

IHP news 398 : UHC momentum in a world in turmoil

(16 December 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 **Kerry Scott** (EV 2014) after she attended the IHP for UHC 2030 meeting (12-13 Dec) in Geneva.*

"I just returned home to Bangalore, India after attending the "Meeting of the International Health Partnership for UHC 2030: Working together to strengthen health systems" on 12 & 13 December 2016 in Geneva, Switzerland. I had the privilege of attending this event on behalf of the Health Governance Hub at the Public Health Foundation of India.

The meeting sought to foster collaboration and productive exchange between actors, agencies and health systems technical networks for the formation of UHC 2030. UHC 2030 will be a coordination platform for health systems strengthening and implementing the Sustainable Development Goals and Universal Health Coverage.

A few (jetlagged) highlights:

1) Politics at the forefront: There were frequent calls to recognize that moving towards UHC is a political process, not a technical one (including by The Lancet's Richard Horton in his closing address). This discussion highlighted the need for alignment and accountability among global donors and the vital role of civil society in demanding UHC and holding governments and health systems to standards of transparency and quality. Several participants noted the shrinking space for civil society in their countries.

2) Thailand! When it's dark and stormy and you keep being told that UHC isn't possible in poor countries, or that it cannot be financed through a single payer tax based system, thank god for Thailand. The meeting highlighted Thailand as a model and inspiration, with the Thai Minister of Public Health and several MoH experts noting pointedly that they went against WHO and World Bank's expert advice that they could never pay for UHC from tax alone. The Minister flipped accepted logic, stating "Because we were poor, we couldn't afford not to have UHC."

3) "Yes but..." and bullshit bingo: The meeting used a range of creative engagement strategies to complement keynote speeches and panel discussions, including breakout sessions and drawing. (In my group, a participant from IrishAid stepped up to depict our discussion on multisectoral collaboration as a flower. And we won first place. #notsohumblebrag). At one point in the meeting, Godelieve van Heteren had us brainstorm "Yes, buts..." wherein we filled in the blanks with statements including "Yes, UHC sounds well and good, but how will I convince my boss in the development office that there is value added" and "Yes, but how will we actually attain political

leadership?” Godelieve also introduced us to bullshit bingo, which sounds like an attempt to stop participants from parroting buzzwords all day without saying much at all. Although we didn’t play it, I think we got the message and I noticed an impressive lack of empty rhetoric.

4) Much love for multisectoral collaboration and comprehensive primary health care: UHC 2030 is pro-primary health care, something recognized and endorsed by many participants, including representatives of large international agencies with a spotty history on PHC. Additionally, speakers and sessions repeatedly emphasized the importance of multisectoral collaboration, grounded in an understanding of the social determinants of health. Attendees included the Ghanaian Minister of Education, which is itself indicative.

5) The Health Systems Governance Collaborative: Governance was discussed as a crucial cross-cutting prerequisite for progress. UHC 2030 recognized the limited investment in governance during the MDG era and is now convening a Governance Collaborative to support and link existing networks. At its heart, the governance collective seeks to strengthen or rebuild the social contract between citizens and the state.

6) Inside out reform: Country representatives emphasized that the pathway to UHC will vary by context. We need reform to come from the “inside out,” based on domestic needs, not from the top down, based on donor agendas.

7) Hope? We’re not given many chances to feel hopeful these days. And sure, there are reasons to feel concerned and sceptical about achieving UHC by 2030: Are we honestly appraising the deep vested interests in the *status quo*?; Will we fight fractured, private for-profit insurance models, that offer a convenient avenue towards “UHC-lite”?; Will country-level leadership emerge to build synergies with global efforts and civil society demand?; Will we think beyond access to medical treatment and foreground preventative care, health promotion and healthy environments?

Nevertheless, despite concerns, the event left me feeling hopeful. It was the emphasis on political will. It was Thailand’s strong stance on tax based coverage and equity. It was Save the Children’s Simon Wright’s call to boldly state what UHC is not: It’s not about encouraging voluntary private health insurance or employment schemes. It’s not about further exacerbating divides between rich and poor through different insurance schemes. It was also Sierra Leone’s Samuel Sheku Kargbo’s demand to see global actors support country health systems, rather than waste the Ministry’s time with health system plans and compacts, but then fund vertical programs without accountability.

No one is pretending this is easy or apolitical. But, at least at the global level, no one is shrinking away from the challenge.”

*In this week’s Featured Article, **Agnes Nanyonjo** (EV 2012) draws some lessons from the recent (2nd) **Africa Region International Association of Gerontology and Geriatrics (IAGG) conference.***

Enjoy your reading.

The editorial team

Featured Article

Long Term Care Systems for Older Adults in sub-Saharan Africa: Are new approaches needed?

Agnes Nanyonjo (EV 2012)

The population of sub-Saharan Africa (SSA) is [ageing rapidly](#) due to improved childhood survival and declining overall fertility. True, the total population share of older adults (60 years or more) will remain lower in the SSA region than in other parts of the globe, it is projected - rising from 5% to just under 8% by 2050. However, the absolute size of SSA's older population is already considerably large at 47 million, and is [expected to reach](#) 161 million by mid-century. A couple of global stats perhaps to put this SSA picture into perspective: in 2015, there were 901 million people aged 60 or over (i.e. 12% of the global population). The population aged 60 or above is growing at a rate of 3.26% per year - it is the fastest growing population segment globally - and the number of older persons in the world is projected to be 1.4 billion by 2030 and 2.1 billion by 2050.

There is growing research evidence pointing to substantial levels of functional impairment among older adults in the SSA, partly attributable to the chronic disease burden. Older adults with functional disabilities have limited ability to carry out essential tasks of daily living independently. There is thus a [huge need](#) for long-term care (LTC) for older adults in SSA and this need can only be expected to rise further as the region's chronic disease burden increases. LTC has been [defined by the WHO](#) as 'activities undertaken by others to ensure that older adults with a significant ongoing loss of intrinsic capacity can maintain a level of *functional ability* consistent with their basic rights, fundamental freedoms and human dignity.' As such the premises upon which LTC for older adults should be provided include fairness to those who require care and those who provide it; enabling dependent older people to continue doing what they value while living their lives in dignity; being viable and sustainable in the long run and finally, a firm sub-Saharan grounding in broader development and human rights agendas.

Against this backdrop, the African Population and Health Research Center (APHRC) hosted the 2nd Africa Region International Association of Gerontology and Geriatrics (IAGG) conference in Nairobi, Kenya, from 6-8 December. The conference focused on setting the agenda for LTC systems in Africa. The conference, a structured policy-research-practice dialogue, attracted researchers and experts on ageing from all over the world, be it government representatives, staff from international organisations, non-governmental organisations, academia or civil society.

The field of research on ageing issues in Africa is still very young – by way of example, the youngest generation of researchers is only the third. Conference [discussions and presentations](#) can be accessed on the IAGG website, in the rest of this article I will present my personal reflections and lessons learnt while interacting with a vast body of "ageing experts" (*pun intended*).

On ageism

The term "elderly" itself is ageist. It is more dignified to refer to people who are advanced in age as 'older adults'. Hidden in ageist terminology like 'elderly' are discriminatory prejudicial attitudes that

portray older adults as frail, leading to a lack of respect for their autonomy and dignity. Even global health policy isn't immune for [institutional ageism](#).

Although ageism is pervasive in society, today's older adults play a significant role in SSA settings. Roles include taking care of children orphaned by AIDS, being agriculturalists, mentoring younger generations in agriculture or actively participating in politics with one standing example of Nelson Mandela who began his political career at the cool age of 75 years (at least at the highest level). True, older statesmen aren't always as exemplary as Mandela, but let's not go into that.

Will families continue to care for older adults?

Traditionally, families gladly took care of frail older adults as a reciprocal act of human kindness (Ubuntu). However, families become overburdened, financially and physically, by the pressure of caregiving, especially if the care is to be provided over long periods of time single handedly. Many scholars now argue that the family structure has changed due to rural-urban migration, emigration, missing generations in families (due to the HIV/AIDS scourge) and urbanization and modernization trends. Care giving roles are thus more likely to disproportionately fall on young females whose education and employment prospects are, as a consequence, often negatively affected. Therefore there is a need for formal LTC systems to alleviate some of the burden and pressures of caregiving from the families. However, in several African settings, "formal long-term care systems" are unfairly equated to residential homes for older adults without any further in-depth analysis of the premises for the need of these. For example, South Africa's President Zuma worried about the institutionalization of care outside the home, [claiming](#) "*As Africans, long before the arrival of religion and [the] gospel, we had our own ways of doing things. Those were times that the religious people refer to as dark days but we know that, during those times, there were no orphans or old-age homes. Christianity has brought along these things.*"

As much as Zuma's cry resonates with many Africans, which busy employed person would not be happy to know that the care "their" older adult is receiving is of the best possible standards? That while they are away, it is possible for their older adults to receive quality care from a day center? Wouldn't it be great to occasionally relieve a busy or tired family member from a caregiving responsibility? And who wouldn't be at ease knowing that health institutions in Africa are well equipped to handle chronic diseases attributable to older age?

Most African countries do not have policies on ageing, and those that do have no clear-cut policy on long term care for older adults with functional disabilities. Different issues of ageing for older adults such as the need for financial support and health care are often handled separately in a rather uncoordinated way. It is therefore imperative for family care to be seen as part of a broader care system that spans both informal and formal spectrums with the needs of older adults at the center of the care, and with overall stewardship being provided by individual governments.

Last but not least: on the emigration of Africans, and the interface between LTC and broader development agendas

Curiously, Africans leave Africa and many (health staff) end up in the Western world's care sector, but most return to Africa when they themselves are old and frail, and with little care options. There needs to be a way, somehow, to pass on these newly acquired caregiving skills to benefit them and future generations.

Within broader development agendas, human rights frameworks as enshrined in the Sustainable Development Goals (SDGs) for example dictate that older adults are entitled to the right to health and the right to age in a friendly environment - rights not based on an individual's ability to contribute to the economy. Having said that, even in the (generally lofty) SDG agenda, older adults still fall prey to ageist approaches, see for example the concept of premature mortality, an approach that is clearly [discriminatory](#) against older adults, as has been pointed by scholars. Also, it's good to keep in mind a holistic lens: everything is connected with everything in the SDG agenda. In SSA, younger women responsible for caregiving suffer increasing gender inequalities in terms of education and employment; and yet, a woman's education status is known to be a key predictor for the health of her children. In addition, given the fact that there is a high burden of youth unemployment all over the SSA region, does LTC for older adults provide an employment opportunity into which the younger generations can venture?

In conclusion, LTC provision like other forms of care is a risk but how much of that risk should go to the government? How much should go to the societies and what will be the effects of failure to enshrine ageing and LTC agendas into the development prospects of young economies in Africa? All remain unanswered questions, for the moment. Let's hope this week's [High-Level Ministerial Meeting on Health Employment and Economic Growth](#) in Geneva provided some answers, as time is running out.

Highlights of the week

Geneva was the place to be this week, as Kerry Scott already explained in more detail in the intro. While waiting for other overview articles & analyses on respective meetings in Geneva (on WHO & IHP+ for UHC 2030 [websites](#) for example), here we already flag:

Universal Health Coverage Day: Act with Ambition – 12 December

http://www.who.int/health_financing/events/uhc-day-2016/en/

Agnes Soucat had kicked UHC day off rather well by [urging](#) The Donald to expand Obamacare, over the weekend. (*maybe she should visit him once in Trump Tower, just like Bill did this week – see below ; she might want to take Richard Horton with her, as Richard seems to have a “third eye” to spot “all male panels” ☺*)

Some of the key news of UHC day then, which was organized for the third time:

A **UHC2030 Transitional Steering Committee Meeting** took place. More info later.

A **UHC Day public event** took place in the evening. See IHP+ for UHC 2030 soon, for a report (and perhaps the video).

Kerry already referred to the **HS Governance Collaborative** (also launched on 12 Dec). See also hashtag **#governance4uhc** on Twitter.

Partners Launch Equitable Access Initiative Report

<http://www.theglobalfund.org/en/news/2016-12-12-Partners-Launch-Equitable-Access-Initiative-Report/>

A new framework for investing in health, going beyond GNI. “A group of leading organizations [today] launched the **Equitable Access Initiative report**, a new policy framework designed to better inform decision making on health and development. The new guidance takes into account countries' needs and capacities in a changing landscape affected by economic growth, rising inequality and shifts in burdens of disease. The partners of the Equitable Access Initiative include the World Health Organization, the World Bank, Gavi, The Vaccine Alliance, UNAIDS, UNICEF, UNDP, UNFPA, UNITAID and the Global Fund, with support from the Bill & Melinda Gates Foundation and the Wellcome Trust. The report, announced [today] to mark Universal Health Coverage Day, is the result of an extensive consultation process by governments, technical partners, civil society and the private sector, and is based on models proposed by four leading academic groups: the University of Oxford, the Norwegian Institute of Public Health, the University of Sheffield-Imperial College and the Institute of Health Metrics....” “...**The report concludes that policymaking should not rely on a single variable to inform complex health financing policies on the eligibility for and the prioritization of investments. GNI per capita as an indicator is not designed to measure or capture health needs or government's capacity to invest in health**, it said. Health financing policies **should be informed by a more comprehensive framework**, based on the analysis of countries' needs, domestic capacity and policies. The report also highlights that external financiers need to develop policies that favor improved health outcomes and focus on increased domestic financing for health, which are essential for achieving all of the Sustainable Development Goals....”

The report is clearly a must-read.

Rockefeller foundation – As Political Momentum Builds, 860+ Organizations Call on Leaders to Act with Ambition to Achieve Health for All

<https://www.rockefellerfoundation.org/about-us/news-media/political-momentum-builds-860-organizations-call-leaders-act-ambition-achieve-health/>

(must-read) “The Rockefeller Foundation announced a grant of nearly US\$1.5 million to **International Health Partnership for UHC 2030**, a new platform to drive global progress toward universal health coverage. The Universal Health Coverage Coalition hosted more than 80 events in 33 countries to mark UHC Day 2016; **strengthening primary health care called out as key priority**. On the third annual UHC Day on 12 December 2016, a coalition of 864 organizations in 117 countries affirmed that health is a human right, that no one should go bankrupt when they get sick, and that universal health coverage underpins our collective security and prosperity....” (very nice article of the UHC momentum around much of the globe)

(see also Rockefeller's [Michael Myers](#) on UHC Day - **Health For All: What's Next for a Movement Hitting its Stride?** (do read what Myers thinks needs to come next)).

WHO - New WHO data portal to help track progress towards universal health coverage

<http://www.who.int/mediacentre/news/releases/2016/portal-universal-health/en/>

To mark Universal Health Coverage Day, WHO launched a **new data portal to track progress towards UHC around the world**. The portal shows where countries need to improve access to services, and where they need to improve information.

(PS: In 2017, WHO & World Bank will publish a report documenting financial protection in 120 countries.)

Some op-eds & blogs related to UHC Day

There were a lot, clearly. Some of the ones we would like to recommend:

Margaret Chan & Gro Harlem Brundtland - [Universal Health Coverage: an affordable goal for all](#) (must-read)

Stefan Petterson (UNICEF) - [Universal health coverage for healthy societies](#)

Rob Yates (Chatham House) – **UHC: a potent vote winner**

<https://www.chathamhouse.org/expert/comment/universal-health-coverage-potent-vote-winner>

(must-read). *“Across the world, politicians are realizing the political benefits of extending health coverage to all. Who will be next?”*

S Nachuk et al, from the **Joint Learning Network**, in the **Lancet Global Health (blog)** – [Expanding universal health coverage from the ground up](#) *“Advocating for universal health coverage (UHC) is one thing; designing and implementing health system reforms to make it possible is another story. The Joint Learning Network for Universal Health Coverage (JLN) partners with countries to jointly develop resources, including DIY guides and interactive tools, that address the “how to” of everything from how governments can engage the private sector in primary health-care delivery to how governments can assess their provider payment systems. **What have we learned since the initiative was launched in 2010?**”* (recommended!)

Tim Evans – [Realizing the promise of universal health coverage](#)

Kristof Decoster (IHP): After reading Tim’s blog, I realized I just had to write a blog myself (and put my own UHC flag in the ground 😊 !). In the blog, I focused on the challenge in the North (US & Europe) - [UHC Day in the North: sequencing the battle of hearts and minds](#).

But clearly, there were so many good pieces and additional angles on UHC around, that the above are just a selection.

UHC2030 meeting: Working together to strengthen health systems (12-13 December)

<http://www.internationalhealthpartnership.net/en/news-videos/article/uhc2030-meeting-12-13-december-375644/>

See this week's **intro by Kerry Scott** for analysis & some key messages.

IHP for UHC 2030 will no doubt publish a short report any time, so do have a look on their website over the weekend.

Among others, there was a vibrant discussion around setting up a Civil Society Engagement Mechanism for UHC 2030.

Some other meetings in Geneva this week

WHO (Department of Health Systems Governance and Financing) - Sharing and debating country experiences on health financing: Fiscal sustainability and transition, public finance management, and results-based financing (14 December)

http://www.who.int/health_financing/events/finance-meeting-2016/en/#.WE7XMILwzag.twitter

The main objective was to provide a forum for sharing and debating country experiences on issues that are of great relevance to health financing reforms, and that are high on the agenda of both countries and international agencies.

High-Level Ministerial Meeting on Health Employment and Economic Growth: From Recommendations to Action (14-15 December)

The purpose of this High-Level Ministerial Meeting was agree on a 5-year action plan for further consultation. See below.

WHO - Call for Commitments to Action and Consultation on the ILO OECD WHO Five-Year Action Plan on Health Employment and Economic Growth

http://who.int/hrh/com-heeg/hrh_heeg_3rdcall/en/

*"In response to the request of the High-Level Commission on Health Employment and Economic Growth, the ILO, the OECD and WHO has taken immediate action to convene stakeholders to agree on a five-year action plan to support the implementation of the Commission's ten recommendations. **The High-Level Ministerial Meeting on Health Employment and Economic Growth was held in Geneva, Switzerland, on 14 and 15 December 2016.** The meeting brought more than 200 representatives together, including Ministers of education, health, labour, and foreign affairs as well as representatives from international organizations, civil society, health worker organizations and unions; the private sector, academia and others to garner commitment and momentum for health and social workforce investment and action. **The outcome of the meeting was a Five-Year [Action](#)***

***plan on Health Employment and Economic Growth**, which sets out how the ILO, OECD and WHO, in partnership with their constituents and other multilateral organizations, can support country-driven implementation of the Commission's recommendations. It embodies the type of integrated and innovative approaches that the 2030 Agenda for Sustainable Development and the achievement of the Sustainable Development Goals calls for...."*

Now it's **time for consultation** (till 17 February 2017).

Some comments from a few participants perhaps: relevant meeting, important that there is an intersectoral approach now. Risk of becoming too much a blended-financing model - PUBLIC FINANCING (*I paraphrase Rob Yates here*) is not enough present. Ministers of Finance were also conspicuously absent (Horton), as was Margaret Chan (Horton again). Financial pledges & costings are missing, and the political champions (Hollande & Zuma) of this agenda don't look very alive anymore.

'Global health and foreign policy: health employment and economic growth' UNGA71 resolution is now published

http://www.un.org/ga/search/view_doc.asp?symbol=A/71/L.41

Have a look.

Human resources for Health Letters in this week's Lancet

Check out letters by my colleagues [Van de Pas et al](#) (zooming in on Guinea), [Cornetto & Campbell](#) (urging caution on the authors' assertion that "calls for increased funding [to human resources for health] from limited budgets—whether government or donor—are unrealistic.") and the authors' reply by [Mandeville et al](#).

We recommend all three letters.

ILO report - Globally millions of jobs are needed to ensure essential health care

http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_537418/lang--en/index.htm?shared_from=shr-tls

"An estimated 50 million decent jobs are missing to address essential global health requirements, while much of the care in the health economy is done by 57 million unpaid family workers, says a new ILO study."

Lancet (Editorial) – 2017: The unifying power of health

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32576-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32576-4/fulltext)

Must-read. *“For many readers of The Lancet, 2016 will be viewed as a dark year. As highlighted elsewhere in this issue, ongoing civil conflict has led to record numbers of displaced people (around 65 million, just under 1% of the world's population). The aftershocks of democratic political revolutions on both sides of the Atlantic still resonate, with no clear path ahead and few grounds for optimism. **Yet, by contrast, 2016 has also seen some striking successes in health.**”* The editorial goes on to list some **examples of the unifying power of health**, presents two new Lancet journals (planned for 2017) - **The Lancet Planetary Health** and **The Lancet Child & Adolescent Health**), and says that perhaps the biggest challenge for medicine in 2017 will be making tangible progress towards the goal of UHC. Also the new WHO DG has his or her work cut out, even if the editorial (*guess who’s talking here*) has doubts about WHO as perhaps being beyond repair.

See also the Lancet’s This year in Medicine - [2016: year in review](#) : *“This year, a new congenital syndrome was described, the Syrian and refugee crises intensified, and the UK and USA took huge political leaps into the unknown. Dara Mohammadi reports.”*

Lancet – Offline: 2016—some lessons to consider

Richard Horton; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32582-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32582-X/fulltext)

I’m usually a fan of Horton’s Offline pieces, but this one really stands out. Stunning piece on some of the key messages by Marc Stears at Medact's **Healthy Planet Better World conference** last weekend in London. Stears started like this: *“As a former political philosopher, Stears turned to Max Weber for inspiration in addressing what can seem like an overwhelming predicament at a time of minimal hope. If you want to build change, Weber concluded, you have to stare hard at reality.... ”*

WHO malaria report

WHO –Malaria control improves for vulnerable in Africa, but global progress off-track

<http://www.who.int/mediacentre/news/releases/2016/malaria-control-africa/en/>

*“**WHO’s World Malaria Report 2016** reveals that children and pregnant women in sub-Saharan Africa have greater access to effective malaria control. Across the region, a steep increase in diagnostic testing for children and preventive treatment for pregnant women has been reported over the last 5 years. Among all populations at risk of malaria, the use of insecticide-treated nets has expanded rapidly. But in many countries in the region, substantial gaps in programme coverage remain. Funding shortfalls and fragile health systems are undermining overall progress, jeopardizing the attainment of global targets.”*

Excellent analysis & background, among others in the **Guardian (Sarah Boseley)** - [Progress on malaria deaths at risk without big boost in funding, UN warns](#) & a new **Lancet Infectious Diseases Editorial** – [Securing gains against malaria in uncertain times.](#)

New UN SG General sworn in

NYT – António Guterres, Sworn In as U.N.’s Next Leader, Must Factor Trump Into His Plans

[NYT](#);

(recommended) *“António Guterres took the oath of office on Monday to become the next secretary general of the United Nations amid a rise in nationalist movements around the world and what he called a loss of confidence in institutions, including the one he will take over in January.”* “...Mr. Guterres said he would make the United Nations more “nimble” and “efficient” and promised “**management reform**”. Other strategic priorities: the **SDG agenda** (which will lie at the core of his work) & working for **peace**.

End of last week it was already announced that [Amina J Mohammed](#) will be the new Deputy Secretary General. Was well received in the development community, as she has been a key player in the post-2015 development process. For more on ‘Team Guterres’, see [Respecting gender parity, geographical diversity pledges, SG-designate Guterres picks core team members.](#)

As for **Ban Ki Moon’s legacy**, do read [SG General Ban Ki Moon: 10 years of global leadership](#) (UN Foundation).

Meanwhile, in another day at the office, Russia blocked a United Nations tribute to Ban Ki-moon for **promoting LGBT rights** ([Guardian](#)).

Wonder woman fired

<https://www.theguardian.com/world/2016/dec/12/wonder-woman-un-ambassador-gender-equality>

Was about time.

Lancet Global Health (January issue)

<http://www.thelancet.com/journals/langlo/issue/current>

Great issue. We recommend, among others (among the articles that had not appeared online before):

- The [editorial on precision global health](#).
- Comment by J R Andrews et al - [The benefits of mass deworming on health outcomes: new evidence synthesis, the debate persists](#)
- A Comment by I K Ming Yan - [Tracking aid to reproductive, maternal, newborn, and child health](#) linked to the study in the Lancet Global Health by [C Grollman et al](#) - 11 years of tracking aid to reproductive, maternal, newborn, and child health: estimates and analysis for 2003–13 from the Countdown to 2015.
- **Seye Abimbola** et al - [Charity begins at home in global health research funding](#) (focusing on Canada & Australia)

Oxfam report – World’s worst corporate tax havens exposed - Oxfam report reveals dangerous race to the bottom on corporate tax

<https://www.oxfam.org/en/pressroom/pressreleases/2016-12-12/worlds-worst-corporate-tax-havens-exposed-oxfam-report-reveals>

From earlier this week. Holland is doing rather “well”.

WHO DG election

The heat is on, with WHO’s Executive Board meeting end of January, coming up - then the list will be narrowed down to 3. Frantic campaigning is taking place by quite some of the candidates. For the time being, David Nabarro looks like the one in the lead. (*Still hope it won’t be the [“Allo Allo”](#) candidate.* 😊)

In-depth interviews BMJ with most WHO DG candidates

<http://www.bmj.com/who-dg>

*“**Fiona Godlee**, editor in chief of The BMJ, and **Suerie Moon**, policy director at the Global Health Centre of the Graduate Institute of International and Development Studies, have **interviewed five of the six candidates**—the questions asked were based on the recent publication in The BMJ of Ilona Kickbusch et al’s analysis [paper](#) “How to choose the world’s top health diplomat”.”*

Lancet Global Health - Open letter to the candidates for Director-General of WHO: will you support a patient-centred R&D agreement?

M Barber et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30353-9/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30353-9/fulltext)

Authors of this open letter “*would like to invite the candidates to take a clear position on the future of WHO’s work in supporting a patient-centred R&D system.*”

Many of you might want to vote in the [Women in Global Health survey](#) related to the WHO DG election.

Finally, have a look at Medicus Mundi's **thematic guide**:

<http://www.medicusmundi.org/topics/pnfp-sector-and-global-health-initiatives/thematic-guide-election-of-a-new-who-director-general-2016-17> (igreat resource)

Guardian - Happiness depends on health and friends, not money, says new study

<https://www.theguardian.com/society/2016/dec/12/happiness-depends-on-health-and-friends-not-money-says-new-study>

*“Most human misery can be blamed on failed relationships and physical and mental illness rather than money problems and poverty, according to a landmark **study by a team of researchers at the London School of Economics (LSE)**. Eliminating depression and anxiety would reduce misery by 20% compared to just 5% if policymakers focused on eliminating poverty, the report found. **Lord Richard Layard**, who led the report, said on average people have become no happier in the last 50 years, despite average incomes more than doubling. The economist and former adviser to Tony Blair and Gordon Brown said the study, called **Origins of Happiness**, showed that measuring people’s satisfaction with their lives should be a priority for every government. The researchers analysed data from four countries including the US and Germany...”* (While we don’t necessarily disagree, we would like to see a similar study done in a world in which the wealth of the top 62 affluent people has first been spread to the 3-4 billion people at the bottom of the wealth pyramid.)

HIV/AIDS & UNAIDS board meeting

UNAIDS (press) - UNAIDS (39th) Board underlines the need for a fully funded response to HIV to allow more countries to get on the Fast-Track to ending AIDS by 2030

http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/december/20161208_PCB39

Short overview article of the 39th Board meeting. See [UNAIDS](#) for the UNAIDS Executive Director’s report to the Board and the Board’s decisions.

Also on the Board meeting, **IP-Watch**: [A Look At The UNAIDS Board Debate On IP And Medicines; Outcome Fell Short For Some.](#)

Lancet Global Health - Abstinence in HIV prevention: science and sophistry – Authors' reply

K Buse, S Hawkes et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30294-7/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30294-7/fulltext)

*“In response to our Comment, Chika Uzoigwe and Luis Sanchez Franco accuse us of **sophistry** in reporting the best available evidence, which suggests that the promotion of abstinence and fidelity does not prevent HIV, sexually transmitted infections (STIs), or unwanted pregnancies—evidence supported by the findings of a Lancet Commission and adopted as an appropriate public health response by the UN General Assembly...”* As you might have guessed, Buse et al don't agree.

You find Uzoigwe & Franco's Letter [here](#). Do read both!

Vancouver HSR symposium – a few must-read blogs

We recommend the following two blogs:

Sally Theobald (on HS Global's blog) - [Indigenous knowledge and intersectionality: "incremental radicalism" and front-line health workers](#) *“Health Systems Global 2016 was opened by leaders of the Canadian First Nation community through song and dance and a **discussion of how health has four components: physical, mental, emotional, and spiritual.** The First Nations Perspective on Health and Wellness stress the **need for a balance between these aspects of wellness and that they are all nurtured together to create a holistic level of well-being.** It struck me that this conceptualisation, together with intersectionality, is a good way to think creatively about ways forward in health systems, and in particular the experiences of frontline health workers...”*

Rosemary Morgan & Kate Hawkins (Resyst)- [Gender and the Fourth Global Symposium on HSR: five things that stood out.](#)

Very nice blog, with some pertinent questions (including one on the Vancouver statement).

Global health security

Stat News - Finding the world's unknown viruses — before they find us

<https://www.statnews.com/2016/12/13/world-viruses-global-virome-project/>

Global health security news then. This article gives some insight on the **Global Virome Project**, *“which has proposed **cataloguing nearly all of the unknown viruses lurking in nature around the world.** In a nutshell, Mazet (i.e. a scientist & the university of California) and other experts want to search out mystery threats before they find us. The idea has been around for a while and is supported by individual scientists and organizations including the US Agency for International Development, the nonprofit EcoHealth Alliance, HealthMap, ProMED, and the epidemic risk firm Metabiota. Now*

support for a global push may be picking up momentum, as scientists and health organizations find themselves repeatedly called upon whenever new threats arise....”

Some figures: “... Using mathematical modeling approaches, scientists have estimated there may be **about 1.3 million undiscovered viruses in the world** — “plus or minus,” Carroll said. Of those, about a half million may be zoonotic — viruses that can jump from an animal species to infect and spread among people, Mazet said. Planners of the Global Virome Project have estimated **it would cost about \$3.4 billion to locate and gather at least preliminary information on 99 percent of those unknown viral threats....”**

Lancet (Editorial) – Predicting pandemics

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32578-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32578-8/fulltext)

“In a [study published in Emerging Infectious Diseases](#) on Dec 7, Mark Woolhouse and colleagues used virus genome sequencing and mathematical modelling to identify 37 viruses that have already shown some ability to spread between people but have not yet been the cause of an epidemic. Of greatest concern, the researchers suggest, are Middle East respiratory syndrome coronavirus (MERS-CoV), Bundibugyo ebola and Sudan ebola viruses, and several mosquito-borne viruses....” The editorial goes on and concludes “...the first line of defence against emerging viruses is **effective surveillance**. But the international community must be prepared to **take rapid and effective action** if surveillance is to have value—the question remains, have the recent lessons of the Ebola and Zika viruses been learned?” We’ll see in the coming years, I guess.

Global humanitarian crisis

Lots of news & links in this section this week. part of the world is clearly a mess, and the contrast between Aleppo, South-Sudan, North-Nigeria, Yemen, ... and the many consumerist Christmas markets in much of Europe is just another sign of a world that hasn’t got its priorities right. Will it ever...?

Aleppo

WHO steps up response in Aleppo and demands that health personnel be protected

<http://www.who.int/mediacentre/news/statements/2016/aleppo-response-syria/en/>

Statement of 13 December.

Robert Fisk – There is more than one truth to tell in the dreadful story of Aleppo

<http://www.independent.co.uk/voices/aleppo-falls-to-syrian-regime-bashar-al-assad-rebels-uk-government-more-than-one-story-robert-fisk-a7471576.html>

Evil is on both sides. (And we're probably all guilty, by not having put enough pressure on our governments over the past years)

Lancet (Comment) – The Lancet–American University of Beirut Commission on Syria: a new role for global health in conflict and a call for papers

S Jabbour, R Horton et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32583-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32583-1/fulltext)

*“The Lancet and the American University of Beirut have together established the **Commission on Syria: Health in Conflict.**”* This Comment explains the purpose.

North-East Nigeria

WHO - Full impact of devastated health services in north-eastern Nigeria revealed by WHO report

<http://www.who.int/mediacentre/news/releases/2016/north-east-nigeria/en/>

“One third of more than 700 health facilities in Borno State, north-eastern Nigeria, have been completely destroyed, according to a report released today by WHO. Of those facilities remaining, one third are not functioning at all.”

Yemen

Reuters – Child malnutrition at 'all time high' in Yemen: U.N. agency

[Reuters:](#)

“Hunger among Yemen's children has reached an "all time high", with nearly 2.2 million in need of urgent care, the U.N. children's agency UNICEF said on Monday. At least 462,000 children suffer from severe acute malnutrition - meaning they are extremely underweight for their height - a drastic increase of almost 200 percent since 2014, UNICEF said....”

Some other reports & links related to the humanitarian crises around the globe

UN News – Conflict threatens decades of progress for children in Middle East, North Africa – UNICEF

[UN News:](#)

“Although countries across the Middle East and North Africa have made major strides in protecting children's rights and wellbeing since the inception of the United Nations Children's Fund (UNICEF) 70

years ago, *conflict risks reversing these gains for 157 million children in the region.*” [Nearly a quarter of the world’s children live in conflict or disaster-stricken countries.](#)

Lancet Public Health (Comment) – Reframing solidarity in Europe: Frontex, frontiers, and the fallacy of refugee quota

K Bozorgmehr et al ; [http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(16\)30036-6/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(16)30036-6/fulltext)

Must-read for all Europeans. “...*To solve the solidarity crisis in the EU would mean to develop sustainable policy responses that go beyond the production of private goods for the EU. Instead, policies should aim to produce global public goods with politically feasible instruments and without infringing human rights. This aim requires a reframing of solidarity: from solidarity in security and solidarity by enforced or market-based relocation towards a rights-based global solidarity, fostering and advocating the use of transnational social protection instruments to address today's challenges of interdependence...*”.

UN News centre - [The vulnerable ‘must be our first priority,’ says Ban, calling on donors to support UN emergency fund](#) (on a high-level pledging conference in NY on the UN Central Emergency Response Fund (CERF) – it seeks 1 billion).

Devex - [Gates Foundation to increase humanitarian spending on refugees.](#) “*The Bill & Melinda Gates Foundation will increase its involvement in humanitarian relief to refugees in the Middle East and North Africa Region, foundation officials have confirmed to Devex. Over the next two years, the foundation will increase its funding toward humanitarian response in the region, having committed approximately \$20 million to conflict-affected areas in the Middle East since 2013, the foundation’s head of Middle East relations, Hassan Al-Damluji, told Devex.* He said the likely areas of increased investment will include water, sanitation and hygiene, or WASH, as well as cash or fiduciary payments...*”

Devex – [As politics deprioritizes human rights, UN urges individual action](#) “*At the end of a year that has seen human rights under assault across the globe — including by governments, armed groups and criminal organizations — the United Nations is urging individuals to take action to fight hatred, discrimination and fear. “Around the world human rights are being increasingly questioned, even attacked,” U.N. Deputy Secretary-General Jan Eliasson said in New York on Friday, at the launch of the U.N.’s StandUp4HumanRights campaign, ahead of International Human Rights Day on Dec. 10...*”

WHO – [First WHO toolkit to strengthen Europe’s health response to migration](#) “*The WHO Regional Office for Europe has developed a toolkit – the first of its kind – to help countries analyse and improve their health capacity and first response to large-scale migration.*”

World Bank – Global Community Makes Record \$75 Billion Commitment to End Extreme Poverty

<http://www.worldbank.org/en/news/press-release/2016/12/15/global-community-commitment-end-poverty-ida18?CID=ECR TT worldbank EN EXT>

Also on the bright side, “A coalition of more than 60 donor and borrower governments agreed [today] to ratchet up the fight against extreme poverty with a **record \$75 billion commitment for the International Development Association (IDA)**, the World Bank’s fund for the poorest countries.”

See also [The Guardian](#)’s Larry Elliot.

On the downside, as the FT reports, [World Bank turns to capital markets to boost aid](#). “The World Bank will turn to capital markets to raise more than \$20bn to fund an increase in grants and loans to the world’s poorest countries in a **major shake-up of its funding model designed to compensate for contracting aid budgets in donor nations....**”

Do read also [analysis by CGD’s Scott Morris – Why the World Bank Can Now Afford to Say No to the United States](#).

Independent – Theresa May set to cut 0.7% foreign aid spending commitment, Downing Street signals

<http://www.independent.co.uk/news/uk/politics/theresa-may-uk-foreign-aid-budget-cut-review-2020-signal-a7472051.html>

“Britain’s foreign aid budget is likely to be cut in the next parliament, Theresa May signalled today. The law requiring 0.7 per cent of gross national income to be spent on aid will be reviewed before 2020, the Prime Minister’s spokeswoman said....”

As for the EU (EC Press release), [The European Union invests €170 million to tackle instability and irregular migration in the Horn of Africa](#).

WHO – Dr Halfdan T. Mahler, WHO’s third Director-General, dies at 93

<http://www.who.int/mediacentre/news/statements/2016/dr-halfdan-mahler/en/>

*“WHO is saddened by the death of Dr Halfdan T. Mahler on 14 December 2016. Dr Mahler served as Director-General of WHO from 1973-1988. As WHO’s third Director-General, Dr Mahler will be remembered as a **champion for primary care**. He **played a key leadership role shaping the 1978 Alma Ata Declaration that defined the Health for All by the Year 2000 strategy**. Under his leadership, WHO and UNICEF jointly produced the report, *Alternative Approaches to Meeting Basic Health Needs in Developing Countries*, which examined successful primary health care in various countries....”*

Journal of General Internal Medicine - Primary Health Care as a Foundation for Strengthening Health Systems in Low- and Middle-Income Countries

A Bitton et al; <http://link.springer.com/article/10.1007/s11606-016-3898-5>

*“Primary health care (PHC) has been recognized as a core component of effective health systems since the early part of the twentieth century. ... The **Primary Health Care Performance Initiative (PHCPI)** was established by an international consortium to catalyze improvements in PHC delivery and outcomes in low- and middle-income countries through better measurement and sharing of effective models and practices. **PHCPI has developed a framework** to illustrate the relationship between key financing, workforce, and supply inputs, and core primary health care functions of first-contact accessibility, comprehensiveness, coordination, continuity, and person-centeredness. The framework provides guidance for more effective assessment of current strengths and gaps in PHC delivery through a core set of 25 key indicators (“Vital Signs”). Emerging best practices that foster high-performing PHC system development are being codified and shared around low- and high-income countries. These measurement and improvement approaches provide countries and implementers with tools to assess the current state of their PHC delivery system and to identify where cross-country learning can accelerate improvements in PHC quality and effectiveness.”*

Reuters - Microsoft co-founder Gates, Trump discuss innovation

[Reuters](#);

Gates went to Trump Tower. “Microsoft Corp co-founder and philanthropist Bill Gates said he and U.S. President-elect Donald Trump (*dubbed by some ‘Agent Orange’*) had a good conversation about “**the power of innovation**” on a variety of issues, including health and education....” See also CNBC - [Bill Gates says Trump has the opportunity to be like JFK](#) (no comment)

Quartz – Bill Gates and investors worth \$170 billion are launching a fund to fight climate change through energy innovation

<http://qz.com/859860/bill-gates-is-leading-a-new-1-billion-fund-focused-on-combating-climate-change-through-innovation/>

And more on Bill & innovation: “**Bill Gates is leading a more than \$1 billion fund** focused on fighting climate change by investing in clean energy innovation. The Microsoft co-founder and his all-star line-up of fellow investors plan to announce [tomorrow] the **Breakthrough Energy Ventures fund**, which will begin making investments next year. The BEV fund, which has a 20-year duration, aims to invest in the commercialization of new technologies that reduce greenhouse-gas emissions in areas including electricity generation and storage, transportation, industrial processes, agriculture, and energy-system efficiency....”

The Lancet (Comment) – The invisible child: childhood heart disease in global health

B Zheleva et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32185-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32185-7/fulltext)

*“...In our four-part series of reports **The Invisible Child**, Children's HeartLink brought to light the burden of childhood heart disease and the tremendous inequity in access to paediatric cardiac care. The concluding paper, **A Voice for the Invisible Child**, **calls on leaders in health and development to acknowledge paediatric heart disease within the global health agenda...**”*

Lancet (Comment) – Expanding GBD collaboration—call for experts in health financing and health systems

C Murray et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32569-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32569-7/fulltext)

*“The Global Burden of Disease (GBD) Collaboration has expanded to a network of more than 2000 co-investigators from over 128 countries and territories, and counting. To date, the expertise of the collaborators has been in epidemiology, public health, demography, statistics, and country-specific knowledge. Given the importance of connecting disease burden findings to useful health policy and budget allocation questions, we seek to expand the group of investigators involved to **incorporate more experts in health financing and health systems**. We invite researchers and analysts from any country who have knowledge and interest in health financing and health systems to join the GBD collaboration....”*

Zika

Science (News) - Colombia reports huge jump in babies harmed by Zika

[Science:](#)

*“ **A far higher number of babies in Colombia have developed microcephaly related to Zika virus infections than previously reported.** The news, reported in the Morbidity and Mortality Weekly Report (MMWR), may help resolve a puzzle: After Brazil, Colombia is the country that has been hardest hit by the mosquito-borne disease, yet it appeared to have far fewer microcephaly cases per capita than its southern neighbor. It now appears that incomplete reporting may explain some of the disparity....”*

See also NYT - [Colombia Reports Major Rise in Birth Defect Amid Zika Crisis](#) or Stat News [Zika-related birth defects in Colombia far more common than believed, study suggests](#).

Science (News) – First hard look at Zika pregnancies finds nearly half result in miscarriage or birth defects

[Science](#);

“New data from Rio de Janeiro, Brazil, suggest that nearly half of women infected with Zika virus during pregnancy experience a serious complication, whether a miscarriage or significant birth defect, in their baby. The data are the first to quantify the risks to women infected at different times during pregnancy, and they seem to confirm that they are highest early in pregnancy. But the study also finds significant problems among women infected just a few weeks before giving birth....” For the NEJM study, see [here](#).

JAMA – Birth Defects Among Fetuses and Infants of US Women With Evidence of Possible Zika Virus Infection During Pregnancy

M Honein et al;

http://jamanetwork.com/journals/jama/fullarticle/2593702?utm_source=Silverchair_Information_Systems&utm_campaign=FTM_12132016&utm_content=news_releases&cmp=1&utm_medium=email

Conclusions & interpretation: *“Among pregnant women in the United States with completed pregnancies and laboratory evidence of possible recent Zika infection, 6% of fetuses or infants had evidence of Zika-associated birth defects, primarily brain abnormalities and microcephaly, whereas among women with first-trimester Zika infection, 11% of fetuses or infants had evidence of Zika-associated birth defects. These findings support the importance of screening pregnant women for Zika virus exposure.”*

Global health events

WHO Afro - The African Region to initiate action towards the attainment of the Health SDGs by strengthening health systems

<http://www.afro.who.int/en/media-centre/pressreleases/item/9262-the-african-region-to-initiate-action-towards-the-attainment-of-the-health-sdgs-by-strengthening-health-systems.html>

Short report on the meeting in **Windhoek, Namibia**, as it kicked off. *“The First Regional Forum on Strengthening Health Systems for the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) opened today in Windhoek, Namibia with the theme **Healthy Systems, Healthy People: Making Universal Health Coverage Work for Africa**. The Forum, organized by WHO AFRO in collaboration with the Government of Namibia, **will initiate the WHO Africa Region’s actions towards implementation of the health SDG and Universal Health Coverage**. In particular, the Forum aims to bring the technical leadership of Ministries of Health together with partners and other stakeholders to share experiences and agree on an African approach to building sustained, resilient and robust health systems. It will also aid countries to create a set of common measurable actions needed to develop effective health systems across the region in order to propel them towards attaining Universal Health Coverage and achieving the SDGs. ...”*

Medact Healthy Planet conference (London, 9-10 Dec)

<http://www.medact.org/project/forum-2016/>

For some tweets on the **Medact Healthy planet conference** from last week(end) in London – see [#healthyplanet](#)

Among others, we heard about ‘**Doctors against Diesel**’ (*not the actor*) - <http://www.medact.org/2016/news/press-releases/ban-on-diesel-in-london-urged-by-health-professionals/> For the mission statement of this campaign, see [Doctors Against Diesel – Mission Statement](#). (you gotta admit, it’s a great name!)

See also Horton’s Offline from this week on this Medact conference (see ‘Highlights of the week’).

BRICS health ministers meeting in Delhi

In Delhi, a **BRICS health ministers meeting** is going on (**15-16 December**) (stay tuned for the **Communiqué** afterwards, probably on <http://www.brics.utoronto.ca/docs/#health> or <http://brics2016.gov.in/content/>)

Global Health Security Agenda meeting in the US

<https://www.ghsagenda.org/docs/default-source/default-document-library/ghsa-legacy-report.pdf?sfvrsn=12>

Lots of men on the front row, I noticed.

Antigone Barton (Science Speaks) [reported](#) on the meeting in Capitol Hill. *“...At this briefing, which came little more than a month before a new Administration will begin to evaluate U.S. investments in global health, USAID leader Gayle Smith emphasized that while the early results are tangible, they also represent a foundation, rather than achievement of global health security. “None of this works if*

you have a hole in the net,” she said. “This isn’t something you can do for a couple of years, and then it’s done. You have to keep at it.”

Coming up - WHO Executive Board meeting (23 Jan-1 Feb)

http://apps.who.int/gb/e/e_eb140.html

Documents, provisional agenda, preliminary timetable ...

The document (Report by the Secretariat) [Progress in the implementation of the 2030 agenda for sustainable development](#) wasn’t well received by at least some global health observers.

Coming up – webinar Graduate Institute: [Reform of the WHO: Achievements and challenges](#) (Monday 19 December)

Global governance of health

Germany’s Federal Ministry of Health - "The G-20’s joint responsibility for global health"

<https://www.bundesgesundheitsministerium.de/en/health/g20-health/health-ministers-meeting.html>

One priority of Germany’s G20 presidency will be global health. In 2017, we will see the **first ever G20 health ministers’ meeting (on May 19 & 20)**. Check what the meeting will entail.

Social Science & Medicine - The impact of IMF conditionality on government health expenditure: A cross-national analysis of 16 West African nations

T Stubbs, T Kentikelenis et al;

<http://www.sciencedirect.com/science/article/pii/S0277953616306876>

“How do International Monetary Fund (IMF) policy reforms—so-called ‘conditionalities’—affect government health expenditures? We collected archival documents on IMF programmes from 1995-2014 to identify the pathways and impact of conditionality on government health spending in 16 West African countries. Based on a qualitative analysis of the data, we find that IMF policy reforms reduce fiscal space for investment in health, limit staff expansion of doctors and nurses, and lead to budget execution challenges in health systems. Further, we use cross-national fixed effects models to evaluate the relationship between IMF-mandated policy reforms and government health spending,

adjusting for confounding economic and demographic factors and for selection bias. Each additional binding IMF policy reform reduces government health expenditure per capita by 0.248 percent (95% CI 0.435 to -0.060). Overall, our findings suggest that IMF conditionality impedes progress toward the attainment of UHC.”

Social Science & Medicine – Governance of global health research consortia: Sharing sovereignty and resources within Future Health Systems

B Pratt et al; <http://www.sciencedirect.com/science/article/pii/S0277953616306578>

*“Global health research partnerships are increasingly taking the form of consortia that conduct programs of research in low and middle-income countries (LMICs). An ethical framework has been developed that describes how the governance of consortia comprised of institutions from high-income countries and LMICs should be structured to promote health equity. It encompasses initial guidance for sharing sovereignty in consortia decision-making and sharing consortia resources. This paper describes a first effort to examine whether and how consortia can uphold that guidance. Case study research was undertaken with the **Future Health Systems consortium**, which is funded by the UK Department for International Development and performs research to improve health service delivery for the poor in Bangladesh, China, India, and Uganda. Data were thematically analysed and revealed that proposed ethical requirements for sharing sovereignty and sharing resources are largely upheld by Future Health Systems. Facilitating factors included having a decentralised governance model, LMIC partners with good research capacity, and firm budgets. Higher labour costs in the US and UK and the Department for International Development's policy of allocating funds to consortia on a reimbursement basis prevented full alignment with guidance on sharing resources. The lessons described in this paper can assist other consortia to more systematically link their governance policy and practice to the promotion of health equity.”*

Global Policy Watch – Measuring sustainable development — status update on the global indicators for the Sustainable Development Goals

Sarah Dayringer; <https://www.globalpolicywatch.org/blog/2016/12/14/measuring-sustainable-development-status-update-on-the-global-indicators-for-the-sustainable-development-goals/>

Title is pretty clear. On the IAEG-SDGs meeting from mid-November, and the road ahead.

IMAXI cooperative – Towards Meaningful Participation in Global Health Governance

<http://www.imaxi.org/destination-participation-rd-v-1/#more-1887>

*“...The IMAXi Cooperative is now mobilising. We have decided to **launch an initiative to develop mechanisms for meaningful participation and a system for accountable representation of the affected communities in global health governance.** We are bringing together activists, academics, public health officials and experts from around the world, to study the current state of policies and practices of health-related multilateral agencies including the WHO, UNDP, UN Women, UNAIDS, UNICEF, World Bank, and two foundations, Gates and the Global Fund. We will then use this knowledge as fuel to forge a tool to make ‘seats at the tables’ accessible and accountable to affected communities...” “... There is no data available at present on the quantity or the quality of participation within global health governance. The IMAXI Cooperative has been reviewing its previous informal studies, also known as ‘Reality-Checks’, and is **planning a participatory research project** — a diverse team of investigators, analysts, co-authors, and mentors are **collaborating on publishing a ‘report-card’ of the health-related agencies and an agenda for the incoming Director General of WHO....”***

By way of example, see also this **tweet** from this week: *“**Deadline for applications for @GlobalFund ED was 5 December: Candidates? Profiles? No worries about intransparent election process?** @aidspan “*

Why is Africa’s Civil Society under Siege?

<http://oxfamblogs.org/fp2p/why-is-africas-civil-society-under-siege/>

*“Oxfam’s **Ross Clarke** (Governance and Legal Adviser) and **Desire Assogbavi** (Resident Representative & Head of Office, Oxfam International Liaison Office to the African Union) introduce a new [analysis](#) of the threats to African civil society.”* Blog based on a new Oxfam report.

WHO’s extended list of Ebola reviews

http://www.who.int/about/finances-accountability/evaluation/Extended_List_of_Ebola_Reviews_4Feb2016.pdf

For the researchers among you. Huge list.

Guardian – Commodity price falls mean poorest countries miss UN poverty goals

<https://www.theguardian.com/global-development/2016/dec/13/commodity-price-falls-dashes-un-poverty-goals>

*“Hopes that half of the world’s 48 least developed nations could emerge from extreme poverty by the end of the decade have been dashed after a UN body reported the weakest year of growth in more than 20 years. The UN conference on trade and development (**Unctad**) said plunging commodity*

prices had hit the group of least developed countries hard, with 13 of them suffering a fall in living standards in 2015....”

CGD (blog) - A New Look at US Government Approaches to Country Ownership

S Rose et al; [CGD](#);

*“Over the past decade, the US government has repeatedly committed to incorporate greater country ownership into the way it designs and delivers aid programs. Though a range of factors—including strong domestic pressures—influence foreign assistance, US aid agencies have taken concrete steps to strengthen country ownership in their programs. A new [policy paper](#), *The Use and Utility of US Government Approaches to Country Ownership: New Insights from Partner Countries* (with AidData co-authors Bradley Parks and Takaaki Masaki), draws upon survey data from government officials and donor staff in 126 developing countries to explore partner country perceptions of 1) how frequently the US government engaged in practices associated both favorably and less favorably with the promotion of country ownership, and 2) how useful each of those practices was....”*

Global Policy - City Diplomacy: Towards More Strategic Networking? Learning with WHO Healthy Cities

M Acuto et al; <http://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12382/full>

*“Cities are increasingly capturing the attention of major international actors and now regularly feature in multilateral processes. Yet while there are many studies on networking among cities, there have been few studies of ‘city networks’ as formal and institutionalized governance structures facilitating city-to-city and city-to-other actors cooperation, or ‘city diplomacy’. **Institutionalized networks of cities**, while not new, **are becoming a growing presence on the international scene**, almost omnipresent and perhaps even too common. Might it be time for a ‘Darwinian’ selection between city networking options? Diving deeper into this networked challenge, **this essay focuses on the effects this networked diplomacy and overlap it might have on cities**. Drawing on a research collaboration between the UCL City Leadership Laboratory at University College London and the World Health Organization’s Healthy Cities Network and both a global dataset of city networks as well as qualitative focus group data, we consider the growth of these governance structures, their strengths, but also the weaknesses associated with their rapid growth, and how cities can engage with this networked landscape more strategically. In short, we argue that the potential of city networks must go hand-in-hand with more integrative and strategic thinking at both local and international levels.”*

IDS (book) – The BRICS in International Development

Gu et al (Eds); <http://www.ids.ac.uk/publication/the-brics-in-international-development>

“This book offers a comprehensive comparative perspective on the increasingly significant development cooperation activities of the BRICS. Providing a powerful set of insights into the drivers for engagement within each country, it brings together leading experts from Brazil, Russia, India, China, South Africa and OECD countries.”

Irin Analysis - Scale up or cut back? Aid sector grapples with growing funding gap

K Siegfried; <http://www.irinnews.org/analysis/2016/12/09/scale-or-cut-back-aid-sector-grapples-growing-funding-gap>

(recommended) “This week, the UN announced that \$22.2 billion would be required to meet the needs of an estimated 92.8 million people affected by conflicts and natural disasters in 2017. It’s the largest humanitarian appeal ever launched, but current funding trends suggest that aid agencies will be lucky to raise half the amount they’re asking for. Given this ever-widening chasm, **some aid experts believe it’s time to prioritise, to focus humanitarian efforts on the most urgent life-saving endeavours and ensure at least they are fully funded. ...**” Not everybody agrees, clearly.

The Lancet Infectious Diseases – Interagency cooperation is the key to an effective pandemic response

M G Kortepeter et al; [http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(16\)30549-7/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(16)30549-7/fulltext)

*“We read with interest the Comment by Lawrence Gostin and James Hodge in The Lancet Infectious Diseases. Although the focus of their Comment was on Zika virus, we are in agreement that for certain pandemic threats, characterising them, when appropriate, as national or global security threats can help galvanise interest and resources to mitigate the threats. **We view this from the perspective of the interface between the military and civilians under the umbrella of a whole-government approach.** A large outbreak does more than cross international borders; the response requirements frequently cross interagency boundaries. Therefore, **having ongoing communication and cooperation between agencies, long before an emerging threat surfaces,** is paramount for preparedness and effective response. This allows us to be proactive rather than reactive...”*

Tulane and UNICEF report reveals health inequities in Latin America & Caribbean

<http://news.tulane.edu/pr/tulane-and-unicef-report-reveals-health-inequities-latin-america-caribbean>

From late last week. For their **health equity report 2016**, see [here](#).

Reuters – Governments are moving from managing disasters to managing risks

K Peter et al (ODI); <http://news.trust.org/item/20161213092133-0rqay>

(recommended) *“Twenty months ago in Japan, the world’s governments signed a global framework to take action to manage disaster risk - the Sendai Framework for Disaster Risk Reduction. What happened next?”*

Some quick links & info then:

Helga Fogstad is the new [PMNCH \(Partnership for Maternal, Newborn and Child health\) Executive-Director](#).

[UK and China sign health deal](#) (among others, two memoranda were signed)

And from Twitter: “Joint **launch of African women leaders network** by African Union, UN Women and Germany”.

UHC

WHO and the USAID ASSIST project introduced the WHO Global Learning Laboratory (GLL) for Quality UHC

<http://urc.global/stories/hsr/who-and-the-usaid-assist-project-introduced-the-who-global-learning-laboratory-gll-for-quality-uhc/>

(from mid-November). Related to the Vancouver symposium (satellite). *“On Monday, URC collaborated with the WHO Service Delivery and Safety Department to launch its new **Global Learning Laboratory for Quality Universal Health Coverage (UHC)**. The satellite session at HSR Global, organized by the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, used the knowledge café format to bring policymakers, implementers, and researchers together to debate promising implementation experiences to advance quality in UHC, addressing quality UHC policy and strategy, interventions, monitoring and research, and system resilience and security....”*

Devex - What does UHC cost and who will pay?

D Collins et al; https://www.devex.com/news/opinion-what-does-uhc-cost-and-who-will-pay-89191?utm_content=bufferd4de0&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

*“As **finance advisers in global health**, we are regularly in conversations with health ministers in low- and middle-income countries who have been charged with the commendable but daunting task of achieving universal health coverage for their citizens. In other words, they must ensure that all people obtain the health services they need without suffering financial hardship when paying for them, with special emphasis on serving the poor and disadvantaged. Our conversations often boil down to some key questions: How much will it cost, who will pay, and how do we ensure that funds are used effectively and responsibly? The answers to these questions depend to a great degree on local circumstances — such as the types and quantities of services needed, the degree of decentralization of governance and the mix of public and private health care providers. The global health NGO where we work, **Management Sciences for Health**, is involved in a variety of projects related to health financing. These projects taught us a few useful lessons. **Here are a number of interventions** that can help overcome some of the major challenges that stand in the way of achieving UHC....”* They list 4.

RESYST resource pack related to UHC

<http://resyst.lshtm.ac.uk/news-and-blogs/resyst-resources-universal-health-coverage>

Check it out.

Planetary health

Guardian – Rapid rise in methane emissions in 10 years surprises scientists

<https://www.theguardian.com/environment/2016/dec/12/rapid-rise-methane-emissions-10-years-surprises-scientists>

See also Vox - [Methane levels in the atmosphere are now rising at their fastest pace in decades.](#)

How to make a profit from defeating climate change

M Carney & M Bloomberg;

<https://www.theguardian.com/commentisfree/2016/dec/14/bloomberg-carney-profit-from-climate-change-right-information-investors-deliver-solutions>

*“In response to a G20 request to consider the financial stability risks, the Financial Stability Board created a **taskforce on climate-related financial disclosures**. Its purpose is to develop voluntary, consistent disclosures to help investors, lenders and insurance underwriters manage material climate risks. As befits a solution by the market for the market, the taskforce is led by members of the private sector from across the G20, including major companies, large investors, global banks and insurers...”*
(while not a bad initiative, some people still seem to believe in private sector & market fairytales)

IISD - Has the Time Come to Count Emissions from Consumption?

A Tukker et al; <http://sdg.iisd.org/commentary/guest-articles/has-the-time-come-to-count-emissions-from-consumption/>

It should've happened 20 years ago already.

CGD (blog) – If the Trump Administration Abandons Climate, Will China Take Global Leadership?

Jonah Bush; http://www.cgdev.org/blog/if-trump-administration-abandons-climate-will-china-take-global-leadership?utm_source=161213&utm_medium=cgd_email&utm_campaign=cgd_weekly&utm_&&

Recommended blog.

BBC News – Do smoke-free stoves really save lives?

<http://www.bbc.com/news/magazine-38160671>

“A big clinical trial in Malawi was expected to show children are less likely to die of pneumonia if they live in a home where food is cooked on a smoke-free stove rather than an open fire. Instead it suggests the stove makes no difference. Where does this leave a huge UN-backed project to get 100 million clean cookstoves into homes in the developing world by 2020?...”

And a link:

Humanosphere - [‘Asian Super Grid’ dreams of connecting the world with clean energy.](#)

Infectious diseases & NTDs

Devex - USAID's plan to eliminate NTDs: What you need to know

https://www.devex.com/news/usaids-plan-to-eliminate-ntds-what-you-need-to-know-89151?utm_content=buffer99752&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

“Earlier this year, the U.S. Agency for International Development marked 10 years of work on NTDs and launched a new five-year strategy to eliminate trachoma, the world's leading cause of preventable blindness, and lymphatic filariasis, a painful and disfiguring parasitic infection transmitted by mosquitoes. ... Devex spoke to Emily Wainwright, head of NTDs at USAID, to find out more about the new strategy and what the agency has learned from the past 10 years of NTD programming.”

Lancet (Comment) – Differential effect of mass deworming and targeted deworming for soil-transmitted helminth control in children: a systematic review and meta-analysis

N E Clarke et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32123-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32123-7/fulltext)

*“Soil-transmitted helminth infections are a major global health issue, causing substantial morbidity in the world's poorest populations. Regular delivery of anthelmintic drugs is the mainstay for global soil-transmitted helminth control. Deworming campaigns are often targeted to school-aged children, who are at high risk of soil-transmitted-helminth-associated morbidity. However, findings from modelling studies suggest that deworming campaigns should be expanded community-wide for effective control of soil-transmitted helminth transmission. **We aimed to do a systematic review and meta-analysis to compare the effect of mass (community-wide) and targeted (children only) anthelmintic delivery strategies on soil-transmitted helminth prevalence in school-aged children....**”* The authors interpret their findings as follows: *“The results of this meta-analysis suggest that expanding deworming programmes community-wide is likely to reduce the prevalence of soil-transmitted helminths in the high-risk group of school-aged children, which could lead to improved morbidity outcomes. These findings are in support of recent calls for re-evaluation of global soil-transmitted helminth control guidelines.”*

Lancet Global Health – Elimination of sleeping sickness in Uganda could be jeopardised by conflict in South Sudan

A Picado et al; [Lancet Global Health](#);

Title is fairly straightforward.

Malaria consortium (report): Dengue – falling between the cracks

<http://www.malariaconsortium.org/resources/publications/893/>

*“Dengue is one of the fastest growing infectious diseases in the world, rising from 15,000 cases per year in the 1960s to over 390 million today. It has a huge impact on individuals, households, health systems and national economies, and over half the world’s population is now at risk. Despite this, dengue has not received the focus and funding that many other diseases have in recent years. As the world begins to focus upon achieving the Global Development Goals by 2030, and given the explicit commitment of these goals to leave no one behind, **now is the time to raise the profile of this disease** and mobilise to defeat it. This report focuses on what needs to be done to halt the spread of dengue and the burden of the disease. It highlights the approaches Malaria Consortium has taken to controlling and reducing the impact of dengue. The report calls on increased leadership from governments and funding from donors to turn the tide on the spread of this disease, and ensure that as progress continues to be made towards achieving the Global Development Goals, dengue no longer falls between the cracks of global health.”*

AMR

ReAct – Consensus around delinkage emerges – of sorts

<http://www.reactgroup.org/news-and-views/news-and-opinions/year-2016/consensus-around-delinkage-emerges-of-sorts/>

*“In early December a literature review on proposed incentive mechanisms for the development of new antibiotics by the EU-US Transatlantic Taskforce on Antimicrobial Resistance (TATFAR) was published in the Oxford Journal on Clinical Infectious Diseases. The review, which assessed twelve of the most recent and major policy documents, peer-reviewed publications, organization proposals and government-sponsored reviews, showed a **broad consensus on recommending delinkage**. However, differences in definition are hiding underneath the consensus.” “...It is now an **open question where the discussions on delinkage will be taken forward...**” WHO, G20? ...*

Global Health Law Clinic - Assessing the Political Feasibility of an International Agreement on Antimicrobial Resistance

M E Danik et al; (edited by Steven Hoffman et al)

http://globalstrategylab.org/files/globalstrategylab/files/global_health_law_clinic_-_niph_report_final_production.pdf?m=1460559738

From April 2016 already.

And a link:

[Syphilis Update 2017: Drug-Resistant STDs Could Be Devastating Globally](#) (9 Dec)

NCDs

Lancet (Comment) – Non-specialist health workers to treat excessive alcohol consumption and depression

R Agabio ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32566-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32566-1/fulltext)

Comment accompanying new Lancet research by V Patel et al. “...In *The Lancet*, **Vikram Patel and colleagues** report two companion randomised controlled trials (see [here](#) and [here](#)) that investigate the efficacy of a new strategy to improve treatment of excessive alcohol drinking and depression in primary care in India. Specifically, a brief psychological intervention was delivered to two samples of primary care patients: the first comprising male harmful drinkers and the second male and female patients with depression. Although the effectiveness of psychological interventions in treatment of these disorders has been previously shown, the **main novelty of these studies was the choice of type of counsellors who delivered the interventions**. Counsellors were adult members of the local community educated to at least secondary school level but with no professional mental health training, and trained in a 3 week course in mental health delivered by specialists; the same counsellor delivered interventions for both disorders....”

NCD Alliance - One-year countdown begins to the 2017 Global NCD Alliance Forum

https://ncdalliance.org/news-events/news/one-year-countdown-begins-to-the-2017-global-ncd-alliance-forum?goal=0_1750ef6b4b-21346c3f0e-64397109

“The second edition of the Global NCD Alliance Forum, the most important event convening civil society organisations working on the prevention and control of Noncommunicable Diseases (NCDs)

worldwide, will take place in one year, from **9 to 11 December 2017 in Sharjah, United Arab Emirates (UAE)....**”

NPR Goats & Soda – Liver Cancer Is Becoming A Top Killer In Poor Countries

[NPR Goats & Soda](#):

“The number of new cancer cases grew worldwide to 17.5 million in 2015 from 13.1 million in 2005. And the fastest growth is in some of the world's poorest countries, according to a [report](#) on the global burden of cancer in the Dec. 3 journal JAMA Oncology....” This emphasizes the need for prevention in LMICs. The article focuses on liver cancer, stomach cancer & cervical cancer in LMICs.

Lancet Public Health (Comment) – The impact of sugared drink taxation and industry response

L Veerman et al; [http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(16\)30039-1/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(16)30039-1/fulltext)

The authors comment on a new [study](#) in the Lancet Public Health on the possible health impact of the tiered levy on sugar-sweetened beverages (SSBs) that was proposed by the UK Government in March, 2016. Apparently, reducing sugar content of high and mid sugar drinks is likely to have the greatest impact on health, with fewer cases of obesity, diabetes and tooth decay. The impact is most pronounced for children.

Project Syndicate - Confronting the Next Global Health Challenge

Jörg Reinhardt (Chairman of the **Novartis Board of directors**); <https://www.project-syndicate.org/commentary/noncommunicable-diseases-developing-countries-by-j-rg-reinhardt-2016-12>

Reinhardt says we need to apply lessons from the successful fight against infectious diseases (HIV notably) to the emerging fight against NCDs. (*he “forgets” a few key lessons, though*)

Sexual & Reproductive / maternal, neonatal & child health

Thomson Reuters Foundation news - Focused global strategy needed to end child slavery by 2025 – Interview with Jeffrey Sachs

[Trust:](#)

*“Countries can end child slavery within the next decade if there is a focused global strategy that includes modernising laws, getting companies to clean their supply chains and breaking trafficking networks, said economist Jeffrey Sachs. While **193 countries have committed to ending child labour and slavery by 2025** under the United Nations' Sustainable Development Goals (SDGs), Sachs said **there now needs to be a targeted plan of action in place in order to meet the deadline...**”*

Guardian – 'Kangaroo care' makes premature babies healthier and wealthier, study finds

<https://www.theguardian.com/global-development/2016/dec/14/kangaroo-mother-care-premature-babies-healthier-wealthier-study-claims>

*“Premature babies who were breastfed exclusively and kept warm through continuous skin-to-skin contact have become young adults with larger brains, higher salaries and less stressful lives than babies who received conventional incubator care, according to a study published this week. The research, in the journal Pediatrics, compared 18- to 20-year-olds who, as premature and low birth-weight infants, were randomised at birth in Colombia to receive either traditional incubator care or kangaroo mother care (KMC) – a technique whereby parents or caregivers become a baby’s incubator and its main source of food and stimulation – until they could maintain their own body temperature....” “...Although a Cochrane review of 21 randomised control trials concluded that kangaroo mother care significantly reduces mortality among preterm babies and is a safe and effective alternative to conventional care, **global use of the technique remains low**. The **Every Newborn action plan**, endorsed by the World Health Organisation in 2014, **set a target to reach at least 50% of the world’s low birth-weight infants with kangaroo mother care by 2020...**”*

BMJ Global Health – Determinants of morbidity and mortality following emergency abdominal surgery in children in low-income and middle-income countries

GlobalSurgCollaborative; <http://gh.bmj.com/content/1/4/e000091>

“Child health is a key priority on the global health agenda, yet the provision of essential and emergency surgery in children is patchy in resource-poor regions. This study was aimed to determine the mortality risk for emergency abdominal paediatric surgery in low-income countries globally....”

WHO - Strategic review of child health worldwide analyzes past lessons to chart the way forward

http://www.who.int/maternal_child_adolescent/news_events/news/imnci-strategic-review/en/

*“Over the past quarter century, child mortality has more than halved, dropping from 91 to 43 deaths per 1000 live births between 1990 and 2015. Yet in 2015 an estimated 5.9 million children still died before reaching their fifth birthday, most from conditions that are readily preventable or treatable with proven, cost-effective interventions. A **new WHO-led report, Towards a grand convergence for child survival and health**, shares analysis from 20 years of implementation of child health strategies and what steps are needed to ensure each child can survive and thrive....” “...The **review took as its departure point the implementation of Integrated Management of Childhood Illness (IMCI)**, developed by WHO and UNICEF in 1995 as a premier strategy to promote health and provide preventive and curative services for children under five in countries with greater than 40 deaths per 1000 live births. It includes contributions from over 90 countries and hundreds of experts in child health and related areas, with 32 specifically commissioned pieces of analysis. The final product represents a collaboration of child health experts worldwide, working together to examine past lessons and propose an agenda to stimulate momentum for improving care for children.”*

And a quick link:

[What has Gates done lately on global family planning? Big things, with a big partner](#) (Inside Philanthropy – on Gates’ support for DKT International)

Access to medicines

Some links:

[Civil Society Open Letter urging WHO to include Report from UN’s High Level Panel on Access to Medicines on WHO Board Agenda.](#)

“As members of the Make Medicines Affordable campaign, and other Civil Society and Community Based Organizations working on access to medicines in developing countries, we express our deepest concerns about the rejection of a request to include the United Nations Secretary-General’s High Level Panel Report on Access to Medicines on the agenda of the next WHO Board meeting, in January 2017....” (9 December)

IP-Watch - [UNAIDS Praises India’s Vow Not To Negotiate Away Generics](#) “The joint United Nations Programme on HIV/AIDS (UNAIDS) [today] praised the commitment made by India’s Commerce Minister not to negotiate stronger intellectual property rights provisions that could undermine India’s

global leadership in the production of affordable generic AIDS drugs. Indian Commerce Minister Anand Sharma met [today] with UNAIDS Executive Director Michel Sidibé at the Ministry of Commerce and Industry.... ” “...According to UNAIDS, Sharma has agreed to protect India’s right under the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to use flexibilities to IP rights, such as compulsory licences. He also said India rejects data exclusivity clauses in free trade agreements...”

IP-Watch - UNAIDS Board Carries Forward Multi-Agency Work On IP Barriers To Medicines Access

<http://www.ip-watch.org/2016/12/09/subscriber-alert-unaid-board-carries-forward-multi-agency-work-ip-barriers-medicines-access/>

(gated) “A meeting of the Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS) has concluded with a set of decisions (attached) showing that the Board went farther than just noting the UNAIDS secretariat report on intellectual property-related barriers preventing access to medicines. And the Board, after lengthy discussions, also called on UNAIDS to facilitate discussions on the high-profile report of the United Nations Secretary-General’s High-Level Panel for Access to Medicines.”

Finally, [Novartis launches SMS for Life 2.0 in Nigeria to help improve Access to Essential Medicines](#)

Human resources for health

The 4th Global HRH Forum was announced by the GHW Network chair and will take place on **13-17 November 2017 in Dublin**.

Miscellaneous

Trump & USAID

Devex - Top Trump supporter calls for US aid to be 'very dramatically overhauled'

<https://www.devex.com/news/top-trump-supporter-calls-for-us-aid-to-be-very-dramatically-overhauled-89314>

Newt Gingrich’s (as usual, totally ignorable) view.

Devex – What we know about Exxon's Rex Tillerson and his likely impact on development

[Devex ;](#)

On Trump's Secretary of state pick. You know by now he's quite cozy with the Russians, but what is known about his views (and likely impact?) on development?

You might also want to check (also on Devex) [8 possible picks for Trump's USAID administrator](#).

WHO – new technical series on safer primary care

http://www.who.int/patientsafety/topics/primary-care/technical_series/en/#.WFKKrsinbyc.twitter

“The Technical Series on Safer Primary Care is a series of nine monographs [listed above], which explore the magnitude and nature of harm of each topic in the primary care setting, and provides potential solutions and practical next steps for improvement....”

Global health announcements

IS Global - Health Impact Assessment survey for health professionals

https://docs.google.com/forms/d/e/1FAIpQLSfcX0MxVhtixtPjy4HiSiDnX6BPYIcKcMZBBa_s_yBOdw8egQ/viewform?c=0&w=1

IS Global (Barcelona) is **looking for researchers to participate in their Health Impact Assessment survey**. The survey seeks to obtain an international perspective of knowledge surrounding "Health Impact Assessment" from the membership of Health Professional Associations.

Research

BMC Health Services research – How can health systems research reach the worst-off? A conceptual exploration

B Pratt & A Hyder ; <http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1868-6>

*“Health systems research is increasingly being conducted in low and middle-income countries (LMICs). Such research should aim to reduce health disparities between and within countries as a matter of global justice. For such research to do so, ethical guidance that is consistent with egalitarian theories of social justice proposes it ought to (amongst other things) focus on worst-off countries and research populations. Yet who constitutes the worst-off is not well-defined. By applying existing work on disadvantage from political philosophy, **the paper demonstrates that (at least) two***

options exist for how to define the worst-off upon whom equity-oriented health systems research should focus: those who are worst-off in terms of health or those who are systematically disadvantaged. The paper describes in detail how both concepts can be understood and what metrics can be relied upon to identify worst-off countries and research populations at the sub-national level (groups, communities). To demonstrate how each can be used, the paper considers two real-world cases of health systems research and whether their choice of country (Uganda, India) and research population in 2011 would have been classified as amongst the worst-off according to the proposed concepts. The two proposed concepts can classify different countries and sub-national populations as worst-off. It is recommended that health researchers (or other actors) should use the concept that best reflects their moral commitments—namely, to perform research focused on reducing health inequalities or systematic disadvantage more broadly. If addressing the latter, it is recommended that they rely on the multidimensional poverty approach rather than the income approach to identify worst-off populations.”

International Journal for equity in health - Research on health equity in the SDG era: the urgent need for greater focus on implementation

Kumanan Rasanathan et al; <http://equityhealthj.biomedcentral.com/articles/10.1186/s12939-016-0493-7>

*« The tremendous increase in knowledge on inequities in health and their drivers in recent decades has not been matched by improvements in health inequities themselves, or by systematic evidence of what works to reduce health inequities. Within health equity research there is a skew towards diagnostic studies in comparison to intervention studies showing evidence of how interventions can reduce disparities. The lack of sufficient specific evidence on how to implement specific policies and interventions in specific contexts to reduce health inequities creates policy confusion and partly explains the lack of progress on health inequities. **In the field of research on equity in health, the time has come to stop focusing so much energy on prevalence and pathways, and instead shift to proposing and testing solutions. Four promising approaches to do so are implementation research, natural experimental policy studies, research on buy-in by policy-makers to action on health inequities, and geospatial analysis.** The case for action on social determinants and health inequities has well and truly been made. The community of researchers on health equity now need to turn their attention to supporting implementation efforts towards achievements of the SDGs and substantive reductions in health inequities.”*

American journal of Public health - Twitter as a Tool for Health Research: A Systematic Review.

L Sinnenberg et al;
https://www.ncbi.nlm.nih.gov/pubmed/27925832?dopt=Abstract&utm_content=buffer605cd&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

“Researchers have used traditional databases to study public health for decades. Less is known about the use of social media data sources, such as Twitter, for this purpose.” The aim of this study was to

“systematically review the use of Twitter in health research, define a taxonomy to describe Twitter use, and characterize the current state of Twitter in health research.”

International Journal for Equity in Health - “The way the country has been carved up by researchers”: ethics and power in north–south public health research

A Walsh; R Brugha et al; <http://equityhealthj.biomedcentral.com/articles/10.1186/s12939-016-0488-4>

*“Despite the recognition of power as being central to health research collaborations between high income countries and low and middle income countries, there has been insufficient detailed analysis of power within these partnerships. The politics of research in the global south is often considered outside of the remit of research ethics. **This article reports on an analysis of power in north–south public health research, using Zambia as a case study....**”* It draws upon concepts from Bourdieu’s theory of Power and Practice.

Conflict & Health - Does spending on refugees make a difference? A cross-sectional study of the association between refugee program spending and health outcomes in 70 sites in 17 countries

T M Tan et al; [Conflict & Health](#);

*“Numerous simultaneous complex humanitarian emergencies strain the ability of local governments and the international community to respond, underscoring the importance of cost-effective use of limited resources. At the end of 2011, 42.5 million people were forcibly displaced, including 10.4 million refugees under the mandate of the United Nations High Commissioner for Refugees (UNHCR). UNHCR spent US\$1.65 billion on refugee programs in 2011. **We analyze the impact of aggregate-level UNHCR spending on mortality of refugee populations....**”*