why 😊.

Guardian - World financial markets rocked by China coronavirus

Think Global Health - Will “Mysterious” Virus Soon be Named?

“ The WHO is forming a committee to pick an official name for 2019-nCoV, the new coronavirus—but what do we do until then?”

Stat - New coronavirus can cause infections with no symptoms and sicken otherwise healthy people, studies show

Statement from the Global Preparedness Monitoring Board on the Outbreak of 2019-novel Coronavirus (2019-nCoV)

https://apps.who.int/gpmb/assets/news/GPMB%20Statement%20on%202019%20nCoV.pdf

(as of 30 Jan). “The Global Preparedness Monitoring Board (GPMB) convened on 27 January 2020 to discuss the current outbreak of 2019-nCoV which was first detected in Wuhan, China and is now quickly spreading internationally. The Board commends the speed of the response so far by countries and the World Health Organization (WHO), the transparency of China in sharing information and the genome sequence of the virus, and the strong collaboration between China and affected countries and with WHO. The Board however is concerned that many countries remain unprepared and urges leaders in all countries to take immediate action to ensure that they have the necessary capacities in place. The Board recommends the following urgent actions:…..”
Other Global Health Security news & reports

Homeland Preparedness News - Researchers broaden global health security for contemporary, future threats


“Global health security may need an overhaul. That’s how Kathryn Bouskill, a social scientist at the RAND Corporation and associate director of the RAND Center for Global Risk and Security, sees the future of the discipline. In her recently published paper ‘Global Health and Security: Threats and Opportunities’, Bouskill argues that the traditional ways in which society has defined health security — confined to bioterrorism and containing infectious disease — do not encompass the complexities of global health and the contemporary ways needed to protect it at national levels....”

Via the paper: “... In this Perspective, the authors review the current scope and operation of global health security, identify emerging threats, and assess how adequately current visions of global health security account for these threats. The authors identify two main threats to global health security: slow-burn problems — whose long-term effects are underestimated, potentially causing them to receive insufficient attention until it is too late to reverse the damage — and emerging technologies that have beneficial uses but that also can be used as weapons. The authors propose that a broader definition of global health security should be considered — one that would extend well beyond the threats of pandemics and bioweapons of mass destruction.

Nuffield Council on Bioethics (report) - Research in global health emergencies

https://nuffieldbioethics.org/publications/research-in-global-health-emergencies

“In January 2020, we published the findings of two year in-depth inquiry into the ethical issues relating to research in global health emergencies. The inquiry was run by an international working group which gathered evidence and experience from many contributors across the globe.

... ... The aim of the report is to identify ways in which research can be undertaken ethically during emergencies, in order to promote the contribution that ethically-conducted research can make to improving current and future emergency preparedness and response. We have made 24 recommendations to ‘duty bearers’ such as research funders, research organisations, governments, and researchers. These are summarised in our call for action. We suggest changes that would align their policies and practices more closely to three core values of fairness, equal respect, and helping reducing suffering. The report presents these values in the form of an ethical compass to guide the conduct of the very wide range of people involved in research in global health emergencies.”

See also a Comment in Nature Medicine (by K Wright, Karl Blanchett et al) - In emergencies, health research must go beyond public engagement toward a true partnership with those affected

“An Ebola virus outbreak taking place in the complex political and social context of The Democratic Republic of the Congo has forced the research community to reflect on their approach to community engagement. Katharine Wright and Michael Parker, on behalf of the Nuffield Council on Bioethics Working Group on research in global health emergencies, say that those affected need to influence
research choices from the very beginning and that the value of their knowledge must be recognized.”

Cervical cancer (modelling) study in the Lancet

Lancet – Mortality impact of achieving WHO cervical cancer elimination targets: a comparative modelling analysis in 78 low-income and lower-middle-income countries

K Canfell et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30157-4/fulltext

Via the Lancet Press release:

“The Lancet: Cervical cancer could be eliminated in countries worst affected by the disease, and 62 million women’s lives could be saved by 2120

Two new studies quantify, for the first time, how many cervical cancer cases could be averted and how many women’s lives could be saved in 78 low-income and lower-middle income countries (LMICs), if proposed measures for eliminating the disease are implemented. The measures, proposed in the WHO’s draft strategy towards eliminating cervical cancer, could avert 74 million cases and 62 million deaths over the next century, and reduce deaths by a third by 2030. The authors caution that this can only be achieved with considerable international financial and political commitment, in order to scale up vaccination, cervical screening and cancer treatment. The findings have informed the strategy for cervical cancer elimination, which will be presented to WHO Executive Board at its next meeting, 3-8 February, and considered for approval at the World Health Assembly in May 2020

“… The first study modelled the progress that could be made towards eliminating new cervical cancer cases by introducing or increasing HPV vaccination coverage, or by combining high levels of vaccination with cervical screening once, or twice, in a woman’s lifetime. The second study included cancer treatment in its models alongside other variables, and analysed the impact of vaccination, screening and treatment on reducing deaths. Both studies focused on 78 low-income and lower-middle income countries (LMICs). …”

Check out also the related Lancet Comment - Cervical cancer elimination: are targets useful?

And the related Lancet Editorial: “2020 promises to be a landmark year for cervical cancer and, with World Cancer Day on Feb 4, it is an apt time to reflect on the prospect of elimination. WHO has a highly ambitious plan for elimination: 90% of girls fully vaccinated by age 15 years, 70% of women screened (at ages 35 and 45 years), and 90% of patients with disease receiving care. Two Articles in The Lancet show how achieving these goals would prevent millions of deaths and eliminate cervical cancer as a public health problem in low-income and middle-income countries. They will inform a global strategy for 2020-30, which is slated for adoption at the World Health Assembly in May....”
Lancet Comment – Increased production and comprehensive guidelines needed for HPV vaccine

Joy Phumaphi et al (on behalf of the UN Secretary-General’s Independent Accountability Panel (IAP) for Every Woman, Every Child, Every Adolescent)

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32976-9/fulltext

“High-level action is needed to address a global shortage of human papillomavirus (HPV) vaccine. HPV vaccine protects against infection from HPV, which is spread through sexual contact. Infection can lead to cervical cancer in women, penile cancers in men, and oropharyngeal, anal, and other cancers across genders. …”

“…The global supply of HPV vaccine is insufficient to meet demand, and the impact is most keenly felt in low-income countries. Only two manufacturers globally had full manufacturing capacity…. New manufacturing plants are needed where unmet demand for HPV vaccine is highest, notably across Africa. WHO, Gavi, and other development partners should work closely with governments to advise on creating favourable regulatory regimes that incentivise manufacturers to establish plants in their countries…. ... The shortage of affordable HPV vaccine is a global emergency, which will potentially condemn millions of people to death from cancer unless the global community takes action.”

Global tax justice

CGD (blog) The World Bank’s Uncivil War on Corporate Tax


“A broad array of international actors agrees that many developing countries desperately need to collect more tax revenue. But one part of the World Bank is pushing in the other direction. “

Blame the tax rate indicator in the World Bank’s Doing Business rankings.

UN News - New UN finance panel to push Global Goals forward


“The President of the UN General Assembly on Tuesday encouraged Member States to support a new panel that has been set up to help make the Sustainable Development Goals (SDGs) a reality, by 2030. On Tuesday, Tijani Muhammad-Bande and Mona Juul, the President of the UN Economic and Social Council, ECOSOC, introduced a joint initiative to establish a high-level panel on financial accountability, transparency and integrity, called FACTI....”

And a link: The big 4 accountancy firms have finally endorsed public country-by-country reporting
Access to Medicines

Lancet World Report – African nations to criminalise falsified medicine trafficking
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30244-0/fulltext

“Poor access to health care has made several African countries attractive for falsified and substandard drugs. Seven countries have responded with a new initiative. Paul Adepoju reports. Seven countries in Africa have joined the Lomé Initiative, a binding agreement to criminalise the trafficking of falsified and substandard drugs and to ensure Africans have access to quality medicines. It was launched in Lomé, the capital of Togo, by heads of state from the Republic of the Congo, Niger, Senegal, Togo, Uganda, Ghana, and The Gambia. According to draft legislation that signatory countries are expected to ratify, engaging in the manufacturing and distribution of falsified medicines should carry a minimum jail term of 10 years....”

Planetary Health

Africa is humanitarian 'blind spot': the world's top 10 forgotten crises – report

“The African continent is a “blind spot” for coverage of the humanitarian crises that are being fuelled by the climate emergency, according to a new analysis. Madagascar’s chronic food crisis, where 2.6 million people were affected by drought in 2019, came top of the list of 10 of the most under-reported crises last year, Care International’s annual survey found....”

Devex - How tree planting became a flashpoint in the climate debate

Interesting analysis.

“The World Economic Forum’s annual meeting in Davos, Switzerland, capped the unlikely rise of a global megastar in the fight against climate change: trees. ....

“Amid this groundswell of support for forests, however, a behind-the-scenes battle has been quietly playing out between scientists, policy analysts, advocates, and funders over the potential for reforestation to curb climate change — and how to go about doing it. The fractures beneath the surface of this seemingly benign conservation agenda point to deeper disagreements about how conservation and development projects should respond to an era of global climate change. While supporters of large-scale forest restoration and tree planting argue that these are critical to meeting the goals of the Paris Agreement, skeptics charge that these plans overestimate their potential impact while underestimating potential risks. Advocates for the trillion trees initiative and similar campaigns say it is crucial to find visions that will resonate with political leaders and potential funders, while critics argue these messages risk distorting science and creating harmful incentives....”
Guardian - Climate breakdown ’is increasing violence against women’
https://www.theguardian.com/environment/2020/jan/29/climate-breakdown-is-increasing-violence-against-women

“Climate breakdown and the global crisis of environmental degradation are increasing violence against women and girls, while gender-based exploitation is in turn hampering our ability to tackle the crises, a major report has concluded.”

Lancet Planetary Health – January issue
https://www.thelancet.com/journals/lanplh/issue/vol4no1/PIIS2542-5196(20)X0002-7

Do start with the Editorial (which looks ahead to 2020) - A “super-year” for the environment

“...2020 is shaping up to be a critical year in establishing ambition for climate and biodiversity action. There is much optimism and anticipation that this year could be a turning point in our relationship with nature, leading to the notion of 2020 being a “super year” for the environment. But this will only happen through conscious effort, if we drift on as we are, it will be far from super for people or the planet. So, what are some of the moments that could make or break 2020? There are two main interrelated processes; the next phase of the Paris Agreement on climate change and the development of a post 2020 global biodiversity framework, which represent vital opportunities to make progress on the Sustainable Development Goals....”

Among others, the Editorial argues that these two agendas urgently need to be aligned.

Our World in data - You want to reduce the carbon footprint of your food? Focus on what you eat, not whether your food is local
H Ritchie; https://ourworldindata.org/food-choice-vs-eating-local

With a great (and somewhat shocking) visualization. Had no idea coffee had such a carbon footprint.

Vox - Social tipping points are the only hope for the climate

Linked to a recent paper. “... New research published in the Proceedings of the National Academy of Science (PNAS) ... constructs a framework for understanding social tipping points, the systems where they might do the most good on climate, and the kinds of interventions that might trigger them....”

PS: on the same topic, my colleague Werner Soors also recommends Defining tipping points for social-ecological systems scholarship - An interdisciplinary literature review (2018).
TB

Bloomberg – Gates research institute to develop Glaxo’s promising TB vaccine

Bloomberg;

“Glaxo licenses a promising vaccine against tuberculosis to the Bill & Melinda Gates Medical Research Institute—a move the drugmaker says will help bring prevention of the deadly disease to poorer countries”

Malaria

BMJ Analysis - WHO’s rollout of malaria vaccine in Africa: can safety questions be answered after only 24 months?

P Aaby et al; https://www.bmj.com/content/368/bmj.l6920

Key messages of this analysis: “Phase III trials of the RTS,S malaria vaccine identified three safety concerns: higher risks of meningitis, cerebral malaria, and doubled female mortality. These safety concerns are now being investigated in pilot implementation studies with 720,000 participating children in Ghana, Kenya, and Malawi, planned to last 4-5 years. Owing to the urgency of improving malaria control, the World Health Organization intends to decide on extending the vaccine to other African countries after only 24 months using the prevention of “severe malaria” as a surrogate marker for overall mortality. Severe malaria is not a good marker for all cause mortality; it is not even a good marker for malaria mortality, as data indicate that case fatality from severe malaria might be higher in the malaria vaccine group. An early decision after 24 months might be biased in favour of the vaccine, which was more efficacious in the first year of follow-up in the phase III trials; the relative risks of both cerebral malaria and female mortality increased after the booster dose at 20 months. We recommend that the pilot studies use “overall mortality” to assess vaccine performance and that study populations are followed for the full 4-5 years of the study before a decision on rollout is made.”

Fragile countries & resilient health systems: AfraAfra call for testimonies

Health Financing in Africa – Private governance of health centres and fragility - call for testimonies


“The security situation continues to deteriorate in several parts of Africa. The delivery of primary health care is in jeopardy. This critical situation raises the question of the resilience of health services.
Davos – Some final news & analysis

Gavi - World leaders commit to Gavi’s vision to protect the next generation with vaccines

https://www.gavi.org/news/media-room/world-leaders-commit-gavis-vision-protect-next-generation-vaccines

On the start of GAVI’s replenishment last week in Davos. “As Gavi celebrates its 20th anniversary at Davos, Germany and the Bill & Melinda Gates Foundation pledged catalytic support to Gavi, citing remarkable progress since 2000. ... Demonstrating outstanding leadership in global health, Chancellor Angela Merkel announced at WEF that Germany will commit €600 million for the 2021-25 five-year period. The Bill & Melinda Gates Foundation also announced on the sidelines of the World Economic Forum in Davos that it will renew its US$ 75 million contribution to the Gavi Matching Fund, an innovative public-private funding mechanism that secures resources to incentivise private sector investments in immunisation."

See also Devex - ‘Signals are good’ ahead of Gavi replenishment, CEO says

“The team from Gavi celebrated the vaccine alliance’s 20th anniversary and made the case for its upcoming replenishment at the World Economic Forum Annual Meeting this week. ... Gavi is trying to raise $7.4 billion to support its work from 2021-25, and the “signals are good” thus far in the run-up to the June 4 replenishment conference, Berkley said. “But of course, it is an uncertain time in the world, and there are many priorities,” he said, adding that Gavi has to ensure that there is a critical mass of people advocating for the organization. Moving forward, Gavi’s strategy will focus on what the alliance refers to as “zero-dose communities,” or the 10% of children globally who don’t have access to routine vaccinations."

F2P blog - What lies behind the phony war over Inequality Statistics?

https://oxfamblogs.org/fp2p/what-lies-behind-the-phony-war-over-inequality-statistics/

“Max Lawson, Patricia Espinosa and Franziska Mager on the background to last week’s inequality debates at Davos.” Interesting read.

Devex - The UN is ‘open for business with business’


Don’t know whether that’s something to be excited about.
“Over the past few years, the United Nations and its agencies have begun working more closely with the private sector, and that openness to collaborate and partner was on display at the World Economic Forum’s annual meeting in Davos. The increased collaboration came in part with the Sustainable Development Goals, which were more inclusive of business, but has also been driven by U.N. Secretary-General António Guterres. “He says if multilateralism is to survive, it has to grow more inclusive, and he wants to see the U.N. grow more inclusive,” Under-Secretary-General … … Many U.N. agencies have a long history of working with civil society, but the realization they need to work with the business community is more recent, Hochschild explained. Different parts of the U.N. system are engaging in different ways, he said....” This article provides an overview for various parts of the UN system (UNICEF, UNDP, UNFPA, ... though not for WHO).

Devex - J.P. Morgan launches its own development finance institution


I’m sure that’s what the world really needs.

Link (via GHN) - Children’s surgery was also discussed this week at the World Economic Forum in Davos

1st World NTD Day – 30 January

https://worldntdday.org/

ITM is one of many institutions joining the fight for permanent elimination of neglected tropical diseases. “The first-ever edition of “World Neglected Tropical Diseases Day” (World NTD Day) is launched on 30 January 2020. This initiative brings together various civil society organisations, community leaders, global health experts and policy makers working in the field of NTDs. They share a bold ambition: #beat NTDs, a goal fully supported by the Institute of Tropical Medicine (ITM) in Antwerp....”

See a tweet Global Fund: “2020 is a decisive year in the fight to #BeatNTDs, from the launch of the critical @WHO Roadmap to the Kigali Summit on #malaria and #NTDs....”

Plos NTDs (Editorial) - World neglected tropical diseases day

Peter Hotez; Plos NTDs;

“January 30, 2020 is the first-ever World Neglected Tropical Diseases Day (World NTD Day), a day when we celebrate the achievements made towards control of the world’s NTDs, yet recognize the daunting challenges we face in the control and elimination of these conditions.”
HPW - R&D Funding For Leading Infectious Diseases Reaches Record High; But Investments Plateau For Neglected Tropical Diseases

https://www.healthpolicy-watch.org/r-but-investments-plateau-for-neglected-tropical-diseases/

“Funding to develop new drugs for some of the world’s leading infectious disease killers, such as HIV/AIDS, TB and malaria, reached a record high of US $4 billion in 2018, with private sector investment driving much of the increase, according to the 2019 G-FINDER Report, which tracks such investments globally. However, investments in neglected tropical diseases (NTDs) – a subset of debilitating but lesser-known parasitic, viral and bacterial infections – have plateaued in the past two years, and even declined by US $34 million over the last decade, according to the findings in the report, launched today by Australian Policy Cures Research group. That was sobering news as the global health community celebrated the first-ever World NTD Day, to mark the need for more attention to 20 of the world’s most neglected diseases that affect over 1.5 billion of the world’s poorest and most vulnerable people....”

See also a piece by M Pai in Forbes - Record Funding For Global Health Research, But Neglected Tropical Diseases Remain Neglected Funding for NTD research has been dropping over the last decade.

WHO's Peter Salama passed away

HPW - Global Health & Emergencies Advocate Peter Salama Dies At Age 51


End of last week this sad news became known. A big loss for WHO, the global health community and his family. “WHO’s head of Universal Health Coverage, Dr. Peter Salama, has died suddenly at the age of 51. The Australian-born medical epidemiologist was known as an eloquent global health advocate, who dedicated his career to combatting the world’s most difficult and dangerous diseases and strengthening fragile health systems in states weakened by war and civil unrest.”

“Pete embodied everything that is best about WHO and the United Nations – professionalism, commitment and compassion,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General, in a statement. “Our hearts are broken.”…”

PS: Do read also (on Think Global Health), A Tribute to Peter Salama, a Champion of People in Fragile States and War-Torn Places (by R Brennan & D Nabarro) “Original director of WHO Health Emergencies Program, he fought against Ebola and for Universal Health Coverage worldwide.”

Global Fund update

Via the most recent Global Fund Observer issue:
Is the Global Fund’s principle of country ownership at risk?

https://aidspan.org/gfo_article/global-fund%E2%80%99s-principle-country-ownership-risk

“Some implementers consider the Secretariat’s strong influence in the development of funding requests to threaten countries’ determination of their own solutions.”

“The Global Fund Secretariat’s influence in countries’ development of grant funding requests for the 2020-2022 allocation cycle threatens the long-held founding principle of country ownership that has defined the Global Fund from its inception, some implementers believe. In some cases such ‘guidance’ can be considered constructive and effective, in others too heavy-handed. Aidspan considers whether this may impact the effectiveness of future Global Fund grants.”

Global Fund and Germany’s development agency train four countries on Resilient and Sustainable Systems for Health

https://aidspan.org/gfo_article/global-fund-and-germany%E2%80%99s-development-agency-train-four-countries-resilient-and

“The Global Fund and the German development agency GIZ’s Back Up Initiative, along with the Heidelberg Institute of Global Health, have delivered a training for four countries in writing funding requests to the Global Fund for Resilient and Sustainable Systems for Health, for the 2020-2022 grant allocation period. The training’s main message was to encourage countries to adopt ‘systems thinking’ to address health-systems issues. Participants recommended that the training be scaled up.”


SDGs – Decade of delivery: Open Letter by activists & celebs

Devex - Opinion: This is an emergency. We need the backing of the public to demand action on the SDGs


“...Without pressure from the public and public figures, it is much harder for progress to be made. ... That’s why, today, I’m proud to be part of the launch of an open letter signed by 20 world-leading activists who are uniting across issues spanning gender, climate, environment, equality, justice, and human rights — just like the global goals. Together, they are declaring an emergency and demanding that world leaders define concrete plans for working toward the goals as we enter the “decade of delivery” — to unlock the finance, the radical solutions, and the tracking of progress that we need....”
See also Guardian Global Development - Cumberbatch, Colman among stars urging action on climate and poverty

“Olivia Colman, Benedict Cumberbatch and Malala Yousafzai are among 2,000 leading activists, campaigners and public figures who have backed an open letter demanding urgent action to end extreme poverty, conquer inequality and fix the climate crisis....”

And a link: New UN Global Compact initiative aims to spur private sector progress towards the SDGs

MMI - Kampala Declaration on cooperation and solidarity for health equity within and beyond aid

https://www.medicusmundi.org/kampaladeclaration/

Read what this commitment entails and which institutional organisations have endorsed it so far.

“...Through the Kampala Initiative, we commit to expose, explore, challenge and transform health aid through dialogue, advocacy, activism and action. We commit to build cooperation and solidarity for health, within and beyond the practice of aid, to build a future where health justice and equity are realised, and aid is no longer a necessity....”

As a reminder, “...The Kampala Initiative was launched in Kampala, Uganda on 16th November 2019 at the conclusion of a two-day civil society workshop and a series of public webinars. ...”

Lancet Migration: global collaboration to advance migration health

M Orcutt et al on behalf of Lancet Migration ; Lancet Comment

“... Lancet Migration is a new global collaboration between The Lancet and researchers, implementers, and others in the field of migration and health that aims to address evidence gaps and drive policy change, building on the recommendations of the UCL–Lancet Commission on Migration and Health published in December, 2018. The Lancet Migration global collaboration aims to make a positive impact on the lives of people who migrate, and the environments in which they live, through multidisciplinary research as well as leadership, engagement, dissemination of research, and advocacy. The Commission has already achieved high-level policy engagement on migrant inclusion in UHC through working collaboratively on a series of regional and international policy events and round tables over the past year....”

“During a research planning workshop in Germany in October, 2019, The Lancet and representatives from global research, policy, and implementing organisations decided that the Lancet Migration collaboration will initially focus on two main areas for the first 2 years: UHC, and climate change; with cross-cutting themes of gender, data, and different types of migration (labour, forced, mixed)....”
Digital health & artificial intelligence

We flag here some new WHO Bulletin articles on this issue, for example

**How to achieve trustworthy artificial intelligence for health**

**Defining ethical standards for the application of digital tools to population health research**

**Empathy, compassion and trust balancing artificial intelligence in health care**

**Ethical implications of conversational agents in global public health**

Some key papers of the week

**Wellcome Open Research - Metric partnerships: global burden of disease estimates within the World Bank, the World Health Organisation and the Institute for Health Metrics and Evaluation**

M Tichenor & D Sridhar; [https://wellcomeopenresearch.org/articles/4-35/v2](https://wellcomeopenresearch.org/articles/4-35/v2)

Revised version. “**The global burden of disease study**—which has been affiliated with the World Bank and the World Health Organisation (WHO) and is now housed in the Institute for Health Metrics and Evaluation (IHME)—has become a very important tool to global health governance since it was first published in the 1993 World Development Report. In this article, based on literature review of primary and secondary sources as well as field notes from public events, we present first a summary of the origins and evolution of the GBD over the past 25 years. We then analyse two illustrative examples of estimates and the ways in which they gloss over the assumptions and knowledge gaps in their production, highlighting the importance of historical context by country and by disease in the quality of health data. Finally, we delve into the question of the end users of these estimates and the tensions that lie at the heart of producing estimates of local, national, and global burdens of disease. These tensions bring to light the different institutional ethics and motivations of IHME, WHO, and the World Bank, and they draw our attention to the importance of estimate methodologies in representing problems and their solutions in global health. With the rise in the investment in and the power of global health estimates, the question of representing global health problems becomes ever more entangled in decisions made about how to adjust reported numbers and to evolving statistical science. Ultimately, more work needs to be done to create evidence that is relevant and meaningful on country and district levels, which means shifting resources and support for quantitative—and qualitative—data production, analysis, and synthesis to countries that are the targeted beneficiaries of such global health estimates.”

**BMJ Editorial - Boost for sustainable healthcare**

[https://www.bmj.com/content/368/bmj.m284](https://www.bmj.com/content/368/bmj.m284)
“Cochrane joins the fight against waste, corruption, and futility in healthcare.” “At the preventing overdiagnosis conference in Sydney, Australia, in December 2019, Cochrane launched a new group, “sustainable healthcare.” … … The group will have the potential to bring together issues of futility and waste within biomedicine; corruption in the production and governance of biomedical research; exploitation of planetary resources and the resulting climate change; the burgeoning costs of biotechnical healthcare across the globe; and the threat this represents to universal health coverage....”

SS&M - Cash transfer programs have differential effects on health: A review of the literature from low and middle-income countries

Jan E Cooper et al;

Highlights:” Across subgroups, most cash transfers had heterogeneous effects on health outcomes. These heterogeneous effects are often under-reported. Cash transfer interventions had the most heterogeneity on child health. In contrast, the least the heterogeneity was on sexual and reproductive health.”

International Feminist Journal of Politics - They still don’t get it

S Harman;

Commentary by Sophie Harman. Gated but looks rather interesting judging from the first page.

Rings - Adopting a gender lens in health systems policy: A guide for policy makers

“Policy makers are interested in knowing what practical steps to take to move towards a more gender-equitable and transformative health system. This is a guide that will help them bring a gender lens to their policy deliberations on health systems and through this approach it will support them in meeting overarching health targets such as those related to Universal Health Coverage....”

Some blogs & mainstream news of the week

CGD (blog) - How Cost Effective Is the Department of Defense?
C Kenny; https://www.cgdev.org/blog/how-cost-effective-department-defense

Charles Kenny introduces his new book. Well worth a read, we reckon – certainly in the White House. “In global development, we spend a lot of time thinking about cost effectiveness. But what if
we step back and look at the broader picture when it comes to the effectiveness of different tools of foreign policy and engagement including diplomacy and defense? What are our most effective approaches to deliver on US national security and future prosperity? My new book is an attempt to answer that question.”

“What are our most effective approaches to deliver on US national security and future prosperity? My new book, Close the Pentagon: Rethinking National Security for a Positive Sum World, is an attempt to answer that question. The title gives away the conclusion....”

Devex - Q&A: ‘Transformation takes time,’ Richard Horton on the EAT-Lancet Commission diet


Interesting Q&A with Horton on how the EAT-Lancet Commission diet was received, the main criticisms, and more.


In her own words: “why funders interested in supporting #UHC should focus on *both* evidence and civic engagement to realize the potential of the benefits package.”

“Realizing this high-level UN priority in low-income settings will demand evidence-based decisions and grass-roots action.”

“...To support that effort, donors in the health sector can focus on helping to design the benefits package and strengthening the ability of civil society organizations to keep governments honest about whether they’re delivering it....”

Excerpt (after a section on benefits packages): “... This is a very high-level overview of what many others have done tremendous work on, including and especially the International Decision Support Initiative and the Center for Global Development, which published the 2017 book, What’s In What’s Out: Designing Benefits for Universal Health Coverage. As valuable as an evidence-informed benefits package is for the design of health service delivery and financing, its greatest value may be in the potential for communicating to everyday citizens what they can expect—and what they are entitled to—from their governments. In most low-income countries in which benefits packages have not been defined, few citizens understand what the government is responsible for providing....”

CESR – What Place for Human Rights in the Growing Movement against Inequality?

“Last week, tens of thousands of people took to the streets as part of the Global Protest to #FightInequality. In more than 30 countries, people found collective and creative ways to say “Enough!” to elite greed. Marches, rallies, street theater, leaflet campaigns, art installations and murals, equality festivals, tax haven tours, music and film all featured. In 2019, mass mobilizations against socioeconomic injustices swept across the globe. Many are still ongoing. The Global Protest—spearheaded by the Fight Inequality Alliance—channeled this energy. Now in its third year, the Global Protest coincides with the World Economic Forum, which takes place annually in Davos, a Swiss ski resort. ... the Protest’s broader message is a critical one: real change to the system that perpetuates inequality will come from radical people-powered solutions. Leading human rights figures are increasingly acknowledging the threat posed by inequality. But, for the most part, there’s still a lot of uncertainty about whether and how human rights strategies and tactics can help amplify the kind of people power the Global Protest calls for. A new report published by the Fight Inequality Alliance at the end of last year sheds light on that question.”

AP - EU aid money for Africa may harm, not help, analysis finds

AP;

“European aid money earmarked for development in Africa is increasingly tied to how well countries can block their own citizens from trying to migrate across the Mediterranean and may be hurting the very people it is ostensibly intended to help, according to an analysis by the aid group Oxfam. The report, released Thursday, found that the 3.9 billion euros ($5.1 billion) splashed out in projects from 2015 to May 2019 were largely spent without public oversight, with decisions based on European political reasons rather than need or effectiveness....”

The report is called “The EU Trust Fund for Africa: Trapped between aid policy and migration politics”.

F2P blog - Will the real megatrend please stand up? Insights from a scan of scans

https://oxfamblogs.org/fp2p/will-the-real-megatrend-please-stand-up-insights-from-a-scan-of-scans/

“Filippo Artuso and Irene Guijt introduce their new Oxfam discussion paper.” Titled: Global Megatrends: Mapping the forces that affect us all

“This scan of recent scans offers a simple narrative of four clusters that are considered to drive change: Rapid Technological Development, Demography, Environmental Pressures, and Shifting Power. Many other local, national and regional trends interact with these megatrends....”

A few tweets of the week

•  Richard Horton:

“From direct contacts with Chinese physicians treating patients with 2019-nCoV on the frontlines of care, we know they have been extremely challenged and are exhausted. All Chinese health workers dealing with this outbreak deserve the world’s thanks, support, and solidarity.”
• And a tweet from PMAC 2020 (by Edward Kelley):

“Great @UHC2030 session #PMAC2020 - Ties Boerma “There’s almost no country w targets in its health data for #UHC for the poorest 20%” Why not? That’s how we should use the UHC index! Well chaired @yates_rob!”

Global health events

Coming up - Rwanda to host global summit on Malaria and NTDs (in June)

The New Times

“... the Kigali Summit on Malaria and NTDs ... will take place on the sidelines of the 26th Commonwealth Head of Government (CHOGM) meeting to be held in June this year. ... The summit will be the first-ever global gathering to uniquely discuss Malaria and Neglected Tropical Diseases. It will be reviewing the 2012 roadmap of the fight against Malaria and NTDs that was the first-ever strategic plan to end NTDs in response to the London declaration of NTDs. Another decade-long roadmap to eliminate Malaria and NTDs by 2030 will also be laid....”

Coming up soon – Global Health Lab: What is the impact of populism on global health? (4 Feb, London)

https://www.lshtm.ac.uk/news/events/what-impact-populism-global-health#.XjK8JBtna4M.twitter

The session will be recorded and made available after the event.

Coming up soon (and livestreamed) - Coloniality and the construction of gender as a binary (by UCL Centre for Gender and Global Health) (10 February)


“A panel discussion on the coloniality of gender as a concept, and as a binary division of identity.”

“For our fourth Beyond the Binary seminar, we will host a panel discussion on the coloniality of gender as a concept, and as a binary division of identity and sexuality. Presenters Anuj Kapilashrami, Laura Lewis and Leticia Sabsay will draw on their regional expertise and knowledge of gender and
sexuality to discuss the implications of this for global health, considering its intersectionality with race and ethnicity, its relationship with feminism and how some its many manifestations in terms of wellbeing....”

Global governance of health

Opinion: Now more than ever, DFID must lead efforts to end preventable child deaths


Advocacy by K Chahal – who lists a number of key occasions where DFID could do this.

Cheddar - UN Women's Executive Director Tackles Gender Inequality With New Global Program


"UN Women Executive Director Phumzile Mlambo-Ngcuka is launching a new global program called "Generation Equality: Realizing women’s rights for an equal future," a partnership between UN Women, the World Economic Forum, the private sector, and Gates Foundation. The program identifies six themes: ending violence against women, economic justice, sexual and reproductive rights, women and climate change, women and leadership, and technology and innovation...."

ORF - India’s triangular cooperation with the US, UK and Japan in Africa: A comparative analysis


“Triangular cooperation aims to forge global partnerships and foster sustainable global development. In such a system, traditional donors provide financial and technical support to facilitate development activities between two developing countries in the South, i.e. one emerging donor country and a beneficiary. Triangular cooperation allows nations to learn from the mistakes of the pioneers of the development cooperation process, bringing about cost-effective and efficient development assistance in the recipient countries. This brief examines India’s growth as a partner in development cooperation and, in particular, its commitment to triangular cooperation programmes. The brief highlights the distinctions and similarities between India–UK, India–US, and
India–Japan partnerships in terms of track-one diplomacy, scale of operations, diversity and swiftness."

Devex - Civil society groups issue Guterres a B- for gender equality work


“Good intentions, but with incremental progress, have landed United Nations chief António Guterres another B- for his work in building a more feminist U.N., according to the Feminist U.N. Campaign, a coalition of leading women’s rights and civil society groups. The campaign issued its third annual report card Friday, awarding Guterres the same overall grade that he received in 2019 for implementing a feminist leadership agenda and enabling finance for gender equality, among other areas of action....”

Quick links:

Devex - Could Trump’s impeachment also put an end to his aid ‘rescission’ threats?

Bretton Woods Project - Recommended resources on the World Bank and IMF 2019


IISD - Data Tool Links Tax, Anti-corruption, Human Rights and SDGs

“Corruption and tax crime remain key obstacles to sustainable economic, political and social development, particularly in developing and emerging economies, according to the World Bank and OECD. In recognition of these challenges, the Danish Institute for Human Rights has updated its database titled Sustainable Development through Human Rights Due Diligence Database, to provide linkages between tax, anti-corruption and human rights....”

UHC

Stat Plus - ‘A Supercenter for health’: Walmart places a big bet on cheaper, less intimidating primary care

Stat Plus:
At the grand opening of Walmart’s health care clinic yesterday in Calhoun, Ga. — the second such “one-stop shop” facility in the state — crowds gathered eagerly to view the spectacle, including an appearance by actor Mark Wahlberg. Sean Slovenski, senior vice president for health and wellness at Walmart, bills the concept as a “Supercenter for health care,” much like how Walmart’s giant stores serve as a single location for multiple services at low prices. The new center in Calhoun offers everything from X-rays to teeth cleaning to mental health screenings. And true to Walmart’s ethos, the services also seem affordable: A therapy session for an uninsured individual is $45...

Health Systems & Reform - Moving Towards Universal Health Coverage in Haiti


“Haiti announced in 2018 its aim to achieve universal health coverage. In this paper we discuss what this objective means for the country and what next steps should be taken. To contextualize the notion, we framed Haiti en route to the 2030 goal and analyzed qualitatively the status quo in terms of geographic, financial and service access. For each dimension, we focused on the context, the government’s policies and political agendas, their implementation progress and key influential factors. Our analysis found little progress and numerous challenges....”

Bloomberg – Universal Health Care, the South African way

Bloomberg:

“The ruling African National Congress is party is pushing a plan that would nationalize health insurance by 2026.”

Lancet Editorial – New health indicators for America: aiming to shift practice

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30248-8/fulltext

“Life expectancy, levels of disability and mental health, prevalence of adverse childhood experiences, immunisation rates, and the proportion of people voting as a measure of civic engagement are among a set of new health indicators proposed to monitor the health of Americans in the next decade. 34 indicators in total—including 15 novel ones—have been recommended by the National Academies of Sciences, Engineering, and Medicine (NASEM) in a new report published on Jan 22. The document aims to inform the US Government’s Healthy People initiative, which each decade sets national goals and objectives for health promotion and disease prevention. The final version, Healthy People 2030, is due to be released by the Department of Health and Human Services later this year. The new health indicators focus specifically on wellbeing and equity, and examine “poverty, racism, and discrimination as root causes of health inequalities”. They
move away from directly measuring the health-care delivery system's capabilities and associated metrics, to quantifying how “people live their lives in the US—shaped by the broad context of policies, systems, social structures, and economic forces”....

**Planetary health**

**Coming up in November - 2020 Global Conference on Health and Climate Change** (Glasgow, 14-15 November)


“The 2020 Global Conference on Health & Climate Change with a special focus on Climate Justice, will convene at the margin of the COP26 UN climate change conference. The aim of the conference is to support and showcase Nationally Determined Contributions (NDCs) to the Paris Agreement which are ambitious, based on the principles of justice and equity, and promote and protect health. It will also mobilize the rapidly growing movement of health professionals around the world who are now driving ambitious climate action. The conference will be organized by the World Health Organization (WHO) and by the Global Climate and Health Alliance (GCHA), in close collaboration with Glasgow Caledonian University and its Centre for Climate Justice, with the UK Health Alliance on Climate Change, and other partners....”

**Climate Change News - UN biodiversity meeting in China under review following coronavirus outbreak**

Climate change news;

“UN agencies and the Chinese government are holding consultations to decide whether next month’s meeting can go ahead as planned.” In Kunming (Yunnan), that is.

**Policy briefs Lancet Countdown: Tracking progress on health and climate change**

[http://www.lancetcountdown.org/resources/](http://www.lancetcountdown.org/resources/)

Among others, policy briefs produced for a number of countries.
Guardian - ‘Hypocrisy’: 90% of UK-Africa summit’s energy deals were in fossil fuels


See also last week’s IHP newsletter.

“Almost £2bn went to oil and gas despite a UK pledge to support cleaner energy in African countries.”

Quote: “...Nick Dearden, director of campaign group Global Justice Now, said: “The supposedly transformative £6.5bn UK investment in Africa includes oil, gas, gold mining and airlines. So much for fostering ‘climate-friendly’ development. ... ... “In the 19th century, the ‘scramble for Africa’ was carefully disguised as a humanitarian project. Now, 150 years later, what we saw at the UK-Africa summit was a desperate and unseemly grab for markets, dressed up as ‘development’.””

Humanity - The Imperative of Redistribution in an Age of Ecological Overshoot: Human Rights and Global Inequality

https://static1.squarespace.com/static/59bc0e610abd04bd1e067cccf5e2c350de605b23055e8a1ea/1579955475878/Hickel+++Global+Inequality+and+Human+Rights.pdf

New paper by Jason Hickel.

“In it I argue that, in an era of ecological breakdown, the UN Declaration of Human Rights can be leveraged to challenge global inequality. ... ... "Given the realities of ecological overshoot, if we want to satisfy the socio-economic rights of the poor we can no longer rely on aggregate economic growth. Instead, we need a fairer distribution of existing global income."

HPW - Accelerating Urban Action On Clean Air – New Guidance For Policy Makers

https://www.healthpolicy-watch.org/accelerating-urban-action-on-clean-air-new-guidance-for-policy-makers/

“With some 4.2 million deaths worldwide from outdoor air pollution, and many or most cities in low- and middle-income countries failing to meet World Health Organization air quality guidelines, it’s clear that reducing air pollution’s huge death toll needs rapid action by urban centers. But officials and administrators of fast-growing municipalities often lack the right tools for tackling air pollution. A new guide, “Accelerating City Progress on Clean Air: Innovation and Action Guide,” aims to fill that gap – fast-tracking strategies and solutions. The guide was launched Wednesday at the World
Sustainable Development Summit in New Delhi, by the Delhi-based Energy and Resources Institute (TERI), Bloomberg Philanthropies and Vital Strategies...“

- And a quick link, by Alex Steffen (climate futurist), who tries to peer into the near/medium future - I’m a climate futurist. Here’s what’s next.


“... One of our biggest assumptions is that the climate emergency is an issue. It’s not, it’s an era. Climate is redefining every aspect of society, already — and we’re only at the beginning. The extent this surprises us is a measurement of how little we yet grasp what’s happening.

... But the real bombshell is that changes in human systems are coming bigger and faster than direct climate impacts are unfolding. Climate change will become cataclysmic to our certainties long before it becomes cataclysmic to our civilization..... ... Some of the biggest shifts are the reactions institutions, investors and governments are having to the revelation that massive climate action is now inevitable. The question is no longer whether we’re going to act, but when? And to who’s advantage? It is the magnitude of the climate-driven economic, institutional and political crisis around us that makes action inevitable. We shouldn’t find the reality that action is now inevitable comforting. ... ... Change will come not because we become better people, but because power is shifting.

... Over just the next few years, we’re going to see these costs, risks and uncertainties play out in three kinds of ways: Carbon Bubbles; Brittleness Bubbles and Expertise Bubbles...”

Infectious diseases & NTDs

BioRxiv - Climate change will drive novel cross-species viral transmission

C Carlson et al : https://www.biorxiv.org/content/10.1101/2020.01.24.918755v1

« Between 10,000 and 600,000 species of mammal virus are estimated to have the potential to spread in human populations, but the vast majority are currently circulating in wildlife, largely undescribed and undetected by disease outbreak surveillance. In addition, changing climate and land use drive geographic range shifts in wildlife, producing novel species assemblages and opportunities for viral sharing between previously isolated species. In some cases, this will inevitably facilitate spillover into humans—a possible mechanistic link between global environmental change and emerging zoonotic disease. Here, we map potential hotspots of viral sharing, using a phylogeographic model of the mammal-virus network, and projections of geographic range shifts for 3,870 mammal species under climate change and land use scenarios for the year 2070. Shifting mammal species are predicted to aggregate at high elevations, in biodiversity hotspots, and in areas of high human population density in Asia and Africa, sharing novel viruses between 3,000 and 13,000 times. Counter to expectations, holding warming under 2°C within the century does not reduce new viral sharing, due to greater range expansions—highlighting the need to invest in...”
surveillance even in a low-warming future. Most projected viral sharing is driven by diverse hyperreservoirs (rodents and bats) and large-bodied predators (carnivores). Because of their unique dispersal capacity, bats account for the majority of novel viral sharing, and are likely to share viruses along evolutionary pathways that could facilitate future emergence in humans. Our findings highlight the urgent need to pair viral surveillance and discovery efforts with biodiversity surveys tracking range shifts, especially in tropical countries that harbor the most emerging zoonoses.

Stat News - TB vaccines can vary greatly, study finds. But does that mean some are less protective?


Cfr. a tweet: “A new study found massive variation in the concentration of tuberculosis vaccine made in different countries around the world, raising questions about whether the differences affect its efficacy. …”

BMJ Global Health – Towards systematic evaluation of epidemic responses during humanitarian crises: a scoping review of existing public health evaluation frameworks

A Warsame, K Blanchet et al; https://gh.bmj.com/content/5/1/e002109

“Epidemics continue to pose a significant public health threat to populations in low and middle-income countries. However, little is known about the appropriateness and performance of response interventions in such settings. We undertook a rapid scoping review of public health evaluation frameworks for emergency settings in order to judge their suitability for assessing epidemic response. Our search identified a large variety of frameworks. However, very few are suitable for framing the response to an epidemic, or its evaluation. We propose a generic epidemic framework that draws on elements of existing frameworks. We believe that this framework may potentially be of use in closing the gap between increasing global epidemic risk and the ability to respond effectively.”

AMR

BMJ Global Health (Commentary) – Using ‘smart regulation’ to tackle antimicrobial resistance in low-income and middle-income countries

G Porter et al; https://gh.bmj.com/content/5/1/e001864
“Low-income and middle-income countries are aligning their National Action Plans on antimicrobial resistance with WHO’s 2015 Global Action Plan. Regulation is a key tool for operationalising national standards aimed at optimising the use of antimicrobial medicines. On its own, the traditional command-and-control approach to regulation is poorly suited to this challenge. ‘Smart regulation’ can be used to supplement, fine-tune and improve on more traditional regulatory approaches.”

Science (News) - Industry says voluntary plan to curb antibiotic pollution is working, but critics want regulation

See also last week’s IHP newsletter.

NCDs

WHO Bulletin - What’s next for WHO’s global strategy to reduce the harmful use of alcohol?


“Almost 10 years after the World Health Assembly adopted the Global strategy to reduce harmful use of alcohol, and seven years after the inclusion of alcohol as one of the key risk factors in the World Health Organization’s (WHO’s) Global action plan for the prevention and control of noncommunicable diseases 2013–2030, Member States have made little progress in addressing alcohol use as a risk factor for health....” “We reach this conclusion based on analysis of Member States’ self-reports of actions to reduce the harmful use of alcohol....”

The authors conclude: “We recommend that the World Health Assembly request the Director General to begin the process of investigating the need for and feasibility of a global legally binding instrument to reduce alcohol-related harm. This process needs to be accompanied by enough resources to inform and equip Member States with the necessary technical public health background. The Framework Convention for Tobacco Control took 10 years to develop and implement, so this is likely a long-term process. The softer approach of not one but two global strategies targeting alcohol-related harm has been tried; it is time to explore more effective avenues of global action.”

For another article related to alcohol policy, see the Economist:

Alcohol firms promote moderate drinking but it would ruin them.

“Governments are growing more suspicious of Big Booze. “
World Cancer Research Fund International (report) - Lessons on implementing robust restrictions of food and non-alcoholic beverage marketing to children


Third report in the Building Momentum series.

F2P blog - Why is Road Traffic not more of a development issue? It’s killing 1.25m (mainly poor) people a year.


Blog linked to a recent Economist article on this (still ignored) global health priority.

STOP Identifies 18 More Organizations Helping Tobacco Companies Undermine Public Health


“STOP (Stopping Tobacco Organizations and Products) announced today that it added 18 organizations from 10 countries to its Industry Allies list. Organizations added to the list are categorized as “astroturf” groups, front groups or third parties that promote the tobacco industry’s agenda while appearing to be independent. The list gives policymakers, media and health advocates fresh insight into these groups, which work to limit or block policies that improve public health....”

The Update to Industry Allies list includes front groups working across Africa and several groups in India, Poland and Ukraine.

Sexual & Reproductive / maternal, neonatal & child health

Guardian - Landmark case to be held on alleged sexual abuse of Ecuadorian schoolgirl

“An international court hearing that involves the alleged sexual abuse of an Ecuadorian schoolgirl between the age of 14 and 16 by her deputy head could transform girls’ rights across Latin America. In a region where 30% of students between 13 and 15 claim to have experienced sexual harassment while at school, it is hoped that the case, heard on Tuesday at the Inter-American Court on Human Rights (IACHR) in Costa Rica, will establish the first international standards to protect girls from coercion and sexual violence in school....”

SRHM – Regional legal and policy instruments for addressing LGBT exclusion in Africa


“The vulnerability of lesbian, gay, bisexual and transgender (LGBT) persons in Africa to public health and other risks is heightened by their exclusion from socio-economic opportunities and services. We analysed existing regional-level legal and policy instruments and treaties for the opportunities they offer to tackle the exclusion of LGBT persons in Africa. We identified seven key living legal and policy instruments, formulated and adopted between 1981 and 2018, by the African Union (AU) or its precursor, the Organization of African Unity....”

Plos Med (Editorial) - Advances in cervical cancer prevention: Efficacy, effectiveness, elimination?

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003035

“In the January Editorial, Karin Sundström and Miriam Elfström discuss prospects for and progress towards cervical cancer elimination.”

WHO Bulletin - Informal work and maternal and child health: a blind spot in public health and research

G Bhan et al; https://www.who.int/bulletin/online_first/BLT.19.231258.pdf?ua=1

“More than 2 billion people (about 61% of the global workforce) are engaged in the informal economy; this represents 88% of total employment in India, over 80% for countries as diverse as Bolivia (Plurinational State of), Ghana, Indonesia and Morocco, and even 19% in the United States of America. In many low- and middle-income countries, informal work is the rule and not the exception... ... How do women working in the informal economy manage care for themselves and their young children while earning a sufficient income without any of the benefits usually associated with formal employment? Here we briefly describe the scale and importance of recognizing informal employment from a health perspective and consider pathways to alleviating the trade-off that mothers working in the informal sector face. As an illustration, we explore the difficulties for mothers wanting to exclusively breastfeed their infants during the first six months, as
New Security Beat - Emulating Botswana’s Approach to Reproductive Health Services Could Speed Development in the Sahel

R Cincotta; New Security Beat:

“The Western Sahel region—a cluster of arid, low-income countries stretching from Senegal, on Africa’s Atlantic coast, inland to Mauritania, Burkina Faso, Mali, Niger, and Chad—is home to the world’s most youthful populations. According to current UN Population Division estimates, about 57 percent of this six-country region’s population is 19 years old or younger. .... As security conditions deteriorate across the rural Sahel, governments in Europe and North Africa are taking notice of these countries’ demographic status—and for good reasons. Notably, demographic patterns like those of the Western Sahel do not extend into southern Africa (Fig. 1). In fact, Botswana provides an example of a country that, over the past four decades, has succeeded in substantially reducing the frequency of adolescent pregnancy and early marriage, increase birth spacing, and vastly improving its level of girls’ educational attainment—aspects of development that generally drive improvements in child nutrition and survival, improve maternal health, and initiate a shift to a smaller average family size. .... This essay reports on research that investigates what the demographic future might hold for the Western Sahelian states should they emulate Botswana’s pattern of fertility decline....”

Guardian - 'She can't say no': the Ugandan men demanding to be breastfed


Strong contender for ‘grossest article of the week’. “A study is looking into the coercive practice in Uganda, amid calls for the government to address the issue.”

UNFPA – Costing the Three Transformative Results: The cost of the transformative results UNFPA is committed to achieving by 2030

https://www.unfpa.org/featured-publication/costing-three-transformative-results

“Costing the Three Transformative Results focuses on new research to estimate the costs associated the global effort led by UNFPA to: (a) end preventable maternal deaths, (b) end the unmet need for family planning, and (c) end gender-based violence and all harmful practices,
including child marriage and female genital mutilation. This new analysis goes beyond calculating costs; it also identifies the specific interventions needed to achieve these three transformative results by 2030 – the deadline for achieving the Sustainable Development Goals – including developing country investment cases and costing of the work of UNFPA country programmes. This publication contains the methodologies and resulting cost estimates towards the achievement of each result. “

Cfr a tweet: “Achieving 3 transformative results requires a new investment of $222 billion for next 10 years. One result—Ending preventable maternal deaths by 2030 in 120 priority countries requires $103.6 b.”

Access to medicines

FT Longread - Why big pharma sees a remedy in data and AI

https://www.ft.com/content/4743d76c-af9b-11e9-8030-530adfa879c2
(gated) “Billions are being invested into mining patient records in a bid to aid drug discovery but backers are impatient.”

FT - AI-designed drug to enter human clinical trial for first time

https://www.ft.com/content/fe55190e-42bf-11ea-a43a-c4b328d9061c
(gated) “Molecule designed by machine to treat OCD developed in just 12 months.”

NEJM (Health Policy) - Understanding the Rewards of Successful Drug Development — Thinking Inside the Box


With focus on the US, but also relevant for other settings. “Risks and rewards change during the life cycle of a drug. In the innovation period, drug companies invest in developing new products but cannot sell them. Newly approved drugs initially have exclusivity and enter the monopoly period, which is followed by the competitive period, when branded drugs compete with generics. The influence of policies on financial incentives in each period is described.”
CGD (blog) - When Fewer Is Better: Pharmaceutical Wholesaling and Distribution in Low- and Middle-Income Countries


“In many LMICs, the market of pharmaceutical wholesalers and distributors is extremely fragmented, with too many intermediaries and small, inefficient firms. China and Tanzania provide two examples of reforms. “

Miscellaneous

Lancet (Comment) - A disclosure form for work submitted to medical journals: a proposal from the International Committee of Medical Journal Editors

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30187-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30187-2/fulltext)

Published in many big journals at the same time this week.

“... Ten years ago, the International Committee of Medical Journal Editors (ICMJE) adopted the “ICMJE Form for the Disclosure of Potential Conflicts of Interest” as a uniform mechanism for collecting and reporting authors’ relationships and activities that readers might consider relevant to a published work...”

“... We propose several changes to the ICMJE disclosure form to help address these issues. First, words matter. Despite including the word “potential,” a form entitled “...for the Disclosure of Potential Conflicts of Interest” may imply that any relationship or activity listed represents a problematic influence or wrongdoing. The proposed new title, “The ICMJE Disclosure Form,” aims to dispel that interpretation and potential stigma. Second, we no longer ask authors to decide what might be interpreted as a potential conflict of interest. Authors disclose their relationships and activities so that readers can decide whether these relationships or activities should influence their assessments of the work. Further, to avoid omissions — inadvertent or purposeful — we now provide a checklist of relationships and activities for authors to complete. We welcome feedback about the proposed new form, which is available with a link to provide comments, at [http://www.icmje.org/](http://www.icmje.org/) “.
Stat - These 10 startups acquired by Alphabet reveal a health care play centered on surveillance


(gated) “At a gathering of the world’s business and political titans last week, Google CEO Sundar Pichai became the latest tech leader to sharpen his focus on health care....”

And a link:

Devex -  Rockefeller, Mastercard team up to leverage data science for social impact

“On Thursday, The Rockefeller Foundation and the Mastercard Center for Inclusive Growth unveiled data.org, a platform for partnerships that aims to build the field of data science for social impact. At an event at the World Economic Forum annual meetings in Davos, Switzerland, leaders from both organizations spoke about the evolution of their 5-year $50 million Data Science for Social Impact Collaborative, which they launched at the same event one year ago....”

Emerging Voices

In case you’re finetuning your application for EV Dubai, do check out this week’s Facebook EV Watch Party – with some final tips & tricks! EV Watch party Moderated by Shakira Choonara (EV 2014) and with a number of EV alumni panellists.