Weekly News Review – 26 May 2017

Dr. Tedros Ghebreyesus Adhanom, the former foreign minister and health minister of Ethiopia, was elected to head the World Health Organization, the first African to hold the post. He immediately stated that his goal is universal health coverage. He got no small amount of free advice from global observers: First, deal with the budget (nearly 80% of its funds are earmarked by countries for special programs); look for holistic solutions to global health challenges; make the organization more open and accountable; prioritize women’s health; and do no less than “Save the Agency.”

There were celebrations in Ethiopia – a nation which had transformed its health system under Dr. Tedros, and was hailed as an example to the world.

Machinations in the US may get in the way of his lofty goal of universal coverage, though he has said he will reach out for bipartisan support for continued funding for global health. Loyce Pace, president and executive director of the Global Health Council, says there are many challenges, but he feels Congress may be open to continuing support for international health institutions like the WHO.

The magnitude of that work was evident as the Trump Administration released its 2018 budget and proposed a $2.2 billion cut in global health spending. Women will be put into danger by the cuts, an example in Kenya where medics say health cuts will mean more abortion and especially difficult times for urban women. The Republican health bill, while potentially leaving 23 million people without insurance, could cost women $1,000 more per month. The restrictions on funding Planned Parenthood also have historic consequences, as seen in Texas, where the maternal mortality ratio has increased, against the tide of the rest of the developed world. One editorial writer warns, though, that “President Mike Pence Would Be Even Worse For Planned Parenthood.”

May 23rd marked International Day to End Obstetric Fistula, with media campaigns across Africa (Burundi, Kenya, Liberia, Nigeria, Rwanda, South Sudan and Tanzania) urging an end to the needless suffering caused by the condition, an end to the shame, ignorance and stigma attached, and stories of hope from women who have recovered.

Human Rights Watch published a harrowing account of the effects of civil war in Sudan on women’s reproductive health and its deadly consequences.

One look at the potential advent of telemedicine for contraception access referred to the old technology of snail mail, which had been used for access in the US (and the UK) in the 19th century, until Congress passed a law against “circulation of articles of immoral use.” Real new technology URIDU aims to give illiterate rural women access to health information and services by using a pre-loaded, solar-powered MP3 player.

Finally, a shout-out to our University of Michigan colleagues whose study of Inpatient Postpartum Long-Acting Reversible Contraception and Sterilization in the United States, 2008-2013 was published.
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