

IHP news 453 : A “make or break year” for the NCDs ?

(19 January 2018)

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

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Dear Colleagues,

*This week's intro was written by Latin American IHP contributor & EV alumna **Elena Vargas**. She reflects on the letter by Deneuve et al in *Le Monde*, last week.*

“The new year started in a rather polemic way for the gender equality struggle in the “post-Weinstein” era. As most of us have read in the [papers](#) or on different social media platforms, 100 French (and a few Belgian) women signed an open letter published in *Le Monde*, expressing their view on the recent wave of sexual misconduct accusations of male celebrities and powerful men in the show business industry, and beyond. The signatories of the letter criticized the #MeToo movement for its alleged puritanism, for favoring the return to a Victorian moral order and threatening the sexual revolution heritage, as well as qualifying it as a witch hunt and man hating. The letter caused a [backlash](#), naturally, but whether we like it or not, this manifesto represents an alternative perspective in the debate. It's important to acknowledge, however, that both positions/campaigns also have an impact on other settings, where the reality of women differs - often, a lot - from the ones currently heading both “camps” in the North. For instance, I can assure that the way men “hit on” women in Europe might be very different from the way it's done in Latin America. Last week, one of my male Nicaraguan colleagues asked me if men flirt the same way in Belgium as they do it here. “You know what I mean, he added...” He was actually referring to catcalling. Coincidentally with the #MeToo movement, we also saw a rising number of public rape accusations against men, through social media. But here, unlike in the US, a woman who dared to denounce her rapist was instead taken to court for defamation. And, in one of our latest cases of femicide, the murderer was actually praised for being a “good man”, while the woman had her intimate life exposed by the media and was vilified for being an “easy” woman. So, just like Deneuve, Miller et al. don't feel represented by the feminism of the #MeToo movement, some of us are left with the feeling that they might live in a parallel universe where “male domination does not exist”, where “there is nothing wrong with stealing a kiss from a woman” and where there will soon be a totalitarian society of rampant censorship. Yet, at the same time, we understand their concern for the effect moralism can have in various aspects of our lives.”

Enjoy your reading.

The editorial team

Featured Article

Women leaders in Global Health: a couple of reflections on the inaugural conference in Stanford 3 months on

Siphiwe Thwala, Centre for Health Policy, University of the Witwatersrand, South Africa

It's been a few months now, but it doesn't really feel like that for me. In October 2017, I attended the inaugural conference of Women Leaders in Global Health, a movement launched in Stanford, California. It seeks to provide a global platform for women in the health professions to thrash out their

career growth obstacles, and ways to overcome them across all leadership levels (emerging, mid-career, and senior levels). The conference manifesto is discussed in detail in [the Lancet](#).

I found it to be an interesting and somewhat novel take on improving the status quo by women looking (first) inward, and actively encouraging women-to-women mentorship. It was also refreshing to see active participation of (*well, some*) men in the conversation, as we were joined by a few senior male leaders who showed a strong commitment to advance both women and men in global leadership. This provided an honest, yet objective space for discussing the plight of professional women in health; both sexes could be honest about the status quo and propose solutions, rather than getting stuck on blaming all the problems to the opposite sex and no way forward proposed. In short, there was neither male nor female bashing.... Not a bad thing in our times.

The year 2017 saw increased recognition of the capacity of women in global health, and highlighted their achievements through multiple high level appointments in WHO, by Dr Tedros . Although widely celebrated, it was shameful to note that this is (still) a special occurrence rather than the norm, when women have always made up an overwhelming majority of the global health workforce. However, these appointments highlighted the - slow but steady - tearing down of an old invisible wall that seemed to restrict and suppress women from achieving their full potential AND be recognised for their work simply because they are female. Far more work still needs to be done in this area of course as many restrictions and glass ceilings remain.

The Women in Global Health movement (WGH) was an implementing partner in this conference and had already outlined the problem of the plight of professional women in global health beautifully, advocating for “gender parity as a goal of 50–50 representation in top global health leadership positions by 2030”. WGH provided useful insights on the extent of the problem, and thoughts on how to address some of the structural barriers to promote more equitable diversity in senior global health leadership.

Keynote addresses from speakers addressed health issues stemming from social ills, and the role of women as both health care practitioners and citizens in redressing them. From South African activist Dr Ramphele’s address on making choices to effect community change, and the reasons for those choices as a woman in the political world, over Dr Gray’s experience as a woman global leader implementing transformative policies in the public health space in South Africa in the post-apartheid era, to Dr Barry (Centre for Global Health Innovation director in Stanford) ’s insightful observations and passion to take on prevailing gender inequities in the senior leadership of global health. A former Rwandan minister (Agnes Binagwaho) gave her perspective on the fight to not only have a seat at the table as a politician and woman global leader, but to be heard as well. Academic leaders in global health from Harvard and Stanford also shared lessons learnt from their experiences and from their research and academic work. The common thread from all speakers was the daunting task to prove one’s capability, where one’s performance was always held in scepticism that male colleagues seemed to be (mysteriously) spared from.

The ‘lightning rounds’ sessions showcased different conference delegates from all backgrounds and across the different leadership levels, and inspired insightful reflections on our professional contributions, achievements, battles, and ways employed to conquer them. It was a moment to stop and reflect on one’s journey so far: we realized how far we’d come, what great strides we’d made, and the difference we had also made to our communities despite all odds.

It was truly an inspirational conference, with new networks forged, and thoughts around potential ways of collaboration, and peer to peer mentoring within our regions. Emerging and mid-career women at the conference were inspired by it all, and came to identify some of the experiences similar to their own current experiences. Senior conference participants reported feeling comforted from the shared experiences of colleagues, by the knowledge that their battles were not unique to them, but that other sisters were facing similar challenges around the globe... and conquering them. It was like one big support group. This conference was a great start to something interesting and of great promise. Three months on, the Stanford experience remains unforgettable. I bet the movement will also be unstoppable in the years to come.

Post the conference, I got in touch with a few women leaders in health from my region that I could reach out to for mentoring. Some of these were leaders I would not have otherwise gained access to, in the absence of the Women Leaders in Global Health platform. I also identified others that could help or be relevant to me and the causes I'm fighting for, and it's proven to be really useful. There is always something powerful and attractive about someone who is like you, who has achieved the things you've always aspired to and more. I look forward to the next instalment of this conference in London (8-9 Nov 2018), where we hope to solidify some of plans and collaborations begun.

Highlights of the week

Lancet (Editorial) – A shared future for all: let's talk about homelessness

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30086-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30086-2/fulltext)

*"The **World Economic Forum meeting in Davos is almost upon us again**. From Jan 23 to 26, more than 2500 participants from over 100 countries will contemplate the state of the world in over 400 sessions (and many more side events and corridor conversations). **This year's theme, Creating a Shared Future in a Fractured World, is certainly an apt motto in today's geopolitical context**. The 48th annual meeting "aims to rededicate leaders from all walks of life to developing a shared narrative to improve the state of the world"—lofty goals in a lofty location. **A future and a narrative shared by whom though? Increasingly, sharing the wealth and development of a nation with its poorest members is not at the forefront of governments' and leaders' actions...."***

*"...**Health and wellbeing for all can only be achieved if those currently at the margins of society are counted, specifically targeted with appropriate interventions, and included in all available services**. Those leading the discussions in Davos need to step down from their lofty pedestals and instead **engage with the brutal human realities of globalisation**. **One such reality is homelessness**. **Creating a shared future needs to start at home**. Marginalised people are marginalised only because governments abrogate responsibility and let them stay at the edge of society—a shameful state of affairs for rich countries."*

Spot on, this Editorial.

Lancet – Offline: The misuse of universal health coverage

Richard Horton ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30103-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30103-X/fulltext)

With some lessons learnt from the Iraqi health system, among others. “... *But the global lesson of Iraq is surely to beware the fusion of medicine, science, and politics in a dangerous alliance of mutual self-interest. Think of regimes today that are lavishly praised by global health leaders for their advances towards universal health coverage. The politicians of these countries have often put basic human freedoms to one side in their quest to acquire, administer, and maintain power. When a global health leader next applauds a country for its progress, reflect for a moment on whether that progress has been achieved at a human cost. And then ask whether the silence about that cost suggests quiet assent, even collusion, with state forces of violence and repression. One might conclude that many of our global health leaders today are guilty of terrifying complicity. A country's advance towards universal health coverage can never excuse indefensible breaches of fundamental human rights.*”

I guess this editorial is, among others, directed to dr. Tedros... (PS: on the multiple misuses of global health security, by Northern countries, I think we all agree)

BMJ Global Health - Performance-based financing in low-income and middle-income countries: isn't it time for a rethink?

Elisabeth Paul, Valéry Ridde et al; <http://gh.bmj.com/content/3/1/e000664>

An article which had been coming for a while, I guess, so I wasn't that surprised when I saw some people call it 'the paper of the year' on Twitter - perhaps a bit prematurely, we're only January. Great that BMJ Global Health hosts this important debate, though. In the end, I hope African voices will offer more clarity.

Abstract: “*This paper questions the view that performance-based financing (PBF) in the health sector is an effective, efficient and equitable approach to improving the performance of health systems in low-income and middle-income countries (LMICs). PBF was conceived as an open approach adapted to specific country needs, having the potential to foster system-wide reforms. However, as with many strategies and tools, there is a gap between what was planned and what is actually implemented. This paper argues that PBF as it is currently implemented in many contexts does not satisfy the promises. First, since the start of PBF implementation in LMICs, concerns have been raised on the basis of empirical evidence from different settings and disciplines that indicated the risks, cost and perverse effects. However, PBF implementation was rushed despite insufficient evidence of its effectiveness. Second, there is a lack of domestic ownership of PBF. Considering the amounts of time and money it now absorbs, and the lack of evidence of effectiveness and efficiency, PBF can be characterised as a donor fad. Third, by presenting itself as a comprehensive approach that makes it possible to address all aspects of the health system in any context, PBF monopolises attention and focuses policy dialogue on the short-term results of PBF programmes while diverting attention and resources from broader processes of change and necessary reforms. Too little care is given to system-wide and long-term effects, so that PBF can actually damage health services and systems. This paper ends by proposing entry points for alternative approaches.*”

A tweet from **Mit Phillips** (MSF) perhaps: “*Finally some critical voices 2 question unselective promotion of #pbf & lack of conditions applied 2 assure patient benefits. Preferred #health reform in #fragile settings w/o objective assessment. Time 2 reconsider blind allocation funds 2 pbf by @theGFF & @theglobalfund*”

A first in-depth comment/feedback (by **Godelieve van Heteren**) was already published (**BMJ Blog**) - [The baby and the bathwater: can we have a more constructive debate on performance-based financing?](#) Many more to come, no doubt.

Also elsewhere, this piece will spark debate.

Check out how the [Blog Health Financing in Africa](#) intends to provide a platform for more debate, both in line with Paul et al’s piece, and viewpoints contra. **Bruno Meessen**, my colleague, sets the scene in this blog post. Looking forward to the contributions to come – probably first in French, later on in English.

Coming up soon : WHO EB142 meeting (22-27 January, Geneva)

http://apps.who.int/gb/e/e_eb142.html

Official WHO page with preparatory documents, preliminary agenda, etc.

Some new documents were released earlier this week, among others [A financial estimate for the draft thirteenth general programme of work 2019–2023](#); [WHO reform](#); ...

Some analysis ahead of the EB meeting:

IP-Watch - WHO Executive Board Next Week: Access To Medicines, Noncommunicable Diseases, Non-State Actors

<https://www.ip-watch.org/2018/01/15/executive-board-next-week-access-medicines-noncommunicable-diseases-non-state-actors/>

(gated) “*The World Health Organization Executive Board meets next week. On the agenda are recommendations of a review group on the WHO Global Strategy on Public Health, Innovation and Intellectual Property, and WHO proposed actions to increase access to affordable and safe medicines and diagnosis. The Executive Board is also expected to consider a report on noncommunicable diseases, new possible organisations to enter into official relationships with WHO, and how to address the global burden of snakebites, including access to treatment.*”

BMJ blog – Tedros is refreshingly honest about the deficiencies in WHO governance and financing

Charles Clift ; <http://blogs.bmj.com/bmj/2018/01/16/charles-clift-tedros-is-refreshingly-honest-about-the-deficiencies-in-who-governance-and-financing-will-member-states-respond/>

Must-read analysis. “The executive board of the World Health Organization (WHO) will meet on 22-29 January. A key agenda item will be the latest draft of WHO’s 13th General Programme of Work (GPW) for the period 2019-2023.”

See also a **tweet by Charles Clift**, linking governance (reform) with the financing request:

“#EB142 @DrTedros sharp comments at #EBSS4 are reported here:
<http://blogs.bmj.com/bmj/2018/01/16/charles-clift-tedros-is-refreshingly-honest-about-the-deficiencies-in-who-governance-and-financing-will-member-states-respond/> **He said then @WHO did not need more money if the same amount could be provided without earmarking. As it is he is now asking for an extra \$400 million p.a.**
http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_3Add2-en.pdf”

IP-Watch – Over USD10 Billion Estimated To Implement 5-Year WHO Draft Programme Of Work

<https://www.ip-watch.org/2018/01/18/usd10-billion-estimated-implement-5-year-draft-programme-work/>

“The World Health Organization released a financial estimate for its draft thirteenth general programme of work 2019-2023 on 15 January, after member states asked last autumn how that draft programme was to be financed. **The WHO estimates that US\$10.8 billion over the five-year period for the base segment of the budget will be necessary to implement the 13th draft general programme of work (GPW13).** Compared to the current approved programme budget 2018-2019, **this amount represents a US\$2 billion increase over the five-year period, an increase of some US\$400 million per year, according to the secretariat document.** ...

... The document is expected to be examined by WHO member states during **the Programme, Budget and Administration Committee of the Executive Board (PBAC), taking place on 18-19 January, just before the Executive Board meeting from 22-27 January....**” The PBAC is ongoing as we write this down.

Stay tuned (via IP-Watch) for more WHO EB coverage, next week.

WHO Watchers

During the EB meeting, keep an eye on WHO Watchers’ input. Daily reports, policy briefs, etc.

<http://who-track.phmovement.org/eb142>

For the **integrated (& updated) commentary of PHM** on the EB agenda, see [here](#).

TB & civil society

Worth noting given the recent commotion around the Global TB programme appointment (see [TB newsflash](#)) - **WHO leadership meets with TB civil society to strengthen engagement in accelerating the End TB response**

“Civil society representatives met with WHO leadership in Geneva, on 15-16 January 2018, with the aim of strengthening collaboration to end TB.”

A **tweet from Tedros**, setting the record straight, replying to a tweet:

“Not true. The group was formed in November and our first meeting was in November 2017. This is our third meeting. One virtual and two face to face.”

Replying to: “Ronny Patz @ronpatz “After the recent criticism (covered in @TheLancet & by @swheaton) over the nomination of Dr. Tereza Kasaeva (to the right of @DrTedros) as Director of WHO's Global Tuberculosis (TB) Programme, @WHO Director-General demonstrates willingness to listen to civil society to #EndTB. ...”

NCDs

On **NCDs**, we want to flag this (important) tweet:

*“This is the time for some innovative thinking. **It is a make or break year for NCDs**. If we sail through it NCDs will be on the global agenda. Not only the Health one, but all agendas. @SaniaNishtar Technical Co-Chair of @who Independent High Level Commission on NCDs. ”*

Let's hope the EB meeting will indeed boost the NCD momentum, ahead of the UN HL meeting later this year.

NCDs

Speaking of NCDs:

FT Health - To improve global health, tax the things that are killing us

Larry Summers; <https://www.ft.com/content/73436fb2-0115-3943-8f05-593b2254093b>

*“...On Thursday, **Mike Bloomberg** and I announced a **task force on fiscal policy for health**. We are bringing together fiscal policy, development and health leaders from around the globe, including ministers of finance, to address the enormous and growing health and economic burden of non-communicable diseases (**NCDs**) in **lower and middle income countries (LMICs)**. The **hope is to identify underused fiscal policy tools to lighten that burden...**” For more info on this new task force (and members), see [Bloomberg Philanthropies](#). “... Tobacco use, obesity and risky alcohol consumption are three leading risk factors for the development of NCDs. Ministers of Finance control a powerful tool to reduce the harmful use of these products: tax policy.*

This Task Force will examine the evidence on excise tax policy for health, including barriers to implementation, and make recommendations on how countries can best leverage fiscal policies to yield improved health outcomes for their citizens with the added benefit of bringing in additional revenue. Smart fiscal policy can save lives and help economies.”

PS: for **William Savedoff’s** take on (his hopes for) this new Taskforce, see this **CGD blog** - [Can Taxes Postpone Millions of Deaths Worldwide? A New Task Force Led by Michael Bloomberg and Lawrence Summers Inquires](#) “...While it includes world leaders in public health, most of the members are leading economists, finance ministers, and politicians from outside the world of public health who are open to considering how excise taxes can be a sensible part of fiscal policies...”

BMJ (Editorial) - Commercial influence in control of non-communicable diseases

K Whitaker; <http://www.bmj.com/content/360/bmj.k110>

Focus in this (recommended) editorial on the **journey towards the Montevideo roadmap 2018-2030 on NCDs**.

“ The roadmap is an ambitious consensus document on the need for coordinated and coherent action to combat NCDs...”

*“Close examination of the early draft, written comments made during the consultation period, and the final road map **show important changes to the document during the process and help identify key influencers and their effects**. Broad consultations are important in implementing the 2030 agenda for sustainable development in an inclusive manner, and private sector partnerships will be needed to fill gaps in development assistance in low and middle income countries. **The roadmap consultation suggests, however, that there are potential risks. A better understanding of the ways in which different industries are engaging with NCD policy making, and their intent, is essential to protect public health...**”*

And a **tweet by Ilona Kickbusch** “Commercial influence in control of non-communicable diseases - good points made but the key issue is that powerful countries spoke on behalf of commercial interests in these negotiations #CDOH #NCDs @WHO “.

NCDs’s impact on adolescents overlooked to date

<https://ncdalliance.org/news-events/news/ncds%E2%80%99-impact-on-adolescents-overlooked-to-date>

*“Adolescents have largely been overlooked in global discussions on NCDs to date but there is evidence that specific interventions are effective, says a new report by the NCD Alliance and partners. Titled **Noncommunicable disease prevention and adolescents**, the report notes some of these **interventions**: Improving nutrition, including through maternal micronutrient supplementation, breastfeeding and appropriate complementary feeding; Vaccination for the Human Papilloma Virus (HPV) among adolescent girls (aged 9-13 years) to prevent cervical cancer, particularly in contexts where screening is limited; Universal Hepatitis B vaccination to prevent cirrhosis and liver cancer.... **Preventing NCDs among adolescents may yield a triple dividend of benefits: for adolescents today, for their future adult lives, and for the next generation...**”*

AMR

AMR Industry Alliance - Report shows life sciences industry alliance is taking action to curb antimicrobial resistance, with more to come

<https://www.amrindustryalliance.org/mediaroom/report-shows-life-sciences-industry-alliance-taking-action-curb-antimicrobial-resistance/>

*“The new **AMR Industry Alliance** of more than 100 biotech, diagnostics, generics and research-based biopharmaceutical companies and trade associations **launches its first progress report [today]**. The report measures action taken in four areas: research and science, access, appropriate use, and the environment. In 2016, the report shows that 22 Alliance companies invested at least USD 2 billion in R&D dedicated to AMR-related products. The funds cover costs for early-stage R&D, exploring new product classes, ten antibiotics in late-stage clinical development, 13 clinical bacterial vaccine candidates, 18 AMR-relevant diagnostic products, and other preventive therapies. More than two out of three Alliance companies surveyed with marketed AMR products, have strategies, policies or plans in place to improve access to their AMR-relevant products.... ”*

For the **Progress report**, see [here](#). This is the “AMR Industry Alliance’s first progress report since members made commitments on AMR in the Davos Declaration in January 2016 and AMR Industry Roadmap in September 2016. The objective of the report is to identify best practice, opportunities, and gaps where further efforts may be required by industry and other stakeholders.”

Coverage on IP-Watch - [Industry Alliance Report: Companies Invest In AMR R&D, Need More Pull Incentives](#).

A warning signal, also: “...However, according to the report, industry investment is threatened as the large majority of responding companies viewed current progress on R&D incentives as although promising, insufficient relative to the challenge. Companies called for new pull incentives to support new R&D across the full R&D life cycle, to see an impactful long-term change on the pipeline of new products.”

Devex – Funding outlook shifts in fight against antimicrobial resistance

<https://www.devex.com/news/funding-outlook-shifts-in-fight-against-antimicrobial-resistance-91895>

More coverage. “**Twenty-two research-based biopharmaceutical companies — including AstraZenica, GlaxoSmithKline and Merck — invested more than \$2 billion in research and development to counter antimicrobial resistance in 2016**, according to a survey released Thursday, potentially **upending widespread perceptions that the private sector is trailing institutional donors in tackling AMR**. The sum is more than four times the amount currently invested by governments and philanthropic organizations worldwide, according to the report from the AMR Alliance, a platform of 100 biotechnology, diagnostic, generics and research-based pharmaceutical companies and trade associations that was formed to drive and measure industry progress to curb AMR. Based on a survey of 36 AMR Alliance members, it is the first assessment of private sector investment in the threat. However, **the report also points to the fragility of funding to combat AMR**, which kills more than 700,000 people per year....”

Coming up – World Economic Forum in Davos (23-26 Jan)

This year, apparently **dr Tedros** will also go to this ‘**multi-stakeholderism fest**’ par excellence, and this time it appears there’ll also be a very [impressive number of heads of state](#).

Some reads to get in the mood:

IP-Watch - [Heads Of State At Davos’ Door: Trump, Modi, Macron, May](#)

*“The World Economic Forum is meeting next week in Davos, with Indian Prime Minister Narendra Modi opening the forum, and US President Donald Trump closing it. **One of the focuses of the annual meeting will be on finding ways to reaffirm international cooperation on common challenges**, such as the environment and the global economy.... According to **Klaus Schwab**, WEF founder and executive chairman, speaking at a press briefing in Geneva [yesterday], in the intertwined, interdependent, fast-moving world, traditional ways are no longer working, and organisations are finding difficult to cope which change. He insisted on the need to bring all stakeholders together to collectively address global issues. **Davos will have a three-part feature, he said: a collaborative approach since nobody alone can solve the issues of the global agenda, an integrated approach, and a constructive approach**. There are many opportunities and perils like never before, **and faced with the danger of the collapse of the global system**, “it is in our hands to improve the state of the world, that’s what the World Economic Forum stands for,” Schwab said...”*

Quartz - [The world’s biggest worries are environmental disasters, not economic collapse](#)

*“For the second year running, business and political leaders think the world’s biggest threat is extreme weather, according to the **latest Global Risks report** by the World Economic Forum (WEF) published today. In recent years, economic risks such as market collapses, fiscal crises, and systemic financial failures, have dropped down the list of concerns, replaced with fears about the environment. WEF, which runs the annual conference in Davos for global elites, found that **three of the five most likely global risks for 2018 were environmental—extreme weather, natural disasters, and failure to mitigate climate change...**”*

Euractiv expects the **mood** to be again, rather [gloomy](#).

Which is more than justified, given global inequality : *“**We have billionaires on the #Davos mountain talking about issues that are affecting people like us on the garbage mountain.**” A message from the other mountain - Ashura Mciteka & Nelson Munyiri on why ordinary people are uniting to #fightinequality.*

More detail in this **IPS article** (by Ben Phillips) - [Davos: a Tale of Two Mountains](#) *“As the elite in the world of finance gather in the Swiss luxury town of Davos, rallies are taking place around the world as citizens demand for solutions to rising inequality. At the same time as the World Economic Forum’s rich and powerful hold forth about fixing the crisis of inequality they created, **a new movement called the Fight Inequality Alliance** is telling another story that is growing around the world...”*

“...The protesters are demanding an end to the age of greed, and say that the solutions to the inequality crisis will not come from the same elites that caused the problem. People living on the frontlines of inequality are the key to the radical change that is needed, they say.... .. Campaigners call on governments to curb the murky influence of the super-rich who they blame for the Age of Greed, where billionaires are buying not just yachts but laws. Community groups ideas, which elites don't mention, include an end to corporate tax breaks, higher taxation on the top 1% to enable quality health and education for all, increases in minimum wages and stronger enforcement, and a limit how many times more a boss can earn than a worker...”

On the pro side, cfr a tweet, *“Davos summit @wef next week will look at replacing #gdp growth metrics with an inclusivity index. “We need a bottom-line measure of living standards,” says Rick Samans, head of Global Agenda”.*

Global humanitarian & human rights crisis

NPR Goats & Soda - U.N. Head Lists His Top Global Concerns For 2018

[NPR Goats & Soda](#)

*“In an **informal address to member states** at the U.N. General Assembly on Tuesday, **Guterres** said “peace remains elusive” — and “in fundamental ways, **the world has gone in reverse.**” In his speech, **he shared his top priorities for the U.N. in 2018** — many of which touch on themes we cover in our blog about global health and development...” Well worth a read.*

One of his priorities, as he acknowledges, is linked to dealing with what is described in this Guardian article - [Sexual harassment and assault rife at United Nations, staff claim](#).

Guardian - Yemen war: 5,000 children dead or hurt and 400,000 malnourished, UN says

<https://www.theguardian.com/world/2018/jan/16/yemen-war-children-dead-injured-malnourished>

“Unicef says five children a day have been killed or injured since March 2015, with ‘nearly every child in Yemen’ in need of humanitarian aid.”

Guardian - Trump-style populism gives 'murderous leaders' free rein, says rights group

<https://www.theguardian.com/global-development/2018/jan/18/trump-style-populism-murderous-leaders-free-rein-human-rights-watch-report>

*“Rising intolerance in many western countries has created an “open field for murderous leaders” around the world, a leading human rights group has warned. In an **annual report** assessing more than 90 nations, **Human Rights Watch** warned of a “frontal assault on the values of inclusivity, tolerance, and respect” across states that have previously championed rights...”*

HRW sees one encouraging aspect: *“The report praised mass movement that opposed populism, and said resistance to Trump’s policies in the US have limited the harm that might have been done. “The lesson of the last year is that resistance matters,” said Roth. “The only way to limit the rise of autocrats is to stand up to them. The only way to preserve the values populists attack is to defend them. The battle is very much under way, and it’s one very much worth engaging in.”*”

JAMA (viewpoint) – Retreat From Human Rights and Adverse Consequences for Health

D Lohman ; <https://jamanetwork.com/journals/jama/fullarticle/2670426>

“This Viewpoint argues that a rise in attacks on health care facilities internationally is associated with the rise of authoritarian and far-right leaders, a general deterioration in mechanisms of domestic accountability, and a retreat of the international community from holding member governments accountable for adhering to basic human rights standards.”

Trump & global health

Allafrica - [African States Want Trump Apology for 'Shithole' Remarks](#)

We reckon you know this “Trump news” by now. Some of you might want to read also **Nicholas Kristof’s** (NYT) [What we can learn from S-Hole countries](#) (on lessons for the US from Sierra Leone, Rwanda, ...)

Related to this, we also want to flag **NPR Goats & Soda’s** - [We Asked, You Answered: What Shaped Trump's View Of Poor Countries?](#)

*“On Friday, we posed this question to our audience: **What do you think of the way poor countries are portrayed by aid groups and the media? The question came in light of President Donald Trump's reported description of El Salvador, Haiti and nations in Africa as "shithole countries" last week.** “When well-meaning people describe poverty as a hellhole, we shouldn't be surprised that people end up thinking of poor places as 'shitholes,' ” tweeted Dina Pomerantz, a prominent development economist at the University of Zurich. **More than 100 readers shared their thoughts in our online form and Twitter. One blogger even wrote a reaction blog on the topic, saying it's unfair to make the connection between Trump's comments and the way aid groups portray poverty. ...”** An overview of the reactions. (as for my own view, you’ll find that in the latter half of the article)*

UN News - US funding cuts for UN Palestine refugee agency put vital education, health programmes at risk

<http://www.un.org/apps/news/story.asp?NewsID=58437#.WmDG-q7ibIX>

“The decision by the United States to withhold more than half its annual funding commitment to the United Nations relief agency providing aid for Palestine refugees threatens “one of the most successful and innovative human development endeavours in the Middle-East,” the head of the body said Wednesday, warning that the rights and dignity of an entire community are at stake. In a

statement Wednesday, Pierre Krähenbühl, the Commissioner-General of UNRWA, said that US government announced a **contribution of \$60 million for the UN agency, down from \$350 million total contribution by the country in 2017....**”

And perhaps the worst Trump news of this week: looks like the Donald is still in splendid health, [even when it comes to mental & cognitive health](#). The guy has ‘great genes’ ... , it seems. Bummer.

Devex - New DFID chief shows tougher side

<https://www.devex.com/news/new-dfid-chief-shows-tougher-side-91886>

*“The United Kingdom’s new secretary of state for international development has offered a glimpse of her plan for the country’s aid budget, **emphasizing an “aid in the national interest” agenda and calling on developing countries to increase their own tax contributions or risk being cut off.** In an op-ed published by The Telegraph newspaper and also speaking on BBC Radio’s the Today programme on Monday, Penny Mordaunt, who took over as head of the Department for International Development in November, **appeared to call for greater DFID control over aid money being spent by other government departments and delivered a stark warning to contractors who fail to meet DFID targets....**”*

See also the Guardian - [Poorer countries must 'put their hands in their pockets': UK warns of cuts to aid](#) *“Britain will cut foreign aid to developing countries if they fail to invest in their own people, the international development secretary has said. Penny Mordaunt said the British government, which gives out £13bn of foreign aid a year, “will not invest when others should be putting their hands in their pockets”. Aid groups responded with concern, saying a “significant need” for aid remains across all low income countries, even among those who invest in health and social care....”*

Health Affairs (blog) – China’s Emerging Role In Global Health

E Uretzky, R Katz et al; <https://www.healthaffairs.org/doi/10.1377/hblog20180109.759800/full/>

Recommended. *“... As the US shifts its funding priorities and precipitates an inevitable slowdown in its investments in global health, China is poised to fill in the void as it increases its international diplomatic efforts through its One Belt One Road Initiative, which will rival the scale of the Marshall Plan to develop infrastructure along with a China-centered trading network. But **the Chinese philosophy on global health and its approaches in distributing aid, and development assistance for health (DAH) in particular, is vastly different from that of the US.** China’s entry into the DAH field represents the first time that a developing nation switched its role from being a recipient to being a major financial contributor to global health. **It is our belief that this will create new models for south-south collaboration—that is, exchanges between developing nations—in global health and prompt a paradigm shift in global health assistance as we currently know it....**”*

Lancet Global Health – February issue

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

The new Lancet Global Health issue has a number of must-reads, as usual. Of the ones who haven't been published online before, we would like to draw your attention to:

Start with the **Editorial** - [Are we ready for a quality revolution?](#)

Editorial related to “...the **second meeting of the 30 academics, policy makers, and health systems experts working on The Lancet Global Health's Commission on High-Quality Health Systems in the SDG Era in Johannesburg in December**. Co-hosted by the South African Department of Health, the meeting was a chance to bring in stakeholders from around the world to discuss health systems challenges and opportunities as well as to refine an initial draft of the Commission report, the final version of which will be published in early September. ... **The missing dimension of quality, and the barriers thereto, were discussed in Johannesburg** by individuals involved in national commissions—parallel work to the global Commission led by stakeholders from nine low-income and middle-income countries. Representatives from Ethiopia and Mexico agreed that a **degree of “coverage mania” still prevailed in health systems thinking, but that the tide was beginning to turn** in terms of working out what returns were being made on investments, shedding light on where quality stands... **The Commission's approach:** “We are not talking about tinkering at the edges of individual services here. We are talking about a whole-health-system quality revolution. “

[Crunching health expenditure numbers: important but treacherous terrain](#) (by Barbara McPake)

[Indigenous languages and global health](#) “...In this Comment, we discuss language as an example of a barrier to health care and advocate for greater consideration of indigenous languages in global health.”

[Authorship trends in The Lancet Global Health](#)

“One of The Lancet Global Health's stated purposes is to represent “disadvantaged populations” in health-related scenarios around the world. To analyse to what extent the journal succeeds in its aim, I studied all research articles spanning the existence of the journal (June, 2013–July, 2017). I calculated what proportion of articles in the journal covered a research project in sub-Saharan Africa, the Middle East and north Africa, east Asia, south Asia, southeast Asia and Oceania, Europe, and the Americas, and what proportion of the contributing authors of an article was affiliated with or came from low-income and middle-income countries (LMICs)...” Check out the results.

Health Systems & Reform – new issue

<http://www.tandfonline.com/toc/khsr20/4/1?nav=toClist>

Most of the articles in the new issue of ‘Health Systems and Reform’ were published already online. But do have a look at the [Introduction to the new Issue](#) (by **Michael Reich**):

*“Welcome to the first issue in 2018 of Health Systems & Reform, marking the start of our fourth year of publication. **The topic of how to improve the performance of health systems in countries around the world remains high on the global policy agenda.** The global meeting of the UHC Forum 2017 in Tokyo, in mid-December last year, illustrates the continuing high priority given to health systems issues.... The [commentary](#) by H  l  ne Barroy and colleagues on “Assessing Fiscal Space for Health in the SDG Era: A Different Story” is notable for several reasons. **First, the authors come from three key agencies in global health financing—the World Health Organization, the World Bank, and the Global Fund to Fight AIDS, Tuberculosis and Malaria—and the article received approval from all three institutions; no mean feat. Second, the article uses the World Bank’s framework on the five sources of fiscal space for health (“conducive macroeconomic conditions; reprioritization of health within the government budget; earmarked income and consumption taxes directed toward the health sector; better efficiency of existing health expenditure; and external aid”) to reflect on the lessons of doing such assessments in over 50 low- and middle-income countries.** Perhaps not surprising, the authors found “high variability” in how the assessments treated the potential for efficiency improvements and “uneven” consideration of the political feasibility of recommendations, which tended to limit the influence on policy decisions. **Third, the article emphasizes the growing role of using more domestic resources in national efforts to implement universal health care, especially in the Sustainable Development Goals era.** The refrain to use domestic resources is now arising from many parts of the global health community; how it will be received remains to be seen. The article concludes with specific recommendations on how to improve fiscal space assessments moving forward—and this constitutes an important “different story” in moving forward toward universal health care... The next issue of Health Systems & Reform will present a series of articles on lessons from the USAID Health Financing and Governance Project—on how to strengthen health systems and how to do health reform—with articles on Vietnam, Nigeria, Ethiopia, and India, as well as multicountry comparative analyses. ...”*

Foreign Policy – The answers are out there: inoculate against a global vaccine crisis

Laurie Garrett; <http://foreignpolicy.com/2018/01/16/the-answers-are-out-there-natural-disasters-china-north-korea-corruption-economy/#health>

This article is part of 6 articles in a FP collection on ‘solutions to many of the world’s toughest problems’.

*Excerpt: “...This search for new protections against infection captured attention at the World Economic Forum in Davos, Switzerland, in January 2017 and at the G-20 summit later in July. It’s certainly appealing to imagine that pharmaceutical innovation fueled by Wall Street investments could lead to the quick creation of technological solutions to ward off outbreaks. But **the reality is that, as 2018 begins, the world faces an even bigger problem: shortages and completely diminished stores of older but highly effective vaccines and a shrinking pool of manufacturers that can produce them....”***

Lancet Child & Adolescent health (Viewpoint) – The age of adolescence

Susan Sawyer et al; [http://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(18\)30022-1/fulltext](http://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(18)30022-1/fulltext)

“A viewpoint explores the changing patterns of biological growth and social role transitions that define adolescence, and **argue for an expanded definition of this life phase.** “

*“Adolescence is the phase of life stretching between childhood and adulthood, and its definition has long posed a conundrum. Adolescence encompasses elements of biological growth and major social role transitions, both of which have changed in the past century. Earlier puberty has accelerated the onset of adolescence in nearly all populations, while understanding of continued growth has lifted its endpoint age well into the 20s. In parallel, delayed timing of role transitions, including completion of education, marriage, and parenthood, continue to shift popular perceptions of when adulthood begins. Arguably, the transition period from childhood to adulthood now occupies a greater portion of the life course than ever before at a time when unprecedented social forces, including marketing and digital media, are affecting health and wellbeing across these years. An expanded and more inclusive definition of adolescence is essential for developmentally appropriate framing of laws, social policies, and service systems. **Rather than age 10–19 years, a definition of 10–24 years corresponds more closely to adolescent growth** and popular understandings of this life phase and would facilitate extended investments across a broader range of settings.”*

NEJM (Editorial) – A Neglected Epidemic

B Bloom; <http://www.nejm.org/doi/pdf/10.1056/NEJMe1714609>

Recommended. **Tuberculosis is not just a disease problem; it is a health-system problem.** Read about the numerous challenges in the fight against TB. On many fronts, much needs to be done.

Guardian - Are we heading for another developing world debt crisis?

Larry Elliott; https://www.theguardian.com/world/2018/jan/14/are-we-heading-for-another-developing-world-debt-crisis?CMP=Share_AndroidApp_Tweet

Important analysis, among others for the UHC movement in Africa. “... *Poor country debt was supposed to have been sorted back in 2005... Now, 13 years later, ... debt is back albeit in a different form. Last time, the focus was on public debt, money that poor-country governments owed to the International Monetary Fund, the World Bank and individual rich nations – and which was mostly forgiven as a result of the Gleneagles G8 agreement in 2005. These days, the issue is private-sector debt and while as yet only a handful of countries – mostly in sub-Saharan Africa – are in serious trouble, the warning signs are there. The IMF and the World Bank both know it...*”

Lancet (Profile) - Natalia Kanem: lifelong advocate for women's health and rights

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)33323-8.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)33323-8.pdf)

From last week's Lancet but more than worth a read, on the new UNFPA head, and her priorities.

Excerpt: "...Kanem is confident she can help redress these negative trends. "I don't really fear the pushback, because I actually feel that the weight, the arc of history is well on our side", she says. What is fundamental, Kanem says, is that "we're against all coercive activity, and UNFPA upholds the rights of women and women's decision making—whether it be for abortion or sterilisation, or anything else". **The three big goals on Kanem's watch are, she explains, "to end by 2030 maternal mortality that's preventable; the second is to ensure there is universal access to family planning; and the third is to end all forms of sexual and gender-based violence, of which we include child marriage and female genital mutilation (FGM)".** While abortion has captured the headlines, UNFPA is daily in the front lines working to save lives and providing treatment and counselling to traumatised victims. "It has been abhorrent to see women and girls and men, at times, victimised by sexual violence as a tactic in war", Kanem says. UNFPA is also involved in life-saving maternal work with displaced and refugee populations. Senait Fisseha, Adjunct Professor of Obstetrics and Gynaecology at the University of Michigan and Chief Adviser to the WHO Director-General, reckons **Kanem will "take to a new high" issues like fighting against early marriage and FGM...."**

Access to medicines

IP-Watch - Heading Off Global Action On Access To Medicines In 2018

Dr Jorge Bermudez and Dr. Viroj Tangcharoensathien; <https://www.ip-watch.org/2018/01/19/heading-off-global-action-access-medicines-2018/>

"At the dawn of 2018, political and health leaders must seize the growing momentum and opportunities to tackle the protracted challenges of access to medicines that undermines efforts to save lives and improve health as committed under the Agenda 2030 SDG [Sustainable Development Goals] by all UN member states..." Good overview of the current situation & challenges. They conclude: "To head off this 'perfect storm' of global health challenges, **the World Health Organization's Executive Board in January 22–27, 2018 as well as the World Health Assembly in May 2018 will consider for the first time the recommendations of the 2016 UN Secretary-General's High-Level Panel on Access to Medicines.** Based on recommendations of the Panel, the two platforms should find strategic solutions and concrete actions for improved access to medicines and leaving no one behind."

Global health events

Coming up next week – Graduate Institute: the future of health in Africa (23 January)

http://graduateinstitute.ch/lang/en/pid/8646-1/_/events/globalhealth/the-future-of-health-in-africa

For the ones who attend WHO's EB meeting in Geneva, this looks like a very nice event as well. *"...This event brings together emerging leaders from Ghana and Nigeria to discuss the achievements and challenges across the continent by raising some of the following questions: What are the most promising approaches for efficient healthcare systems in Africa? What are the challenges to achieve Universal Health Coverage (UHC)? How can health policy-making skills be strengthened in the region to meet the needs of the future? What are politically and economically feasible solutions to improve health security and sustain healthier societies? How can investment in education for health be fostered and African leaders supported so that they can effectively shape and tailor public health policies?"*

Key dates for Sustainable Development 2018

<http://blog.felixdodds.net/2018/01/key-dates-for-sustainable-development.html>

Neat overview by **Felix Dodds**.

And a tweet:

*"The 7th trilateral symposium (26 February 2018) convened by @WHO @WIPO and @wto will address the topic of the **Implementation of the Sustainable Development Goals at the Crossroads between Health, IP and Trade**. @DrTedros @WTODGAZEVEDO @juditrius @ellenthoen @TrineeshB @SuerieMoon"*

Global governance of health

Manchester Global Development institute - What is global development?

Rory Horner; https://www.gdi.manchester.ac.uk/research/publications/gdi-working-papers/2017-020/?utm_content=buffer528e5&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

“Global development is a term that is increasingly referred to, yet is often conflated with international development and is used with different implicit meanings. This paper outlines reasons for moving beyond international development, before distinguishing between global development as ‘vertical’ scale and as ‘horizontal’ scope. As a strand of development focusing on common issues, the former co-exists in parallel with sovereign (national development) and foreign (international development) issues. The latter involves an overarching paradigm, taking in interconnected as well as shared issues anywhere. It is a successor to international development and goes beyond a focus only on the Global South to encompass development issues anywhere. Global development as scope thus explicitly goes beyond the North-South binary and is argued to represent a greater fit with contemporary development opportunities and challenges.”

HP&P - Sector-wide or disease-specific? Implications of trends in development assistance for health for the SDG era

Anne L Bufardi; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czx181/4812662?redirectedFrom=fulltext>

*“The record of the MDGs broadly reflects the trade-offs of disease-specific financing: substantial progress in particular areas, facilitated by time-bound targets that are easy to measure and communicate, which shifted attention and resources away from other areas, masked inequalities and exacerbated fragmentation. **In many ways, the SDGs reflect a profound shift towards a more holistic, system-wide approach. To inform responses to this shift, this article builds upon existing work on aggregate trends in donor financing, bringing together what have largely been disparate analyses of sector-wide and disease-specific financing approaches.** Looking across the last 26 years, the article examines how international donors have allocated development assistance for health (DAH) between these two approaches and how attempts to bridge them have fared in practice. Since 1990, DAH has overwhelmingly favoured disease-specific earmarks over health sector support, with the latter peaking in 1998. Attempts to integrate system strengthening elements into disease-specific funding mechanisms have varied by disease, and more integrated funding platforms have failed to gain traction. **Health sector support largely remains an unfulfilled promise:** proportionately low amounts (albeit absolute increases) which have been inconsistently allocated, and the overall approach inconsistently applied in practice. **Thus, the expansive orientation of the Sustainable Development Goals runs counter to trends over the last several decades. Financing proposals and efforts to adapt global health institutions must acknowledge and account for the persistent challenges in the financing and implementation of integrated, cross-sector policies. National and subnational experimentation may offer alternatives within and beyond the health sector.”***

Globalization & Health (Editorial) - Advancing STI priorities in the SDG era: priorities for action

M Chersich et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0331-3>

“The Sustainable Development Goals present an opportunity to reimagine and then reconfigure the approach to controlling sexually transmitted infections (STIs). The predilection of STIs for

women and for vulnerable populations means that services that ameliorate STIs, by their nature, enhance equity, a key focus of the goals. Given the considerable breadth and depth of the goals, it is important to locate points of convergence between the SDGs and STIs, further craft synergies with HIV and select a few population groups and settings to prioritise. There are many opportunities for STI aficionados in this era to advance the field and global control of these infections.”

An interesting concluding paragraph: “...In short, the SDGs present an opportunity to reimagine and then reconfigure global health, and to accentuate their centrality to sustainable development. **The global health community, however, is yet to fully take on board the implications of ‘sustainable development’, and how this is conceptually distinct from ‘poverty reduction’, the main MDG objective.** The kind of sustainable and inclusive development envisaged by the SDGs **demands that those working in fields such as STIs reconceptualise anew the health services that are needed now.**”

Quartz Africa - Bill and Melinda Gates Foundation is paying off Nigeria’s \$76 million polio debt

[Quartz;](#)

“As Nigeria’s battles on to become a polio-free country, Bill and Melinda Gates have taken an extraordinary step to give Africa’s largest economy a helping hand through their foundation. The foundation will pay off a \$76 million loan taken from Japan to aid the fight against polio. The loan was taken in 2014 and repayments were due to begin this year. A Gates Foundation spokesperson confirmed the loan repayment in an email to Quartz. Gates Foundation says it agreed to repay the loan after Nigeria met the condition of achieving more than 80% vaccination coverage in at least one round each year in very high risk areas across 80% of the country’s local government areas. The loan will be repaid over a period of 20 years....”

Alliance welcomes Kabir Sheikh as a policy advisor

<http://www.who.int/alliance-hpsr/en/>

Many congratulations to Kabir who joined the Alliance team in Geneva as a policy advisor. As you know, Kabir is also the current Board Chair of HS Global.

UN Dispatch – For the First Time in History, There is Full Gender Parity in the Top Leadership of the United Nations

M L Goldberg; <https://www.undispatch.com/first-time-history-full-gender-parity-top-leadership-united-nations/>

“There are forty-four most senior positions in the United Nations system, excluding the Secretary General himself. As of this week, twenty three are held by women. On Tuesday, Nahla Valji, the UN

senior advisor for gender equality, announced on Twitter that half of the 44 members of the Secretary General's Senior Management Group are women. Full gender parity among this group had been achieved....”

Next target: the Trump administration.

Global Policy Watch (blog) - “Market discourse has captured the development agenda to a point that may be incompatible with UN mandates”

<https://www.globalpolicywatch.org/blog/2018/01/14/market-discourse-has-captured-the-development-agenda-to-a-point-that-may-be-incompatible-with-un-mandates/>

“CIVICUS speaks with Barbara Adams, senior policy analyst at the Global Policy Forum (GPF), an independent policy watchdog that monitors the work of the United Nations and scrutinises global policy-making.”

...The fact that the action phase of the ‘big three’ landmark agreements – the 2030 Agenda, the Addis Ababa Action Agenda (AAAA) and the Paris Agreement – is dominated by attracting private financing demonstrates the extent to which market discourse has captured the agenda. On a planetary scale this discourse or narrative capture continues patterns well underway at national and global levels....

Global Policy Watch (briefing) - The 2030 Agenda, donor priorities and UN mandates - Lessons from the WHO experience

Barbara Adams & Karen Judd; <https://www.globalpolicywatch.org/blog/2018/01/15/the-2030-agenda-donor-priorities-and-un-mandates/>

Recommended.

*“As he concluded the first year of his term, the UN Secretary-General reiterated his **call for a new Funding Compact**, an agreement by Member States and the United Nations development system. In his 20 December advance report on Repositioning the UN Development System, he stated:*

*“Ultimately, the Funding Compact is about increasing the likelihood of universal achievement of the SDGs and eradicating poverty from the face of the earth. In other words, it is about determining whether we can deliver on our ambition to make the world a more prosperous, peaceful and sustainable place by 2030.” **The report did not mince words on the strategic importance of the Compact to uphold the UN’s neutrality and multilateral nature....**” “...The inadequacy of the **quantity and quality of funding** for the UN has featured centrally in the Secretary-General’s commitments to reposition the UN development system...” With as a case in point in this Briefing, WHO.*

Guardian – Let’s wrench power back from the billionaires

Bernie Sanders; https://www.theguardian.com/commentisfree/2018/jan/14/power-billionaires-bernie-sanders-poverty-life-expectancy-climate-change?CMP=share_btn_tw

“If we stand together against powerful special interests we can eliminate poverty, increase life expectancy and tackle climate change.” Like with Naomi Klein’s readings (see below), a touch of Bernie Sanders every week is good for your mental health, and activism. Excellent read also as Davos is about to start.

*“...Now, more than ever, those of us who believe in democracy and progressive government must bring low-income and working people all over the world together behind an agenda that reflects their needs. Instead of hate and divisiveness, we must offer a message of hope and solidarity. **We must develop an international movement that takes on the greed and ideology of the billionaire class and leads us to a world of economic, social and environmental justice.** Will this be an easy struggle? Certainly not. But it is a fight that we cannot avoid. The stakes are just too high. ... **Taking on the greed of Wall Street, the power of gigantic multinational corporations and the influence of the global billionaire class is not only the moral thing to do – it is a strategic geopolitical imperative.** ...”*

WB Working Paper - Minimum Core Obligations : Human Rights in the Here and Now

John Tasioulas; <https://openknowledge.worldbank.org/handle/10986/29144>

“The doctrine of the ‘minimum core’ (MCD) has in recent decades achieved prominence within international human rights law (IHRL) and practice. This enhanced profile is largely attributable to the activities of the United Nation’s Committee on Economic, Social and Cultural Rights (henceforth, ‘the Committee’). As this origin indicates, the MCD has been articulated in relation to the sub-set of human rights, usually denominated as ‘economic, social and cultural rights’, that are set out in the International Covenant on Economic, Social and Cultural Rights (henceforth, ‘the Covenant’). In addition, some regional and domestic legal regimes, notably in Africa and South America, have recognized some version of the MCD in relation to constitutional or legal rights. However, this report will almost exclusively concentrate on the nature and value of the MCD as it has developed within international law and practice. This Report proceeds in the following manner: (i) introduction; (ii) In section 2, an account is offered of the formative point of IHRL in general; (iii) In section 3, the concept of minimum core obligations of human rights is explored, i.e. what it is that marks out such obligations among other human rights standards; (iv) Section 4 contends that the main gist of the MCD is given by interpretation; (v) In section 5, it is argued that interpretation (a), standing alone, offers the best account of the MCD; (vi) Section 6 addresses the difficult question of how to determine the content of such obligations; (vii) Section 7 responds to two major challenges confronting the MCD; and (viii) Finally, Section 8 briefly examines how indicators and benchmarks are statistical tools that can help monitor and enhance compliance with minimum core obligations.”

Read also [The Minimum Core of the Human Right to Health](#) (by the same author). *“This Report offers a critical interpretation of the idea of ‘minimum core obligations’ associated with the right to health in international, regional and domestic law and practice...”*

Chilean President, Michelle Bachelet to Chair PMNCH Board

<http://www.who.int/pmnoch/media/news/2018/statement-michelle-bachelet/en/>

“Michelle Bachelet Jeria, President of the Republic of Chile has accepted the role of PMNCH’s new Board Chair. ... President Bachelet will conclude her presidential term in Chile in March 2018, after which she will take on this voluntary role for PMNCH, among other activities...”

Quartz - A World Bank economist apologized for unfair country rankings and will redo four years of results

<https://qz.com/1179239/world-bank-doing-business-ranking-chief-economist-paul-romer-apologizes-for-unfair-results/>

Speaking of Chile: *“The World Bank’s annual ranking of countries by ease of doing business has been compromised by politicized methodology, the bank’s top economist told the Wall Street Journal. The primary victim? The country of Chile....”*

See also **Mother Jones** - [World Bank Gamed Data to Make Chile’s Socialist Party Look Bad](#) and **WSJ** - [World Bank Unfairly Influenced Its Own Competitiveness Rankings](#) *“The World Bank’s chief economist said he would recalculate national rankings of business competitiveness going back at least four years.”*

A **CGD blog** (by **A Gelb et al**) puts things a bit in perspective [How to Avoid Indicator Scandals: Three Ways to Fix the Doing Business Index](#) and offers a few ways forward.

Worth noting in this debate, a **Justin Sandefur** **tweet** from earlier this week: *“The World Bank’s Doing Business indicators *explicitly* penalize countries for a) having a minimum wage b) taxing corporations. It’s hardly news they’re biased against left-leaning governments. But apparently World Bank went one step further.”*

So I guess you’ll want to take **Sandefur et al**’s take in this hard hitting blog - [Chart of the Week #3: Why the World Bank Should Ditch the "Doing Business" Rankings—in One Embarrassing Chart](#). *“Last week the World Bank’s Chief Economist, Paul Romer, told the Wall Street Journal the Bank had manipulated its own competitiveness rankings to undermine Chile’s socialist government, and hinted Chile might not be alone—then he retracted the claim. Romer’s conspiracy theories probably aren’t credible, but neither are the Doing Business numbers.”*

NPR Goats & Soda - Why This List of Global Poverty Thinkers Is Being Called A 'Sausagefest'

<https://www.npr.org/sections/goatsandsoda/2018/01/12/577636045/why-this-list-of-global-poverty-thinkers-is-being-called-a-sausagefest>

Nice recap of last week's discussion/backlash following **Duncan Green's blog on a presentation by Stephan Dercon**. We also want to flag [Maya Forstater's comments](#) in particular.

*Still, as a bloke, I can't say the hashtag **#sausagefest**, launched by Alice Evans, was very refined. And can you imagine the uproar a similar hashtag, **#titfest**, would have caused (on Alice Green's reply blog featuring a list of female poverty thinkers)...?*

NYT – CDC postpones session preparing US for nuclear war

[NYT](#);

*"...The Centers for Disease Control and Prevention has decided to postpone its session on nuclear attack preparedness next week. Much attention had been drawn to the timing of the agency's session, which was publicized just days after President Trump touted the size of his nuclear button compared with North Korea's. **Late Friday afternoon, the C.D.C. announced that it had changed its mind about next Tuesday's topic, making a last-minute revision to reflect concerns about cases of severe flu....** ... The replacement program, also next Tuesday, features sessions on "Chasing Flu," "The Problem of H3N2" and "Mitigating Influenza With Vaccines and Antivirals." ..."*

Richard Horton was underwhelmed: "CDC's decision to cancel its meeting on nuclear attack preparedness looks like abject public health cowardice."

Devex - US aid policy to watch in 2018

<https://www.devex.com/news/us-aid-policy-to-watch-in-2018-91820>

"While 2016 was a big year for United States development legislation, last year was markedly quieter, dominated instead by budget debates and efforts to ensure aid funding. While development dollars will once again top the agenda in Congress, there are several other pieces of key legislation. Those bills could help shape U.S. policy on everything from multilateral aid, to development finance, food security, and internet access. It won't however necessarily be an easy year to get things done as Congress contends with a busy legislative agenda ahead of midterm elections...." An overview of what's in store.

Development & Change - All that Glitters is not Gold. The Political Economy of Randomized Evaluations in Development

F Bédécarrats et al ; <http://onlinelibrary.wiley.com/doi/10.1111/dech.12378/full>

Recommended paper. "Randomized control trials (RCTs) have a narrow scope, restricted to basic intervention schemes. Experimental designs also display specific biases and political uses when

implemented in the real world. Despite these limitations, the method has been advertised as the gold standard to evaluate development policies. This article adopts a political economy approach to explore this paradox. It argues that the success of RCTs is driven mainly by a new scientific business model based on a mix of simplicity and mathematical rigour, media and donor appeal, and academic and financial returns. This in turn meets current interests and preferences in the academic world and the donor community."

Heinrich Böll Stifting - G20 priorities Argentina

<http://us.boell.org/2018/01/05/priorities-argentin-as-g20-presidency>

"This article reviews the priorities of Argentina's G20 Presidency (see g20.org), in general, and the G20 Infrastructure Working Group, in particular."

Among others, the "Sherpa group" will have a "**Health Working Group (antimicrobial resistance and the financing of universal health coverage)**", one of 9 working groups.

Finally, a few tweets, sparked by a **tweet from Richard Horton**:

"Two out of three of the most important general science journals—Nature and Cell—are in process of appointing new Editors-in-Chief. An important moment of generational change and potential shift in purpose for global science. Who should apply?"

"When appointing new editors of science journals, who should decide? Publishers alone, who might have goals not exclusive to science, or with input from the communities those editors will serve? I hope a combination."

I quite liked **Anthony Costello's reply**: *"For global journals like the Lancet we need a global editor election with a 12 month campaign for candidates to present their manifesto. The winner could be announced at the World Health Assembly. Your offline needs a mandate Richard."*

UHC

Hindustan Times - Delhi scheme for quality healthcare cleared: Here is all you need to know

<http://www.hindustantimes.com/delhi-news/delhi-scheme-for-quality-healthcare-cleared-here-is-all-you-need-to-know/story-iggxuwRGJ5snSG23rVHIML.html>

Some encouraging news from Delhi: “L-G Anil Bajjal on Tuesday approved Delhi government’s flagship healthcare project that will provide high-end diagnostic tests and surgeries for free at private centres and hospitals.”

See also [Kejriwal bats for international standard healthcare in Delhi govt hospitals](#).

A jubilant **Rob Yates**: “ on #Delhi’s revolutionary publicly financed #UHC reforms Kudos”; “What’s revolutionary about Delhi’s #UHC reforms is that they provide UNIVERSAL access to free care: no means testing” .

“This is fantastic news from #Delhi Universal FREE health services will be available for ALL (no means testing) through #Mohalla clinics, polyclinics and hospitals - Congratulations @ArvindKejriwal @SatyendarJain and @LtGovDelhi”

‘If India Can Have National GST, Why Can’t It Have Universal National Healthcare?’

<http://www.indiaspend.com/cover-story/if-india-can-have-national-gst-why-cant-it-have-universal-national-healthcare-32748>

Interview with **Srinath Reddy**.

Meanwhile, **Reuters Health** reported [India plans to raise health spending by 11 percent in budget; less than requested](#) “India is poised to raise its public health spending by 11 percent in the annual budget next month, after rejecting Health Minister J.P. Nadda’s demand for a much bigger increase to ramp up disease control, according to government sources and documents.”

International Journal of Health Planning & Management - The free healthcare initiative in Sierra Leone: Evaluating a health system reform, 2010-2015

Sophie Witter et al; <http://onlinelibrary.wiley.com/doi/10.1002/hpm.2484/full>

“This article presents the findings of a theory-based evaluation of the Sierra Leone Free Health Care Initiative (FHCI), using mixed methods. Analytical approaches included time-series analysis of national survey data to examine mortality and morbidity trends, as well as modelling of impact using the Lives Saved Tool and expenditure trend analysis. We find that the FHCI responded to a clear need in Sierra Leone, was well designed to bring about needed changes in the health system to deliver services to the target beneficiaries, and did indeed bring funds and momentum to produce important systemic reforms. However, its ambition was also a risk, and weaknesses in implementation have been evident in a number of core areas, such as drugs supply. We conclude that the FHCI was one important factor contributing to improvements in coverage and equity of coverage of essential services for mothers and children. Modelled cost-effectiveness is high—in the region of US\$ 420 to US\$ 444 per life year saved. The findings suggest that even—or perhaps especially—in a weak health

system, a reform-like fee removal, if tackled in a systematic way, can bring about important health system gains that benefit vulnerable groups in particular.”

Lancet World Report – Changes in the US tax system will also affect health care

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30089-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30089-8/fulltext)

“The tax overhaul pushed by Republicans could jeopardise the ACA's health insurance marketplaces. Susan Jaffe, The Lancet's Washington correspondent, reports.”

UHC 2030 – Sudan’s Joint Annual Review of the Health Sector

<https://www.uhc2030.org/news-events/uhc2030-news/article/sudans-joint-annual-review-of-the-health-sector-448208/>

“A range of country and international stakeholders have all contributed to strengthening Sudan’s health policy, planning and delivery through the country’s first ever Joint Annual Review (JAR) of the health sector.”

And a quick link:

Drawnalism: [WHO can stand under our umbrella](#) (nice blog on the UHC ‘umbrellas’ so common at the Tokyo UHC forum).

Planetary health

Guardian - Worst-case global warming scenarios not credible, says study

<https://www.theguardian.com/science/2018/jan/18/worst-case-global-warming-scenarios-not-credible-says-study>

“Earth’s surface will almost certainly not warm up four or five degrees Celsius by 2100, according to a study which, if correct, voids worst-case UN climate change predictions. A revised calculation of how greenhouse gases drive up the planet’s temperature reduces the range of possible end-of-century outcomes by more than half, researchers said in the report, published in the journal Nature. “Our study all but rules out very low and very high climate sensitivities,” said lead author Peter Cox, a professor at the University of Exeter.....”

Still, “... **One wild card not taken into consideration by the new model is the possibility of rapid shifts in climate brought on by the planet itself.** “There is indeed evidence that the climate system can undergo abrupt changes or ‘**tipping points**’,” Cox said...”

So on this issue, I’d still agree with a tweet from **Anthony Costello** from earlier this week, i.e. before this new paper came out – “*We must move towards a zero carbon economy within 20-30 years. Latest Nature paper says we now have a 93% chance of >4 degrees of warming by 2100.*”

Meanwhile, an **early (leaked) draft of the next IPCC report** was hinting at faster climate change than foreseen. But early drafts are **apparently** only ‘early drafts’ – cfr. an IPCC press release from earlier this week.

As you know, **UN SG Guterres** also already flagged, earlier this year, “*climate change is moving faster than we are*”.

CFR (blog) - How Beijing Addresses Its Air Pollution Problem

Yanzhong Huang; <https://www.cfr.org/blog/how-beijing-addresses-its-air-pollution-problem>

There seems to be some (air pollution) progress in China (not just in Beijing), since 2013. A key factor: “...**President Xi Jinping, who should be credited for elevating the environment as a central pillar of development** by arguing, “*green mountains and clear water are equal to mountains of gold and silver.*” The action plan lays out clearer and more specific targets for local officials to fulfill...”

Green Economy Coalition – Green Economy Barometer 2017

<https://www.greeneconomycoalition.org/news-analysis/green-economy-barometer-2017>

“Every year, the Green Economy Coalition [i.e. a network of NGOs, businesses & international organizations] publishes the **Green Economy Barometer**, our analysis of the state of the global movement towards a fair, sustainable future. The Barometer tracks the transition, both celebrating the successes, and calling attention to challenges yet to be overcome...”

“...**The Barometer argues that the light on the global green economy horizon has brightened this year:** markets are booming; new narratives are emerging; investment is flowing. Tipping points in energy, transport, and global leadership may well be arriving. But that **same story looks different from the ground:** young people need jobs; biodiversity is in crisis; and rural economies are being left behind...”

In related news, you might also want to have a look at an **ODI paper** from December, “[Financing the transition from brown to green: how to track country performance towards low carbon, climate-resilient economies](#)”.

Both reports seem to hint at an improving horizon for green finance, but say that it needs to go faster.

BMJ (blog) - Climate change must be reframed as a health issue

Andy Haines; [BMJ blog](#);

“... Importantly, climate change must be reframed as a health issue and the UN Framework Convention on Climate Change (UNFCCC) should therefore be seen as a treaty to protect the health of today’s and future populations. This has the potential to harness public concern and capitalise on the potential for health professionals to play a leading role in advocating for policies to protect health from the growing risks posed by climate change. ... In 2018 leadership by the health community can play a crucial role in mobilising support to build on the achievements of Paris and redouble efforts to protect the health of today’s and future generations...”

Given the amount of specialists interested in “fast, furious & outrageously expensive cars” in my country, I’d be surprised if the “health community” actually took the lead in the climate battle. But you never know.

The intercept – As New York City declares war on the oil industry, the politically impossible suddenly seems possible

Naomi Klein; <https://theintercept.com/2018/01/11/new-york-city-big-oil-fossil-fuels-climate-change/>

Naomi Klein’s take on the encouraging news from NY city last week. *“... Such is the power of an action emanating from a center as symbolically important as New York City: What felt politically impossible yesterday suddenly seems possible, and the dominos start instantly falling. It’s also extremely significant that the divestment and lawsuit were announced in tandem — because they have the potential to reinforce one another in a kind of virtuous market cycle. ...”*

One needs a dose of Naomi Klein every week, to keep going in this world.

See also the Guardian - ['A really big deal': New York City's fossil fuel divestment could spur global shift](#).

*“Economists said the status of New York as a financial and cultural giant would probably spur other cities in the US and worldwide to divest and, more significantly, **build momentum in the global shift required to reduce emissions and stave off the worst consequences of climate change.**”*

Infectious diseases & NTDs

Lancet Public Health – The Zika Contraception Access Network: a feasibility programme to increase access to contraception in Puerto Rico during the 2016–17 Zika virus outbreak

[http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30001-X/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30001-X/fulltext)

“Feasibility report of a short-term response for rapid implementation of contraceptive services in a complex emergency. “

For the accompanying **Comment** (by Marleen Temmerman et al), see [Z-CAN: prevention of unintended pregnancy in an emergency setting](#).

“... In some countries, governments responded to the 2016–17 Zika virus outbreak by issuing recommendations to avoid mosquito bites but made no family planning initiatives to assist women in preventing pregnancy. Puerto Rico, which saw the highest numbers of Zika virus infections in the USA in 2016, has set an example of initiatives to improve access to contraception....”

Scientific American - Busting 10 Common Myths about the "Greatest Pandemic in History"

<https://www.scientificamerican.com/article/busting-10-common-myths-about-the-greatest-pandemic-in-history/?sf179167716=1#>

Interesting read, for me at least. Turns out the the 1918 flu did not come from Spain. And other myths on the ‘Spanish flu’.

Reuters - WHO recommends yellow fever shot to Sao Paulo visitors

[Reuters](#);

“The World Health Organization said on Tuesday that the whole of Sao Paulo state, which includes Brazil’s largest city, Sao Paulo, should be considered at risk for yellow fever and recommended foreign travelers get vaccinated before visiting....” With a view on **Carnival** coming up.

Afghanistan: Battle Over Polio Vaccine

<https://iwpr.net/global-voices/afghanistan-battle-over-polio-vaccine>

“Health experts in Afghanistan’s southern Helmand province warn that persistent rumours that their vaccines actual harm children are hampering efforts to combat polio. Medical professionals report significant resistance from village elders and mullahs, particularly in more remote districts, who claim the injections contain viruses designed by Western governments to deliberately hurt people in the Muslim world...”

Lancet - Single dose moxidectin versus ivermectin for Onchocerca volvulus infection in Ghana, Liberia, and the Democratic Republic of the Congo: a randomised, controlled, double-blind phase 3 trial

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32844-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32844-1/fulltext)

“A phase 3 randomised trial compares the efficiency and safety of moxidectin compared with ivermectin in the treatment of onchocerciasis, a neglected tropical disease.”

For the accompanying **Comment**, see [A new powerful drug to combat river blindness](#)

NCDs

Lancet (Editorial) – The peril and promise of traffic

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30088-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30088-6/fulltext)

The Lancet’s take on the **WB report** from last week, **“The High Toll of Traffic Injuries”**. *“Addressing the burden of road traffic injuries (RTIs) will not only save lives but can greatly increase the social welfare of people in low and middle income countries (LMICs). ... The report is an important step towards recognising RTIs not just as a personal tragedy but also as an opportunity for public health interventions.”*

Vox - Mexico and Hungary tried junk food taxes — and they seem to be working

<https://www.vox.com/2018/1/17/16870014/junk-food-tax>

“... researchers from New York University and Tufts writing in the [American Journal of Public Health](#) are making the case for shifting food prices in ways that steer consumers toward healthier diet choices. More specifically, they argue, **a junk food tax — on “non-essential” foods like candy, soda, and potato chips — should be the next frontier in public health.** According to their review of the scientific literature on junk food tax bills and laws, a federal tax on unhealthy foods would be both legally and administratively feasible in the US. Instead of a sales tax that would show up at the point of purchase, the researchers argue for an excise tax on junk food manufacturers....”

Only Mexico & Hungary have junk food taxes so far, and apparently Hungary is – in this respect at least – a bit the public health role model.

Globalization & Health - The institutional context of tobacco production in Zambia

R Labonté et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0328-y>

“Tobacco production is said to be an important contributor to Zambia’s economy in terms of labour and revenue generation. In light of Zambia’s obligations under the WHO Framework Convention of Tobacco Control (FCTC) we examined the institutional actors in Zambia’s tobacco sector to better understand their roles and determine the institutional context that supports tobacco production in Zambia....”

Globalization & Health - Cost of diabetes mellitus in Africa: a systematic review of existing literature

C Mutyambizi et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0318-5>

« *There is an increasing recognition that non communicable diseases impose large economic costs on households, societies and nations. However, not much is known about the magnitude of diabetes expenditure in African countries and to the best of our knowledge no systematic assessment of the literature on diabetes costs in Africa has been conducted. **The aim of this paper is to capture the evidence on the cost of diabetes in Africa, review the methods used to calculate costs and identify areas for future research....** ... Annual national direct costs of diabetes differed between countries and ranged from I\$3.5 billion to I\$4.5 billion per annum.* Conclusion: *“Estimation of the costs associated with diabetes is crucial to make progress towards meeting the targets laid out in Sustainable Development Goal 3 set for 2030. The studies included in this review show that the presence of diabetes leads to elevated costs of treatment which further increase in the presence of complications. The cost of drugs generally contributed the most to total direct costs of treatment. «*

The Russells (blog) - Coke's Covering Up Payments to CDC and NIH Foundations

<https://therussells.crossfit.com/2018/01/10/cokes-covering-up-payments-to-cdc-and-nih-foundations/>

*"... By comparing Coca-Cola's records with the CDC Foundation and NIH Foundation's annual reports, we can see that Coca-Cola's "Transparency" website has omitted some of its most significant payments. **Coca-Cola donated to the Centers for Disease Control and Prevention's Foundation in 2013, 2015, 2016 and 2017**, according to the Foundation's annual fiscal reports..."* "...Former CDC Director **Tom Frieden** (2009-2017) also seems to have misled the public regarding the Coca-Cola-CDC relationship during his tenure...."

Interesting stuff on this "Coke-CDC-NIH Partnership" :)

Sexual & Reproductive / maternal, neonatal & child health

From Berlusconi to Weinstein to Westminster: Why we need a feminist political economy

V Bilancetti; <https://feministacademiccollective.com/2017/12/08/from-berlusconi-to-weinstein-to-westminster-why-we-need-a-feminist-political-economy/>

« ... a feminist political economy looks at gendered social relations, beyond the abstract idea of the homo economicus...." "... we need feminist political economy because a gendered perspective on the economic relations is able to unravel the inequality of a society supposedly based on equality. "

Excerpt: "...the exploitation that we all experience in the labour market. How free are we really to say no to our boss? How free are we to denounce when we could lose our entire career or simply the job through which we earn our living? In a labour market that is more and more competitive and precarious how much power of negotiation do we have in front our boss? Current labour relations entail subordination for both men and women. But, usually, women are paid less, and they rarely get to the top positions. Thus, our competitive labour market looks much more divided along lines of gender and race, rather than being a space of equal opportunities. White men are usually in positions of power with good salaries, whereas women are more likely to have casual contracts and lower wages, especially if they are women of colour...."

Pulitzer center – Where Pregnancy Is a Prison Sentence

[Pulitzer center:](#)

*“... Based on some interpretations of Islamic legal tradition, zina laws criminalize sex outside of marriage. There are no official statistics on the number of **zina cases**, but Human Rights Watch (HRW) says that zina laws are applied in varying degrees across most of the Middle East and North Africa...”* Focus in this article on **Qatar & UAE**.

“... A BBC Arabic investigation in neighboring United Arab Emirates, which also has zina laws and a large population of migrant workers, suggests the number is in the hundreds and that many of those imprisoned are pregnant or victims of rape. Anecdotal evidence suggests Qatar is similar...”

Reliefweb – Why African health policy needs gender mainstreaming

A-M Hilsdon et al; Report from Institute for Security studies; [Reliefweb](#);

“Disaggregating disease prevalence by gender can go a long way in addressing the continent’s health problems.”

She Decides newsletter

<http://mailchi.mp/ee9f0a29a253/shedecides-newsletter-330717>

For an update on “She Decides”. Among others: **2 March 2018** will be **SheDecides Day**.

“It marks one year since the transformation of SheDecides from a pledging conference in Europe and a hashtag into the rallying call of a unique movement, with support from all over the world and generating action both on the ground and at a global level.”

Guardian - Lactalis to withdraw 12m boxes of baby milk in salmonella scandal

<https://www.theguardian.com/world/2018/jan/14/lactalis-baby-milk-salmonella-scandal-affects-83-countries-ceo-says>

News from late last week. *“The head of a French dairy giant at the centre of an international salmonella scandal has promised to withdraw 12m boxes of powdered baby milk from the supermarket shelves of 83 countries....”*

UK Government - UK national action plan on women, peace and security 2018 to 2022

<https://www.gov.uk/government/publications/uk-national-action-plan-on-women-peace-and-security-2018-to-2022>

*“The **global Women, Peace and Security (WPS) agenda** aims to fulfil women’s human rights and achieve gender equality whilst building more stable societies for all.”*

*“...This national action plan is the UK government’s 5-year strategy for how we will meet our Women, Peace and Security commitments under United Nations Security Council Resolution 1325 **to reduce the impact of conflict on women and girls and to promote their inclusion in conflict resolution**. It is part of wider efforts to ensure that the UK’s foreign policy consciously and consistently delivers for women and girls...”*

New Security Beat - Why Has the Demographic Transition Stalled in Sub-Saharan Africa?

https://www.newsecuritybeat.org/2013/08/demographic-transition-stalled-sub-saharan-africa/?utm_campaign=shareaholic&utm_medium=twitter&utm_source=socialnetwork

“... What differentiates the countries in sub-Saharan Africa that are recording steady fertility declines from those where fertility has been stagnant or even rising? To explore this question further, I separated sub-Saharan African countries with multiple recent Demographic and Health Surveys (DHS) into two groups based on their fertility transition status...”

Access to medicines

Reuters – Drugmaker GSK cuts back in Africa to hone emerging markets model

<https://www.reuters.com/article/us-gsk-africa/drugmaker-gsk-cuts-back-in-africa-to-hone-emerging-markets-model-idUSKBN1F623O>

“GlaxoSmithKline is cutting back operations in Africa as its new Chief Executive Emma Walmsley seeks to make the British drugmaker more competitive in emerging markets by ditching her predecessor’s expansion plans for the continent...”

“..The company said the changes, which were agreed at the end of last year, would not stop it working with governments and multilateral agencies like the World Health Organization, Unicef and the vaccines group GAVI. “Patient access to medicines and vaccines will not be affected by this change,” the spokesman said....” Ahum.

IP-Watch - Global Summit On IP And Access Discusses Impact Of TRIPS-Plus Measures On Public Health

<https://www.ip-watch.org/2018/01/17/global-summit-ip-access-discusses-impact-trips-plus-measures-public-health/>

Short report on the **Global Summit on Intellectual Property and Access to Medicines: Pathways to Access (15 – 17 January 2018. Marrakech, Morocco)**. *“23 years after the TRIPS Agreement, we’re back in Marrakech to look at the impact of international trade rules on the lives and health of millions of people across the globe – and the role of civil society increasing access to affordable medicines.” “A network of civil society organisations chose the birthplace of the World Trade Organization, Marrakesh, to hold a global summit on intellectual property and access to medicines this week. Part of the summit focused on stringent IP measures in free trade agreements in particular with the European Union, introducing patent term extension and data exclusivity periods.”*

Duncan Green (blog) - Coalitions and Compliance: The Political Economy of Pharmaceutical Patents in Latin America. Book Review.

<http://oxfamblogs.org/fp2p/coalitions-and-compliance-the-political-economy-of-pharmaceutical-patents-in-latin-america-book-review/>

Recommended blog. *“... A new book by my LSE colleague Ken Shadlen sheds some light on the question we never asked. He looks at **how Latin America’s three big – Argentina, Brazil and Mexico, reacted to the intense pressure from the US and its allies to introduce patent rules on drugs....** ...*

Duncan Green concludes: *“...Ken’s wider point is **on how globalization interacts with national politics**. Yes, globalization creates pressures for all countries to converge towards more or less similar rules, but ‘Persistent differentiation in the context of overarching convergence and not uniformity, is the hallmark of globalization’....”*

And a quick link: (Stat) - [PhRMA is angered by Colombia’s move to cut prices for hepatitis C drugs](#). *“In the latest battle between drug makers and the Colombian government, an industry trade group has asked the Colombian health minister to scrap a move that is designed to unilaterally lower the prices of hepatitis C drugs or, eventually, issue compulsory licenses...”*

Human resources for health

Human Resources for Health - Forecasting imbalances in the global health labor market and devising policy responses

R Scheffler et al; [Human Resources for Health](#);

“The High-Level Commission on Health Employment and Economic Growth released its report to the United Nations Secretary-General in September 2016. It makes important recommendations that are based on estimates of over 40 million new health sector jobs by 2030 in mostly high- and middle-income countries and a needs-based shortage of 18 million, mostly in low- and middle-income countries. This paper shows how these key findings were developed, the global policy dilemmas they raise, and relevant policy solutions.... ..

...To deliver essential health services required for the universal health coverage target of the Sustainable Development Goal 3, there will be a need for almost 45 million health workers in 2013 which is projected to reach almost 53 million in 2030 (across 165 countries). This results in a needs-based shortage of almost 17 million in 2013. The demand-based results suggest a projected demand of 80 million health workers by 2030. ... Demand-based analysis shows that high- and middle-income countries will have the economic capacity to employ tens of millions additional health workers, but they could face shortages due to supply not keeping up with demand. By contrast, low-income countries will face both low demand for and supply of health workers. This means that even if countries are able to produce additional workers to meet the need threshold, they may not be able to employ and retain these workers without considerably higher economic growth, especially in the health sector.”

Miscellaneous

IISD – SDGs Center for Africa Establishes West African Center

<http://sdg.iisd.org/news/sdgs-center-for-africa-establishes-west-african-center/>

“The Sustainable Development Goals Center for Africa signed a host country agreement with the Government of Liberia to establish the West African SDGC/A Sub-regional Center in Monrovia, Liberia. The Center is expected to strengthen the capacity of Côte D’Ivoire, Guinea, Liberia and Sierra Leone to implement the SDGs and accelerate SDG implementation and coordination. The Center will open in the first half of 2018.”

HSG – Introducing the first HSG Media fellows

<http://www.healthsystemsglobal.org/blog/262/Introducing-the-first-HSG-Media-Fellows-.html>

“Health Systems Global is delighted to announce the successful journalists that have been selected as the first HSG Media Fellows ahead of the Fifth Global Symposium for Health Systems Research (HSR2018) in Liverpool, UK, October. The HSG Media Fellows will be undertaking cutting-edge investigations on critical health systems and health policy topics in diverse contexts and settings ahead of HSR2018. The idea is to promote high quality and diverse journalistic practices that address critical health systems and health policy related topics....”

Nature (News) – Science search engine links papers to grants and patents

https://www.nature.com/articles/d41586-018-00688-0?utm_source=twit&utm_medium=social&utm_campaign=naturenews&sf179483032=1

The new “Dimensions” database promises a financial perspective on scholarly literature. *“The marketplace for science search engines is competitive and crowded. But a database launched on 15 January aims to provide academics with new ways to analyse the scholarly literature — including the grant funding behind it. Dimensions not only indexes papers and their citations, but also — uniquely among scholarly databases — connects publications to their related grants, funding agencies, patents and clinical trials. The tool “should give researchers more power to look at their fields and follow the money”, says James Wilsdon, a research-policy specialist at the University of Sheffield, UK....”*

CGD (policy paper) - Comparing Five Bilateral Development Finance Institutions and the IFC

Charles Kenny et al; <https://www.cgdev.org/publication/comparing-five-bilateral-development-finance-institutions-and-ifc>

“Development Finance Institutions (DFIs)—which provide financing to private investors in developing economies—have seen rapid expansion over the past few years. A recent estimate is that annual commitments from DFIs as a whole grew from \$10 to \$70 billion between 2002-2014. Many DFIs have ambitions to play an even greater role going forward, continuing expansion and working more in fragile states. DFIs remain a comparatively under-studied set of development institutions in terms of their activities and impacts. Much of the information about DFIs is presented in forms that make aggregation and comparison difficult and time-consuming. This paper describes and analyses a new dataset covering the five largest bilateral DFIs alongside the IFC which includes project amounts, standardized sectors, instruments, and countries. The aim is to establish the size and scope of DFIs and to compare and contrast them with the IFC.”

The impact initiative (blog) – Never mind the policymakers

James Georgalakis (IDS) <http://www.theimpactinitiative.net/blog/never-mind-policymakers>

*“Never mind the policymakers, it is the policy wonks that researchers should be engaging with... Perhaps one of the laziest terms used by the research and policy community across sectors is ‘policymaker’. Research funding bids, how to guides, blogs, academic papers and policy briefs are all awash with references to the ubiquitous policymaker. And before you point it out – yes I am guilty of it also. Who exactly are these policymakers and how do they use research evidence? This is the question the ESRC-DFID Impact Initiative for International Development Research asked in a **scoping study of evidence use behaviours** amongst those working to reduce global child poverty and inequality...”*

IISD - EC High-Level Multi-stakeholder Platform on SDGs Sets Priorities

<http://sdg.iisd.org/news/ec-high-level-multi-stakeholder-platform-on-sdgs-sets-priorities/>

“The European Commission’s high-level multi-stakeholder platform on the Sustainable Development Goals held its first meeting. The platform will support and advise the Commission on delivering the SDGs at the EU level.”

A humble suggestions: forbid Ryanair, Easyjet, and all the other low budget airlines. Take all meat-eaters on “annual retreats” in industrial farms & slaughtering houses. ... (*as a carnivore, I need some ‘nudging’ in this respect...*)

Finally, a few quick links:

[**Belt and Road-branded corporate bonds fuel China's big ambitions**](#)

Devex - [**Brookings calls for Africa to improve domestic resource mobilization**](#)

*“As external financing conditions are expected to worsen in the medium term, the African continent needs to focus on domestic resource mobilization in order to meet development goals, according to “Foresight Africa: Top priorities for Africa in 2018,” a **recently released report from The Brookings Institution**. The weak outlook for commodity prices means that countries can’t depend on export earnings; rising public debt puts pressures on external financing costs; monetary policy accommodation reduction in advanced economies could depreciate local currencies in Africa; and the future of official development assistance is unclear, says the report...”*

Research

HP&P – How to do (or not to do) ... a health financing incidence analysis

John Ataguba et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czx188/4810390>

“Financing incidence analysis (FIA) assesses how the burden of health financing is distributed in relation to household ability to pay (ATP). In a progressive financing system, poorer households contribute a smaller proportion of their ATP to finance health services compared to richer households. A system is regressive when the poor contribute proportionately more. Equitable health financing is often associated with progressivity. To conduct a comprehensive FIA, detailed household survey data containing reliable information on both a cardinal measure of household ATP and variables for extracting contributions to health services via taxes, health insurance and out-of-pocket (OOP) payments are required. Further, data on health financing mix are needed to assess overall FIA. Two major approaches to conducting FIA described in this article include the structural progressivity approach that assesses how the share of ATP (e.g. income) spent on health services varies by quantiles, and the effective progressivity approach that uses indices of progressivity such as the Kakwani index. This article provides some detailed practical steps for analysts to conduct FIA. This includes the data requirements, data sources, how to extract or estimate health payments from survey data and the methods for assessing FIA. It also discusses data deficiencies that are common in many low- and middle-income countries (LMICs). The results of FIA are useful in designing policies to achieve an equitable health system.”