IHP news : "La France" & global health

(6 May 2016)

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

Dear colleagues, this week's intro was written by **Radhika Arora**, who just joined the IHP editorial team.

"Quick response to last week's final sentence"

"*…and the female flavour (even more needed). Let's face it, I really don't have a clue about the joys and pains of breastfeeding… "* Last week's introduction brought back memories of a long-ago dinner in Tokyo, when my Japanese dining companion informed me that I was Christmas cake, i.e. a woman, who was unmarried at 26 (therefore unsold by the 25th)! As someone who does not have children, I am absolutely the last person to comment on the 'joys and pains of breastfeeding', even though I'm female, but thank you anyway for the warm introduction Kristof! I arrived last Sunday, on a warm, sunny day to join the (slightly wicked) IHP team in Antwerp as an intern.

It's great to be back in the land of smos, beer and smurfs. I was in Belgium last in 2014 as a student of the Masters in Public Health; this time I'm here to work on tasks which will put to use my experience and training in health and also journalism. Hopefully the "health-y" stories will be interspersed with some information on the culture and food of Belgium as well, though we are thankfully quite some time away from Christmas cake season.

It is now day two of the internship and any hopes of a health-related introduction have been shot down by Donald Trump's astonishing political ascension. The man has risen against all odds, and I suppose *Trump House* is a real possibility now. In addition to all the worries the rest of the (more or less sane) world has about this prospect, the rise of Drumpf might not be good news for the 'health' of reality TV-shows in the world.

Political tremors aside, this week's feature article by **Patricia Granja** examines the political future of Ecuador against the backdrop of relief response to the devastating earthquake which struck the north western coast of Ecuador two weeks ago.

Work during these first few days at ITM Antwerp has been punctuated by joyous moments of reuniting with former classmates, now enrolled as PhD students, professors and friends. I look forward to being part of the IHP team, contributing to the newsletter, and corresponding with readers over the next few months. I'll let you know about 'the joys and pains' of editorial work, in due time!

Enjoy your reading.

The editorial team

Featured Article

"*Cans of tuna not will rebuild the roads*" – tackling political and physical fissures in Ecuador post-earthquake

Patricia Granja *is medical doctor with a masters degree in public health. She spent the past four years working at the Ministry of Health in Ecuador at the national level. She also works at the Institute of Public Health of the Pontifical Catholic University of Ecuador.*

On Sunday 16th of April, the north western coast of Ecuador was struck by an earthquake measuring 7.8 on the Richter scale. While, the 16million or so people of this South American country are no strangers to earthquakes, this was one of the biggest to have hit the country in recent times. The quake, which according to the UN is "the region´s worst disaster since 2010", referring to the 2010 Haiti earthquake, affected almost 720,000 people, leaving almost 660 dead and another 4, 600 injured. Over twenty two thousand people are living in temporary shelters. In addition, there was tremendous damage to property and infrastructure. An estimated 3 billion USD will be required to rebuild; reconstruction, according to Ecuador´s President Rafael Correa, could take several years.

Progressive, long-term investments in the health sector, including increasing the health budget and strengthening the health system, over the last decade by the current government, allowed swift response in the face of a major natural disaster. The representative for Ecuador of the Pan American and World Health Organization (PAHO-WHO), Gina Tambini, recognized the immediate mobilization of professional teams to evaluate the availability of infrastructure and medical care to the affected population. The resident coordinator of the United Nations system in Ecuador, Diego Zorrilla praised the government for its quick and effective response.

And yet, the opinion of the people, towards their government might defer. Political ambivalence brought on by an economic crisis, low credibility of the government at multiple levels, have led to decreasing popularity of President Correa and an uncertainty about the future in the face of an economic crisis. Ecuador, the smallest member of the Organization of the Petroleum Exporting Countries has had a tough year. Oil prices – the most important revenue – steadily declined. Production costs of a barrel of oil are around 39 USD, yet the country gets only 30USD, affecting the overall budget. Correa's government has been criticized for its economic policy, which resulted in "unsustainability of the public spending pace", and for new tax regulations; the government has announced austerity measures for 2016 to face the crisis. "It is the worst moment to face such a catastrophe," said Maggie Barreiro, an economist at San Francisco University in Quito. "The fiscal accounts are empty, and we are having huge problems of liquidity." Against this economic backdrop the popularity of Rafael Correa is the lowest ever, and elections are just around the corner (February 2017). According to an opinion poll conducted on January 2016, Correa had a 34% of vote intention, down from 47% in October 2015. An error of judgement or not, a video of Correa during his visit to the disaster zone, in which he was quoted saying, "No one loses calm, no one shouts or I will put them in jail, whether old, young, male or female. Nobody mourns or complaints, unless for loved ones who have been lost…" went viral. And so, despite an effort to personally coordinate disaster relief efforts by his cabinet, including a visit to the affected areas – all alongside another important visit to the Vatican – the above quote which was captured on video affected his public image.

Disasters test a nation's response systems (health, risk management, social protection, public safety, etc.) Some experts from the Red Cross and other humanitarian (UN + international NGOs) emphasize

a good national response system risk management has a combination of existing health system capacity and decentralized administrative rationality.

In Ecuador, disaster response is coordinated by the National Secretary for Risk Management (created in 2008), with a decentralized model through the structures of the Emergency Operations Committees (COE) at the national, provincial and county levels. Within 10 thematic tables (these are like working groups) there are actors from various sectors (including private sector, civil society and NGO´s) for the issues mentioned above. In the wake of the earthquake, a state of emergency was declared in the country. Investments in health over the past decade paid off in the system's ability to respond better to an emergency. The director of the Pan American Health Organization (PAHO), Carissa Etienne, acknowledged this as "impressive" progress in a short time by Ecuador. During her visit, coincidentally one week before the earthquake, she was quoted as saying, "I want to emphasize the increase in the health budget, in these nine years the state public health investment has reached record levels according to the constitutional mandate." She highlighted how between 2007 and 2014 the budget has quadrupled (2,5 billion USD ,)together with the commitment of the authorities of the Ministry of Public Health in the management and efficient use of those resources, and highlighted the construction between 2011 and 2014 in 10 hospitals, 51 first line health centers, the renovation of eight other hospitals and the addition of nearly 300 ambulances nationwide.

At present, in terms of financing the relief efforts, the national government through the National Assembly, will present new fiscal and tax regulation in order to collect and pool a solidarity fund to face the disaster: 1. An increase of two percentage points in the VAT (from 12% to 14%), for a year; 2. A one-time contribution of an additional 3% on profits; 3. A contribution of 0.9% of individuals with an inheritance greater than one million US dollars; 4. Contribution of a day's wages by those with a monthly income of greater than 1,000USD, two for those with an income of more than 2,000USD. Those with an income of more than 5000 USD will have to contribute five days of salary, (one day's wages over five months). This will not apply on the disaster zones, subsidies and taxes exemption will be planned for this region.

Recently, on Saturday the 23rd, President Correa, explained the proposal during his weekly report to the nation, stating that even as donations were important, "cans of tuna not will rebuild the roads". This led to a national debate on the redistribution of wealth, (initially ignited on 2015, due inheritance tax bill), charity and solidarity.

The earthquake spun the country on its axis. It has weakened the legitimacy of the Government and appears to have driven society in the opposite direction, leading to a fresh dilemma against the backdrop of the crisis – government vs. society. The ongoing debate reflects the current political situation in Latin America. After two decades of progressive trend projects, called "Socialism of the 21st Century" (Heinz Dietrich, 1996), government and society present divergent points. Polarization is not free of political interests. It is not the dialectic rationality among elements of the State; it is a debate of actors in view of the forthcoming elections. One would imagine disaster response bringing people together towards a collective goal; it has, on the contrary, brought the risk of deinstitutionalization. The debate on the size of the State, the utility and the limits of social investment may be necessary, but it is also a reflection of the ethical crisis faced by political actors in Ecuador. The modernization of the State has not gone hand in hand with the shifts in society, and politics of amidst tragedy remains a shameful practice which unfortunately tends to be effective.

At present, the focus is on saving lives. And it has opened the new stage in providing social protection to victims of a disaster, which requires going through a planned system of shelters, as well as the activation of several aspects of a health system's response: health surveillance, vector

control, containment, risk reduction in shelters, etc. Reconstruction is a process that requires planning and requires a comprehensive and public health approach. Even if it is in the middle of a potential, future political crisis.

Highlights of the week

The Lancet – France: nation and world

http://www.thelancet.com/series/france-nation-and-world

The Lancet zooms in on "La F-r-rance…!" this week. "*The dominance of English as the language of science and, increasingly, global health too often closes the door on the history and experiences of others. In France's case, careful study of the nation's struggle to achieve universal health coverage, together with its distinctive approach to global health, has much to offer those who seek to understand the diversity of paths to achieve better health at home and abroad. The two Lancet Series papers on France's contribution to health, along with comments from French or Francophone leaders, aim to correct this imbalance. They are also an invitation for France to reflect on its challenges and global role.*"

The Lancet (Comment) - Towards a global agenda on health security

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30393-2/fulltext

By **François Hollande** himself. During the closing of the High Level Conference on Global Health Security, on March 23, 2016, in Lyon, France, Hollande fixed a number of priorities.

He also emphasized: "**France is determined to fight against the prohibitive price of certain new drugs, all while promoting innovation. France has therefore taken the initiative to mobilise the G7**: for the first time this year, a meeting of the Health Ministers of the seven richest countries of the world should initiate a dialogue and coordination among the regulatory authorities, the pharmaceutical industry, and patients."

Other must-reads in the Lancet issue on France:

France: a philosophy for health (by **R Horton** et al)

Democratising the global health agenda: why we need France (by **Sidibé**, making the link with the HIV fight & France's role in it)

But there's also interesting stuff on the **Institut Pasteur (& the Institut Pasteur International Network)** , and of course the Lancet series articles themselves, including **State humanitarian**

verticalism versus universal health coverage: a century of French international health assistance revisited

Reuters – France gets G7 to discuss global regulation of medicine prices

http://www.reuters.com/article/us-g7-japan-pharmaceuticals-idUSKCN0XT0TU

"*France will press its G7 partners this month to launch an "irreversible" process to control the prices of new medicines, part of a global drive to make life-saving drugs more affordable, three sources told Reuters. President Francois Hollande said in March he would push for the international regulation of drugs prices when he meets other G7 leaders in Ise-Shima, Japan on May 26-27. The sources said the issue was now on the summit agenda and health ministers will continue work on it in Kobe in September when other parties, such as the pharmaceutical companies themselves, could potentially be involved*." (see above, Hollande's Lancet Comment)

And see also **Euractiv**, with a good global analysis: Rising medicine costs burden global health systems. France is leading calls for the G7 to act against the inflation of medicine prices. But, "*The question is whether the French idea is simply to bring down the cost of treatments in industrialised countries or to look for a new global model that would undo the link between the cost of research and that of medicines*".

Meanwhile, in **Latin America**, "*The health ministers of the Union of South American Nations (USAN), a group representing all 12 countries on the South American continent, agreed in 2015 to negotiate with pharmaceutical laboratories as a bloc, in order to bring down the price of the most costly medicines. According to the Uruguayan government, the* ***joint negotiations will begin in May 2016,*** *and a dedicated body will be charged with negotiating the prices of cancer treatments*."

WHO Bulletin – Special theme issue: the Global strategy for women's, children's and adolescents' health (2016-2030)

http://www.who.int/bulletin/volumes/94/5/16-000516.pdf?ua=1

"*This month's Bulletin issue has a special theme which focuses on the* ***implementation of the Global strategy for women's, children's and adolescents' health (2016–2030).*** *In the* ***editorial section****, Flavia Bustreo et al. highlight the ongoing need to analyse what works to achieve the objectives of this strategy: survive, thrive and transform. Ian Askew et al. remind readers why sexual and reproductive health and rights need to be addressed in the response to health emergencies. Zanele Mabaso et al. ascribe the inclusion of adolescent health outcomes in the global strategy to young people's participation, and Nila Moeloek & Kesetebirhan Admasu explain how ministers of health can help ensure positive change in their countries. …*"

Make sure you also check out the **Perspectives**, including The Global strategy for women's, children's and adolescents' health (2016–2030): a roadmap based on evidence and country experience

Guardian – UN demands protection for war zone hospitals after 'epidemic of attacks'

http://www.theguardian.com/global-development/2016/may/03/un-demands-protection-for-war-zone-hospitals-after-epidemic-of-attacks?CMP=share_btn_tw

"*The **UN security council** has unanimously **adopted a resolution** intended to protect hospitals, medical professionals and patients from "an epidemic of attacks" on health facilities in war zones. The resolution, which was drafted by New Zealand, Spain, Egypt, Japan and Uruguay, was adopted on Tuesday*."

For the full address of **Joanne Liu** (MSF) at the UN Security Council, see here.

(PS: just last week, the U.S. Central Command released its U.S. Forces-Afghanistan Investigation into Airstrike on Doctors Without Borders Trauma Center in Kunduz, Afghanistan – see press release)

One day after the resolution was adopted, another hospital in Aleppo was hit (NYT), this time on the government-held side. And another day later, a refugee camp was bombed…

So it's clear that the "*effectiveness (of the resolution) will depend heavily on the will of states to step up efforts to prevent attacks and bring perpetrators of attacks to justice, by strengthening domestic laws, training security forces in international law, and investigating violations*."

Guardian – MSF brands humanitarian summit 'a fig-leaf of good intentions' as it pulls out

http://www.theguardian.com/global-development/2016/may/05/medecins-sans-frontieres-world-humanitarian-summit-istanbul-fig-leaf-pulls-out

Bombshell on the **World Humanitarian Summit**, which will soon take place in Istanbul. *"…in a damning assessment of the summit's validity and effectiveness, **MSF has announced its intention to withdraw** [albeit with considerable disappointment] because it does not believe the conference has any chance of achieving its lofty aims. "**We no longer have any hope that the WHS will address the weaknesses in humanitarian action and emergency response**, particularly in conflict areas or epidemic situations," it said in a statement. "Instead, **the WHS's focus would seem to be an incorporation of humanitarian assistance into a broader development and resilience agenda**. Further, the summit **neglects to reinforce the obligations of states** to uphold and implement the humanitarian and refugee laws which they have signed up to…. "*

*For the **full statement**, see MSF (must-read!!!!)*

*As somebody quoted in an IRIN analysi said, the WHS has just **lost its 'moral compass'**. (Pretty much like the entire world, I'd say.)*

*Meanwhile, **European leaders** still know what to say to cover up their migration/refugee policies:*

(Euractiv) Commission says **EU asylum rules 'dead as Jon Snow from Game of Thrones'** *"The migration crisis has left the European Union's Dublin asylum rules as dead as Game of Thrones heartthrob Jon Snow, Commission First Vice-President Frans Timmermans has said."*

He said this "at a Brussels press conference to launch a series of reforms to the rules, including controversial **plans to fine countries for not taking in refugees**. Nations will be fined €250,000 per refugee if they refuse to home refugees distributed throughout the bloc when a "fairness mechanism" is triggered. Refusing a family of four would cost €1m euros. … The idea, which ranks countries based on their GDP, population, and resettlement efforts, was branded "blackmail" by Hungary shortly after it was announced. …"

As for **Australia's offshore refugee 'policy'**, see this week's Lancet editorial. "*Australia's contentious way of dealing with refugees and asylum seekers arriving by boat, long condemned by human rights organisations, has come under renewed attack and public scrutiny. On April 26, the Supreme Court of Papua New Guinea (PNG) ruled that the offshore detention centre on Manus Island, PNG, which had been used by Australia under the so-called Pacific Solution, was unconstitutional and ordered its closure….*"

WHO – Health Equity Assessment Toolkit (HEAT)

http://www.who.int/features/2016/health-inequalities/en/

To help countries monitor health inequalities, WHO developed a new toolkit called the Health Equity Assessment Toolkit (HEAT). "HEAT is a software package that utilizes data from the WHO Health Equity Monitor and enables health professionals and researchers to explore the health inequalities in their countries. Additionally, users can compare the state of inequality in their country with other countries."

For all info on the toolkit, see Health Equity Assessment Toolkit (HEAT).

Global Dashboard – A little less conversation a little more action: How to tackle inequality, for real

Ben Philips; http://www.globaldashboard.org/2016/05/03/little-less-conversation-little-action-tackle-inequality-real/

(recommended) Ben Philips explains where we are now in the fight against inequality. "*We have won the debate and shown that inequality is bad for everyone, and why more equal societies are safer, more prosperous, more cohesive, and happier. We have won the struggle to get leaders to commit to act on it. But we face now the contradiction that every world leader has promised to act on inequality and yet only a handful of them are doing anything about it. Where to go from here?*"

UN SG leadership contest

IPS - Why the World Needs a UN Leader Who Stands Up for Human Rights

A Neistat; http://www.ipsnews.net/2016/04/why-the-world-needs-a-un-leader-who-stands-up-for-human-rights/?utm_source=rss&utm_medium=rss&utm_campaign=why-the-world-needs-a-un-leader-who-stands-up-for-human-rights

"…The next Secretary-General can do that by putting the protection of human rights front and centre. ***Human rights are meant to be the UN's third pillar, along with development, and maintaining peace and security.*** *But they* ***risk becoming the third rail of UN politics****: too controversial to touch, and a black mark in the eyes of certain Security Council members."*

Guardian - Peace matters to women': Helen Clark launches campaign to lead UN

http://www.theguardian.com/world/2016/may/03/peace-matters-to-women-helen-clark-launches-campaign-to-lead-un

Would be a nice SG.

Health Affairs – new issue

http://content.healthaffairs.org/content/35/5.toc

Check out especially, in the new Health Affairs issue:

PEPFAR Investments In Governance And Health Systems Were One-Fifth Of Countries' Budgeted Funds, 2004–14

C Moucheraud et al; http://content.healthaffairs.org/content/35/5/847.abstract

"… We analyzed PEPFAR budgets for governance and systems for the period 2004–14 to ascertain whether PEPFAR's stated emphasis on strengthening health systems has been manifested financially. The main outcome variable in our analysis, the first of its kind using these data, was the share of PEPFAR's total annual budget for a country that was designated for governance and systems. The share of planned PEPFAR funding for governance and systems increased from 14.9 percent, on average, in 2004 to 27.5 percent in 2013, but it declined in 2014 to 20.8 percent. This study shows that the size of a country's PEPFAR budget was negatively associated with the share allocated for governance and systems (compared with other budget program areas); it also shows that there was no significant relationship between budgets for governance and systems and HIV prevalence. …"

Abstinence Funding Was Not Associated With Reductions In HIV Risk Behavior In Sub-Saharan Africa

http://content.healthaffairs.org/content/35/5/856.abstract

Sorry George! Abstinence computer says no.

Coverage of this last paper, for example, in Bloomberg.

TTIP leak

Guardian – Doubts rise over TTIP as France threatens to block EU-US deal

http://www.theguardian.com/business/2016/may/03/doubts-rise-over-ttip-as-france-threatens-to-block-eu-us-deal

Brilliant TTIP week, at least from my (slightly biased) point of view. Read also Leaked TTIP documents cast doubt on EU-US trade deal (Guardian); Commission lashes out at TTIP leaks as 'storm in a teacup'.

We ain't there yet, but TTIP is almost "as dead as Jon Snow from Game of Thrones"!

Do certainly also read Owen Jones' take on this: Protest never changes anything? Look at how TTIP has been derailed.

LSTM led team wins bid to organise the 2018 Health Systems Global Symposium

http://www.lstmed.ac.uk/news-events/news/lstm-led-team-wins-bid-to-organise-the-2018-health-systems-global-symposium

Great week for Liverpool. Klopp & his men reached the finals of the European football cup, and Health Systems Global (HSG) chose "**Liverpool as the host city for its fifth global symposium** on health systems research in 2018. The winning bid was put forward by Liverpool School of Tropical Medicine (LSTM), in close cooperation with a consortium of UK institutions including the London School of Hygiene and Tropical Medicine (LSHTM) and the Institute of Development Studies (IDS) in Brighton, and ACC Liverpool. "

AMR

Lancet (World Report) – Countries mull over incentives for developing antibiotics

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30457-3/fulltext

(must-read!!) Governments are considering which financial incentives will be the best to boost research and development for much needed new antibiotic drugs. Tatum Anderson reports.

BMJ (News) – Bollywood could play role in tackling antimicrobial resistance, says review lead

http://www.bmj.com/content/353/bmj.i2585?etoc=

"*The economist leading an independent UK review into antimicrobial resistance has signalled that its final recommendations could include* ***enlisting Bollywood as part of a global awareness campaign*** *to tackle the problem. Jim O'Neill said that his team's review, due to be published later this month, will also propose lump sum payments to drug companies as incentives to develop new drug pipelines*." O'Neill spoke at the WIRED Health conference in London on 29 April.

Can't wait!

Lancet (Comment) – Mind the gap: jumping from vaccine licensure to routine use

K L O'Brien et al ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30394-4/fulltext

Very important piece. "*The contribution of immunisation to improving childhood survival is one of the great achievements of global health. Driving down further infectious disease burden will require new vaccines, many of which have taken decades to develop. We are entering an era where the path from licensure to widespread routine vaccine implementation requires more than efficacy and safety data; policy recommendations for new vaccines may only be realised through implementation research to determine how to most effectively ensure widespread use. Failure to tackle this implementation phase with the same commitment shown to the licensure phase will pose greatest risk for vaccines developed mainly for the world's poorest people (eg, malaria, typhoid, haemorrhagic fevers). Thus, implementation assessments must become the third component of the core vaccine evaluation tripod, joining safety and efficacy. The essential value of this third phase has not been fully appreciated…."*

Zika

WHO – One year into the Zika outbreak: how an obscure disease became a global health emergency

http://www.who.int/emergencies/zika-virus/articles/one-year-outbreak/en/

In-depth overview article of the "Zika-story" till now. For the latest **WHO Zika situation report (5 May**), see here.

And then *some links with some of the key Zika related headlines from this week*:

Bacteria-Infected Mosquitoes Could Slow Spread of Zika Virus (NYT): *"If there is ever a contest for Least Appreciated Creature on Earth, first prize should go to a microbe called **Wolbachia**. The **bacterium** infects millions of invertebrate species, including spiders, shrimps and parasitic worms, as well as 60 percent of all insect species. Once in residence, Wolbachia co-opts its hosts' reproductive machinery and often greedily shields them from a variety of competing infections. Ever since the Zika outbreak began in Brazil last year, scientists have suspected that Wolbachia might protect mosquitoes from the virus. **Now, researchers have confirmed this hunch, providing the first solid evidence that releasing Wolbachia-infected mosquitoes into the wild could help quell the epidemic**. "We are pretty sure that **mosquitoes carrying Wolbachia will have a great impact on Zika transmission in the field**," said Luciano A. Moreira, a biologist at the Oswaldo Cruz Foundation in Belo Horizonte, Brazil, and the lead author of a new report on the researchers' findings, published on Wednesday in the journal Cell Host & Microbe."*

Zika is likely to become a **permanent peril in US** (National Geographic). "Scientists predict Zika virus will become part of the new normal for Americans, requiring routine vaccinations."

New Zika alert: Beware the **Asian tiger mosquito** Zika was found in a second mosquito, according to CDC. Which thus implies even more trouble in the US (with more states facing a risk…).

(CSIS brief by J S Morrison & P Hotez): Ebola, Zika, and a Globalizing Texas "What makes Texas America's "ground zero" for a new wave of tropical infectious diseases?" (*No, it's not due to George Bush*)

Zika risk higher than thought previously (BBC news) "The mosquito-borne Zika virus may be even more dangerous than previously thought, scientists in Brazil say. They told the BBC that Zika could be behind more damaging neurological conditions, **affecting the babies of up to a fifth of infected pregnant women.**"

The (US) Senate Goes Home Without Funding Zika (from late last week, The Atlantic)

Lancet (correspondence) – Zika virus: a new challenge for blood transfusion

D Musso et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30428-7/fulltext

Letter on behalf of the International Society of Blood Transfusion Working Party on Transfusion-Transmitted Infectious Diseases.

Global health events

CEWG meeting on legally binding R&D agreement in Geneva (2-4 May, Geneva)

WHO – Open-ended meeting of WHO member states: Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG)

http://www.who.int/phi/cewg/en/

You find all info on the meeting (as well as on CEWG) here. Includes programme, meeting presentations etc.

TWN –WHO: Member States to decide on legally binding R&D agreement

K M Gopakumar; http://www.twn.my/title2/health.info/2016/hi160501.htm

(*Analysis ahead of the meeting, **as of 2 May***). WHO Member States got together in an "Open-ended meeting of Member States to assess progress and continue discussions on the remaining issues in relation to monitoring, coordination and financing for health research and development" this week, in Geneva. They were expected to take a decision on a legally binding agreement on research and development (R&D) to address the unmet health needs of developing countries. The meeting was chaired by India and Switzerland was the Co-Chair. "*The meeting is taking place almost three and half years after a 2012 recommendation of the **Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG).** Member States are expected to reach consensus on mechanisms to ensure sustainable financing and coordination to address unmet health needs, especially the health R&D needs of developing countries, based on the CEWG recommendations*."

You might also want to read the opening Statement of Health Action International, Knowledge Ecology International and STOPAIDS.

While waiting for some in-depth analysis of the meeting in the coming days, we can already give you the key **outcome:**

As somebody tweeted later in the week, "**Negotiations on #CEWG2016 deadlocked. #wha69 will decide the fate of the R&D Agreement**".

IP-Watch – MSF Issues In-Depth Report On R&D And Drug Prices

http://www.ip-watch.org/2016/05/02/msf-issues-report-on-rd-and-public-health/

Earlier this week, MSF announced a report detailing failings in the current system for developing new drugs in ways that all patients can afford and access, and providing proposed policy options for addressing the problems. The 56-page report is entitled, "Lives on the Edge: Time to Align Medical Research and Development with People's Health Needs."

The report came on the opening day of the CEWG meeting.

WHO - Fiscal space, public financial management, and health financing: sustaining progress towards universal health coverage (26-28 April, Montreux)

http://www.who.int/health_financing/topics/public-financial-management/montreux-meeting-2016/en/

"WHO's Department of Health Systems Governance and Financing convened representatives from national health and finance ministries and other relevant government bodies, partner agencies, foundations, initiatives and civil society organizations, to discuss priorities and opportunities for enhancing productive engagement between finance and health authorities to enable countries to sustain progress towards universal health coverage (UHC)." (see also last week's IHP newsletter)

The meeting in Montreux (26-28 April) now features **daily summaries for all three days**. See here.

Coming up: MSF Scientific Days

http://www.msf.org.uk/msf-scientific-days

"The **MSF Scientific Days in London** will take place on **20 & 21 May 2016** at the Royal Society of Medicine. Everything will be **streamed live online**, giving everyone free access to the conference across the world. There will also be **linked events in India (28 May) and Southern Africa (9 June).**

MSF Scientific Days aim to connect audiences – across countries, organisations, and disciplines – to enable critical analysis and debate on the state of the medical research and innovation evidence that underpins humanitarian operations. The annual MSF conference series showcases research from MSF programmes around the world.

Full agendas can be found here - http://www.msf.org.uk/msf-scientific-days

Coming up at the Graduate Institute: UHC and the New Health Economy (Tuesday 24 May, evening session in Geneva)

http://graduateinstitute.ch/lang/en/pid/8646-1/_/events/globalhealth/universal-health-coverage-and-th

Sounds really interesting. "Organised in partnership with Rabin Martin and the Johns Hopkins Institute for Applied Economics, Global Health and the Study of Business Enterprise and held in Auditorium A2, Maison de la paix, the Graduate Institute, Geneva. A number of forces are at work at the economic, social, and political level as countries all over the world transition to UHC. As such, **this event will focus on the emerging concept of the *health economy* and its potential implications on the future of UHC** considering increasing private sector involvement in the global health landscape and the changing roles of global health actors. At large, the new health economy has the potential to translate investments in health to both economic growth and equitable improvements in health. It obliges policy-makers at all levels to consider the social, political, and commercial determinants of health inherent in both policy and investment decisions across different sectors. At the same time, it encourages public and private sector cooperation to optimise impact and inclusion while fostering equity and innovation in health, together with economic and social development. …" *One of the many side-events related to this year's World Health Assembly*.

Global governance of health

69th World Health Assembly - preparatory documents

http://apps.who.int/gb/e/e_wha69.html

Check out the list of all (already available docs, prelim programme…). With, among others, also already:

WHO programmatic and financial report for 2014-2015;

Reform of WHO's work in health emergency management WHO Health Emergencies Programme Report by the Director-General

CFR (expert brief) - How to Reform the Ailing World Health Organization

Yanzhong Huang;

http://www.cfr.org/health/reform-ailing-world-health-organization/p37831?cid=soc-twitter-How+to+Reform+the+Ailing+World+Health+Organization-050416

Nice analysis. Concluding with: "…**In May 2017, the sixty-ninth WHA will meet to elect a new director-general. In light of its sustaining financing and governance challenges, it is widely believed that the 2017 WHO leadership transition will be critical**. As Lawrence Gostin and Eric Friedman wrote in the Lancet in October 2014: "Global health leadership can be built, but only if genuine leaders choose to build it." The new director-general will need to have the experience, skills, and leadership to work with member states and other stakeholders to tackle the WHO's structural and institutional gaps and steer the agency in a direction that can make it a true guardian of health around the world."

Alliance – American University of Beirut: the new home of Global Evidence Synthesis Initiative - GESI

http://www.who.int/alliance-hpsr/news/2016/gesi/en/

"*The Global Evidence Synthesis Initiative (GESI) brings together a number of worldwide research organizations that are committed to the development and use of research synthesis to enhance public policy, public service delivery and citizens' involvement. The Alliance has partnered with a number of organizations including Cochrane, Campbell Collaboration, EPPI-Centre, 3ie, Joanna Briggs Institute, American Institutes for Research and Collaboration for Environmental Evidence, to establish the* ***GESI Consortium****, which aims to enhance the capacity for research synthesis worldwide and especially in low- and middle-income countries. Following a competitive process, the GESI Consortium selected the* ***Center for Systematic Reviews on Health Policy and Systems Research (SPARK) at the American University of Beirut (Lebanon) to host the General Secretariat for the GESI***."

Equinet newsletter (Editorial) – Implementing the International health regulations cannot just be about epidemic emergencies

R Machemedze & R Loewenson; http://www.equinetafrica.org/newsletter/issue/2016-05-01#1

They conclude: "***The global health security agenda cannot thus be narrowed to one of emergency responses to infectious disease****. Instead, global health security also needs to identify and act on the determinants to prevent such emergencies. The IHR as an overarching umbrella for international public health obligations recognises this. So too, in their intent, do the SDGs. While many determinants of global health security lie outside the health sector, and while resources are indeed needed to deal with emergencies and their economic and social impacts, a health sector response to preventing and controlling emergencies needs to link with and support longer term health systems strengthening. This starts locally, within countries and particularly with the comprehensive primary health care and public health approaches that are needed to identify, prevent and manage risk before it grows into an emergency*."

Inter-agency task force on Financing for Development (FfD) – Inaugural report 2016: Addis Ababa Action Agenda (AAAA): Monitoring commitments and actions

http://www.un.org/esa/ffd/wp-content/uploads/2016/03/Report_IATF-2016-full.pdf

"This report lays out how the Task Force will monitor AAAA implementation. For future reports, the Task Force has proposed a three-pronged approach: first, inclusion of a brief discussion of the global context and its implications for implementation; second, a concise overview of each chapter of the full agenda, while covering the broader set of commitments and action items in an on-line annex; and third, if Member States so request, a discussion of specific thematic issues, drawing on inputs from across the seven action areas of the Addis Agenda."

(*PS: I think the taskforce should enlist both David Alaba (a (very good & disciplined) Bayern Münich football player) and the AA (Alcoholics Anonymous) for this 'monitoring of the AAAA implementation agenda ' – 'AAAA' feels a bit like some FfD people gotten tipsy somewhere along the road (maybe in all the Addis Abeba luxury hotels last year? – so perhaps they can use some extra 'monitoring'*).

BMJ (Feature) – Consider legalising drugs despite UN treaties, says influential commission

http://www.bmj.com/content/353/bmj.i2474?etoc=

And get rid of Richard Branson in that Commission, I'd say. "*Many countries are already looking beyond the prohibitive stance of the "war on drugs," which is widely seen as a harmful and costly failure. Richard Hurley reports from New York.*"

WHO Bulletin (early online) – National public health law: a role for WHO in capacity-building and promoting transparency

G Marks-Sultan et al ; http://www.who.int/bulletin/online_first/BLT.15.164749.pdf?ua=1

"*A robust health infrastructure in every country is the most effective long-term preparedness strategy for global health emergencies. This includes not only health systems and their human resources, but also countries' legal infrastructure for health: the laws and policies that empower, obligate and sometimes limit government and private action. The law is also an important tool in health promotion and protection. Public health professionals play important roles in health law – from the development of policies, through their enforcement, to the scientific evaluation of the health impact of laws. Member States are already mandated to communicate their national health laws and regulations to the World Health Organization (WHO). In this paper we propose that WHO has the authority and credibility to support capacity-building in the area of health law within Member States, and to make national laws easier to access, understand, monitor and evaluate. We believe a strong case can be made to donors for the funding of a public health law centre or unit, that has adequate*

staffing, is robustly networked with its regional counterparts and is integrated into the main work of WHO. The mission of the unit or centre would be to define and integrate scientific and legal expertise in public health law, both technical and programmatic, across the work of WHO, and to conduct and facilitate global health policy surveillance."

INIS Communication (blog) – Thinking outside the calendar box

http://iniscommunication.com/blog/thinking-outside-the-calendar-box/?utm_content=buffer820d5&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

Essential reading, especially in the SDG era. « … **For better or worse, international days are here to stay**. We think it's mostly for the better, especially when the conversation moves beyond the "me-too" to **enable creative networking and lateral thinking**. Perhaps you can share other instances where that has happened. Linking World Health Day and Earth Day is one we have noted. What connections could you imagine between World No Tobacco Day and Global Road Safety Week? Or between World Asthma Day and International Yoga Day? World Jazz Day and Toilet Day? The last one may be a stretch, but some clear connections may surprise you. …"

IPS (Analysis)– The Role of the Free Press in Sustainable Development

http://www.ipsnews.net/2016/05/analysis-the-role-of-the-free-press-in-sustainable-development/?utm_content=bufferf2920&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

Speaking of 'international days', "This year's **World Press Freedom Day** marks the 250th anniversary of the first-ever freedom of information law, enacted in what are now Sweden and Finland. **3 May, 2016** is more than just an important anniversary, however; this is the first celebration of World Press Freedom Day since the adoption of the United Nations' SDGs. Securing a free press is essential for progress towards achieving these ambitious goals for people and planet by the year 2030.""

Lancet (Editorial) – No free expression, no health

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30455-X/fulltext

Related Editorial in this week's Lancet. "*We grieve for Xulhaz Mannan, a gay rights activist and editor, and his friend Mahbub Rabbi Tonoy, who were viciously killed last week in Dhaka. … … **a country that cannot ensure free expression cannot fulfil its promise of progress. And freedom of expression—a basic human right—is inseparably linked to health.** A lack of freedom of expression can literally kill you, as the Bangladesh situation shows. Whether religious, cultural, sexual, artistic,*

or journalistic, freedom of expression is fundamental to the ability to discuss and debate current predicaments and the future vision of societies—how people wish to live and prosper, of which health and wellbeing are central components. ***Anything that restricts the freedom of expression restricts health and development.***" (with exception of shutting up Donald Trump from time to time, I'd say)

Righting Finance – Progressive realization of economic and social rights: the role of tax policy

Aldo Caliari; http://www.socialwatch.org/node/17189

""***Maximum Available Resources, Non-retrogression and Minimum Essential Levels in Tax Policy****" is the second in a series of advocacy tools on human rights and tax policy produced by the Righting Finance Initiative. The series aims to assist education and dissemination of standards on tax policy and human rights contained in a report produced by the UN Special Rapporteur on Extreme Poverty and Human Rights. Drawing on that report, this second publication lays out the normative foundations for maximum available resources, non-retrogression and minimum essential levels, how they apply to tax policy, and guiding questions for reflection*."

IP-Watch - Discussions Continue On How To Govern WHO Interactions With Outside Actors

http://www.ip-watch.org/2016/04/29/discussions-continue-on-how-to-govern-who-interactions-with-outside-actors/

One for David Legge, clearly. "*The World Health Organization interacts with a large number of actors aside from governments, such as industry, philanthropic organisations, academia, and civil society. With an eye to preventing undue influence on the work of the organisation, member states have been trying to finalise a draft framework on WHO interaction with those actors. This week, what was seen as a last effort at reaching a consensual text did not quite meet the goal and some additional informal discussions are expected to take place before the annual World Health Assembly in late May.* ***The Open-Ended Intergovernmental Meeting on the draft framework of engagement with non-State actors (FENSA) met from 25-27 April****, with the task of breaching differences on the draft framework and present a consensus text and a draft resolution to the 23-28 May World Health Assembly (WHA) through the Programme, Budget and Administration Committee. …*"

Includes also some worries (by TWN) on the secondment by philanthropic foundations, such as the Bill & Melinda Gates Foundation and the United Nations Foundations to top management positions at WHO.

Nature (news) – Policy: Security spending must cover disease outbreaks

http://www.nature.com/news/policy-security-spending-must-cover-disease-outbreaks-1.19836

One for Ilona Kickbusch, clearly. "*Tadataka Yamada, V. Ayano Ogawa and Maria Freire call for research and development funding and coordination to counter global infectious-disease threats*."

GF – Global Fund Statement on Anti-Corruption Measures

http://www.theglobalfund.org/en/news/2016-04-29_Global_Fund_Statement_on_Anti-Corruption_Measures/

Official reaction Global Fund to a Bloomberg article on 29 April 2016. "*The Global Fund did not in any way mislead U.S. officials about anti-corruption practices to retain government funding, as suggested by a Bloomberg article on 29 April 2016.*"

That Bloomberg article started like this: "A **U.S. Senate panel is examining** whether a global aid group funded partly by billionaire Bill Gates and rock star Bono misled U.S. officials about its anti-corruption practices to retain government funding." (*yes, you are allowed to grin – a "US Senate panel" checks out corruption related claims*)

UHC

Joint Learning Network – New JLN initiative aims to build health financing capacity

http://www.jointlearningnetwork.org/news/new-health-financing-initiative-helps-member-countries-strengthen-capacity

"With the changing landscape of health financing globally, there is a growing demand for practitioner to practitioner learning on what works, and what doesn't' in implementing health financing reforms. Driven by member country demand, the **Joint Learning Network for Universal Health Coverage (JLN) with technical and financial support from the World Bank**, recently launched a new Innovative **Health Financing technical initiative** at the inaugural meeting of the Annual Universal Health Coverage Financing Forum. The Innovative Health Financing Technical Initiative will complement the JLN's current thematic areas of focus (Information Technology, Population Coverage, Primary Health Care, Provider Payment Mechanisms, and Quality). …"

CGD (blog) - Next Up on the Universal Health Coverage Agenda: Value for Money

S Bauhoff; http://www.cgdev.org/blog/next-universal-health-coverage-agenda-value-money

"*At the World Bank's Annual Universal Health Coverage (UHC) Financing Forum this year, I took part in a mock competition to help determine the topic of next year's forum. I was up against Larry Gostin, who argued that the 2017 forum should focus on equity and human rights, and Sara Bennett, who made the case for it to be the political economy. My pitch was for the forum to focus on efficiency—or value for money—in UHC reforms*." Bauhoff explains why, in this blog post. (as for us, we much prefer Larry's or Sara's preferred focus!)

Asian Development Bank (Policy brief, in collaboration with WHO) – The Geography of UHC: Why geographic information systems are needed to ensure equitable access to quality health care

http://www.adb.org/sites/default/files/publication/183422/geography-uhc.pdf

Some key messages of this policy brief: "*Accurate information about access to quality health care services with data that is sufficiently granular to expose disparities among marginalized or remote populations is key to achieving universal health coverage (UHC). • Geographic information systems (GIS) are one of the suite of information and communication technology ICT-enabled solutions recommended by ADB and WHO to address health system resiliency and UHC inefficiencies. • It is already feasible to use simple yet innovative GIS solutions that can utilize geospatial and statistical data for UHC and infrastructure investment planning. • For vertical disease programs, GIS is an essential tool to ensure they effectively target the relevant population groups. National malaria elimination programs must be equipped to identify the location of cases and know whether there is adequate access to testing, treatment and follow-up. • The health sector can only fully benefit from the power of GIS* ***if its health information system (HIS) is "geoenabled****," meaning that the necessary governance, technical capacity standards, and processes are in place to support the generation of quality geospatial information and a proper use of GIS across the entire health sector. …"*

You might also want to check out **another recent ADB brief**, On the road to UHC: every person matters - unique identifiers for every citizen are key to an effective and equitable health system.

Resyst - New country briefs on healthcare purchasing

http://resyst.lshtm.ac.uk/news-and-blogs/new-country-briefs-healthcare-purchasing

A new series of (8) RESYST policy briefs show how health service purchasers function in South Africa, Nigeria, Kenya, Thailand and Vietnam.

BMJ (Editorial) – Healthcare in an interdependent world

Fiona Godlee; http://www.bmj.com/content/353/bmj.i2511?etoc=

The last paragraph is the most important one: "…To fill this knowledge gap *The BMJ* has teamed up with Harvard Global Health Institute to encourage **the building of a global evidence base for effective universal coverage.** (*as already covered last week*) The **world has increasingly come to realise that we are interdependent and that a poor performing health system in one place is a threat to us all**."

Planetary health

Guardian – Benefits of cycling and walking 'outweigh air pollution risk' in cities

Sarah Boseley; http://www.theguardian.com/environment/2016/may/05/benefits-cycling-walking-outweigh-air-pollution-risk-cities?CMP=share_btn_tw

"*A new study finds that only 1% of cities in the world have such high levels of pollution that the activities (cycling & walking) could prove detrimental to health*." Good news!

Guardian – Plans for coal-fired power in Asia are 'disaster for planet' warns World Bank

http://www.theguardian.com/environment/2016/may/05/climate-change-coal-power-asia-world-bank-disaster

"**Plans to build more coal-fired power plants in Asia would be a "disaster for the planet" and overwhelm the deal forged at Paris to fight climate change, the president of the World Bank said** on Thursday [at a 2-day meeting in Washington). In an unusually stark warning, the World Bank president, Jim Yong Kim, noted that countries in south and south-east Asia were on track to build hundreds more coal-fired power plants in the next 20 years – despite promises made at Paris to cut greenhouse gas emissions and pivot to a clean energy future…."

Was about time he said that.

Infectious diseases & NTDs

Plos Medicine - Effectiveness of and Financial Returns to Voluntary Medical Male Circumcision for HIV Prevention in South Africa

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002012

Using epidemiologic and economic modeling, **Markus Haacker** and colleagues estimate the optimal target age group for VMMC in South Africa.

For the Editors' summary, see here.

Plos Medicine (Essay) - A Public Health Paradox: The Women Most Vulnerable to Malaria Are the Least Protected

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002014

Raquel Gonzalez and colleagues highlight an urgent need to evaluate antimalarials that can be safely administered to HIV-infected pregnant women on antiretroviral treatment and cotrimoxazole prophylaxis.

Reuters – Study of Liberia Ebola flare-up shows need for longer vigilance

http://www.reuters.com/article/us-health-ebola-dormant-idUSKCN0XQ28W

"A study of a cluster of Ebola cases that appeared in Liberia last year, months after the country was declared Ebola-free, has found that the virus re-emerged after lying dormant in a female survivor. The results suggest Liberia and the other African countries at the center of the outbreak should maintain high levels of vigilance for longer than thought to contain any future flare-ups of the deadly haemorrhagic fever. The analysis, by an international team of scientists who looked at genetic data from samples taken directly from infected patients, was not able to establish how the virus was spread by the woman or which bodily fluids may have been involved…." See also Eurekalert, "Ebola virus genome provides clues to repeated disease 'flare-ups' in Western Africa".

Guardian – Immune 'signature' unique to Ebola fatalities identified by scientists

http://www.theguardian.com/world/2016/may/05/immune-signature-unique-to-ebola-fatalities-identified-by-scientists

"Scientists have identified a key feature in the human immune system that determines whether someone will live or die from Ebola. The breakthrough research brings hope that existing anti-cancer treatments could be used to treat the virus, which killed almost 12,000 in the recent epidemic in West Africa. Led by Spanish scientist Cesar Muñoz-Fontela at the Heinrich Pette Institute in Germany, researchers have discovered an immune signature unique to Ebola fatalities."

Stat – One step closer to a polio-free world

https://www.statnews.com/2016/05/02/polio-vaccine-shift-complete/

*"A **two-week campaign** to phase out a polio vaccine that is now considered harmful to the effort to eradicate the disease appears to have been **completed**, polio program leaders at the World Health Organization said Monday. There had been worries that a few countries — China and Russia among them — might not be able to get the job done by May 1. But all 155 nations involved in the unprecedented operation known as "the switch" have complied, director Michel Zaffran told STAT in an interview from Geneva…."*

BMJ (Feature) – India, Pakistan, and polio

http://www.bmj.com/content/353/bmj.i2417?etoc=

"India's polio free status could be undermined by the failure to eradicate the disease in neighbouring Pakistan, writes Martina Merten."

NCDs

Reuters – Biden gets papal blessing for his global war on cancer

http://www.reuters.com/article/us-pope-biden-idUSKCN0XQ1DY

Good for Joe! (*from last week already*) *"U.S. Vice President Joe Biden took his crusade against cancer to the Vatican on Friday and heard Pope Francis call for an "economic paradigm shift" where medical research is dictated by need rather than profit."*

Bangkok Post – Giving big tobacco a fight

http://www.bangkokpost.com/news/asean/955809/giving-big-tobacco-a-fight

Report on the work of the Bloomberg Initiative to reduce Tobacco Use in Indonesia (countering the aggressive ad campaigns from Philip Morris and other Big Tobacco firms). *"The Bloomberg Initiative has designated Indonesia one of its five priority countries, and has donated more than $ 10 million since 2007. The initiative is largely focused on establishing local and regional tobacco control laws in a nation with a highly decentralised government structure."*

Great initiative. Wrong figurehead (Bloomberg), though. See: *"…The Bloomberg Initiative has also created a backlash from smokers' rights groups, who portray Mr Bloomberg as a foreign oligarch determined to stamp out Indonesia's proud tobacco tradition. "*

First part of the sentence (foreign oligarch) is certainly spot on.

In other Big Tobacco related news this week, **The European Union**'s highest court on Wednesday upheld a tough EU law that will standardize cigarette packs, ban menthol flavoring and restrict e-cigarette advertising, paving the way for its adoption this month and dealing a blow to Big Tobacco. (Reuters);

As for India, " **India**'s top court told tobacco companies on Wednesday they must adhere to a new federal rule requiring much larger health warnings on cigarette packs". And **Australia** will price out cigarettes with 50% tax rise over four years (BMJ news).

Tough week for Big Tobacco!

Lancet (Letter) – The Framework Convention on Tobacco Control

A Braillon ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30420-2/fulltext

Pretty harsh statement on the Framework Convention? *"The unconditional support for WHO's Framework Convention on Tobacco Control (FCTC) shown by Martin Raw, Judith MacKay, and Srinath Reddy warrants discussion. The World Oncology Forum ranked tobacco control first among its ten priorities, but the Convention is one more failure to add to the record of WHO's bureaucracy…."* Braillon gives a few reasons why.

Globalization & Health (Debate) – The Capabilities Approach: Fostering contexts for enhancing mental health and wellbeing across the globe

Ross G White et al; http://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-016-0150-3

"Concerted efforts have been made in recent years to achieve equity and equality in mental health for all people across the globe. This has led to the emergence of Global Mental Health as an area of study and practice. The momentum that this has created has contributed to the development, implementation and evaluation of services for priority mental disorders in many low- and middle-income countries. **This paper discusses two related issues that may be serving to limit the success of mental health initiatives across the globe, and proposes potential solutions to these issues**. First, there has been a lack of sophistication in determining what constitutes a 'good outcome' for people experiencing mental health difficulties. Even though health is defined and understood as a state of 'wellbeing' and not merely an absence of illness, mental health interventions tend to narrowly focus on reducing symptoms of mental illness. The need to also focus more broadly on enhancing subjective wellbeing is highlighted. The second limitation relates to the lack of an overarching theoretical framework guiding efforts to reduce inequalities and inequities in mental health across the globe. This paper discusses the potential impact that the **Capabilities Approach** (CA) could have for addressing both of these issues. As a framework for human development, the CA places emphasis on promoting wellbeing through enabling people to realise their capabilities and engage in behaviours that they subjectively value. …."

Last but not least, you might also want to check out The **NCD Alliance Activity report 2015**.

Sexual & Reproductive / maternal, neonatal & child health

As you know, **Women Deliver** is coming up, in **Copenhagen (16-19 May**) *"The focus of the conference will be on how to implement the SDGs so they matter most for girls and women, with a specific focus on health – in particular maternal, sexual, and reproductive health and rights – and on gender equality, education, environment, and economic empowerment."*

For a conference 2-pager, see here.

Guardian – Access to the life-saving services of a midwife is a gender rights issue

http://www.theguardian.com/global-development/2016/may/05/life-saving-services-midwife-gender-rights-reproductive-health-isabella-lovin-sweden?CMP=share_btn_tw

By Isabella Lövin, Sweden's minister of international development cooperation. In Sweden, where the government regards reproductive health as central to gender equality, **International Day of the Midwife** is seen as cause for celebration.

"…To help spread the word about the major part played by midwives in sexual and reproductive health, the Swedish foreign ministry teamed up with the International Confederation of Midwives to launch the Midwives4All. Our aim is to strengthen women's human rights, improve access to health services and resources for women, and increase female representation. This year we're celebrating the heroism of midwives by acknowledging those whose efforts make a real difference. Our excellence in midwifery award is open to healthcare workers in 14 countries around the world."

WB ('Investing in health' blog) – The complex factors involved in family fertility decisions

A Bakilana & R Atun; https://blogs.worldbank.org/health/complex-factors-involved-family-fertility-decisions

"*Preference for large families continues to be a major factor determining levels of **fertility in Sub-Saharan Africa**. Recent data from DHS demonstrate reasons why men and women prefer and choose to have large families. Though factors influencing women's decisions are complex and vary from one society to another, there are also similarities. Culture, religious beliefs, gender relations and low child survival rates - all play a critical role in very personal decisions about reproduction and hence overall fertility levels and trends. It is not always about 'supply side' factors or economic barriers- that is availability of family planning services - the number of children women have is a very personal decision. Various factors determine the number of children families have including: i) Desire for large families – own desires, family desires, social norms (including old age security); ii) Prevalent child mortality – replacement and hoarding/insurance; iii) Knowledge – knowledge on the reasons to use family planning, available options, side effects and mitigation measures, available services and locations, and costs; and (iv) Access to quality family planning services. …*"

Plos Medicine - Sanitation and Hygiene-Specific Risk Factors for Moderate-to-Severe Diarrhea in Young Children in the Global Enteric Multicenter Study

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002010

In a matched case-control study, Kelly Baker and colleagues explore links between sanitation exposures and MSD in young children at sites in Africa and South Asia. Read also the linked Perspective by Jonny Crocker and Jamie Bartram.

NYT – Fight to Prevent a Newborn Infection Receives a Lift

http://www.nytimes.com/2016/05/03/health/umbilical-cord-infections-umbipro-gel.html?ref=todayspaper&_r=1

"A gel used to prevent infections in the umbilical cord stumps of newborns was endorsed by the European Medicines Agency last week, an important step toward distribution of the disinfectant in poor countries. Infections of the stump, after it is cut and clamped or tied, kill many newborns. Families and midwives have been known to put butter, turmeric, ash, cow dung and even rat feces on stumps to promote healing; many babies die of tetanus. The new gel, a joint venture of Save the Children and the pharmaceutical company GSK, contains chlorhexidine, also used in a disinfectant mouthwash the company makes. The gel, called Umbipro, needs no refrigeration and comes in a sachet that can be opened without scissors. …"

WHO Bulletin (early online) – How can health ministries present persuasive investment plans for women's, children's and adolescents' health?

I Anderson et al; http://www.who.int/bulletin/online_first/15-168419.pdf?ua=1

"Most low- and middle-income countries face financing pressures if they are to adequately address the recommendations of the Global Strategy for Women's, Children's and Adolescent's Health. Negotiations between government ministries of health and finance are a key determinant of the level and effectiveness of public expenditure in the health sector. Yet ministries of health in low- and middle-income countries do not always have a good record in obtaining additional resources from key decision-making institutions. This is despite the strong evidence about the affordability and cost–effectiveness of many public health interventions and of the economic returns of investing in health. This article sets out 10 attributes of effective budget requests that can address the analytical needs and perspectives of ministries of finance and other financial decision-makers. We developed the list based on accepted economic principles, a literature review and a workshop in June 2015 involving government officials and other key stakeholders from low- and middle-income countries. The aim is to support ministries of health to present a more strategic and compelling plan for investments in the health of women, children and adolescent."

Access to medicines

The Lancet Oncology (Editorial) – Improved drug access in low and middle-income countries

http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(16)30068-7/abstract?showall=true=

"On March 31, 2016, GlaxoSmithKline announced that it would no longer file for patent protection on its products in low-income countries, and would seek to grant licences to generic manufacturers to supply generic versions of its products in low-income and middle-income countries (LMICs). Moreover, in response to the growing burden of cancer in LMICs, the company will commit its future oncology products to patent pooling, possibly via the Medicines Patent Pool. … Although GlaxoSmithKline is the first manufacturer to take such a bold step, other companies are also moving in this direction. In 2015, Novartis unveiled Novartis Access—a portfolio of 15 drugs to treat chronic diseases in LMICs. All treatments are offered to governments, non-government organisations, and those involved in public sector healthcare for just US$1 per treatment per month. … With patents expiring soon on many drugs, including, for the first time, biological agents, challenges surrounding access to highly efficacious medicines are set to increase. Thus, **the provision of oncology drugs from pharmaceutical companies in expanded access schemes to LMICs might set a precedent for improved distribution of anticancer drugs to the most vulnerable patients in the world**."

Social determinants of health

NYT (Editorial) – India's Water Crisis

http://www.nytimes.com/2016/05/04/opinion/indias-water-crisis.html?_r=0

"Some 330 million people — about one quarter of India's population — are reeling from a drought that has turned vast areas of the subcontinent into a dust bowl, withering crops and forcing farmers from their lands…. **Part of the problem is El Niño**, the climate pattern that puts extra heat into the atmosphere. But much of the problem is a result of years of mismanagement of water resources, a failure to crack down on corruption and dithering by Prime Minister Narendra Modi's government on taking action to help those affected."

"…Mr. Modi's most urgent task is to help those suffering from the drought. **He must also place water at the center of his development agenda."**

WB publication – High and Dry: Climate Change, Water, and the Economy

http://www.worldbank.org/en/topic/water/publication/high-and-dry-climate-change-water-and-the-economy

Clearly, there are some Radiohead fans among WB staff. Apart from that, this is very dire news. "*A new World Bank reports finds that water scarcity, exacerbated by climate change, could hinder economic growth (*it could cost them up to 6% of their GDP*), spur migration, and spark conflict. However, most countries can neutralize the adverse impacts of water scarcity by taking action to allocate and use water resources more efficiently.*"

See also **coverage in the Guardian**, Global water shortages to deliver 'severe hit' to economies, World Bank warns.

Human resources for health

Global Public Health – Optimising the benefits of community health workers' unique position between communities and the health sector: A comparative analysis of factors shaping relationships in four countries

M Kok et al; http://www.tandfonline.com/doi/full/10.1080/17441692.2016.1174722

"*Community health workers (CHWs) have a unique position between communities and the health sector. The strength of CHWs' relationships with both sides influences their motivation and performance. This qualitative comparative study aimed at understanding similarities and differences in how relationships between CHWs, communities and the health sector were shaped in different Sub-Saharan African settings. The study demonstrates a complex interplay of influences on trust and CHWs' relationships with their communities and actors in the health sector*. …" (Reachout)

For the Latin Americans, we also want to draw attention to **INSPIRA 2030**, a new bimonthly magazine by the Unasur institute. Based on the SDGs, they want to point out successful strategies in South America that may serve as "inspirations" for other countries in their path towards accomplishing their goals. In other words, they aim at shedding light to the South America where sustainable development is possible. The first issue is **dedicated to the Health Workforce** (SDG 3.c) and features interviews with regional policy makers, academics and hands-on professionals.

Miscellaneous

Humanosphere – A new index to measure social progress, but what is it really telling us?

http://www.humanosphere.org/social-business/2016/05/a-new-index-to-measure-social-progress-but-what-is-it-really-telling-us/

Nice (and balanced) short report on the "Social Progress Imperative What Works" conference last week in Reyjkavik (Iceland), including an evaluation of the Social Progress Index (SPI). The Social Progress Imperative is an organization made up of philanthrocapitalists, social entrepreneurs – from organizations such as Deloitte, Cisco and the Skoll Foundation – and policymakers. "…*SPI is part of the growing reality that businesses and social enterprises will play a greater role in development,*

beyond being wealth creators; this is not just the self-aggrandizement of the SPI movement. It is part of the post-2008 debate on responsible "inclusive capitalism" that has led businesses, SPI champions or not, to redefine their roles in society." Let's hope so.

Guardian – The world's poorest 50% are a trillion dollars worse off - what's going on?

http://www.theguardian.com/global-development-professionals-network/2016/apr/30/the-worlds-poorest-50-are-a-trillion-dollars-worse-off-whats-going-on

For the global inequality/poverty wonks among you. "*Those living in poverty are getting poorer even though their incomes are rising, Oxfam number-cruncher Deborah Hardoon tries to work out why."*

Emerging Voices

The international Journal of Health Planning & Management - Where there is no policy: governing the posting and transfer of primary health care workers in Nigeria

Seye Abimbola; http://onlinelibrary.wiley.com/doi/10.1002/hpm.2356/full

"*The posting and transfer of health workers and managers receives little policy and research attention in global health. In Nigeria, there is no national policy on posting and transfer in the health sector. We sought to examine how the posting and transfer of frontline primary health care (PHC) workers is conducted in four states (Lagos, Benue, Nasarawa and Kaduna) across Nigeria, where public sector PHC facilities are usually the only form of formal health care service providers available in many communities. …. The results revealed three mechanisms by which PHC managers conduct posting and transfer: (1) periodically moving PHC workers around as a routine exercise aimed at enhancing their professional experience and preventing them from being corrupted; (2) as a tool for improving health service delivery by assigning high-performing PHC workers to PHC facilities perceived to be in need, or posting PHC workers nearer their place of residence; and (3) as a response to requests for punishment or favour from PHC workers, political office holders, global health agencies and community health committees. Given that posting and transfer is conducted by discretion, with multiple influences and sometimes competing interests, we identified practices that may lead to unfair treatment and inequities in the distribution of PHC workers. The posting and transfer of PHC workers therefore requires policy measures to codify what is right about existing informal practices and to avert their negative potential*."

Research

International Journal of Qualitative Methods (Editorial) – Five Tips for Writing Qualitative Research in High-Impact Journals: Moving From #BMJnoQual

A Clark et al;
http://ijq.sagepub.com/content/15/1/1609406916641250.full.pdf?ijkey=eVGWoSH9zojyFGZ&keytype=finite

Follow up on the 'qualitative research & publishing in High-Impact Journals' debate.

BMC Medicine (Editorial) - What makes an academic paper useful for health policy?

C Whitty; http://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-015-0544-8

From late last year. "*Evidence-based policy ensures that the best interventions are effectively implemented. Integrating rigorous, relevant science into policy is therefore essential. Barriers include the evidence not being there; lack of demand by policymakers; academics not producing rigorous, relevant papers within the timeframe of the policy cycle. This piece addresses the last problem. Academics underestimate the speed of the policy process, and publish excellent papers after a policy decision rather than good ones before it. To be useful in policy, papers must be at least as rigorous about reporting their methods as for other academic uses. Papers which are as simple as possible (but no simpler) are most likely to be taken up in policy. Most policy questions have many scientific questions, from different disciplines, within them. The accurate synthesis of existing information is the most important single offering by academics to the policy process. Since policymakers are making economic decisions, economic analysis is central, as are the qualitative social sciences. Models should, wherever possible, allow policymakers to vary assumptions. Objective, rigorous, original studies from multiple disciplines relevant to a policy question need to be synthesized before being incorporated into policy*."

Now let's see whether all that is going to work with The Donald.

Global Health Action – Insights into global health practice from the agile software development movement

D Flood et al; http://www.globalhealthaction.net/index.php/gha/article/view/29836

« Global health practitioners may feel frustration that current models of global health research, delivery, and implementation are overly focused on specific interventions, slow to provide health services in the field, and relatively ill-equipped to adapt to local contexts. Adapting design principles

from the **agile software development movement**, we **propose an analogous approach to designing global health programs** that emphasizes tight integration between research and implementation, early involvement of ground-level health workers and program beneficiaries, and rapid cycles of iterative program improvement. Using examples from our own fieldwork, we illustrate the potential of 'agile global health' and reflect on the limitations, trade-offs, and implications of this approach. »

The University of Edinburgh - Patients undergoing emergency surgery in lower income countries have a three times greater chance of dying than in higher income countries, new research shows

http://www.ed.ac.uk/news/2016/surgery-outcomes-suffer-in-poorer-countries

"Patients undergoing emergency surgery in lower income countries have a three times greater chance of dying than in higher income countries, new research shows. The study demonstrates a need to improve patient safety in low income countries, and revisit the use of the surgical safety checklists - the standard global marker of hospital safety, researchers say. …"

"**It is believed that less than a third of the world's population have access to safe, timely and affordable surgery**."

Global Public health – Hidden costs: The ethics of cost-effectiveness analyses for health interventions in resource-limited settings

S Rutstein et al; http://www.tandfonline.com/doi/abs/10.1080/17441692.2016.1178319

"*Cost-effectiveness analysis (CEA) is an increasingly appealing tool for evaluating and comparing health-related interventions in resource-limited settings. The goal is to inform decision-makers regarding the health benefits and associated costs of alternative interventions, helping guide allocation of limited resources by prioritising interventions that offer the most health for the least money. Although only one component of a more complex decision-making process, CEAs influence the distribution of health-care resources, directly influencing morbidity and mortality for the world's most vulnerable populations. However, CEA-associated measures are frequently setting-specific valuations, and CEA outcomes may violate ethical principles of equity and distributive justice. We examine the assumptions and analytical tools used in CEAs that may conflict with societal values. We then evaluate contextual features unique to resource-limited settings, including the source of health-state utilities and disability weights, implications of CEA thresholds in light of economic uncertainty, and the role of external donors. Finally, we explore opportunities to help align interpretation of CEA outcomes with values and budgetary constraints in resource-limited settings. The ethical implications of CEAs in resource-limited settings are vast. It is imperative that CEA outcome summary measures and implementation thresholds adequately reflect societal values and ethical priorities in resource-limited settings*."

Global Public Health –Addressing chronic diseases in protracted emergencies: Lessons from HIV for a new health imperative

M Rabkin et al; http://www.tandfonline.com/doi/full/10.1080/17441692.2016.1176226

"Forcible displacement has reached unprecedented levels, with more refugees and internally displaced people reported since comprehensive statistics have been collected. The rising numbers of refugees requiring health services, the protracted nature of modern displacement, and the changing demographics of refugee populations have created compelling new health needs and challenges. In addition to the risk of malnutrition, infectious diseases and exposure to the elements attendant upon conflict and the breakdown of public health systems, many displaced people now require continuity care for the prevention and treatment of cardiovascular disease, diabetes, asthma, cancer, and mental health, as well as maternal and child health services. In some regions, most refugee health services need to be provided in dispersed settings within host communities, rather than in traditional refugee camps, and the number of refugees suffering protracted displacement is growing rapidly. These realities highlight a significant disconnect between the health needs of twenty-first century refugees, and the global systems that have been established to address them. The global response to the HIV epidemic offers lessons about ways to support continuity care for chronic conditions during complex emergencies and may provide important blueprints as the global community struggles to redesign refugee health services."

Development in Practice – NGO–researcher partnerships in global health research: benefits, challenges, and approaches that promote success

C Olivier, V Ridde et al ; http://www.tandfonline.com/doi/full/10.1080/09614524.2016.1164122

"Partnerships involving NGOs and academic researchers (NGO–R partnerships) are increasing in global health research. Such collaborations present opportunities for knowledge translation in global health, yet are also associated with challenges for establishing and sustaining effective and respectful partnerships. We conducted a narrative review of the literature to identify benefits and challenges associated with NGO–R partnerships, as well as approaches that promote successful partnerships. We illustrate this analysis with examples from our own experiences. The results suggest that collaborations characterised by trust, transparency, respect, solidarity, and mutuality contribute to the development of successful and sustainable NGO–R partnerships."

HHR – Essential Medicines in National Constitutions: Progress Since 2008

S K Perehudoff et al; http://www.hhrjournal.org/2016/05/essential-medicines-in-national-constitutions-progress-since-2008/?platform=hootsuite

"*A constitutional guarantee of access to essential medicines has been identified as an important indicator of government commitment to the progressive realization of the right to the highest*

attainable standard of health. The objective of this study was to evaluate provisions on access to essential medicines in national constitutions, to identify comprehensive examples of constitutional text on medicines that can be used as a model for other countries, and to evaluate the evolution of constitutional medicines-related rights since 2008. Relevant articles were selected from an inventory of constitutional texts from WHO member states. References to states' legal obligations under international human rights law were evaluated. Twenty-two constitutions worldwide now oblige governments to protect and/or to fulfill accessibility of, availability of, and/or quality of medicines. Since 2008, state responsibilities to fulfill access to essential medicines have expanded in five constitutions, been maintained in four constitutions, and have regressed in one constitution. Government commitments to essential medicines are an important foundation of health system equity and are included increasingly in state constitutions."

Future Health Systems consortium – 2 message briefs

Last but not least, for this week. Check out two message briefs (from the Future Health Systems consortium):

How can research programme consortia (RPCs) contribute to capacity development in LMICs? "…This brief reflects upon the experience of FHS, a DFID funded RPC, with research capacity development. While FHS espoused a strong commitment to capacity development and put together a package of related strategies to support research capacity development among its partner organizations, these strategies met with varying degrees of success. We consider which types of capacity development strategies may work best for RPCs and under what circumstances."

How learning by doing can help cut through complexity in health service delivery