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Mangaluru
Urban development in a mid-sized town in India

Self-help groups
Africa's collective saving schemes make a difference

Human rights
EU trade policies should reflect European values

Infectious diseases

Title: South Sudanese nurse in 2011.
Photo: Jörg Böthling/Photography

Focus: Infectious diseases

At least 900 dead in 2015

This year, the rainy season lasted longer than it normally does in Indonesia, allowing mosquitos to thrive. As a consequence, the risk of dengue infections was higher than it normally is. Freelance journalist **Edith Koesoemawiria** assesses the situation. Page 14

Diseases of the poor

Neglected tropical diseases (NTDs) hardly affect advanced economies with great purchasing power, so pharmaceutical companies and academic research do not pay them much attention. In Africa, Asia and Latin America, however, one in seven people suffer from an NTD, reports D+C/E+Z's **Sheila Mysorekar**. Page 16

Virus reveals shortcomings

Brazil is fighting the zika virus, and the number of infections has been declining since summer. To tackle the serious consequences of the illness and prevent future epidemics, substantial reforms are needed nonetheless. Sanitation must improve, and the health-care system must become stronger, writes **Renata Buriti**, an expert in water resources management. Page 19

Dangerous trend

Antibiotics have been a real blessing for humanity. However, more and more bacteria are becoming resistant. **Christian Wagner-Ahlfs** of Buko Pharmakampagne, a German non-governmental organisation, reports that tens of thousands of people are dying every year, and not only industrialised countries are affected. Page 21

"Involve the local people"

Health care cannot be left to doctors and drug companies, argues **Zafrullah Chowdhury** of GK, a rural health NGO in Bangladesh. It is essential to raise awareness and build capacities at the grass-roots level. Page 24

Medicine for all

Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria have saved millions of lives. According to **Karoline Lerche** of the advocacy organisation ONE Campaign, they have succeeded by encouraging recipient countries to take the lead and involving civil society. Page 27

Needs-based humanitarian aid

Natural disasters, hostilities and other catastrophes tend to cause a surge in infectious diseases. **Shushan Tedla** and **Irmgard Buchkremer-Ratzmann** of action medeor, a German aid organisation, spell out what must be done. Page 30

Editorial

Government responsibility

Infectious diseases affect poor countries in particular. In advanced economies, many diseases such as cholera or tuberculosis have been virtually eradicated. There are several reasons for this divergence, including the following:

- Inadequate nutrition makes people more vulnerable.
- Good water and sanitation infrastructure protects people from infections.
- Low levels of education result in poorer understanding of how to handle illnesses and, more generally, how to live in a healthy way.
- Pharmaceuticals tend to be expensive and inaccessible in developing countries.
- Many immunisation programmes can be taken for granted in rich nations, but not in poor ones.

The pharmaceutical industry is a multi-billion dollar business. Corporate research is primarily geared to making profits rather than to fighting the world's worst diseases. Pharma companies do not invest heavily in finding therapies for the illnesses that haunt poor people, and their approach is reasonable. That kind of investment would not be lucrative, since patients would not be able to afford the medication – unless it was sold at very low prices with rather small profit margins. It is therefore no coincidence that pharma labs have developed pills against erectile dysfunction while humankind still lacks therapies for Chagas or dengue.

Indeed, health care must not be left to market forces. Governments must assume responsibility. Because of systemic market failure in this sector, the state plays an important role in the highly regulated health systems of all advanced economies. Accordingly, health needs are greatest in poor countries where government capacities are weaker.

In principle, every human being must get competent health care. Making this vision come true is on the UN agenda of the Sustainable Development Goals. Rich nations must contribute to the cause. After all, they are compounding health problems internationally, for instance, by enticing doctors and nurses to migrate from poor world regions to fill personnel gaps in more prosperous places. Obviously, the governments of developing countries must assume responsibility too. They must use their limited resources efficiently and effectively. Health centres with competent staff and sufficient pharma supply are needed everywhere. Otherwise, simple infections can plunge entire families into poverty. Experts know there are causal links between poverty and illness. For obvious reasons, people's productive potential depends on their health.

One way of assuming responsibility is not to shy away from disputes with pharma corporations, for instance regarding intellectual property rights. The rules of the World Trade Organization (WTO) allow governments to grant compulsory licences for manufacturing patent-protected medications if that is needed to safeguard public health. As UN experts have recently pointed out once more, this right becomes worthless if the governments of developing countries do not make use of it.

Fighting infectious diseases is a complex challenge. Many different partners – ranging from patients and medical staff to scientific research institutes and international organisations – must play their part. The good news, however, is that the international community has been making progress – and further progress is possible if all parties cooperate well.

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Tribune

Oikocredit

Flexible and disciplined

In Africa, self-organised savings groups are common. They are called "tontines" in Cote d'Ivoire. They improve members' livelihoods, serve social inclusion and promote community cohesion. The majority of members are women. According to development consultant **Eva-Maria Bruchhaus**, tontines thrive on mutual solidarity. Page 38

"Mental attitudes matter"

When a city changes, so does the everyday life of its female inhabitants. Infrastructure, education and awareness raising matter. Civil-society activists **Hilda Rayappan** from Mangaluru, a south Indian port town, demands that the needs of women and the poor must not be neglected in urban development. Page 36

Debate

John Bompengo/picture-alliance/AP Photo

Looming chaos

In the past 10 years, the Democratic Republic of the Congo has made some progress towards democratic stability. Recent developments, however, look scary. President Kabila is clinging to power, and some 50 persons have been killed in riots. Whether elections will be held according to schedule in December is not obvious. Lawyer **Jonathan Bashi** assesses the situation. Page 42

Mixed results

In Quito in October, the UN conference Habitat III adopted the New Urban Agenda. The document emphasises all people's social inclusion and calls for good urban governance. However, it fails to recognise fully just how relevant urban agglomerations are for humankind's future.

Monitor

All 193 UN member countries have unanimously adopted the New Urban Agenda (NUA). Their delegates had agreed the final text weeks before the conference started. While many municipal leaders were among the 30,000 participants in Quito, only few national-level leaders attended the conference.

An important aspect of the NUA is that it acknowledges that all inhabitants of an agglomeration enjoy a "right to the city" in the sense of being entitled to use its infrastructure, shape its character and make themselves at home. In view of growing inequalities, this right is very important.

Urban areas are the hubs of economic growth around the world as well as key destination areas of migrants. Cities are marked by great social and economic disparities, and they are exposed to conflicts over resources, income, goods and services. The NUA explicitly spells out the rights of refugees and migrants in this context. One of its goals is to achieve synergies between international migration and development.

The NUA argues that municipal authorities' capacity to act must be boosted at national and local levels for them to become able to rise to the challenges. Unfortunately, however, the document does not appropriately deal with the international level. It neither refers to the lack of serious roles for urban and local governments in UN policy-making, nor to the international conditionalities that often limit the scope of local policy-making. That is the case, for instance, when municipal budgets are slashed in the course of structural adjustment.

The NUA includes proposals concerning suggestions for the decentralisation of administrative bodies, jurisdictions, spatial planning and budgeting. It promotes participatory decision-making that involves the people at large. Moreover, local governments are considered to be important partners for implementing and monitoring the proposed measures. However, the agenda is not legally binding and does not include tangible indicators for assessing success. It therefore remains an open question how impact monitoring will be conducted.

The NUA is linked to the 17 Sustainable Development Goals (SDGs) that were adopted by the UN last year. SDG 11, for example, is to "make cities and human settlements inclusive, safe, resilient and sustainable". Other SDGs have local-level implications as well.

While the NUA is thus rooted in the SDGs, it does not move this discourse forward. The NUA's first section states that the efforts contribute to achieving the SDGs, but it does not spell out the implications. The entire document only mentions the climate agreement that was struck in Paris last year twice.

Ultimately, the NUA does not recognise in full the huge relevance that cities have for global sustainable development. This relevance has, for example, been elaborated by the WBGU, the German Federal Government's Advisory Council on Global Change (see interview with Dirk Messner in D+C/E+Z e-Paper 2016/10, p. 29). The NUA fails to spell out the urgency of avoiding destructive lock-ins and developing alternative models for the design, planning and management of cities.

Habitat conferences are held every 20 years. The results of Habitat II in Istanbul in 1996 included the Habitat Agenda and a Global Plan of Action. Their tangible impact remained rather limited however. At best, Habitat II only had a minor impact on the dramatic urbanisation the world has been witnessing in recent years. Today, more than half of the world population lives in urban settings, and the share will rise to two thirds by 2050.

Ahead of Habitat III, debate thus revolved around implementation and procedural aspirations. Nonetheless, the Quito Implementation Plan, the only formal implementation structure of Habitat III as of today, is somewhat disappointing.

Implementation plan

In the context of this plan, governments, municipalities, civil-society organisations, private-sector companies, scientific institutes and other players were invited to submit tangible measures to implement the NUA. By the end of the conference, a mere 64 commitments were made. This number is tiny. By comparison, some 11,000 projects were announced at the climate conference in Paris in December 2015.

One of Quito's few national-level initiatives was launched by Germany's Federal Ministry for Economic Cooperation and Development (BMZ). It is called Transformative Urban Mobility Initiative (TUMI). The BMZ has been promoting urban infrastructure and good municipal governance as focus issues for some time. In cooperation with KfW Development Bank, it will make € 1 billion available for building and expanding sustainable transport options in developing countries and emerging markets as early as next year. One thousand experts and managers involved in urban mobility will be trained. Moreover, innovative pilot projects in small and mid-sized towns will get support.

All in all, however, national governments only announced four initiatives in Quito. Municipal authorities announced seven. The majority of proposals were small. They were made by grassroots organisations that focus on maintaining green spaces, generating employment or promoting the social inclusion of the youth.

The Quito Implementation Plan categorises all initiatives according to topics such as housing and infrastructure, social cohesion and justice et cetera. It does not state, however, how the various commit-

picture-alliance/dpa

Light show in Quito's historical centre on the occasion of Habitat III.

ments are supposed to add up to a holistic urban development strategy at a global level.

Success will thus depend on the action of national and municipal governments. The strong interest that municipal leaders have showed in Habitat III inspires some optimism. They matter very much, and their relevance will keep growing. When Habitat II took place in Istanbul 20 years ago, urban development was something of a niche topic in global development debate, but cities are increasingly understood to be the focal centres where sustainable development must happen.

Eva Dick

Link

The New Urban Agenda:
https://habitat3.org/the-new-urban-agenda/

Sustainable export promotion

Exporters in developing countries and emerging markets often struggle to get a foothold in the German and European market. The Import Promotion Desk offers support.

Colombian highlands tea, Indonesian coco-flower sugar, sustainable tropical wood from Peru, walnuts from Kyrgyzstan, and cut flowers from Ethiopia – Germany's Import Promotion Desk (IPD) brings high-quality products from developing countries and emerging markets to the European market. The IPD is an initiative of the Federation of German Wholesale, Foreign Trade and Services (BGA) in cooperation with the non-profit company sequa, shareholders of which include business associations and the GIZ. The IPD is funded by Germany's Federal Ministry for Economic Cooperation and Development (BMZ) and is currently supporting exporters in eight partner countries: Colombia, Egypt, Ethiopia, Indonesia, Kyrgyzstan, Nepal, Peru and Tunisia.

IPD marketing experts help foreign partners to draft appropriate strategies. The IPD provides market surveys and sector-specific information. It runs workshops and training seminars on export-related issues. Important aspects include reliable supply, consistent product quality, exact pricing and the transparent communication of delays or bottlenecks. The IPD, moreover, organises study tours to Germany, so export managers from partner countries can gather first hand insights by visiting trade fairs and private-sector companies.

For many exporters from developing countries, the most important challenges are the insufficient knowledge of European import regulations and the lack of necessary certifications. To improve matters, the IPD hosts workshops and seminars on legal requirements and quality standards of timber products, for example. In the partner countries, the IPD cooperates with suppliers, business associations and export promoting agencies in order to raise awareness of market opportunities in the EU.

An important precondition for marketing fruits and vegetables to the EU is the GLOBAL G.A.P. certification. This certification confirms safe and sustainable production. The IPD helps companies to improve their quality management which is an important step for becoming certified.

The IPD also lends support to German importers that are looking for new products or suppliers. IPD organises sourcing missions to find competent exporters, diligently assessing their product quality, production capacities, certifications and compliance with international standards. The IPD also does comprehensive matchmaking at trade fairs and buying missions.

With IPD support, private-sector companies in partner countries can boost their competitiveness. The IPD promotes sustainable approaches to business and ensures developing countries become better integrated into international trade. When product quality improves, commodities are processed domestically, and goods are exported directly without middlemen, new job opportunities and additional income are generated. Moreover, partner countries' share in added value increases.

The IPD focuses on goods that are in demand in Europe such as exotic fruit and organic products, and strictly excludes basic foodstuff and consumer goods that people in developing country depend on.

Frank Maul

IPD

Visiting a banana plantation in Peru during a sourcing mission.

Solving global problems

The UN 2030 Agenda of the Sustainable Development Goals (SDGs) defines huge challenges. Those who aspire to play a professional role in rising to those challenges may benefit from the postgraduate programme (PGP) run by the German Development Institute (GDI-DIE) in Bonn.

The PGP is based on academic knowledge and geared to providing policymakers with expert advice. Applicants must be from an EU member country and younger than 30. They must also have an excellent grasp of the German language.

All relevant kinds of professional work are taken into account:

- leadership in a government department (such as, for example, Germany's Federal Ministry for Economic Cooperation and Development) or other state agencies;
- management of projects (for example at the development bank KfW or the GIZ); as well as
- working for private-sector consultancies such as GFA in Hamburg or GOPA in Bad Homburg.

All of these institutions need experts that are willing to think outside the box, tackle questions from other academic disciplines than their own and rise to complex management challenges in multi-cultural settings.

Learning – debating – problem solving

The curriculum's first phase lasts nine weeks, during which DIE scholars convey fundamental theory insights on the basis of empirical case studies. Debates with experienced policymakers and top-level civil servants complement these lessons, emphasising issues of practical relevance. This phase ends with a three-day simulation of intergovernmental talks, with staff from BMZ, GIZ and KfW serving as experts.

During the second phase, which lasts 11 to 12 weeks, the 18 students form three research groups and prepare for empirical research. Each group is guided by a DIE scholar and must cooperate closely with a partner institute in the country where its field research will take place. The research results must serve the interests of that partner institute, for instance by providing expert advice to German or other European policymakers – the very people the young professionals will work for after graduation.

The field research itself takes another 10 to 11 weeks. Participants spend that time at the partner institute as well as with cooperation partners in other places of the country concerned. The teams conduct extended in-depth interviews and analyse the qualitative data thus generated.

Personal growth

To cooperate intensively in a small group for an extended time requires good preparation and personal growth. Field research is more challenging than internships are. The team members, who have only recently met, must cooperate on creating, improving and maintaining a framework that allows them to achieve their goals. Accordingly, team-building seminars are part of the PGP. One of the major tasks for the research teams is to learn how to cooperate amongst eachother at personal and professional levels so the field research can become fruitful.

Applicants for the PGP must have a master degree, for example in economics, political science, global development studies, peace studies or related subjects. Many students have shown an interest in issues of global justice and equity since their youth and spent time as volunteers or interns in countries of the global south or nations transitioning from communist rule. They must speak English fluently and be able to converse in a second UN language or Portuguese.

By applying, postgrads indicate their interest in working for development agencies and their willingness to work abroad. Employers appreciate that, so job opportunities are good after graduation, even for those without prior professional experience in development affairs. *Regine Mehl*

Link

Training at the DIE:
http://www.die-gdi.de/en/training/postgraduate-training-programme/

picture-alliance/obs

To be an aid worker takes intercultural competence as well as expertise: German development professional in Ghana.

Better figures

According to the data published in this year's Global Hunger Index, things have improved – but 795 million people still suffer hunger. The reasons include war, environmental change and disease. Children are affected in particular.

The Washington-based International Food Policy Research Institute (IFPRI) has compiled the annual Global Hunger Index (GHI) for the 11th time. Its calculations are based on four indicators that reflect people's nutritional situation: undernutrition, child wasting (too little weight in relation to body size), child stunting (reduced growth) and child mortality. The current index for all developing countries and emerging markets is 21,3. In 2000, it was 30. Accordingly, the experts reckon that hunger has been reduced by 29 %. IFPRI publishes the GHI every year in cooperation with two civil-society organisations: Concern Worldwide from Ireland and Welthungerhilfe from Germany.

At first glance, the new data look good. In 22 countries, the index has been halved – for example in Rwanda, Cambodia and Myanmar. Nonetheless, 795 million people around the world are still estimated to suffer hunger. Bärbel Dieckmann, the president of Welthungerhilfe, considers this number unacceptable, especially as children are most affected. According to the IFPRI scholars, the situation is „serious" or even „alarming" in 50 of the 118 countries that they have assessed.

Dieckmann finds setbacks particularly frustrating, as she stated at a public event hosted by Welthungehilfe and KfW in Berlin in October. She said that the earthquake in 2010 had undone the progress that Haiti had made up to then. After Hurricane Matthew struck recently, her organisation pointed out that the likelihood of cholera had grown in Haiti because the storm had damaged water and sanitation infrastructure.

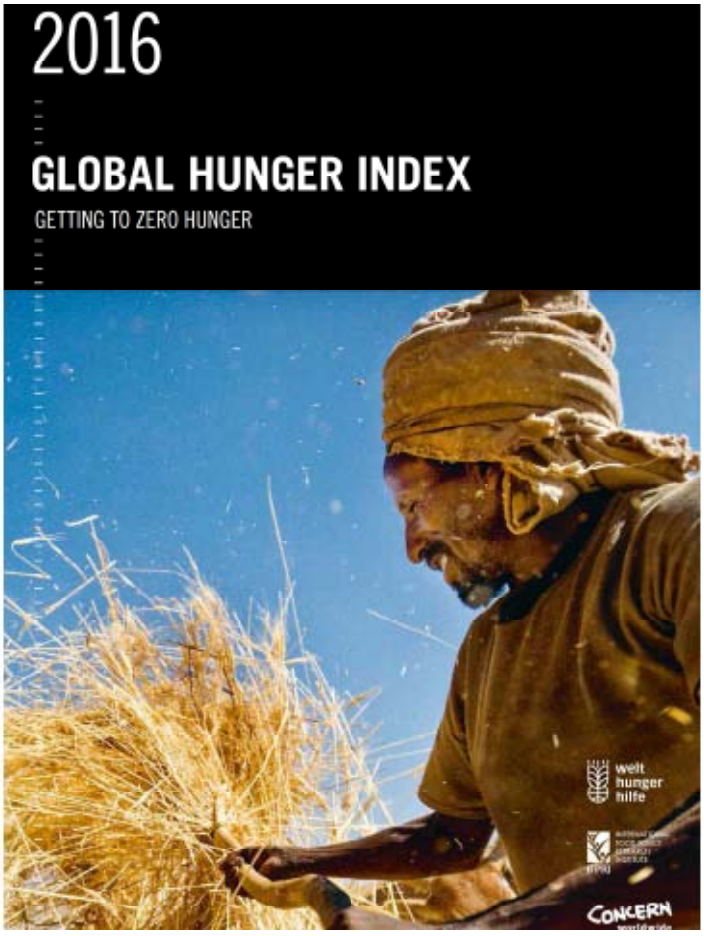
Violent conflict is another reason of need. When people flee from war, for example, food security is reduced in poor neighbouring countries, according to Dieckmann.

To judge by GHI numbers, Chad and the Central African Republic (CAR) are currently the two countries that hunger affects most. Many people have fled to Chad from Sudan, and the CAR was recently rocked by civil strife.

The statistics also indicate that Namibia and Sri Lanka have problems. These are the two countries for which the GHI shows the least progress since 2000. The IFPRI scholars report that Namibia has been exposed to draughts, floods and unusual patterns of rainfall, so grain production and animal keeping have been hurt. In Sri Lanka diseases are currently preventing progress, according to the GHI report.

Lack of data limits precision, moreover. The IFPRI team admits that it could not compile an up-to-date GHI for 13 countries, including Burundi, the Democratic Republic of the Congo, Syria and Eritrea. Dieckmann points out that these very countries are actually "the main challenge" since undernutrition and the other GHI indicators are probably especially pronounced there. In the case of Eritrea, the last time a GHI could be calculated was 2014. Back then, it turned out to be the world's second worst GHI.

Ursula Hudson, a slow-food activist, says that consumers in rich countries bear some responsibility for global food security. Consumption patterns must change in rich nations, she demands. Meat production is a problem, for instance, because it requires grains that could also serve as human food. Moreover, Hudson wants more attention to be paid to rural workers' fair remuneration. *Lea Diehl*



International Food Policy Research Institute, Concern Worldwide and Welthungerhilfe: Global Hunger Index 2016. http://www.ifpri.org/publication/2016-global-hunger-index-getting-zero-hunger

Nowadays: Displaced yet again

In July, Simon Wani fled the South Sudanese capital Juba and headed for neighbouring Uganda with his family. He thus became a refugee for the second time in two years. Indeed, being a refugee is a recurrent feature in his life: Wani first sought shelter in Uganda in 1993 as a teenager, during the independence war that the SPLM (Sudan's People Liberation Movement) waged against Sudan.

That war began in 1983, and it only ended with the signing of a comprehensive peace agreement (CPA) in 2005. Six years later, South Sudan's people voted for independence from Sudan in a referendum. The country became the world's youngest sovereign state in 2011.

Depressingly, a struggle for leadership between President Salva Kiir and his deputy Riek Machar turned ugly. In December 2013, fighting erupted in Juba. President Kiir accused Machar and several senior members of the SPLM of attempting a military coup. In response, Machar organised what he called "resistance". Since then, violence has kept flaring.

In December 2013, Wani survived an attack on the compound where he lived in Juba. Soon after, he took his young family to Uganda. "I'm a serial asylum seeker," he says, supporting his head with his hand. "Right now, I am a refugee for the third time in my life."

Wani is one of hundreds of thousands of South Sudanese who crossed the Ugandan border this summer after renewed violence in Juba. More than 300 soldiers and civilians died in four days of street battles. A few weeks earlier, a Transitional Government of National Unity (TGONU) had been formed, but it failed, and Machar, the former vice president, fled the country.

When fighting ended in Juba, it spread to rural areas, forcing thousands of civilians to flee. According to UN figures, the number of refugees from South Sudan passed the 1 million mark in September.

Mary Poni, a mother of four, says her husband was killed by armed men: "I don't know who they were, but they killed my husband for refusing to join them." Poni left her village for Uganda in August. She has come to Uganda as a refugee for the second time. The first time was in 1991, when she was still a child. Back then the reason had been clashes of South Sudanese rebels with Sudan's armed forces.

Wani's and Poni's fates are not unusual. Particularly in northern Uganda, many people have crossed the border repeatedly, fleeing when fighting broke out and returning to South Sudan when the situation calmed down, only to flee again when armed conflict resumed. In such circumstances, it is nearly impossible to build a stable work and family life.

Ayen Deng fled with three children across the border. "My youngest son is demanding to return to Juba," she recounts. "But without assurance that the peace is holding, we cannot risk to go back."

In our column "Nowadays", D+C/E+Z correspondents write about daily life in developing countries.

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Dealing with authoritarian governments

International cooperation requires sensitivity, and democratic change takes time. Universal standards can be helpful, even though application may be difficult.

Autocratic governments are quite diverse. Some rely on ideology, others on religious faith or ethnic identity. Some are organised like monarchies and rooted in tradition, while others manage to stay in power thanks to economic success. Many authoritarian rulers resort to repression, limit civic liberties and restrict the scope for popular participation in public affairs.

Despotic regimes are a huge challenge for donor governments, as became evident during a panel discussion, which focused on the Sustainable Development Goals (SDGs) and was held at the German Development Institute (GDI/DIE) in September. Die SDG agenda itself can be read as a response to autocratic rule, according to GDI/DIE scholar Julia Leininger. The SDGs can serve as yardsticks for assessing political processes internationally. For instance, they promote the establishment of effective and accountable institutions that are geared to social inclusion. Moreover, they endorse participatory decision-making at all levels.

To what extent those standards are met in practice is a different question. It is important to take into account local settings and historical backgrounds. Ghanaian scholar Emmanuel Gyimah-Boadi emphasises that autocratic rule was the norm in Africa for a long time, and that despotic leaders can be reformers. Rwanda is an example, where economic progress is considered as evidence of a regime's success.

The panelists agreed that dealing with autocratic governments requires a lot of sensitivity, beginning with the choice of words: it is often unwise to point out that a government is "autocratic".

Scholars argue that international partners are well advised to engage in dialogue with civil-society organisations in the countries concerned. They warn, however, that fanatics and populists can also form independent organisations. For example, this is currently the case in Tunisia, where autocratic rule has given way to a fragile democracy after the Arab spring revolution of 2011. Sometimes, governments sponsor formally independent organisations with radical leanings. The scholars want development agencies to pay attention to these matters.

The governance standards of the SDGs are loosely defined so there is ample scope for interpretation. However, ambiguousness is not necessarily bad, as Leiniger and her GDI/DIE-colleague Kai Striebinger argue in a recently published column. Ambiguousness is helpful to reconcile diverging democratic traditions, from municipal self-government to referendums.

Global challenge

Unlike the previous Millennium Development Goals (MDGs), the SDGs apply to all nations rather than only to developing countries. Democratic culture, moreover, has recently become a hot topic in Europe and North America. Governmental repression and populist parties are the reason. Recent developments in Turkey, for example, are worrisome.

All too often, democratic governments support autocratic ones. For example, the USA is cooperating with authoritarian rulers in the Middle East. Robtel Neajai Pailey, a Liberian migration expert at Oxford University, demands that democracy-preaching leaders of high-income countries must pay careful attention to whom they are supporting.

According to Pailey, political and business networks are complex. Transnational links matter, and so do diaspora communities. She says one result of migration is that a country's citizens do not all live within its borders. Policymaking should take that into account. *Lea Diehl*

Nasri/picture alliance/AA

Protests in Tunisia in September 2016.

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Striebinger, K., and Leininger, J., 2016: Umgang mit Autokratien: Helfen die globalen Nachhaltigkeitsziele? Aktuelle Kolumne vom 19.9.2016. Bonn: Deutsches Institut für Entwicklungspolitik (in German). *https://www.die-gdi.de/uploads/media/Deutsches_Institut_fuer_Entwicklungspolitik_Striebinger_Leiniger_19.09.2016.pdf*

Dreams of a better life

Documenting one's vision of a liveable Lebanon: that was the objective of a photo competition which was run by the GIZ's Civil Peace Service (CPS). Sixty-five young photographers took part. They illustrated the young generation's dreams in a country devastated by civil war.

A Muslim family is sitting on the beach of Saida, a town south of Beirut, at dusk. The old port is seen in the background. Children are playing in the sand, and the family's big umbrella is colourful. "The multitude of things reflects the multitude of our human souls," comments Mohammad Bassyouni, who is 25 years old and works as a graphic designer. The young man from Saida is the winner of the Photo Competition and his aspiration is to show the "magic" that is driving the young generation.

The jury similarly appreciates the work of Ali Arkadhan, a 28 year-old social media professional. He says, he wants to create a "perspective of hope in regard to everyday worries", and his pictures reflect that intention. He took part in the photo competition to share his approach with the local community. The competition was organised by civil-society organisations in cooperation with the CPS in the context of the Hayda Lubnan project.

Life in Lebanon is marked by the concerns of the here and now. Insecurity and the sense of distrust between religious communities are the legacy of the civil war – and they make it hard to move ahead. The Hayda Lubnan project is creating spaces in cooperation with local organisations for expressing ideas and sharing them with others. Topics include a more promising future, a better society and a healthy natural environment.

Hayda Lubnan provides three platforms for this kind of exchange:

- the photo competition,
- a website for essays, documentations, videos and debates and
- workshops that allow participants to share ideas and express visions creatively.

Ahead of the competition, the partner organisation defined four topics. The participants were thus asked to create photos to show "good citizenship" or "human values", for instance. A jury chose the best pictures.

The dreams of Mohammad, Ali and the other participants are now meant to serve as a foundation for moving on towards a shared vision by providing a model of dialogue and community. This is needed in a country that has lost to consider the future in confidence because of a violent past and a currently fraying political order. *(giz)*

Link

GIZ / Civil Peace Service in Lebanon:
https://www.facebook.com/gizZFDlebanon/

Some of the best photos of the CPS-competition.

GIZ/ Mohammad Bassyouni/ Ali Arkadhan

Infectious diseases

Illnesses condemn people to poverty, hampering development. Health-care systems tend to be overburdened in developing countries. Compounding the problems, some diseases that haunt these countries hardly affect rich nations and have so far been neglected by the pharmaceutical industry. More research will help – and more research is also needed to stem the dangerous trend of bacteria becoming resistant to antibiotics. In the past decade, new international institutions have made a difference. To improve health care in poor countries, however, it is necessary to raise awareness among the people in general and build capacities at all levels. The humanitarian need is obviously greatest in war or when natural disasters strike.

Ron Giling/Lineair

A doctor sees a patient in Bangladesh.

At least 900 dead in 2015

Dengue research is advancing, including in Indonesia.

This year, the rainy season lasted longer than it normally does in Indonesia, allowing mosquitos to thrive. As a consequence, the risk of dengue infections was higher than it normally is. A vaccine would be welcome – but is not available so far. Indonesia's Ministry of Health wants to change matters in cooperation with a pharma company.

By Edith Koesoemawiria

Mosquitos haunt the alleys and streets of Jakarta's crowded informal neighbourhoods, where poor people live, as well as the normally sterile high-rise apartment blocks that are the homes of the better off. The more it rains, the worse the problem becomes. Mosquitos are not only irritating, some are really dangerous.

The global threat of dengue

The World Health Organization (WHO) estimates that 390 million people in more than 120 countries were infected with dengue in 2014. Moreover, it argues that dengue is becoming a pandemic and is already threatening half of the world population.

Dengue is also called "break bone fever" because of severe joint, muscle and back pain. It can be deadly, not only for children and the weak. Symptoms include nausea and vomiting, high fever, severe headaches, weakness and pain behind the eyes. Improvement appears temporarily two to four days later, before high fever returns accompanied by dropping blood pressure and heart rates. Recovery can take up to four weeks even with medical attention. The incubation time is up to 14 days.

Four different virus strains (DENV-1 to DENV-4) cause dengue. People who have suffered from one strain become immune to that strain, but that immunity does not protect them from the three other strains. Compounding matters, the risk of dangerous complications – especially hemorrhagic fever – rises with further dengue infections.

Dengue mostly affects tropical regions and is especially common in Southeast Asia, South Asia, Central America and the Caribbean. Some African countries are at risk too.

The most common vector is Aedes aegypti, the mosquito that also transmits yellow fever, zika and other diseases. However, Aedes albopictus is also a dengue vector, and this mosquito kind is common in more moderate climates. As other mosquitos can probably transmit the virus too, dengue may spread in regions where it is not prevalent so far.

Global travel is increasing the risks because infected persons move around the world. In some regions, where dengue is uncommon, hospitals with special tropical medical sections put patients in quarantine to prevent local mosquitos from biting them and thus spreading the virus.

Sanofi Pasteur, the French pharma multinational, registered the first ever dengue vaccine in Mexico in 2015. The vaccine is called Dengvaxia (CYD-TDV). However, governments should carefully assess whether its use makes sense in their countries, according to the WHO, which recently published a position paper on the matter. Other vaccines are being developed. Research is advancing, including in Indonesia (see main article).

Adhyasta Harimurti/picture alliance/dpa

To facilitate the development of dengue vaccines, the WHO makes several recommendations, including the monitoring of mosquito populations and dengue outbreaks and the identification of knowledge gaps and research needs.

Link

WHO, 2016: Dengue vaccine position paper.
http://www.who.int/wer/2016/wer9130.pdf?ua=1

Dengue is a flu-like, but severe illness with potentially lethal complications (see box p. 14). Mosquitos transmit it. This year, infections were reported in nearly all of Indonesia's major cities. According to the Jakarta Post, some 100,000 cases were counted in the country last year, and the disease killed some 900 people.

There must have been many unreported cases however. Poor people often do not see a professional doctor, so they never get a scientific medical diagnosis. Moreover, the health-care infrastructure is much poorer in villages, where dengue is prevalent too.

There is no specific treatment for the illness, though traditional medicine relies on plants and fruits like guava to help patients recover. The disease can be deadly, but most patients get well again after severe suffering.

The main way of preventing dengue is to reduce mosquitos' breeding grounds. Obviously, doing so also reduces the risk of other mosquito-borne illnesses, including malaria, for example.

Mosquitos need only three millimetres of stagnant water to lay eggs. In urban areas, water standing in puddles, car tracks or even empty tin cans can be the problem. In rural areas, mosquitos breed in rice paddies, swamps, stagnant ponds and slow moving streams, for example.

To limit mosquito populations, one should:

- clear the neighbourhood of ponds and water holes,
- cover all water containers and remove objects that can trap rain water,
- regularly drain and fill swimming and ornamental pools, keeping the water flowing,
- keep larvae-eating fish in rice paddies or ponds that cannot be drained,
- install mosquito screens on doors and windows,
- use mosquito nets over beds, and
- change water in vases and flowerpots at least once a week.

Methods of personal protection, moreover, include the use of mosquito repellents and wearing clothes to limit skin exposure to mosquitos. Insecticides should only be used sparingly because they have unwanted side effects both in terms of human health and the environment. If a specific mosquito-related health risk is evident, however, it may make sense to use insecticides.

Some people propose exterminating mosquitos, but that approach would be environmentally irresponsible. Mosquitos are important components of eco systems.

Vaccine hopes

Indonesia is striving to get a grip on dengue. The government is promoting preventive measures, including the use of pesticides in infection-prone areas. It is following the proposals made by the World Health Organization on these matters.

Fachrul Reza/picture-alliance/NurPhoto

Pesticides should only be used sparingly, but application can make sense where the dengue risk is evident: government-sponsored fogging in Aceh Province in February.

Unfortunately, Indonesia cannot benefit from the first dengue vaccine which was registered in Mexico in 2015. According to the Ministry of Health, the vaccine does not serve the nation's health needs because it does not prevent infection with the virus strains that are common in the country. The government is cooperating with Bio Farma, an Indonesian pharmaceuticals company on developing a vaccine against the two locally prevalent virus strains (DENV-3 and DENV-4).

According to media reports, Bio Farma has succeeded in isolating DENV-3, but will need at least three years before a safe vaccine for DENV-3 can be produced. People would still be exposed to DENV-4 however.

The Indonesian Health Ministry is expressing optimism nonetheless. It hopes human testing can be carried out soon and sees an opportunity for providing an affordable solution of other Asian countries, which are plagued by the same dengue strains as Indonesia. Bio Farma has a strong track record. It has developed an anti-polio vaccine which it now markets throughout the ten ASEAN member countries. ←

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Diseases of the poor

Neglected tropical diseases (NTDs) hardly affect advanced economies with great purchasing power, so pharmaceutical companies and academic research do not pay them much attention. In Africa, Asia and Latin America, one in seven people suffer from an NTD. Not all NTDs kill infected patients fast. Some do so slowly or disable people long term.

By Sheila Mysorekar

Some 8 million people are estimated to be infected with Chagas, and most of them live in Latin America. About 25 % of Latin Americans are at risk of suffering from this NTD in their lifetime.

Chagas is caused by a parasite which is transmitted by a blood-sucking bug. The acute symptoms of a fresh infection are fever and sore eyes. A period of dormancy of about 10 to 20 years follows. When the disease finally breaks out, it affects the heart and other organs.

Once the disease has reached this stage, no therapy is effective anymore. Those patients who do not die remain unable to work for the rest of their lives. Therapies would be available earlier, but the problem is that most infected people do not know that they have contracted Chagas. There are towns like Tarija in Bolivia, where 40 % of the people are infected.

Most Chagas-infected people live in Brazil and Argentina, but not everybody there is equally likely to contract Chagas. "It is a disease of the poor," says Adelina Riarte of the National Institute for Parasitology in Buenos Aires. "A well-fed person who lives in a proper house with plastered walls and roofs, where the bugs can't breed, is unlikely to get the disease. The insect thrives in huts with thatched roofs and mud walls."

The WHO perspective

What Chagas has in common with other neglected tropical diseases is that the patients lack purchasing power. Accordingly, pharmaceutical companies do not take interest in developing vaccines and cures. They focus on the health problems that afflict more prosperous societies where affordability is not an issue because most people are covered by private or government-run health insurances.

The World Health Organization (WHO) defines NTDs as "a diverse group of communicable diseases that prevail in tropical and subtropical conditions in 149 countries and affect more than one billion people, costing developing economies billions of dollars every year". According to the international organisation, they mainly affect people living "in poverty, without adequate sanitation and in close contact with infectious vectors and domestic animals and livestock". Animal health, veterinary medicine and safe water matter very much in terms of fighting NTDs.

As the WHO points out, NTDs diminish the quality of life and productivity of the affected persons, even if the patients don't die. Moreover, the symptoms of these diseases are often unclear, which makes a self-diagnosis of the affected persons difficult, so they are unlikely to seek professional help. Typically, these diseases are transmitted or caused by worms or insects, so it would be helpful to improve hygienic conditions. The WHO has prioritised the fight against 17 NTDs (also note review essay by Lea Diehl on p. 33).

The quest for new pharmaceuticals

"Neglected diseases continue to cause significant morbidity and mortality in the developing world," argues the Drugs for Neglected Diseases Initiative (DNDi), a civil-society organisation based in Switzerland. NTDs account for 11 % of the global disease burden, according to the DNDi, but only four percent of the 850 new therapeutic products approved between 2000 and 2011 were indicated for neglected diseases.

The DNDi is a non-profit organisation that does research and development (R&D) according to patients' needs, emphasising collaboration. It aims to develop new medicines for NTDs. It has seven regional offices in Asia, Africa and Latin America. Germany's Federal Government is among the donors.

In 2012, the WHO published the London Declaration on Neglected Tropical Diseases. In this context, several parties made important commitments. They included pharmaceutical multinationals like Pfizer and Novartis, charitable institutions like the Bill & Melinda Gates Foundation, international organisations like the World Bank and civil-society initiatives like the DNDi. By 2020, they promised:

Life-saving rubber boots

In Thailand, farmers typically stand barefoot in flooded fields, planting rice saplings. Most of them do not realise that they are in danger of contracting a deadly disease. Thailand's third most-deadly infectious disease is called melioidosis. It kills 40 % of the infected persons, but only few have ever heard of it.

Mostly found in the country's north-east, melioidosis is caused by Burkholderia pseudomallei, bacteria that live in soil and water in the world's tropical regions. One can get infected by drinking water or standing in water. The symptoms are high fever and indistinct pains, which make melioidosis difficult to identify. The disease is often not diagnosed correctly, and many infected people die within 24 hours.

In January 2016, the science journal Nature published a report on melioidosis. It included global data and stated that this disease is severely underreported in the 45 countries in which it is known to be endemic. Moreover, the report showed that melioidosis is likely to be endemic in a further 34 countries where the disease has not been officially reported. Yet it kills around 90,000 people each year. So far, melioidosis is not one of the NTDs that the World Health Organization (WHO) prioritises.

There is a cure for melioidosis, but it is only applied if the disease is properly diagnosed. To administer medication, doctors need to identify the infection fast. The sad truth, however, is that the poor patients who suffer from this disease tend to be just as neglected as the disease itself.

Though melioidosis is the third most dangerous disease in Thailand, it does not get much attention. After all, it mostly affects poor rural workers and people who lack access to clean drinking water. One academic institution does specialise in it as well as other NTDs however: the Mahidol Oxford Tropical Medicine Research Unit (MORU), which is run by Bangkok's Mahidol University in cooperation with Oxford University in Britain.

Direk Limmathurotsakul heads the microbiology department at the Mahidol Faculty of Tropical Medicine. There is no vaccine, he says, but insists that people can protect themselves from melioidosis "simply by boiling water before drinking it and wearing rubber boots when they work in the fields". In his eyes, "awareness campaigns" are needed – and urgently so.

More must certainly happen. One problem is that boiling water is actually not that simple for poor, hard-working people in rural areas. It requires firewood, a resource that tends to be scarce.

Wearing boots can be a matter of live and death: Thai farmer.

Blever/Lineair

Mark Edwards/Uniair

Examining river blindness vectors in the context of a WHO programme in Côte d'Ivoire.

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- to eradicate (reduce to zero the prevalence in the host population) Guinea worm disease,
- to eliminate (reduce global prevalence to minimal amount) lymphatic filariasis, leprosy (see essay on awareness rasing and treatment in Uganda in D+C/E+Z e-Paper 2016/08 p. 26 / print edition 2016/09-10, p. 15), sleeping sickness and blinding trachoma and
- to control schistosomiasis, soil-transmitted helminthes, Chagas, visceral leishmaniasis and river blindness (onchocerciasis).

In order to achieve these goals, the parties pledged:

- to promote R&D for next-generation drugs,
- to provide tropical countries with adequate funding for implementing NTD programmes, and
- to enhance collaboration and coordination on NTDs at national and international levels.

Internationally, there are success stories. In October 2015, Mexico became the third country, along with Colombia and Ecuador, to be declared free of river blindness by the WHO. This success is proof that international collaboration is working. However, 120 million people worldwide are still at risk of contracting this disease.

The WHO currently expects to eradicate Guinea worm disease and blinding trachoma by 2020. Regarding some diseases, for instance rabies, some countries are ahead of the WHO ambitions. In 2013, Bangladesh had managed to reduce the incidence of human rabies being deathly by 50 %, for example, through a combination of mass dog vaccination and increased availability of vaccines free of charge. In May 2016, the World Health Assembly recognised that there are "still many tropical, poverty-related diseases or conditions that remain neglected and for which advocacy, awareness and research are required to develop better diagnostic methods, treatments and control strategies." Two such NTDs, which are not on the WHO's priority list, are melioidosis (see page 17), zika (see page 19) and ebola (see D+C/E+Z e-Paper 2016/08, p. 23).

Links

Drugs for Neglected Diseases Initiative:
http://www.dndi.org/
World Health Organization (WHO): Neglected Tropical Diseases.
http://www.who.int/neglected_diseases/diseases/en/
WHO: London Declaration on Neglected Tropical Diseases.
http://www.who.int/neglected_diseases/London_Declaration_NTDs.pdf?ua=1
Uniting to Combat Neglected Tropical Diseases (4th Report):
http://unitingtocombatntds.org/report/fourth-report-reaching-unreached

Virus shines light on structural problems

Brazil has declared war on the zika virus (ZIKV). There already has been some success: the number of new infections has been falling since the middle of the year. But in order to address the disease's serious impact and prevent future epidemics, health care needs fundamental reforms. Public health services and basic sanitation must improve in particular.

By Renata Buriti

Brazil has the most cases of ZIKV in Latin America. The impacts of the virus have been so bad that the government declared a national state of emergency. According to estimates, over 1.5 million people have been infected with ZIKV in Brazil. The Ministry of Health has reported that at least

Fabres/picture-alliance/dpa

Brazilian baby with microcephaly.

205 babies have been born with ZIKV-related microcephaly, more than twice as many as usual. The incidence of Guillain-Barré syndrome, a nervous system disorder, has also increased by 19 % since the outbreak of the virus. Hardest hit by are Brazil's poorer regions in the north and north-east, and in those regions, poor and disadvantaged families have been disproportionately affected.

Just two months after the microcephaly outbreak in October 2015, the Brazilian government published a national plan to tackle the crisis on three main fronts: fighting mosquitoes, providing care to affected families and devoting resources to technological development, education and research. To fight ZIKV this year, the government pledged 500 million reais (€ 141 million), and the largest share was earmarked for the national health fund which finances the national health service (SUS).

In order to fight the virus, the government focused first and foremost on eliminating the Aedes aegypti mosquito species, which spreads the virus. It deployed over 200,000 soldiers in the hardest-hit regions. Their job was to distribute informational bulletins, destroy mosquito-breeding grounds and kill mosquitoes and their larvae with insecticides. At least 400,000 pregnant women were given mosquito repellent. Moreover, the government conducted awareness-raising in schools and in the media across the nation.

Reports of ZIKV cases have indeed fallen. In June the number was 80 % lower than in the months February to May. Brazilian health officials say the decline results from the "national mobilisation" against mosquitoes. Some experts think that the epidemic will soon have run its course in Brazil, since people who have been infected once become immune to the virus. Others believe that the drop in cases is linked to the beginning of the cold season. They argue that there will be more infections starting in spring, though there may ultimately be fewer than this year.

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Impact

In Brazil, the consequences of zika have been dramatic. The skull deformities caused by microcephaly tend to harm babies' intellectual and physical development. They will require constant care for the rest of their lives, which places an enormous emotional and financial strain on many families. In Pernambuco, the state in north-eastern Brazil that had the highest number of cases, 77 % of affected families live in extreme poverty. Many families face a significant loss of income because one parent will probably have to stay home and take care of the child full-time.

It has proved difficult to obtain the medical treatment and financial support promised by the government. Many mothers of new-born are required to travel hours to the nearest hospital and, once there, wait hours more for their babies to be seen. That's after waiting months to get an appointment at all. ZIKV has plainly overwhelmed the public health services, which had already been underfunded for years. Inadequate infrastructure, a lack of staff, drug shortages and underpaid doctors: Brazil had been struggling with these problems before the outbreak, and they have not suddenly disappeared. The consequences have been especially serious for the children and families affected by microcephaly. Depending on the severity of the case, a child may need treatment from multiple specialists.

The full impact of the epidemic will only become clear over time. Until last year's large-scale outbreak, little international attention was paid to the virus. That was so even though studies showed that the previous zika outbreaks in French Polynesia also coincided with a rise in cases of microcephaly and Guillain-Barré syndrome. It isn't yet known why ZIKV spread the way it did in Brazil and why there were such major regional differences.

Infrastructure

The most important issues that have a bearing on how viral infections spread are the local ecology, population immunity and plain chance. Genetic factors, nutrition and environmental pollution also play a role, according to scientists. A region's level of development matters too. It is no coincidence that Brazil's least-developed areas were hardest hit by ZIKV. Poor water supply and inadequate sanitation contribute to the virus spreading. According to the UN, improving relevant infrastructure is the most effective way to prevent future ZIKV epidemics.

Almost 40 % of Brazilians have no access to a public water supply or clean drinking water. Improvised cisterns are ideal breeding grounds for mosquitoes. Infrastructure is particularly weak in the north-eastern parts of the country. Dengue has the highest incidence there too. Eighty percent of people there have already had that disease, which is also transmitted by Aedes aegypti.

Another problem is that some areas lack sewage disposal. According to the latest data from Brazil's National Sanitary Surveillance Agency, wastewater was being collected for only 48 % of households in 2013, and only 39 % of that waste was being treated. Researchers in Brazil have discovered that Aedes aegypti can also breed in dirty water, which further increases the risk that mosquito-borne illnesses will spread. The CNI, the national confederation of industries, has estimated that the country will not be able to provide comprehensive sanitation until the year 2054.

The problem of antibiotic resistance

Antibiotics have been a real blessing for humanity. Since their discovery in the 1920s, they have been used to treat infections that once caused great suffering and many deaths. The situation is changing dramatically, however, as more and more bacteria are becoming resistant to an increasing number of antibiotic agents. Tens of thousands of people are dying every year due to multi-resistant microbes. Not only industrialised countries are affected.

By Christian Wagner-Ahlfs

The causes of the spread of antibiotic resistance are very complex and thus require equally complex countermeasures. The World Health Organization (WHO) published an action plan on antimicrobial resistance in 2016. The European Commission developed a strategy of its own in 2011, and Germany's federal government has concentrated its efforts in a programme called DART 2020 (Deutsche Antibiotika-Resistenzstrategie – German strategy on antibiotics resistance). Do these plans adequately address the complexity of the problem? Or do they just sound good on paper without leading to real change?

Experts from a variety of disciplines discussed these questions at a conference co-hosted by BUKO Pharma-Kampagne, a German non-governmental network, and Bielefeld University. The guiding principle was the concept of rational drug use. It means that antibiotics should only be used if they are really necessary and that they should be used properly. Accordingly, change is needed in five general areas:

Deloche/GODONG/Lineair

A blessing and a curse: antibiotics cure serious diseases, but resistances eventually develop, rendering the drugs useless.

doctor-patient relation, hospital care, livestock farming, international cooperation and research and development.

Doctor-patient relation

Antibiotics are being misused on a massive scale worldwide. Doctors frequently prescribe them when it is not necessary and even when it does not make sense. Colds and flu are caused by viruses and cannot be treated with antibiotics, but doctors continue to prescribe them. Moreover, broad-spectrum antibiotics are often prescribed in situations where a targeted treatment with a specific antibiotic would make more sense. Reserve antibiotics have also become a standard form of treatment all over the world, even though they should only be used in particularly serious cases. The sad truth is that many doctors are breaching medical guidelines against their better knowledge.

Antibiotics require a prescription in Germany. But since many patients do not receive enough information on how to use them properly, they often stop taking them too soon and keep remaining pills and use them to self-medicate at a later date – for instance to treat a viral infection. Users therefore need to be better educated.

Physicians' conduct might improve if they got feedback concerning their prescribing habits. The Scandinavian countries have taken this approach, collecting and evaluating prescription data in centralised government-run databases. The strategy has been successful: the Scandinavian countries prescribe the lowest volume of antibiotics and have the lowest levels of antibiotic resistance anywhere in Europe.

Hospital care

All too often, guidelines for appropriate antibiotic use are disregarded in hospitals. The reason is that the specific pathogens and their resistance profiles are not common knowledge. Time pressure adds to the problems when it makes staff fail to comply with necessary hygiene rules. In German hospitals, multi-resistant pathogens are mostly transmitted through direct person-to-person contact. Proper hygiene and additional staff are the best options for solving this problem.

Hospitals must encourage the targeted use of the right antibiotic moreover. Diagnostics must also be improved and accelerated. Diagnostic measures are often not taken at all in many countries, and even in Germany, what is done in real life falls far short of what should happen ideally.

One interesting approach is a traffic light system that divides antibiotic agents into three groups: drugs in the "green" group could be prescribed by all doctors, "yellow" drugs by specialists and "red" drugs only by doctors with additional expertise in infectiology. Though it may be difficult to make such a system a legal requirement, it would still promote exchange among doctors.

Livestock farming

Farm animals are given antibiotics on a massive scale. It is against the law to use antibiotics as a fattening aid in the EU, but doing so is still common around the world. Moreover, enforcement could be better in Europe. The measures that have been taken to document, control and limit the use of antibiotics do not go nearly far enough. Many countries – including the Netherlands and Denmark, for instance – have made enormous progress in recent years, but the situation remains unsatisfactory in Germany.

One problem is the so-called right to dispense. German veterinarians both prescribe and sell drugs. As a result of this double role, many vets earn most of their income from pharma sales. Discounts from manufacturers for buying in bulk have also contributed to the vast over-prescription of antibiotics.

High levels of antibiotic use are closely correlated with certain types of agriculture. In industrialised farming, many animals are bred with an eye only to increasing weight fast, maximising certain premium cuts of meat (chicken breasts, for instance) or milk output. Such a narrow focus negatively impacts the animals' health and their ability to fight off disease. Mass application of antibiotics is not the right response however. Things tend to be particularly bad in the poultry sector due to high stocking densities. Lots of animals share a small space, which causes stress and allows infections to spread fast. Birds are routinely fed antibiotics because farmers want to prevent infections from killing entire flocks.

Instead of keeping animals in a way that is as healthy as possible, producers use medication to facilitate cheap mass production. This phenomenon is not limited to Europe and North America, but has also become common practice in Asia, Africa and Latin America. Adding to the problem, a few high-performing breeds that are not adapted to a wide variety of climates, dominate the market. This situation must be remedied. The main goal is to improve animal health in order to reduce the need for antibiotics – in other words, raise fewer, more robust animals. Breeds that are adapted to different regions and climates are needed. Vaccines can also lower the risk of infection. Finally, fewer transports would mean less stress for the animals and would also prevent the spread of pathogens.

International cooperation

A lot needs to be done from a development perspective. Conditions in many countries tend to promote

Heine/Lineair

Hospitals all over the world have to combat multi-resistant microbes: an operation in Brazzaville, Congo.

rather than limit the development of antibiotic resistance. In many places, antibiotics are easily available without prescription. Pharmaceutical markets tend to be unregulated, and self-medication is practiced freely.

Many countries do not systematically document antibiotic use and resistance. Necessary diagnostics are often neglected. The WHO action plan addresses such challenges and focuses in particular on helping poor countries develop the appropriate structures. But success depends on the existence of basic health systems and will require long-term support.

Research and development

Almost all antibiotic agents currently in use date back to discoveries made in the 1940s to the 1960s, so today, some kind of resistance affects more or less all known agents. For many years, hardly any new classes of agents were developed. The pharmaceutical industry had no interest in researching antibiotics because it does not consider them profitable enough.

The research gap urgently needs to be closed. First, since the private sector will not act on its own, the research and development of new classes of agents must be publicly funded. Second, new products must become available and affordable all over the world. Third, they must be applied as sparingly as possible in order to delay the inevitable development of new resistances.

Commercially-oriented research cannot meet these requirements. Private-sector companies have very different goals. They do not want to practice restraint; they want to sell as much as they can at the highest possible price.

Therefore alternative funding models are needed. Proposed solutions include an international research fund that would finance drug development. Research prizes have also been discussed. In any case, public funding is absolutely indispensable.

The first step has already been taken. In cooperation with the non-governmental Drugs for Neglected Diseases initiative (DNDi), the WHO has launched the Global Antibiotic Research and Development Partnership (GARDP). The aim is to develop antibiotics to meet the requirements described above. In order to be successful, it needs long-term financial commitments from as many countries as possible. Germany's federal government has for instance pledged € 500,000 in start-up funds, but much more is needed to allow GARDP to tap its full potential. It could become a research platform that compiles information, data and ideas and makes them available around the world through its network.

No doubt: antibiotic resistance is a complex challenge. Existing programmes have typically not taken into account all issues discussed above so far. Improved international coordination will allow them to better complement each other. Lacking policy coherence has often been noted as well. In Germany, for example, health-policy experts are striving to stem resistances while agricultural policies continue to favour mass production and the export of milk and meat. ←

Link

List of proposed measures from the conference and further information on antibiotic resistance:
http://www.bukopharma.de

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“Involve the local people”

Health care is not something that must be left to doctors and drug companies, argues Zafrullah Chowdhury, the founder of a rural health-care organisation that serves several million people. As he told Hans Dembowski, awareness raising and capacity building at the grass-roots level is essential.

Interview with Zafrullah Chowdhury

What kind of infectious diseases is Bangladesh struggling with?
Well, about 60 % of the disease load is infectious. Pneumonia and other infections of the chest and respiratory system are a serious issue. Sexually transmitted diseases cause a lot of suffering, and gastrointestinal illnesses matter too.

What about diseases that affect tropical countries but tend to be neglected by pharma research?
Bangladesh has actually made good progress in reducing the prevalence of rabies by providing free vaccines. There is an effective national immunisation programme. Kala-azar, which is internationally known as Leishmaniosis, remains a problem in some parts of Bangladesh although it has been eradicated in most countries, primarily through public health measures. The incidence and spread of dengue is on the increase.

When I first came to your world region in the early 1990s, I was told that diarrhoea was a killer.
That is no longer so today. To survive diarrhoea, the essential thing is to avoid dehydration. Especially young children lose a lot of fluid, and that fluid has to be replaced. It really only takes safe water, some salt and a bit of sugar (glucose). Even poor parents can handle that, provided they know what to do. In Bangladesh, the knowledge has spread, not least thanks to awareness raising, so the number of deaths due to diarrhoea has decreased considerably.

Does that show that a low-income country like Bangladesh can cope with the challenges of infectious diseases on its own?
It depends. If the treatment is well understood and simple, we can cope on our own. But that is not always the case.

- First of all, not all diseases are well understood, and for many, there still is a lack of treatments. You just mentioned the so-called neglected tropical diseases. More research is needed, and research is expensive, so resources must be mobilised and pooled globally. Drug companies must be involved, universities must play their part, and medicines must be used rationally, or otherwise resistances will develop fast. These things must be dealt with at the global level.
- Second, not all treatments are simple. Our health-care infrastructure is weak, especially in rural areas. It needs to become stronger to deal with all health issues competently. And to make it stronger, we need to invest in the system, and some foreign support is certainly useful. We mustn’t forget, moreover, that chronic diseases are becoming ever more important: hypertension, kidney failure, cancer, diabetes, mental illnesses et cetera. Poor countries’ health-care systems must rise to these challenges, but all too often, they are simply overwhelmed.

Are rich nations’ aid agencies and global institutions such as the World Health Organization (WHO), Gavi (the Vaccine Alliance) and the Global Fund to fight AIDS, Tuberculosis and Malaria doing a good job in terms of promoting research and supporting the expansion of health infrastructure?
The problem is that they focus too narrowly on scientific solutions. Ultimately, they are leaving everything in the hands of doctors and drug companies. But that is not the right approach in low-income countries. We need to reach masses of people fast, and we do not have enough doctors – not least, because so many are migrating to rich countries where they can earn more money. We need to focus on achieving the greatest impact at the grass roots level.

What do you propose?
The trick is to involve the local people, and the people who traditionally take care of their health. Traditional birth attendants can make a huge difference, as I elaborated in your paper a few years ago. It makes sense to train them, to update their skills regularly and to expose them to modern knowledge.

Harrison/Lineair

A tetanus patient is treated at a GK facility in the 1990s.

The people must know what serves health and what does not. Doctors must be made accountable for their service quality and behaviour with patients. Prescriptions must be subject to audits. Every death in a health facility must be subject to public scrutiny, more so in the case of private hospitals and clinics. It has been reported that some private hospitals have prolonged patients' stay long after their demise with the excuse that the patient was still clinically alive i.e. not yet brain dead. A dedicated ombudsman for health services can introduce necessary reforms.

Do you want to raise awareness among the people in general, or are you focussing on traditional healers?

Both must be done. If the people in general have no idea of what is healthy, they will be hard to convince of doing the right things. And those who are in the best position to convince them are the people they turn to for help and trust. Nurses matter, paramedics matter, they all deserve our attention and require capacity development. In developing countries, health centres tend to be under-staffed, and the lives and welfare of patients depend on everyone who works there. Our vision at Gonoshasthaya Kendra (GK) is that people at the grass roots level should be able to handle standard problems and know when to turn to a referral doctor or hospital. We are not opposed to scientific medicine, not at all, but we have to put things in context.

Should that not be part of medical school curricula?

Well, they should consider social-science studies concerning health, but so far they hardly do so. Even basic economic issues are not taught in medical school. Aspiring young doctors should learn about keeping health-care costs low. They should learn to pay attention to the affordability of drug prices. These things are essential if we want to make health care more effective in developing countries. Generic drugs are important, because they are cheaper. In Bangladesh, we have built a strong generics industry, which helps to reduce health-care costs. The WHO could do even more to promote these causes than it has done so far. Not only medical research is important, research into making health care affordable is just as important.

Is there scope for south-south cooperation?

Countries should definitely share experience on low-cost solutions that work. Currently, dialysis costs less in India than in Bangladesh and is even free in Pakistan. Obviously, our country can learn from those examples. That said, some things cannot be easily replicated elsewhere. Consider sparsely populated regions in Africa for example. They cannot copy our model of rural health centres in a densely populated country. Every GK centre is within reach for many thousands of villagers. They would not be viable if they could only serve a few hundred.

Links

Zafrullah Chowdhury on:

the history of Gonoshasthaya Kendra:
http://www.dandc.eu/en/article/health-universal-right-argues-gonoshasthaya-kendra-bangladesh

generic pharma production in developing countries:
http://www.dandc.eu/en/article/bangladesh-self-sufficient-pharma-production

traditional birth attendants:
http://www.dandc.eu/en/article/praise-traditional-birth-attendants-bangladesh

Zafrullah Chowdhury
is a doctor who returned to Bangladesh from Britain during the liberation war in 1971 and started the rural health-care organisation Gonoshasthaya Kendra (People's Health Centre). He is currently setting up a dialysis centre at GK's hospital in Dhaka. The plan is to provide dialysis for 400 patients every day at an affordable price for the poor ($ 14 per session). GK is looking for a transplant surgeon and nephrologists to help run the centre. GK would welcome support for this initiative. For further information please contact Dr. Mohib Ullah Khondoker *mohibgk@gmail.com*

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www.twitter.com/forumdc

Medicine for all

Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria have helped save millions of lives. They have succeeded in part by encouraging recipient countries to take the lead and by involving civil society in their efforts.

By Karoline Lerche

In 2000, the UN adopted eight Millennium Development Goals, one of which aimed to reduce child mortality by two-thirds between 1991 and 2015. At the time, almost 10 million children around the world were dying before their fifth birthday. Southern Africa was the worst affected world region. In the same year, the UN Security Council identified HIV/AIDS as a threat to global security for the first time. Millions of people were dying of AIDS. Of the 28.6 million people infected with HIV, only about 700,000 were receiving life-prolonging antiretroviral medication. Another Millennium Development Goal thus focused on fighting HIV/AIDS and malaria. Any measure necessary to stem the spread of these diseases was welcome.

In order to achieve these goals, Gavi, the Vaccine Alliance, was founded in 2000. Two years later, the Global Fund to Fight AIDS, Tuberculosis and Malaria was set up. Gavi's objective is to overcome global inequalities in terms of vaccine access, making vaccines available in order to reduce child mortality. The Global Fund focuses on financing prevention and treatment programmes in the fight against AIDS, tuberculosis and malaria.

Polio vaccination in Nigeria.

Sunday Alamba/picture-alliance/AP Photo

Discrimination against women reduces immunisation rates

In the world's poorest countries, women and girls are disproportionately affected by poverty. Several issues – including child marriage, unstable and dysfunctional families, exploitation, limited education and sexualised violence – make their risk of contracting HIV particularly great.

In sub-Saharan Africa, some 700 young women are newly infected with HIV every day. They account for 74 % of new transmissions. In the past six years, the Global Fund has therefore boosted its spending on programmes that serve women and girls. These investments now make up 60 % of the Fund's total financial commitments.

Kenya is one of the countries where young women are at a much higher risk of contracting HIV than men. From 2008 to 2015, deaths caused by HIV/AIDS declined by 58 %. The absolute number fell from about 85,000 to 35,754. In the same time span, new HIV infections were reduced by 32 %. Of the 1.5 million people living with HIV/AIDS in Kenya, 800,000 now get antiretroviral medication. Programmes that receive support from the Global Fund are ensuring medication to 440,000 of the patients.

Gavi has not found differences in immunisation rates for girls and boys. But social and economic discrimination against women has a direct impact on child vaccination. Women may not be allowed to use the family's money to pay for a trip to the nearest clinic, or they may not have the time because of other traditional chores. Women living in remote areas are particularly affected. In many countries, women are not permitted to travel to a clinic without being accompanied by a man.

Literacy rates matter too. In countries like Chad, only half as many women can read and write as men. Parents' willingness to have their children immunised typically increases with their level of education. Gavi is addressing these challenges head-on, encouraging local partners to raise awareness for what makes immunisation coverage diverge.

In Kenya, the risk of contracting HIV is much higher for women than it is for men.

Daniel Irungu/picture-alliance/dpa

Both organisations target the poorest and worst-affected countries in the world. They strive to improve national and international funding, anchor their programmes in the communities concerned, make vaccines and medications more accessible and affordable and make pharmaceutical supplies more reliable.

Developing countries define their own needs and objectives. Aid is not distributed according to bilateral agreements between a government and a large number of donor countries and aid organisations, as this approach often overwhelms developing countries. Instead, funds are collected by a specialised agency and allocated according to commonly agreed goals. This approach reduces transaction costs and leads to greater efficiency.

Involving civil society

To get support from the Global Fund, a developing country must set up a partnership called "Country Coordinating Mechanism". These partnerships ensure the appropriate involvements of governments as well as non-governmental organisations, academic institutions, private-sector businesses and grassroots people who are affected by the three diseases. Civil society is thus directly involved in decision making. The partnerships are also tasked with overseeing the projects' implementation.

Gavi provides vaccines to developing countries, supporting those countries' objectives and strategies rather than competing with them. Gavi cooperates with state agencies as well as with civil-society organisations. It is often necessary to provide essential infrastructure like refrigerated trucks, refrigerators and solar equipment for power generation. Training local medical staff and educating people about the importance of vaccination are similarly important. Moreover, Gavi works hard to win the support of policymakers.

Both the Global Fund and Gavi encourage recipient countries to take the lead. When accepting investments from the Global Fund, countries are required to commit some of their own money as well. Accordingly, countries' share of funding for relevant measures has risen considerably. The countries themselves now bare more than half of all the costs associated with fighting HIV. In the fight against tuberculosis, the share is three-fourths and in combatting malaria one quarter. According to Gavi's approach, all countries should eventually fund their immunisation programmes entirely on their own. Today, 14 countries are already financing at least one immunisation programme themselves, while four countries that earlier received Gavi support are now able to fund all of their immunisation efforts: Bhutan, Honduras, Mongolia and Sri Lanka.

Pooling demand lowers costs

Gavi's goal is to provide every child with the vaccines he or she needs at an affordable price. Gavi pools the demand for vaccines from developing countries and can make long-term planning safe for pharma producers thanks to donor funding. Therefore, more pharma companies are now offering lower-cost vaccines. In 2001, Gavi cooperated with five vaccine manufacturers in five countries; today, the organisation works with 16 manufacturers in 11 countries. Many of the companies are located in developing countries and emerging markets, including Senegal, India and Indonesia.

Because of Gavi, competition has become tougher in the vaccines market. As a result, prices have dropped. In 2010, it cost $ 35 to fully vaccinate a child in accordance with the recommendations of the World Health Organization (WHO). By 2015, the cost had gone down to only $ 20. Above all, this reduction is due to the reduced price of the rotavirus vaccine, which protects children from a disease that causes severe diarrhoea. The price for this vaccine went down by 70 % in five years. The cost of the pentavalent vaccine, which provides protection against diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib), has declined by 43 %.

Since it was launched, the Global Fund has become the most important financial instrument in the fight against AIDS, tuberculosis and malaria. It has helped save the lives of 20 million people since 2002. Live-saving medications were delivered to 9.2 million people living with HIV and AIDS. Moreover, treatments were administered to 3.6 million pregnant women, so they did not transmit the virus to their unborn children.

The Global Fund also finances half of all malaria programmes. Around the world, the number of deaths caused by malaria declined by 48 % from 2000 to 2015.

The Global Fund's latest replenishment conference was held in Montreal in mid-September. Donors pledged almost $ 13 billion to finance the Fund's work from 2017 to 2019. The additional financing will help save 8 million lives, prevent 300 million new cases of the three diseases and mobilise $ 41 billion of recipient countries' own funds.

Gavi is a similar success story. Since its founding, 580 million children have been vaccinated, which means that over 8 million lives were saved. The world has witnessed a 50 % decline in child mortality since the 1990s, and Gavi contributed to making that happen. In the countries where the vaccine alliance operates, child mortality declined significantly. The number of deaths per 1,000 live births fell from 76 in 2010 to 63 in 2015. Gavi hopes to immunise 300 million children from 2016 to 2020, thus potentially saving 5 to 6 million lives.

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Needs-based care in disaster situations

Natural disasters, hostilities and other events that cause mass displacement and migration tend to cause a surge in infectious diseases. Medical relief teams must tackle a range of communicable diseases that do not occur on such a scale in normal times. Emergency kits help relief workers respond effectively in various scenarios.

By Shushan Tedla and Irmgard Buchkremer-Ratzmann

In a disaster, four dreaded infectious diseases can break out and become life-threatening problems, especially for children. They are respiratory infections, diarrhoea, measles and malaria. In many conflict areas, they cause 60 % to 90 % of fatalities.

The SPHERE project is a voluntary alliance of organisations committed to improving humanitarian aid and helping practitioners to become reliable partners for donors and affected communities. The SPHERE handbook "Humanitarian Charter and Minimum Standards in Humanitarian Response" is a useful tool for disaster relief workers. Now in its 11th edition and published in many languages, it is a widely known and internationally recognised set of general principles and universal minimum standards for disaster relief operations.

Measures to prevent infectious disease and facilitate treatment are a core concern for SPHERE. They are described in the chapter Minimum Standards in Health Action. Relevant issues include the choice of appropriate accommodation at appropriate locations, sufficient water supply, good water quality, appropriate sewage disposal, adequate sanitation, prophylactic vaccination, vector control and health education.

Quality standards in humanitarian aid

As soon as a disease outbreak occurs, everyone affected must get access to diagnosis and treatment. Certain programmes run by the World Health Organization (WHO) – such as Integrated Management of Childhood Illnesses (IMCI) and Integrated Management of Adult Illnesses (IMAI) – have developed important procedures to help ensure correct diagnosis at an early stage, thereby reducing mortalities from communicable diseases.

The outbreak of an infectious disease needs to be identified and addressed swiftly to prevent an epidemic. SPHERE offers guidance on an early warning system (EWARN) for outbreak detection; in the case of some highly infectious diseases such as cholera, measles and meningitis, provision is made for weekly surveillance with the immediate reporting of new cases. Once an outbreak has been confirmed, measures must be taken:

- to contain the infection (by isolating patients, for example),
- to break the chain of infection (by implementing vaccination campaigns, for example, or providing safe drinking water) and
- to deliver diagnosis and treatment fast and comprehensively.

In addition to preventing the spread of communicable diseases by vaccination campaigns and hygiene measures such as provision of clean water, washing hands and building toilets, medical workers need sufficient access to appropriate, high-quality medicines for treating patients.

WHO kits for rapid relief

In emergency and catastrophe situations, medical teams use a standardised kit that was developed by the WHO and major international NGOs. Known as the Interagency Emergency Health Kit, it contains medicines, supplies and other items required to meet the needs of affected communities. The kit is designed to cater for 10,000 displaced persons for a period of three months. It comes at a reasonable price and can be purchased from commercial and non-profit pharma wholesalers. Delivery is possible within hours.

The kit consists of ten basic units and a so-called supplementary unit. Each basic unit caters for a thousand children and adults and is designed for use by health workers without formal training. The supple-

action medeor

Action medeor supplied medicines to the Philippines in the wake of the 2013 Typhoon Haiyan: Albino M. Duran Memorial Hospital in Balangiga.

mentary kit contains medicines and medical devices (equipment and renewables) that allow surgical procedures to be performed. It is intended for use by physicians and senior health-care workers with professional skills.

The basic kit contains disinfectants and the antibiotic amoxicillin tablets for the prevention and treatment of communicable diseases. Where complex infections are present or resistance is suspected, patients should be referred to hospitals at the next higher level. Because eye infections tend to be common where hygiene conditions are poor, the basic kit also contains an antibiotic eye ointment (1 % tetracycline). A supplementary module can be ordered for treating malaria.

The supplementary kit contains water-treatment tablets and various antibiotics for the oral and intravenous treatment of infections. Where a cholera outbreak is feared – or an epidemic of diarrhoeal disease caused by other organisms – the WHO Interagency Diarrhoeal Disease Kit is useful. Apart from large quantities of disinfectants, it also contains everything needed for fluid replacement: oral rehydration solution, infusions, cannulas, scalp vein sets, et cetera. Recommended antibiotics include doxycycline, erythromycin and ciprofloxacin.

During initial relief efforts, the SPHERE standard recommends checking which medicines are on the national list of essential medicines. In cooperation with national health authorities, it should be assessed whether that list is appropriate for the case at hand. If so, international aid should ensure all listed medications are available – if necessary, by donating drugs.

Needs-based aid

Pre-packed standardised kits are part of a "push system". For the sake of speed, they do not consider individual recipients' needs. Asymmetrical consumption patterns quickly result in over- or understocking.

Some aid organisations that specialise in pharmaceutical support such as action medeor, Apotheker

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action medeor

Temporary medical distribution centre in Kathmandu, Nepal.

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helfen and Apotheker ohne Grenzen, can provide professional support that takes account of patients' needs. After Typhoon Haiyan struck the Philippines in 2013, for instance, or after the earthquake in Nepal in 2015, action medeor set up temporary medical distribution centres in the countries concerned. National specifics and requirements were considered in constant consultation with government agencies as well as medical workers active on the ground. The distribution centres helped to ensure that health stations, hospitals as well as national and international medical teams had stocks of appropriate high-quality medicines and medical supplies. This kind of system is called a "pull system" because the users have an impact on what is delivered. In the course of disaster management, there is generally a switch from push to pull systems.

To permit effective, targeted treatment of infectious diseases, medical workers need access to a sufficiently large selection of medicines. Above all, they may need antibiotics to fight pathogen strains that are resistant or less susceptible to certain pharmaceuticals.

Medical aid organisations need a medicine management system that is not just effective and cost-efficient, but also addresses issues such as correct storage, rational use and disposal. This applies to small medical teams as well as to the organisation and administration of drug donations at regional or national levels.

Aid organisations specialised in pharmaceutical support can offer support and backup in this context – for example, by organising preparatory training programmes for medical teams in Germany or providing support, supplies and medicine management services for teams active on the ground.

Links

SPHERE Handbook, 2011:
http://www.sphereproject.org/
WHO Interagency Emergency Health Kit:
http://www.who.int/medicines/publications/emergencyhealthkit2011/en/

Global health challenge

Poor people in tropical countries are not benefiting enough from advances in medical technology. International experts are calling for change.

By Lea Diehl

Many infectious diseases can be treated better today than even a few years ago. Moreover, the High-Level Panel on Access to Medicines (2016), which was convened by UN Secretary General Ban Ki-moon, notes in its recently published final report (September 2016) that preventative measures against bacteria, viruses or parasites have become more reliable. Macrotechnology and nanotechnology are advancing as well.

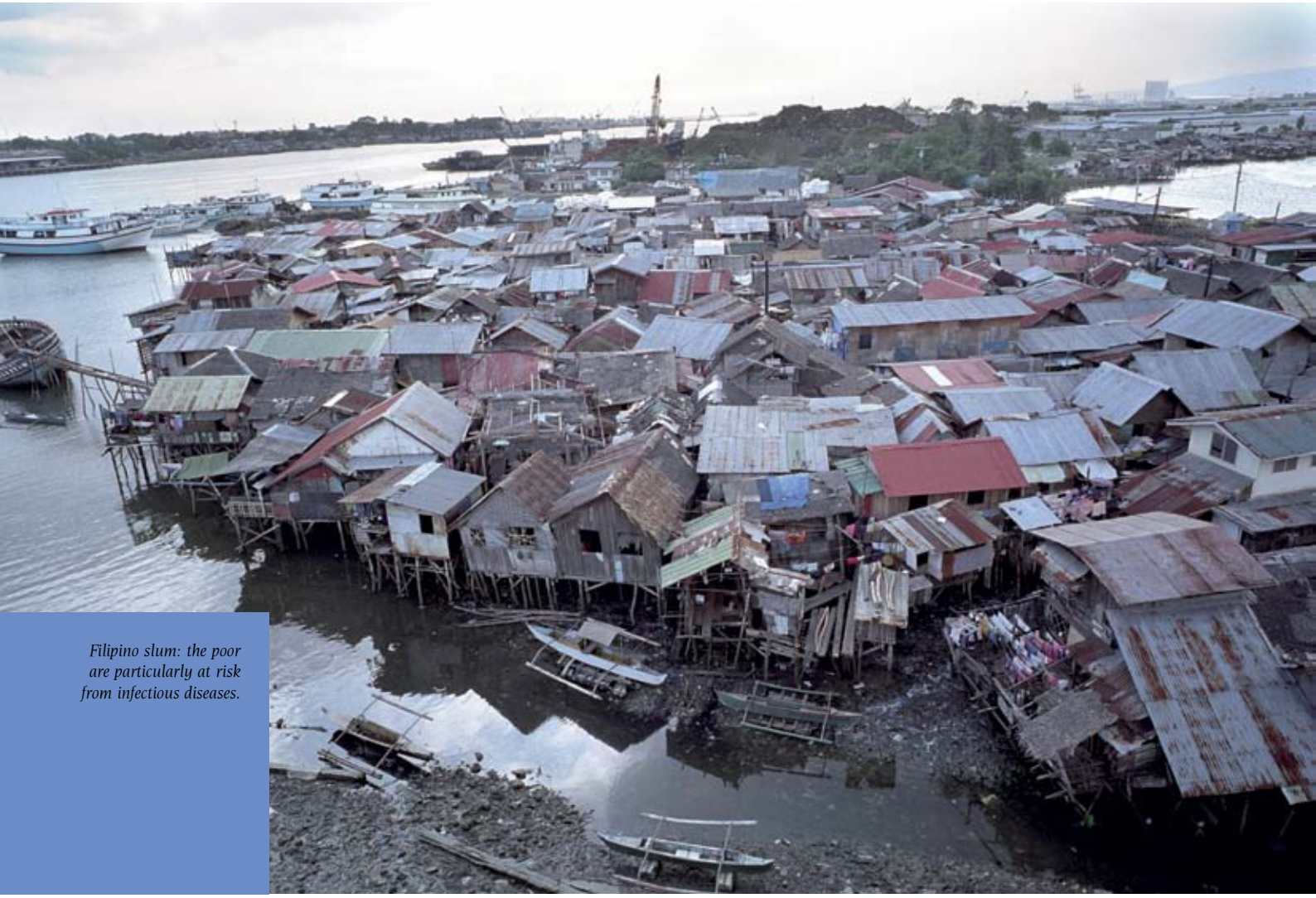
However, the UN authors criticise that not everyone is benefiting from such progress. According to them, many people – especially in countries with low and medium incomes – do not have access to medical treatment and medicines. High prices for medicines plunge many people into poverty. Again and again, the human right to health clashes with the rights of investors, the experts argue.

The UN Panel does not challenge the fundamental interest of investors to make profit, nor does it question the right to intellectual property. However, it calls for a sensible balance with the human right to health care, which is in line with the UN's Sustainable Development Goals (SDGs).

In order to reach the SDGs, the UN report wants governments to act at several levels. Governments should assume responsibility and ensure transparency in the health sector. It is necessary to monitor services to ensure that they fulfil human rights. Results should be published, according to the report. Furthermore,

Roger Eritja/Linear

The mosquito species Aedes albopictus can transmit yellow fever and dengue as well as other diseases.



Filipino slum: the poor are particularly at risk from infectious diseases.

governments should establish databases on patents so research results are made available to the public.

According to the UN document, intellectual property deserves protection. The authors point out however, that according to the rules of the World Trade Organization (WTO), governments can grant compulsory licenses for the production of patent-protected substances if that is necessary to safeguard public health. They should use this right.

The experts appreciate private-sector corporations engaging in voluntary license agreements to make medicines affordable in developing countries. In doing so, however, the corporations set certain conditions for particular countries or regions of the world. It is obvious, moreover, that the negotiating power of businesses increases when governments do not make use of their right to grant compulsory licenses.

The UN authors recommend investing more in research and development (R&D). However, this task should not be left to industry alone. The UN Panel emphasises the significance of publically financed research and calls for it to be expanded. It points out that scientists should pay more attention to diseases that have up to now been neglected because treatments do not look lucrative to pharmaceutical companies. So far, many tropical diseases are virtually irrelevant for market-orientated research. Accordingly, an appropriate incentive system cannot only rely on patents which secure high profits for innovators, provided that patients have enough purchasing power or are covered by health insurances.

For example, one-off premiums for successful research results could be an alternative to intellectual property rights. "Milestones" could be defined, and those who reach them, would be paid a certain amount of money. As a push-mechanism, the UN Panel suggests that governments should disburse research grants in advance. The experts identify interesting options for cooperation with investment funds, public-private partnerships and other forms of networking.

Another central concern of the report is the staffing of the health-care sector. Doctors and nurses are

needed so patients receive care according to up-to date knowledge.

Antibiotics resistance

On behalf of the British government, scientists have been considering options to tackle antibiotics resistance which is increasing worldwide (also note essay by Christian Wagner-Ahlfs on p. 21). The economist Jim O'Neill led the Review on Antimicrobial Resistance (AMR). The final report was published in May 2016.

It views resistances as a global problem. The effects are evident worldwide – and they threaten future generations. As O'Neill points out, the poorer countries are the most affected ones.

The AMR report bemoans that antibiotics are often given out unnecessarily in industrialised countries while they are unavailable in other places. Unnecessary use of antibiotics by humans and animals should be avoided, it states, and more precise diagnoses would help to achieve this. Too many antibiotics are used in animal keeping, and this trend accelerates the development of resistant bacteria. Global campaigns should raise awareness of the issue, according to the AMR Review.

In any case, new antibiotics must be developed to replace old drugs to which bacteria have become resistant. The report argues that investment should not only be made in the development of new antibiotics, but also in research into ongoing treatments. Like the UN Panel, this group of experts expresses itself in favour of creating new incentives for investors than only relying on patents. Relevant options include international consortia, public-private partnerships and establishing a global fund for non-commercial research.

The researchers praise existing programmes that counteract antibiotics resistance – for example the United Kingdom's Fleming Fund or the Global Innovation Fund. Governments must rise to the challenge, and global funds must be mobilised, according to the AMR report.

Neglected tropical diseases

It has long been recognised that more must be done to fight tropical diseases (see also article by Sheila Mysorekar on p. 16). In 2015, the WHO published a status report on the issue and listed 17 neglected tropical diseases:

buruli ulcer, chagas, dengue, dracunculiasis (Guinea-worm disease), echinococcosis, foodborne trematodiases, human African trypanosomiasis (sleeping sickness), leishmaniasis, leprosy (Hansen's disease), lymphatic filariasis, onchocerciasis (river blindness), rabies, schistosomiasis, soil-transmitted helminthiases, taeniasis/cysticercosis, trachoma and yaws (endemic treponematoses).

The WHO views these diseases as a global challenge because, due to urbanisation, migration and environmental change, they are spreading to areas where they were not present so far. They are transmitted by arthropods such as insects, spiders or crabs. These vectors should be controlled, and to achieve that, human beings, animals and the environment must be taken into consideration holistically.

In order to fight tropical diseases, the WHO is pushing for key interventions:

- innovative and intensified disease management,
- more preventative treatment (including, for example, chemotherapy),
- vector management in line with environmental principles,
- veterinary public health (VPH) services and
- provision of appropriate water and sanitation infrastructure.

Like the High-Level Panel of the UN and the British AMR Review, the WHO emphasises the links between poverty and disease. Neglected diseases occur mainly in tropical countries, which generally are not among the highly developed ones. Market dynamics alone will not solve the problems. By 2030, the WHO wants to create the conditions in cooperation with the World Bank to ensure that:

- at least 80 % of required essential health care is guaranteed all over the world, and
- those who provide the services can be sure that they will be paid out of pocket.

The WHO is in favour of international investors cooperating more closely with people at the grassroots level. Tropical diseases should become an integral issue for national health policies. Moreover, local investors should be mobilised.

The WHO report does not only mention problems, but also successes. More than 70 countries have adopted strategies to contain tropical diseases. More than 800 million people were healed from such diseases in 2012 and 2013. A network of African countries have reduced the occurrence of African trypanosomiasis by up to 90 %. ←

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Mark Edwards/Linear

"Mental attitudes matter"

The industrial development of Mangaluru, a harbour town in the south Indian state of Karnataka, has recently been strong, and government agencies want to attract additional investors. Hilda Rayappan is the leader of a local non-governmental organisation which fights for the interests of the women and the poor. She discussed Mangaluru's recent development in an interview with Lea Diehl.

Interview with Hilda Rayappan

How did the infrastructure of Mangaluru develop in recent years?
Over the last few years, the infrastructure has improved. You definitely feel the transformation of the city. Especially the traffic conditions have changed. The central government built highways, so driving distances have become much shorter. The arterial roads are wide. But traffic has become a big problem. There are ever more vehicles on the roads. More and more people, even women, drive their own cars. In the rush hours, the highways are congested. Crossing the streets or walking along them is dangerous. There is a need to build more sidewalks, especially for older people. It's important to find solutions for organising the traffic.

Tribune

What else has to change?
Actually, water supply is a serious problem. This year, the monsoon did not bring enough rain, and the impact on drinking water supply was bad. So far, people are not focusing on water harvesting. Other Indian cities, like Chennai, for example, have a harvesting system, but in Mangaluru, it has not been established yet. Greenpeace and local non-governmental organisations, that focus on environmental issues, are campaigning for change. But the official urban-development plans only focus on industry. They are felling trees to build highways without respecting nature. Something has to happen because these problems affect society as a whole.

What are different levels of government doing to improve urban life?
The central government has started a programme to increase cleanness. It is called Swachh Bharat Abhiyan ("Clean India Mission"). It is being implemented in Mangaluru. Formal workers now pick up garbage from every household. The programme is successful, and our city now looks much cleaner. Another current central-government programme is called "smart cities". It is meant to boost industrial development, but it also provides better infrastructure and facilities for civil society. Right now, they have listed 98 cities in India which they want to develop as "smart cities". Mangaluru is one of the first 20 cities where the programme has already started. I am a member of the smart-city committee. Civil-society organisations and the government work together. I speak for the marginalised women and the poor. Their needs must not be forgotten when urban infrastructure is planned and expanded. I am confident that the smart-city programme can bring change, if the plans are implemented

Do you doubt they will?
Well, all too often promising things are planned, and then nothing happens. Implementation is a huge challenge.

What challenges do poor and marginalised women face?
More and more women leave their homes and go to work. Women need a better transportation system to get to work safely. Leaving the house is still dangerous because many women in India become victims of sexual harassment. It is a problem even in public places. Infrastructural development could improve the situation a bit. Illuminated streets are safer than dark ones. If buses run often

Diehl

In Mangaluru, many people depend on fishing.

and regularly, waiting women are less at risk. But we need more than infrastructure change. People's mental attitudes matter. If women go to work, for example, there is a need to educate men to do some of the household work and assume responsibility for the children. In regard to sexual abuse, people have to become empowered to report rape cases. Police officers often disregard what poor women say. We are working hard to make change happen. Our NGO is running many programmes for creating awareness of gender equality and supporting marginalised women.

Do poor people in Mangaluru live in special neighbourhoods?

There are separate quarters for low-caste people and migrants. The government wants to promote inclusive development, however, so today people are legally entitled to choose where they want to live. Many governmental and civil-society organisations like us are running programmes to lift poor people up. Compared with other Indian cities, Mangaluru does not have many slum areas. In megacities like Bangalore or Mumbai, many areas are declared to be slums. In Mangaluru, we have some smaller areas that are like slums, but officially they are not registered. For example, there is an open space close to the railway station, and many people live there under plastic sheets. Governmental action should do something for them. These problems should be recognised as challenges of urban development. The people need a place to live, and municipal services should be available to them.

How has the population of the city changed in recent years?

Many migrants come to Mangaluru from villages to find jobs. But there aren't enough jobs for all. Unemployment has become a big problem. On the other hand, young people go abroad. They study and work in different countries, for example, they move to Australia or the United States. Their families are left behind. Among upper-class families, many older people are now living alone.

Urban development has to focus on such changes also.

Link

Prajna Counselling Centre:
http://www.prajnacounsel.in

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A fast growing city

Mangaluru is a south Indian city with around half a million inhabitants. It is the main port of the state of Karnataka and about 350 kilometres west of Bangalore (now officially called Bangaluru), the state capital. The city is the capital of Karnataka's Dakshina Kannada District.

Mangaluru is one of India's fastest growing cities. It is not a megacity, but many sectors are already highly developed. The city is well-known for its industrial base. Important petrochemical and chemical companies, including the German multinational BASF, and technology companies, such as the Indian software firm Infosys, have production sites and offices here. Because of its industrial opportunities, people are moving to Mangaluru from the rural areas.

Unfortunately the local government isn't doing enough to adapt the infrastructure to the current development of the city. Like their counterparts in many other Indian cities, many citizens feel that the local Urban Development Authority has not achieved much in recent years. To a large extent, urban development depends on initiatives taken by the central government.

Diehl

Fishing boats and tourists in Mangaluru.

The climate is tropical. The port handles 75 % of the Indian coffee and cashew-nuts exports. Thousands of inhabitants depend on fishing for their livelihoods. The literacy rate of the city is high (94 %). Mangaluru is a college town: many Indian as well as foreign students are moving to the city for higher education, especially to study engineering. Its population is diverse. The inhabitants have different cultural and religious backgrounds: most of them are Hindus, but there are also substantial Muslim and Christian communities. In South India, the share of Christians tends to be higher than the national average.

Lea Diehl

Flexible and disciplined

As self-organised little savings communities, "tontines" are an example of economic, social and cultural solidarity. Solidarity is their great strength.

By Eva-Maria Bruchhaus

Collective savings can be very successful. A group of market trader women from Abidjan, the economic capital of the Côte d'Ivoire, are an example. As a cooperative, they have built up a market with about 200 shops and 700 stalls. They were supported by the international microcredit provider Oikocredit.

The cooperative is called COCOVICO (Coopérative de Commercialisation de Produits Vivriers de Cocody). By now it has 600 members. They are market women of different ages – between 16 and 65 years old. The cooperative is based on an initiative of female street merchants who joined up in order to create better commercial conditions. With the rental incomes COCOVICO services the Oikocredit loans that were needed for establishing the market (see box below).

At its core, COCOVICO is based on an old method of economical cooperation that is called "tontine" in francophone West Africa. Tontines are associations of relatives, neighbours, friends or work colleagues. There are tontines in all sections of society, both in urban environments and in rural areas. Farm women as well as business people join hands in tontines.

Collective savings provide financial and social security to tontine members. Tontines matter especially in situations of precariousness and economic insecurity. Reciprocal solidarity is essential. Money is pooled and shared fairly.

Communal saving is popular in many African countries, and it has a long tradition: from South Africa to Senegal, Sudan to Uganda. In Cameroon also, many Africans manage savings together. There are many different models. In other countries tontines are known by local names like "esusu" (Nigeria), "ekub" (Sudan, Eritrea and Cameroon) or "jangi" (Cameroon).

The French neologism tontine is derived from the name of an Italian banker, Lor-

Successful self-help

Cocody is a comparably wealthy part of Abidjan, a city of 5 million people. In a roofed market hall, food is sold, and so are clothing and other items of daily necessity. The market is equipped with electric power, sanitary facilities, a health station and a children's daycare.

The cooperative COCOVICO (Coopérative de Commercialisation de Produits Vivriers de Cocody) runs the market. It was started by women who had lost their old market site and joined forces in accordance with the tontine principle (see main text) in order to create a new future for themselves.

Loans from the welfare-orientated international microcredit organisation Oikocredit were decisive. All in all, the market women took out loans worth € 1.5 million euros and could thus acquire suitable land. At present, the market provides livelihoods to about 1,000 market women. Servicing the loans is no problem because the market is running well. The food supplies are mostly sourced from two regional agricultural cooperatives.

Zegbé Lou Ange Charlène has conducted a study on this extremely successful cooperative. According to her, COCOVICO gives its members a high degree of financial autonomy but, at the same time, consistently enforces the obligation to pay accruals on time. Furthermore, the members understand the structure of the organisation and its procedures well. All this is in accordance with the tontine tradition.

Tontine principles shape COCOVICO in another way too. The women are organised in groups that share experiences and ideas and meet for meals and dance. They are not formally registered, but all have elected leaders, management, treasurers and so on.

A group's members often come from the same village or belong to the same ethnic group. Men can join and are even given leadership roles. Group life offers the women social security. The members support each other in times of bereavement, for example. At the same time, the market women of COCOVICO, like almost all West

African market women, practice a savings system called "garde monnaie" (money keeper). A person of trust (at the COCOVICO market it is a pastor) visits his customers once daily and collects a predefined sum. The amount is recorded in a notebook with boxes for every day. After 31 days the customer gets back the payments of 30 days, and the "garde monnaie" keeps the sum of the 31st day as payment for his services. Typically, the women use the money to replenish their supplies.

Oikocredit

Market hall of COCOVICO.

enzo Tonti, who in the 17th century is said to have suggested a mutual insurance system to Cardinal Mazarin, the finance minister of Louis XIV. African tontines are based on different traditional forms of reciprocal collective help. After the introduction of the money economy they formed into reciprocally founded associations to finance exceptional expenses such as funerals, baptisms or pilgrimages. Tontines are proof of African societies' ability to form flexible, but disciplined associations. Migration has brought tontines to Europe too.

Clear rules

Tontines mostly have clear and simple rules, which are observed with great discipline. Those who miss meetings without a valid excuse or disobey rules have to pay a fine, for example. Those who repeatedly stand out as being disruptive are excluded. Contributions are paid at fixed times, either weekly or monthly. These associations have strict systems of rules, the term "informal" does not describe them well. Papa Sow, a Senegalese sociologist who did research on the tontines of West African migrant communities in Catalonia, prefers the adjective "popular".

Papa Sow emphasises the socio-cultural aspects of tontines. They strengthen members' sense of community and their cultural identity. However, tontines are more common among West African women than among men. Especially in rural areas, tontines consist mostly of women.

At regular meetings, the members pay in a predetermined sum of money. The sum of the payments-in is then paid out at a previously determined date to a previously determined member of the group. The next member benefits in the cycle. There are many models that can be changed according to the wishes or needs of the respective members.

The money is used by the members for different purposes. They spend it on special occasions such as festivals or pilgrimages, for example. Regular expenses such as school fees can also be paid in this way. Moreover, the money is sometimes invested in long-term purchases such as cars or properties. Such investments are often relevant for business activities and generate additional earnings in the medium-term.

Tontines have only received international attention since the second half of the 20th century. Since then, anthropological and sociological research has been carried out. For about 25 years now, the huge "underground" savings have also attracted the attention of governments and global financial institutions.

Since then the formal financial sector has been pondering how to integrate tontines into its business. Doing so makes sense if it boosts tontines' capacities and facilitates major income-generating investments, as was obviously the case with the market of COCOVICO in Abidjan. Caution is needed, however. All too often, commercial micro-finance schemes have led to over-indebtedness of poor people. Moreover, tontine savings must not be lost in speculation, since that would thwart the core purpose of providing social and financial security. ←

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The fig-leaf approach to human rights

The EU is facing a serious crisis of legitimacy concerning its trade policies. To resolve the issues, the EU must refocus on basic European values. Unfortunately, such refocusing has hardly led to tangible results yet.

By Armin Paasch

Protests are arising all over the EU against two planned trade agreements: CETA (Comprehensive Economic and Trade Agreement) with Canada and TTIP (Transatlantic Trade and Investment Partnership) with the USA. In response to the protests, Cecilia Malmström, the trade commissioner, adopted a new strategy called „Trade for all" in 2015. Among other things, it expresses renewed concern for European values as well as democracy.

Malmström's promises include effectiveness, transparency and a focus on values. She pledges to protect Europe's social and regulatory model and to promote human rights, sustainability and the fight against corruption all over the world.

However, the new strategy hardly mentions tangible reform steps that would be necessary to initiate real change. And it is not as innovative as the commissioner would have us believe. The EU has officially been committed to the promotion of human rights in trade relations since the early 1990s. In the Treaty of Lisbon of 2009, it pledged to respect and promote human rights in all dimensions of its external affairs. What really matters, however, is what action the EU and its members actually take.

In terms of substance, the new trade aspirations hardly differ from the old ones. The top priority is to enhance competitiveness and profitability of private-sector companies based in Europe. For this purpose, the EU demands:

- unrestricted market access for European goods, services and investments in all partner countries,
- unrestricted access to resources and public-procurement tenders and
- stronger protection of intellectual property rights.

With an eye to increasing exports, it is still a core concern of the commission to abolish trade barriers. It praises its agreement with South Korea as a model case. This agreement did away with 99 % of all import duties within five years on both sides and helped to boost EU exports by 55 % in three years.

It is remarkable that the new EU strategy stresses the relevance of the agriculture and food sector. According to the commission, the EU is the world's greatest exporter in this sector, but it cannot rise to the top of its potential because of trade barriers.

In the multilateral context of the World Trade Organization (WTO), the EU has accepted preferential treatment for developing countries, but in bilateral negotiations, it insists on reciprocity, only agreeing to a very limited measure of preferential treatment. In its Economic Partnership Agreements, it even ensured that least developed countries such as Burkina Faso abolish 75 % of tariffs. The commission has not heeded – and is still not heeding – civil-society campaigns that have been criticising the EU for decades in regard to dumping strategies, the crowding out of small-holder farmers and the developing countries' increasing dependence on food imports.

With respect to investor protection, the commission emphasises what it calls a fundamental right to regulate. This stance is a response to the vibrant anti-CETA and anti-TTIP movement. The commission now wants to introduce a kind of international investment court system to replace the private panels that have been dealing with disputes between foreign investors and states to date. It insists, however, that foreign investors deserve a special right to sue state agencies. Corporations perceiving unfairness or indirect expropriation can thus claim billions of euros as compensation. They are empowered to take legal action even against reforms that affect land ownership, water supply or health care or serve the protection of social human rights.

Just like the previous strategy, the new one does not foresee any exceptions that serve to protect human rights. It fails to spell out that measures to ensure the rights to food, health or social protection serve „legitimate policy goals". The right to regulate, however, must be rooted in legitimate goals, according to the EU.

Human rights at risk

In recent years, agricultural exports from the EU have put considerable downward pressure on food prices in developing countries. Many smallholder farmers have been plunged into poverty or even crowded out of markets. Relevant products include milk powder in Bangladesh and Burkina Faso, pork in Cote d'Ivoire and tomato paste and poultry meat in Ghana. Such exports have led to infringements of the human right to food and other social rights. In this context, the EU announcement to keep supporting agricultural exports via trade agreements sounds like a threat (see F. Mari in D+C/E+Z e-Paper 2015/9, p. 38 f., and D+C/E+Z print issue 2015/6-8, p. 30 f.).

A second controversial issue is the stronger protection of intellectual property. The agreements the EU has struck with Colombia and Peru, for example, state that the 1991 convention of the Union for the Protection of Organic Varieties (UPOV) applies. According to this international convention, farmers, whenever they use protected varieties, are neither allowed to use what they harvest as seed, nor to

Lissac/Lineair

Excessively cheap EU exports destroy local markets: chicken farm in Senegal.

sell or trade parts of their harvest as seed. These practices are quite common in the Andes however. These rules are likely to raise farms' production costs and ultimately undermine farmers' right to food.

EU trade policies threaten human rights in other regards as well. Exaggerated IP rights limit people's access to pharmaceuticals and thus affect their right to health. Pressure to privatise public services can compromise the rights to education, health and water. The fear of foreign investors' suing them can make governments shy away from indispensable efforts that would safeguard human rights. The EU demand to abolish export taxes, moreover, can spawn additional mining. In this sector, environmental damage and human-rights infringements are all too common.

A pertinent question is thus: how does the EU intend to fulfil its obligation, which is enshrined in the Lisbon Treaty, to respect and promote human rights abroad, including in trade affairs? The commission points out that its strategy includes trade sustainability impact assessments (SIAs) as a routine matter. It is indeed most welcome that the commission has begun to consider human rights a relevant criterion in this context.

The downside, however, is that SIAs are only concluded once trade talks have advanced considerably and it has become difficult to change course. To have an impact, SIAs would have to be carried out before negotiations start. In that case, they could have a bearing on defining the negotiation mandate. Moreover, it would make sense to involve civil society and the European Parliament in making that definition too. If that was done, the SIAs could indeed have a meaningful impact and contribute to redrafting trade policies.

It is well known, however, that not all human-rights impacts are easily identified before a trade agreement takes force. Accordingly, clauses concerning exceptions that serve to protect human rights are needed. Such clauses would ensure that governments have the policy space they need to protect human rights even if the necessary measures do not conform with a trade agreement. In this regard, existing human-rights clauses are insufficient.

Last year, human-rights organisations tried to convince Commissioner Malmström of a new model clause that was drafted by Lorand Bartels, a law expert, on behalf of Misereor and the German Institute for Human Rights. The effort failed unfortunately.

The model clause would rule out that a trade agreement can be read in a way that keeps signatory countries from fulfilling their human-rights duties domestically or abroad. Moreover, the clause would make recurring human-rights impact assessments mandatory, in order for problems to be detected systematically. Finally, the clause would establish a complaint mechanism for civil society and give scope for rewriting the problematical clauses of trade agreements. It is a pity that the EU's trade strategy does not include any of these points.

Conclusion

The EU has the legal duty to respect and promote human rights, including in trade matters. To fulfil this duty, it must reform and strengthen its human-rights instruments. Unfortunately, such a reform is not on the agenda – neither in Brussels, nor in the capital cities of the member nations.

Tribune

So far, talk of human rights serves as a mere fig leaf. The EU's current crisis of legitimacy provides an opportunity to change course. Unless that happens, an end to the crisis is not in sight. ←

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More turmoil to come?

The Democratic Republic of the Congo (DRC) has made some progress towards democracy and stability in the past decade. In 2006 and 2011, democratic elections were held for the first time, and governance improved across the country. However, recent developments indicate that troubled times are not over yet.

By Jonathan Bashi

About 50 people were killed in violent clashes between protesters and security forces in Kinshasa on 19 and 20 September. Opposition leaders had called for mass demonstrations to force President Joseph Kabila to abide by the constitution and call for presidential elections in November. Violent outbursts led to the death of a few police officers and dozens of protesters. There was looting, and the headquarters of political parties (from both the majority and the opposition) were destroyed.

John Bompengo/picture-alliance/AP Photo

Riot police on the streets of Kinshasa during protests in September.

Debate

This year's elections will constitute a key test for the country – if they take place. They should mark the end of Kabila's second and last constitutional term. They are supposed to cement genuine change and democratic alternance at the head of the state. But opposition leaders accuse Kabila and the ruling party of delaying the elections in order to cling to power. Several recent events corroborate these allegations:

- In January 2015, the ruling party tried to pass a new electoral bill which would postpone the elections and allow Kabila to extend his mandate beyond the constitutional limit of two terms. However, after political unrest, which killed four people, the initiative was aborted.
- In May 2016, representatives from the ruling party asked the Constitutional Court to clarify article 70 of the constitution, which defines the number and length of presidential terms as well as the modalities for the installation of a new president. The Court ruled that the incumbent is expected to remain in office until a newly-elected president is installed. This implies that Kabila would stay in power in the case of a delay of the elections.
- In September 2016, the president called a "national dialogue" in an attempt to gather all political leaders. His goal was to reach a consensus to ensure the organisation of peaceful elections within a realistic time frame. The government and the electoral commission said that elections could not take place this year because of a lack of resources, and commentators hoped that the national dialogue would agree on a way to manage the transition after Kabila's term expires. One option would be to let an interim government manage new elections. When this comment was finalised in mid-October, it looked unlikely that the the national dialogue would lead to a definite solution, not least because the majority of opposition leaders boycotted it. They see it as yet another attempt to delay the elections. They insist that Kabila, who has been in power since January 2001, should step down at the official end of his term, on 19 December, and let someone else become president. 19 September, the first day of the bloody protests, was the official date on which the electoral process was supposed to begin.

Several commentators and foreign chancelleries have warned of continued insecurity in the coming months, some even going as far as talking of a looming civil war. Indeed, recent events portend a political deadlock and more turmoil by the end of the year. On the one hand, it looks very unlikely that the elections will take place in November, as originally planned. On the other hand, opposition leaders have called for more demonstrations and set an ultimatum for Kabila to step down by 19 December. Otherwise they would use force. In addition, ordinary people feel frustrated and left out. They live in misery, and the gap between the rich and the poor continues to widen, while political leaders and their relatives seem to be privileged.

All these factors are fuelling tensions and make the future look grim in the DRC. Perhaps the international community could contribute to peace and stability by giving a special mandate to the UN mission in the country. Thus, MONUSCO could help to ensure the safety of the people in the coming months and to maintain pressure not only on the ruling party but also on opposition leaders. Both must abide by the constitution and other fundamental laws and act responsibly to advance democracy and avoid chaos and more bloodshed in the DRC.

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Conservative innovators

On the basis of new data, a clear picture emerges on what innovation potential can be expected of smallholder farmers. What they need most is better financial services and competent advice.

By Lukas Borkowski, Tobias Stöhr and Linda Kleemann

GIZ is running a programme called "Green Innovation Centres for the Agriculture and Food Sector" (Grüne Innovationszentren in der Agrar- und Ernährungswirtschaft) on behalf of Germany's Federal Ministry for Economic Cooperation and Development. The centres are designed to drive rural change in 13 developing countries.

In a baseline study for this programme, we surveyed more than 5,300 smallholder farmers. We collected data in Burkina Faso, Cameroon, Ethiopia, Ghana, India, Malawi, Nigeria, Togo, Tunisia and Zambia. Focus group discussions served to put the survey data in context. The goal was to understand what makes farmers take a new approach. For our purposes, "innovation" means that something is new to the farmer, not to the world. Our data confirm the conventional wisdom that smallholder farmers tend to be conservative. Only one third of the interviewed had introduced at least one innovation in the past 12 months, while 45 % planned to do so in the next 12 months. The most popular kinds of innovations, both implemented and planned, were:

- opting for new or improved seeds or animal breeds (31%),
- switching to new planting methods (23%) and
- starting crop rotation (16%).

The respondents thus appreciated low-cost innovations that are implementable on a small scale. This pattern is particularly evident among poor farmers who live close to the subsistence level. A possible reason is that they can hardly risk failure since they lack savings and safety nets to cope with losses.

Focus group discussions showed that participants carefully weighed the risk of an innovation failing against the status quo. Staying able to cope with short-term shocks mattered at least as much to them as the gains an innovation is expected to deliver. If poor farmers adopt an innovation, it is therefore likely to not cost much and be implementable small-scale.

Farmers showed interest in more sophisticated and expensive innovations with potentially greater impacts, but they clearly indicated their inability to finance such measures from cash-flow, borrowing or savings. One in five farmers said inadequate access to credit was a reason they could not innovate. Relevant issues included prohibitively high interest rates, excessive collateral requirements and administrative burdens.

Moreover, the farmers wanted better information on the risks of an innovation. They were likely to refrain even from low-risk innovations if they heard of those approaches having failed somewhere.

The data suggest that the best way to boost smallholders' innovativeness is to ensure they have access to sufficient funding so they can handle the innovation itself as well as its potential downsides. Moreover, they need reliable advice to take informed decisions. The data show that many farmers accuse existing services of being biased and not paying enough attention to risks. However, our data show that the farmers' satisfaction with the existing extension services differs not only between countries, but between value chains too.

To make innovations more attractive to smallholders and reduce the risks they perceive, it is important to test innovations locally and minimise the failure rates. This applies particularly to new or improved seeds, the most common kind of innovation.

More generally speaking, the evidence suggests that it makes sense to put more emphasis on knowledge-based change than merely focus on technology-based innovations. What smallholders need most of all, is better financial services and professional advice.

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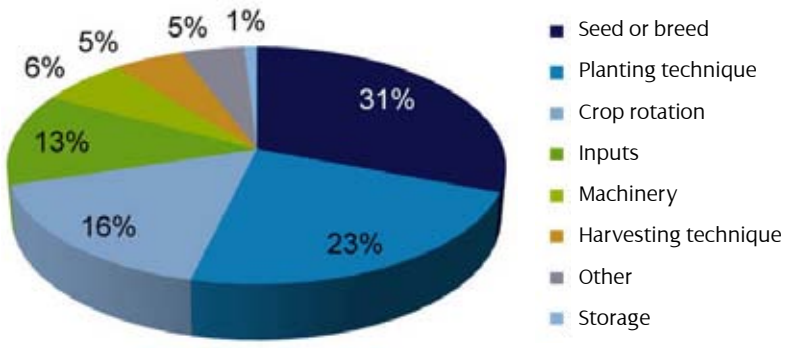
Innovation types introduced in the past year



Rehabilitate the victims

Five decades ago, Indonesia experienced one of its worst traumas. A military coup toppled President Sukarno, the post-independence leader, and the new regime started to hunt down followers of the Indonesian Communist Party (PKI). The trauma still haunts the nation.

By Edith Koesoemawiria

The clampdown in 1965/66 probably claimed more than 1 million lives. This number is an estimate. There are no exact figures. General Suharto, the military dictator, made sure the violence was never properly investigated or researched. He stayed in power for three decades, spreading fear in a nation that had stood united against Dutch and Japanese imperialism. Being related to or associated with anyone considered a communist could mean incarceration, torture and death or the loss of one's job.

Since 1965, two new generations have grown up in Indonesia. The country now enjoys freedom of speech, a free media and open internet access. However, the history of Suharto's power has not been dealt with in public in a systematic and coherent manner. What happened is still not common knowledge, and aversion against anything that might be considered "leftist" remains strong.

In 1998, a popular uprising ended Suharto's regime. Abdurrahman Wahid, who was elected president in 1999 and served for two years, actually apologised to victims in public, but his stance unfortunately remained exceptional.

Historical research became possible, however. Jakarta-based intellectuals formed the Yayasan Penelitian Korban Pembunuhan 1965/1966 (Investigation Foundation for Victims of the 1965/1966 Massacre). It ran into violent opposition when it sponsored the exhumation of corpses from mass graves in Central Java in 2000.

Bones of local people who had been buried in the Kaliworo forest after being killed as alleged communists were found. Local villagers watched the unearthing of several mass graves. The skeletons were brought to a hospital in Jogjakarta for further forensic investigation, which confirmed the crimes.

News of this systematic attempt to deal with the traumatic past spread like bushfire. Emotions ran high, and some political forces felt offended. A group of self-declared Muslim patriots attacked the multi-faith reburial of the bones that was planned on 24 March 2001. They beat people, broke urns and cast bones around. The reburial had to be cancelled. The event showed that whoever tackled past events was risking trouble.

That is still the case. From January 2015 to May 2016, government agencies and non-government agitators prevented at least 40 events at which civil-society activists had wanted to discuss 1965/66.

Donal Husni/picture-alliance/NurPhoto

Making a statement in Jakarta: the writing on the umbrella means: "Resolve the 1965/1966 case."

On the other hand, civil society has made inroads concerning the review of Indonesia's darkest times. Mass graves have been documented across the country. Small community tribunals have created spaces for truth and reconciliation. The National Commission of Human Rights even prepared an investigation report in 2012, but its recommendations were put on ice.

To move matters ahead, Indonesian and international human-rights organisations hosted what they called the International People's Tribunal 1965 in The Hague. Its final report was published in July and found the Suharto regime guilty of gross human-rights violations. Its proposals include:

- The current government of Indonesia should acknowledge the atrocities.
- It should apologise to victims and rehabilitate them.
- Those responsible for crimes should be tried in a court of law.

Similar proposals had been considered by the National Commission of Human Rights.

A lot remains to be done. School history books must be revised, for example. So far, what people know, is based almost exclusively on the individual testimonies of victims and perpetrators, many of which have been documented in books and films. To help Indonesia come to terms with the past, such knowledge should be backed up with systematic historical analysis. So far, rumours and anecdotes support too many diverging interpretations of what really happened.

Government agencies should heed the recommendations of the International People's Tribunal. Understanding what happened 50 years ago will make Indonesia a stronger and more responsible nation.

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Much needed injection of capital

The China-Pakistan Economic Corridor (CPEC) is a huge and ambitious infrastructure project. If it works out well, it could jumpstart Pakistan's economy.

By Afshan Subohi

The CPEC's guiding idea is to link China's western regions to the Arabian Sea. The plan is to build an up-to-date commercial port in Gwadar and modernise road, rail and other infrastructure projects from there to the Chinese border in Pakistan's northeast. The approach is quite comprehensive and includes power stations, airport facilities, a metro line in Karachi and even primary schools.

The CPEC is getting massive funding. So far, $ 51 billion of foreign money has been committed to investments in Pakistan. This sum includes yet another $ 5.5 billion loan that China's government pledged in September on top of its prior commitments. The Asian Development Bank (ADB) had earlier increased its pledges by $ 2.5 billion, and the new Asian Infrastructure Investment Bank, which is based in Beijing, will contribute $ 300 million, partially in a cofinancing scheme with the ADB (see D+C/E+Z e-Paper 2016/06, p. 4).

Construction work has begun in Pakistan and is apparently progressing well on several sites. The CPEC is a showcase model for what China wants to achieve with its One Road One Belt policy. This policy is designed to facilitate growth by improving transport and business options outside the People's Republic.

The massive capital injection may jumpstart Pakistan's economy, which desperately needs investments. In the past financial year, the ratio of investments to GDP was a mere 15 %. In 2006/07 it had been 20 %. Under- and unemployment are serious problems, especially in view of Pakistan's huge youth bulge.

Pakistan's investment climate is adversely affected by several issues. Pakistan only returned to democracy in 2008. Institutions tend to be weak, policies incoherent and mistrust between provinces is strong (see D+C/E+Z e-Paper 2016/09, p. 26 – print edition 2016/09-10, p. 34). The country has a long history of poor governance. Moreover, it is located in a volatile neighbourhood, with Afghanistan and Iran in the west, India in the east and China in the northeast. The wars in Afghanistan and militant violence have severely affected Pakistan.

Many Pakistani business houses prefer investing abroad to building productive capacities at home. To many of them, it looks less risky to invest in Bangladesh, Vietnam, Singapore or Malaysia, for example. When the real-estate bubble burst in Dubai and other places in the Gulf states a few years ago, massive investments from Pakistan were uncovered.

The CPEC could well make a difference. According to Finance Minister Ishaq Dar, Pakistan desperately needed a major investment push to escape its "low-investment, low-growth cycle". In his eyes, CPEC is providing that thrust.

Zahir Shah, who is in charge of the CPEC at Pakistan's Ministry for Planning, Development and Reform, says: "We expect a million jobs to be created in Pakistan in the short run." He adds that the "long-run impact will be tremendous", but cannot be fully assessed yet. According to him, Chinese work culture and speed are amazing.

The CPEC has serious geopolitical implications. Pakistan has long been allied to the USA, but the mood has soured, not only because of the war in Afghanistan. Moreover the IMF, which is dominated by western powers, imposed austerity on the country, hampering its economic development. In this context, Chinese trust in Pakistan's potential looks inspiring.

Pakistan's leaders are enthusiastic, and the Chinese patrons are unwavering. Whether that is sufficient for ensuring timely completion remains to be seen. Several CPEC-related energy projects have already hit snags, primarily because they were prepared in haste. Private-sector partners now want to renegotiate deals or drop out entirely.

Some setbacks are to be expected in any major infrastructure project. If there are too many of them, however, projects get derailed. A big question is thus whether Pakistan's institutions prove strong enough to implement the CPEC effectively. If they do, they may actually turn around the country's economy in the long run.

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Debate

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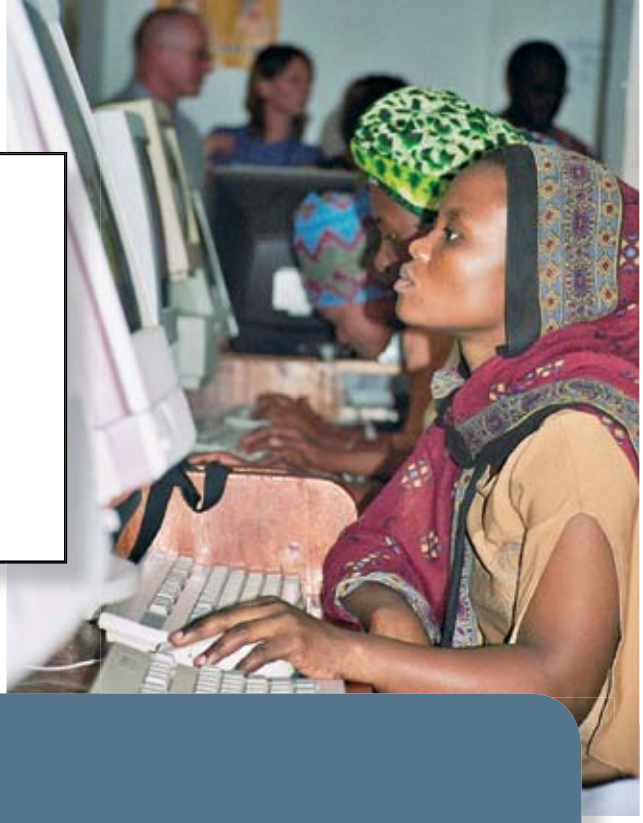

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