

IHP news 675 : MC12

(17 June 2022)

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

Dear Colleagues,

This newsletter issue won't focus on the despicable UK asylum deal with Kagama's Rwanda, but we'll obviously pay a hefty amount of attention to the **12th WTO Ministerial Conference (MC12)**, with among others, the TRIPS waiver (*or whatever "that thing" has become by now*) on the agenda. Including with a section on some last-minute advocacy and analysis, ahead of and during MC12. Chances are – I'm writing this on Wednesday morning - this rather sorry spectacle will (have) end(ed) either with countries walking away from the table (*well, provided they were allowed in that notorious 'green room' in the first place*), or some sort of Frankenstein "package deal/compromise". My money is on the latter. While I'm all for compromises, in principle – as this is how democracies should work – in this case, given that this hasn't been exactly a "democratic process" over the past year and a half, I have severe doubts whether just walking away from the table wasn't the best option for LMICs, at least when it comes to the "TRIPS waiver" related stuff. Humming along with Bono Vox, *'Walk away, walk away, I will follow...'* (*addendum: it's now early Friday morning, and it appears indeed a 'package deal' has been accepted. Let's see what the fine print says in the days to come....*)

Other events worth flagging this week are the **6th annual Health Financing Forum (AHFF)** and another **meeting of the Intergovernmental Negotiating Body (INB)** which is meant to arrive at some sort of '**pandemic accord**' in the coming months and years. In Rome, there's also a **World Health Summit regional meeting** ongoing. (*I'm personally very curious, amongst others, about the catering ☺*.) And from the 110th International Labour conference came this upbeat news: **"The principle of a safe and healthy working environment was adopted to be included in the International Labour Organization's Fundamental Principles and Rights at Work in a landmark decision..."**

Over to the **planetary health** front. These days the '**Borgen**' scenarists must have plenty of material for their next Netflix season, whether on the geopolitics involved around **African gas** (*craved these days by many European leaders*), the timing of Joe's upcoming visit to Saudi Arabia, Ursula's new geopolitical romance with Israel... So, the "g(l)as(s) half-full person" in me thinks, even if the planet is perhaps **doomed**, at least it'll all be on Netflix ☺!

Finally, and linked to the previous paragraph: whether we like it or not, Global health is now (also) a geopolitical issue (*or perhaps more accurately: even more so than before*), as was mentioned at a recent **webinar** on the forthcoming (renewed) **European Global Health Strategy**, a focus of the French presidency of the Council of the EU. To be finalized by the end of the year. Next week, it'll also be a topic at the **European Development Days**, in Brussels. Among the aims: for Europe to speak with 'one voice' on global health. You can't help to wonder what that will mean if you see how polarized most European countries are these days, with France as an obvious case in point.

Enjoy your reading.

Kristof Decoster

Featured Article

Decolonization, LGBTQI+ and shifting the power – but it is getting hot.

Willem van de Put (ITM)

When I come across a sentence [like](#) - hold your breath - this one, “*achieving systemic transformation under the banner of climate justice requires that we deconstruct power relations and gender norms as colonial social constructs from an intersectional and community-based perspective*”, I tend to grab an [extra cup of coffee](#). How shall I “walk the walk” of all this in my next ecologically footprint- enhancing trip overseas to change the behaviour of people who have not invited me?

Last week it helped a little to read about [Frans de Waal's](#) new book, *Different: What Apes Can Teach Us About Gender*. A lot, it turns out. In the book, he tries to ‘put the biology back into [gender](#)’. His insights seem to confirm stereotypes (quite some male apes seem to like playing with toy cars, and female apes with dolls) which illustrates how ideas about an ideal world are often disturbed by this irritating habit of [lived realities](#) to be different from what we want them, perceive them or construct them to be – whatever [language](#) we use.

This difficult relation between ‘[is](#)’ and ‘[ought](#)’ made me think of the turmoil that broke out when the Parliament of Uganda passed the Anti-Homosexuality Act, back in 2013. Countries [cut](#) development aid because Uganda dared to ignore warnings from the international community not to criminalize gays. The irony that British colonial administrators [introduced anti-gay laws](#) in the first place was missed by many. Inspired by King Henry VIII, who signed the [Buggery Act](#) in 1533, British colonial rule installed [anti-gay laws](#) throughout the nations of the [Commonwealth](#).

Why was I thinking of all this? Perhaps because I find myself at times struggling how to reconcile important concepts like ‘decolonization’ and ‘shifting the power’ through a ‘[rights-based approach](#)’ with our own line of work – public health. Let me share my struggle moving up in a ‘bottom-up’ way, from the local all the way to the global level.

From the local to the global arena

At the local level, I have learned how to work in a setting that it [structurally unfair](#). When working on gender and LBTGQ+ issues I am often told about local customs and traditions that are not in line with the rights-based approach. Yet, when we talk about LBTGQ+ issues, it always becomes interesting to see what we actually mean. It is far from clear, for example, what we mean by ‘homosexuality’, apart from the rather unromantic notion of ‘men having sex with men’ (MSM) that was adopted for [practical reasons](#) by HIV/Aids researchers. Men have (had) sex with men in many different contexts and times, even if the ancient [Greeks](#) or [Indians](#), the [Afghans](#), the [Baruya](#) or many different groups in [Africa](#) or [Melanesia](#) would never would (have) label(ed) this as ‘homosexuality’. As for another gendered issue, when doing research for a ‘She Decides’ project of

Enabel on [FGM](#), quite a few women in Guinea told me squarely that they will indeed decide for themselves on intimate issues affecting their own bodies - while also pointing at the double standards (see [Female Genital Cosmetic Surgery](#) in the West) in the process. This leads to interesting frictions between the universal right to [bodily integrity](#) and the 'Western [position](#) on FGM' against a background of [decolonization](#).

Our partner organisations are well aware that not only society, but many of their own employees do not accept [LGBTQIA+](#)'s. Yet they comply with a human rights-based approach because they believe that culture is not static (as shown above), [education](#) helps, and that there is nothing 'colonial' about giving people options. As long as we are aware of our '[foreign gaze](#)' and are honest and open about our motives and '[positionality](#)'. In fact, using that positionality helps a lot in '*co-creating change*' (my god, these words....).

At this local level I noticed it helps to bring up my own position and privilege from the beginning. I can ask the people that did not invite me what they think that I think gives me the right to interfere, and how I dare to question local behaviour. To legitimize my presence, I use a lesson I learned from former Dutch politician [Jan Pronk](#), who emphasises that we need some degree of universality if we want to (legitimately) push for transformative change in a world of many contesting values, religions and politics, certainly in settings that are not our own. He [argues convincingly](#) that we have the Universal Declaration on Human Rights – and not much else. It is only on that common ground, however narrow, that we can find ways to stop abuse, improve health, and think about how to do that.

When it comes to *how* we go about making change, I apply a lesson I learned from medical anthropologist [Cecil Helman](#). He taught me that you always have a right to ask why people do what they do. Then you simply [keep asking](#), until people start reflecting on their own answers, which is when you really – at least if you know how to [listen](#) – can begin to understand alternative realities. That attitude can be turned into a [technique](#) which delivers transformational change (*an [example](#) of a similar approach from South India was presented last week by [Prashanth Srinivas](#) at ITM*).

So far, no problem. It is when we leave the cosy level of the community and try to bring lessons learned to the national level that things get more [complex](#) (in terms of governance, [research](#) impact etc). An even fiercer battle starts when moving to the global level. When we try to scale [up, scale deep, or scale sideways a tested](#) 'co-created intervention', or check if it may even [trickle up](#), our positive approach quickly bumps into the hard reality of [realpolitik](#). In "pragmatic" [power play](#) at the global level, the human rights discourse often changes from an [empowering](#) norm for health policy into an [instrument of Western power](#). Our knowledge of pathways to sustainable change, like [adaptive change](#) and the [multi-level perspective](#), turn out no match for the guardians of 'the system' – those that meet in Davos annually to make sure that [nothing really changes](#). Even though we learned lessons on '[spreading civilization](#)' through bloody colonialism and that democracy doesn't work from [the point of a gun](#), epidemics show us that colonialism and blood are still [connected](#), while the temptation to start another [human rights-based war](#) more often than not takes the attention away from 'health for all'. You know, the stuff this newsletter is all about.

It's getting hot

So having reached this global level, my struggle is double. Structural [action](#) is needed because global health governance is only very loosely related to [the right to health](#). Structural action requires system [change](#) – difficult but long overdue, and thus an undeniable part of progress. But then I hear the rattling hooves of the four [horsemen](#) of the apocalypse, struggling to bring more than seven

plagues to us, apparently in stiff competition with each other to eradicate us all...shall it be the flash of nuclear power, a pandemic caused by one of the [40.000](#) lurking viruses, generously assisted by [antimicrobial](#) resistance, or just a an ordinary old-fashioned war, plus famine and [migration](#), all egged on by the climate emergency? It seems more than even Hollywood can handle!

Like a rabbit in the headlights I have to choose between just reacting to the shocks or fixing the system. Or should we try both, like '[adaptation with robustness](#)'? Looking at the dazzling first line of this blog, do we actually have enough time left to achieve "systemic transformation under the banner of climate justice"? And when shall we start "deconstructing power relations and gender norms as colonial social constructs from an intersectional and community-based perspective"?

Well, better get started anyway, I say. The rabbit is frozen because she doesn't know whether to fight or flee – but freezing won't fool the climate either. Perhaps there is just time left for another [stimulating](#) cup of coffee – and then let's [get to it!](#)

Highlights of the week

Social Determinants of Health

BMJ GH Editorial - Going global with social determinants of health: some reflections

S Venkatapuram; <https://gh.bmj.com/content/7/6/e009799>

The read of the week.

Venkatapuram comments on a new research article on public understanding of SDH across some countries. More in particular, this new **BMJ GH article (by S Abdalla et al) – [What matters for health? Public views from eight countries](#)**. Also an interesting read.

*"Despite growing scholarship on the social determinants of health (SDoH), wider action remains in its early stages. Broad public understanding of SDoH can help catalyse such action. **This paper aimed to document public perception of what matters for health from countries with broad geographic, cultural, linguistic, population composition, language and income level variation.....**"*

6th Annual Health Financing Forum (AHFF) (June 14-16)

https://www.worldbank.org/en/events/2022/06/14/financing-primary-health-care-opportunities-at-the-boundaries?cid=hnp_tt_health_en_ext

The World Bank, USAID and the Global Financing Facility, with the support of GIZ, hosted the **6th Annual Health Financing Forum (AHFF) on June 14 to 16, 2022**. This year's AHFF focused on approaches to mobilizing and pooling funds to pay for primary health care (PHC).

Concept note: <https://thedocs.worldbank.org/en/doc/7694bee9048fcc014ad3157d59e1f9fc-0200022022/related/Sixth-Annual-Health-Financing-Forum-Concept-Note-final.pdf>

To give you a flavour, this **tweet from Agnès Soucat** (who has been tweeting throughout the forum):

“@WorldBank acknowledges setback on #UHC -increase in financial hardship globally -stalling and even decrease of key coverage indicators This happens against the backdrop of massive increase of ODA for health. How to design new health financing instruments that work for #UHC?”

See also hashtag [#AHFF2022](#).

Monkeypox

Reuters - WHO set to decide if monkeypox represents health emergency

[Reuters](#):

“The World Health Organization will convene an emergency committee on Thursday next week to assess whether the monkeypox outbreak represents a public health emergency of international concern....”

For more detail, see HPW - [Tedros Convenes WHO Emergency Committee to Discuss Monkeypox Outbreak](#)

“... This follows the spread of the disease in at least 32 new countries outside of the nine African countries where it is endemic, with 1,600 confirmed and a further 1,500 suspected cases reported to the WHO. “The global outbreak of monkeypox is clearly unusual and concerning. It’s for that reason that I have decided to convene the Emergency Committee under the International Health Regulations next week to assess whether this outbreak represents a public health emergency of international concern,” Dr Tedros told a media briefing on Tuesday.”

“... The WHO is also discussing changing the name of monkeypox and its clades, currently known as the Central Africa and West Africa clades. The WHO is also in discussion with member states about “equitable access” to the smallpox vaccine for monkeypox....”

See also UN News - [WHO to determine if Monkeypox should be declared ‘Emergency of International Concern’](#)

“WHO also published on Tuesday new guidelines on vaccination against Monkeypox.”

PS: and via [Politico’s Global Pulse](#) :

“The declarations still matter, and monkeypox meets the standards for one, said Lawrence Gostin, a public health law professor at Georgetown University. “Tedros was right to convene an emergency committee under the International Health Regulations,” he wrote in an email to Global Pulse, adding

that monkeypox meets the criteria for a global health emergency.” ““It is far better to take monkeypox seriously as a global health threat rather than to wait and see,” Gostin said. “A ‘wait and see’ approach could let the virus spiral out of control.””

AP - WHO to share vaccines to stop monkeypox amid inequity fears

<https://apnews.com/article/covid-health-pandemics-united-nations-world-organization-a4848839d86d2d0810000d918b6bd0d>

“The World Health Organization said it’s creating a new vaccine-sharing mechanism to stop the outbreak of monkeypox in more than 30 countries beyond Africa. The move could result in the U.N. health agency distributing scarce vaccine doses to rich countries that can otherwise afford them. To some health experts, the initiative potentially misses the opportunity to control monkeypox virus in the African countries where it’s infected people for decades, serving as another example of the inequity in vaccine distribution seen during the coronavirus pandemic.”

“WHO Director-General Tedros Adhanom Ghebreyesus said the agency is developing an initiative for “fair access” to vaccines and treatments that it hopes will be ready within weeks. The mechanism was proposed shortly after Britain, Canada, France, Germany, the U.S. and other countries reported hundreds of monkeypox cases last month....”

“Some African experts questioned why the U.N. health agency has never proposed using vaccines in central and West Africa, where the disease is endemic. “The place to start any vaccination should be Africa and not elsewhere,” Dr. Ahmed Ogwell, acting director of the Africa Centers for Disease Control and Prevention, said. He said the lack of any vaccines to counter monkeypox on the continent, where more than 1,500 suspected cases and 72 deaths have been reported this year, was a more critical concern than the clusters of mostly mild disease being reported in rich countries.....”

Science - Rename monkeypox to remove geographic stigma, researchers say

<https://www.science.org/content/article/rename-monkeypox-remove-geographic-stigma-researchers-say>

From late last week. *“Proposal would avoid references to West African and Congo strains.”*

“.... The name “hMPXV A.1” may not roll off the tongue, but a prominent, international group of researchers contends that something like it should replace the current naming system for monkeypox and its so-called West African and Congo Basin strains. “In the context of the current global outbreak, continued reference to, and nomenclature of this virus being African is not only inaccurate but is also discriminatory and stigmatizing,” write 29 co-authors from 11 countries in a [preprint posted on virological.org \[today\]](#). They further note that the strain now circulating in people outside Africa is probably distinct from the virus in animals—and they “urge a speedy decision and adoption of a new name.” The call echoes previous debates over the names of other diseases and pathogens, including a recent one that led to the current nomenclature for SARS-CoV-2 variants, with Greek letters replacing geographical names like the Wuhan or South African strain. Similarly, the preprint authors want a “practical and neutral system of nomenclature” used for monkeypox.”

“... Oliveira and colleagues on the preprint suggest human monkeypox (hMPXV) as a placeholder name with numbers representing clades: 1 for Congo Basin as it was the first to be detected, 2 for West African, and 3 for the current strain, which might inappropriately be named the “Euro” clade. Lineages within a clade could use the alphabet, as SARS-CoV-2 does with Omicron BA.5, for example. The group has already discussed its ideas with the World Health Organization (WHO) and the International Committee on Taxonomy of Viruses (ICTV).....”

See also Stat - [‘Discriminatory and stigmatizing’: Scientists push to rename monkeypox viruses](#)

Politico - U.S. orders 500,000 monkeypox vaccines to be delivered this year

<https://www.politico.com/news/2022/06/10/us-monkeypox-vaccine-00038776>

Seems like at least some hoarding by rich countries is again happening. *“The order is larger than earlier ones to the U.S. and represents a significant escalation in the fight against a growing monkeypox outbreak.” “.....The U.S. order comes as the vaccine is in short supply in many countries — and as several nations work with Bavarian Nordic to ink contracts for more vaccines. Other countries have reported having some doses stored and orders out with Bavarian Nordic, but none have announced a number of doses nearly as large as the U.S. — a figure likely to grow over the coming years.....”*

Reuters - Africa reports 1,597 suspected monkeypox cases, 66 deaths this year - CDC

<https://www.reuters.com/world/africa/africa-reports-1597-suspected-monkeypox-cases-66-deaths-this-year-cdc-2022-06-16/>

“Africa has documented 1,597 suspected cases of monkeypox since the start of 2022, of which 66 have been fatal, the acting director of Africa's top public health agency Ahmed Ogwel Ouma said on Thursday.”

- See also Reuters - [WHO getting monkeypox tests for Africa, urges vaccine readiness](#)

“ The World Health Organization (WHO) is in the process of procuring thousands of monkeypox tests for Africa but is not recommending mass vaccination at this stage, WHO Africa Director Matshidiso Moeti said on Thursday. She added that the continent should be prepared for vaccination should the need arise.....”

HPW - Monkeypox: WHO at Crossroads Over Global Allocation of World’s Very Limited Vaccine Doses

<https://healthpolicy-watch.news/monkeypox-who-limited-vaccine-doses/>

“Rich countries are rushing to get doses – but African countries say they should get the vaccines first for a disease endemic to the continent. “

“A plan by the World Health Organization (WHO) to create a vaccine sharing mechanism that will attempt to provide equitable access to vaccines effective against monkeypox disease will only be acceptable if the sharing of vaccine doses begins in Africa – where the disease burden is highest, says Dr. Ahmed Omgwell Ouma, Acting Director of the Africa Centres for Disease Control and Prevention (Africa CDC). Ouma told Health Policy Watch on Thursday that while the Africa CDC supports making the vaccines available, they should be distributed first where the disease is endemic....”

PS: ***“... Africa CDC and WHO confirmed that the new wave of monkeypox also now appears to be spreading outside of Africa’s endemic zone, with fresh cases reported in Ghana and Morocco – two countries where it is not typically seen.”***

And a few links:

- Reuters - [WHO looks into reports of monkeypox virus in semen](#)
- CGD (blog) – [Containing Monkeypox: The Path Towards a More Equitable Response](#) (by E Smitham & A Glassman)

“In this blog, we explore the potential scale of this unanticipated global transmission, explain why targeted smallpox vaccination wasn’t deployed to deal with earlier outbreaks in sub-Saharan Africa, and what policymakers should do now to control this outbreak....”

TRIPS waiver & WTO’s MC12 (12-15, stretched to 17 June)

In this first section on MC12, we focus on the **negotiations and other news** (from WTO in Geneva) from this week, more or less chronologically. As you know by now, it ended with some ‘happy end’ (a **‘package deal’**), early Friday morning. Whether the same is true in the TRIPS waiver saga, is another story.

In the next section, we offer some **(last-minute) advocacy and analysis**, mostly from end of last week.

HPW - WTO Opens with Note of ‘Cautious Optimism’ on Prospects for Agreement over Fisheries Subsidies and COVID Vaccine IP Waiver

<https://healthpolicy-watch.news/wto-opens-with-cautious-optimism-but-civil-society-protests-lockout/>

On Sunday. ***“The World Trade Organization’s Director General Dr Ngozi Okonjo Iweala said she was “cautiously optimistic” about the potential for WTO members to reach long-delayed agreements on issues such as a limited IP waiver for COVID vaccines as well as a decision to curb harmful fisheries subsidies that allow big industrial rigs to plunder the oceans – depleting global fish stocks and harming food security for billions of people. Iweala spoke at a press briefing Sunday just ahead of the opening of WTO’s long-delayed 12th Ministerial Conference (MC12) that afternoon.***

... Civil society groups, however, protested being locked out of the physical conference corridors on opening day, saying that the last-minute move by WTO, ostensibly on security grounds, had “sidelined” voices of dissent at the meeting, being attended by over 100 trade ministers. “

“... In her formal statement at the conference’s ceremonial opening, Iweala urged WTO members to move ahead assertively on the wide range of issues before them – and thus ensure the continued relevance of the global trade body to multilateral policy-making. “Strengthening the multilateral trading system is a global public good that we have collectively and carefully built up over 75 years,” Iweala said. Her speech set out key points of focus for the debates of the next three days – around agriculture and food security, as well as draft agreements on fisheries subsidies and a waiver on some WTO TRIPS provisions on the use of intellectual property – for the purpose of COVID-19 vaccine production. “

“... On the much discussed IP waiver – as well as a companion “trade and health” draft declaration reducing barriers to trade in essential medicines and inputs, Iweala urged ministers to “please let’s do it.”

- See also Reuters - [WTO chief sees rocky road for trade deals at global meeting](#)

*“World Trade Organization chief Ngozi Okonjo-Iweala expressed **cautious optimism on Sunday** that more than 100 trade ministers meeting in Geneva **would achieve one or two global deals this week, but warned the path there would be bumpy and rocky.**”*

*“The director-general from Nigeria said the world had changed since the WTO's last ministerial conference nearly five years ago. ... “I wish I could say for better. It has certainly become more **complicated,**” she told a news conference before the June 12-15 meeting, listing the COVID-19 pandemic, the Ukraine war, and major food and energy crises as pieces of a **“polycrisis”**”*

HPW - Pyrrhic Victory if WTO Agrees to Patent Waiver for COVID-19 Vaccines

<https://healthpolicy-watch.news/pyrrhic-victory-if-wto-agrees-to-patent-waiver-for-covid-19-vaccines/>

State of affairs as of Tuesday. Well worth a read.

*“After nearly 18 months of debate, World Trade Organization (WTO) members now appear likely to approve a limited waiver of patent rights on COVID-19 vaccines in their closing session on Wednesday. But if the **current draft text is approved** as it stands, it may be a pyrrhic victory for the medicines access groups that fought for months for a broad waiver of intellectual property (IP) rights on medicines, tests and vaccines, first proposed by **India and South Africa in October 2020.** “*

*“Those civil society advocates are nervously eyeing the draft waiver’s provisions, which they fear could even set a bad precedent for future accords – a precedent worse than the limits currently contained in the WTO’s **Agreement on Trade Related Aspects of Intellectual Property Rights** (TRIPS).*

... The biggest criticism from civil society about the decision likely to be adopted Wednesday is that the waiver is limited to COVID-19 vaccines, now in surplus, while omitting reference to tests and treatments where access is often more uneven. Potentially, the waiver’s provisions could be

extended in the future to tests and treatments, but text explicitly stating that remained in brackets as negotiations over the final details continued Tuesday evening. “

“Speaking at a WHO press briefing Tuesday, WHO’s Director-General Dr Tedros Adhanom Ghebreyesus echoed the civil society frustrations about the dramatically pared-down scope of the waiver text. “As I have said many times, the TRIPS waiver was created for use in emergencies. So if not now, then when? I hope countries will come to an agreement on a waiver not just for vaccines, but for diagnostics and therapeutics as well,” said Tedros. ...”

“... other nuances in the near-final waiver text are even more of a concern for the civil society legal experts who follow WTO closely.”

“... The one potential “improvement” in the waiver language, medicines access advocates say, is that reference to those “notification” requirements, as required under [31 bis](#) have been streamlined somewhat. Whereas under the existing rules, countries producing and exporting a health product under a compulsory license have to notify WTO officially of its moves ahead of time, the language in the IP waiver for COVID-19 vaccines states that such notification may take place “as soon as possible after the adoption of the measure.””

“... The limited waiver process has snowballed, and will likely be carried forward Wednesday largely by ministers who need to show a political result out of the WTO, which critics have accused of being more and more irrelevant anyway. ...”

“Meanwhile, [James] Love and his allies are setting sights on new initiatives and formulas to shake up the trade body, one being a “public goods” platform where countries could commit under existing WTO rules to ensure that its public funding for new health-related R&D contains formulas for open-licensing of resulting medicines or vaccines innovations – or at the least, the open publication of trial results and research findings.”

HPW - WTO Ministerial Conference Extended for Another Day as Pressure Builds for Results

<https://healthpolicy-watch.news/wto-ministerial-conference-extended-for-another-day/>

Coverage on Wednesday.

“The World Trade Organization is extending its 12th Ministerial Conference (MC12) for a fifth day, buying time for delegates to negotiate some tough deals in five main areas: the pandemic response, COVID-19 vaccines, fishing subsidies, food shortages and agriculture. The long-delayed ministerial conference, which opened on Sunday and was originally planned to close on Wednesday evening, is now scheduled to last until Thursday afternoon as pressure built for the WTO to show real results from the meeting, the first in five years. ...”

“... Meanwhile a wave of opposition was building to the terms of a proposed waiver of parts of the 1995 TRIPS Agreement, a major intellectual property agreement.... Some 150 civil society groups delivered a letter to WTO trade ministers calling on them to include tests and treatments in the waiver terms, along with vaccines, and to remove a complex series of limitations on the

export, import and potential re-exportation by third party countries of any generic products manufactured under the waiver.....”

Open CSO letter to WTO Trade Ministers: Do not accept the current draft, demand a real Waiver

<https://msfaccess.org/open-cso-letter-wto-trade-ministers-do-not-accept-current-draft-demand-real-waiver>

The abovementioned letter from civil society.

FT - India attacks rich countries over vaccine charges and fishing

<https://www.ft.com/content/92721b1f-c161-4b9e-8ee8-105c8b01b4c3>

Coverage of Tuesday uproar, caused by the Indian trade minister. *“Commerce minister’s surprise remarks put WTO agreements at risk.”*

“India has criticised developed countries for overcharging for vaccines and overfishing the high seas in a dramatic intervention that could torpedo agreements in those areas at the World Trade Organization’s ministerial meeting. Piyush Goyal, India’s commerce minister, took the unusual step of publishing his remarks to fellow ministers in closed-door sessions in Geneva on Tuesday....”

PS: “ *This is simply industrial policy for India, allowing their generic pharmaceutical companies to make money,*” said one diplomat in Geneva, who declined to be named.....”

TWN - WTO: UK, Swiss and US positions likely to stymie WTO negotiations

<https://www.twn.my/title2/health.info/2022/hi220605.htm>

As always, it’s also good to check analysis by Third World Network, as discussions developed over the week. Eg this article:

“.... With the apparent exclusion of India from the “green room” meeting on fisheries subsidies on 13 June, it appears that the proverbial policy of “divide-and-rule” is becoming the norm at the World Trade Organization’s 12th ministerial conference (MC12), said people familiar with the development. The seemingly avowed strategy of the organizers of MC12, including the WTO Director-General, Ms Ngozi Okonjo-Iweala, to isolate India is becoming apparent to ensure that if something happens as regards the outcome of the fisheries subsidies negotiations, India can be “named and shamed”, said a person familiar with the development.....”

“... Meanwhile, during the second “green room” meeting on TRIPS that took place early morning on 14 June, apparently there was no consensus on account of the demands made by the United Kingdom and Switzerland, said people familiar with the development.....”

Bloomberg - Battered WTO Risks a 'Dead End' Heading Into Final Day of Talks

<https://www.bloomberg.com/news/articles/2022-06-15/battered-wto-risks-a-dead-end-heading-into-final-day-of-talks#xj4y7vzkg>

State of affairs on Thursday morning. *"India continues to drive hard bargains at the 11th hour; Final series of meetings face major hurdles left to clear."*

Quote: *"There are **three roads out here**. The first is compromise, which will provide relevance for the WTO. The second is muddling together something that looks acceptable. The third is the dead end."*

And some links:

- KEI (James Love) - [The WTO TRIPS negotiations, Thursday morning](#)

" This morning, it does not seem as though any member will block the WTO TRIPS text. Reporting should explain what it actually would change from current 31bis obligations, since that is the only thing it changes. The several so called clarifications in the text on other topics restate existing flexibility in TRIPS, at the risk here of making the provisions seem exceptional. The three core elements of 31bis are notifications to the WTO, anti-diversion measures and eligibility. 31bis applies to drugs, vaccines and some diagnostic tests. It is permanent. It applies to all diseases....."

- Geneva Health Files - [Power" Trips the Waiver at the WTO, no consensus yet hours before the close of MC12](#) (Analysis on Thursday morning)

"This story unpacks the discussions at the WTO Ministerial on the TRIPS waiver and the wider pandemic response, at the cusp of a potential agreement before the close of the conference on June 16."

"...The journey of the TRIPS Waiver proposal through the labyrinthine maze of trade politics at the WTO illustrates the larger story of the shrinking leverage of developing countries in multilateral institutions....."

*"...The current TRIPS Waiver proposal, the linchpin of WTO deliverables at its 12th Ministerial Conference, underway in Geneva, has become the **problem child that no one is happy with – barring, perhaps, the European Union – given that the text mostly resembles its original proposal** After an envious build-up of support that saw 100-countries supporting the original TRIPS Waiver proposal, there is reluctant appetite now to adopt a mostly unworkable text that no one is expected to use. **Save the political significance of the current waiver proposal and the associated political declaration, there is no real excitement among the supporters.** The declaration, the WTO's response to the pandemic, some say, is no response at all, coming in two and half years after COVID-19 hit the world and even as there is another health emergency already brewing on the margins....."*

P Patnaik then explored in various sections the state of affairs on Thursday's morning's text on: **eligibility; scope of application; therapeutics and diagnostics; duration; notification and enforcement.**

She also has some must-read paragraphs on **the role of the DG** in all this – Ngozi, that is.

Finally, as for the **WTO response to the pandemic**:

*“Several countries appeared favorable to adopt [draft Ministerial Declaration On The WTO Response To The Covid-19 Pandemic And Preparedness For Future Pandemics](#), given that it will set a precedent and will become a reference for the future on these issues, in addition to having certain elements that can be binding in nature. **Experts say** that “the Declaration can have an effect on existing rights, obligations and flexibilities, particularly when applied as a subsequent agreement or subsequent practice.” WTO ministerial declarations could operate as subsequent agreements, they citing opinions of the WTO Appellate Body. **However, activists also told us**, that the declaration was not strong enough to bring any real change to how trade policies could be adapted at the time of health emergencies.....”*

- Also recommended – TWN - [Intense IP Negotiations are Underway, resolution on Eligibility Criteria Outstanding.](#) (also analysis from just before the deadline, on Thursday)

*“Even as the 12th Ministerial Conference (MC12) is approaching to a close there is no final agreement on the intellectual property text. **WTO Member Members are awaiting United States and China resolution on the issue of eligibility criteria with respect to the TRIPS Decision.** It remains unclear if there will be any resolution, even as discussions between US and China are underway, according to a diplomatic source. Hence the main outstanding issue in the TRIPS Decision is the eligibility criteria. **Ministers are expected to consider and agree to two ministerial documents: Ministerial Decision on the TRIPS Agreement (TRIPS Decision) and the Ministerial Declaration on WTO Response to the COVID-19 Pandemics and Preparedness for Future Pandemics (WTO Response Declaration).** The fates of these documents are interlinked.....”*

Reuters - WTO chief urges countries to accept 'unprecedented package' of trade agreements

<https://www.reuters.com/markets/commodities/wto-chief-urges-countries-accept-unprecedented-package-trade-agreements-2022-06-17/>

***On Friday morning.** “The World Trade Organization chief presented countries with a series of draft trade agreements early on Friday that included pledges on health, reform and food security and urged that they be accepted as a major meeting stretched into its second day of overtime. The package, which director-general Ngozi Okonjo-Iweala described as “unprecedented”, did not include two of the most important deals under consideration: fisheries and a partial waiver for intellectual property rights for COVID-19 drugs. However, delegates said they may be added later, with negotiations ongoing at the WTO's Geneva headquarters ahead of a final meeting scheduled for 0100 GMT on Friday....”*

And as mentioned in the intro, indeed a **package deal was accepted**. Early Friday morning, there was ‘white smoke’.

See this tweet from Friday 5 am (CET): *“**The WTO has responded to the world with an agreement on response to food insecurity, Trips waiver, WTO response to the Pandemic and future pandemics, WFPFP, fisheries Subsidies, WTO reform, AB challenges, environment, women’s economic empowerment #MC12 #WTO @NOIweala**”*

Analysis & advocacy ahead of MC12

Most pieces below are from end of last week, but fierce advocacy also continued during MC12 (as mentioned above).

IISD - Trade Ministers Convene in Geneva for WTO's Twelfth Ministerial Conference

<http://sdg.iisd.org/commentary/policy-briefs/trade-ministers-convene-in-geneva-for-wtos-twelfth-ministerial-conference/>

With overview of expected discussions in a number of areas. *“Following the opening ceremony, heads of delegation convened throughout Sunday afternoon and evening, with over 100 WTO members and observers giving statements setting out their priorities for the conference and for the Organization’s longer-term future. **The subsequent days of the conference are due to see daily thematic sessions among WTO members, covering fisheries subsidies, agricultural trade and food security, the moratorium on customs duties on electronic transmissions, WTO reform, and the pandemic response.**”*

Geneva Health Files - So Close, Yet So Far: TRIPS Waiver at the WTO

P Patnaik; https://genevahealthfiles.substack.com/p/so-close-yet-so-far-trips-waiver?utm_source=email&s=r

Update on the negotiations as of last week on Friday. Some excerpts:

*“..... **Proposed Waiver Text in Ministers’ Hand, Key Differences Remain**” “... Less than 24 hours before the 12th Ministerial Conference gets underway in Geneva – the capital of global health, and the seat of pandemic policy-making - **WTO members continue to disagree on key aspects of the organization’s response to the pandemic**, including an agreement on a potential waiver of a provision of the TRIPS Agreement. The discussions on the TRIPS Waiver remain on tenterhooks, as ministers will now consider a bracketed text, the WTO reported last night.”*

*“**Negotiations at the WTO: some “Kept out”, others “walk out”**: The weeks leading up to the ministerial generated much consternation as **many developing country members continued to be excluded from smaller negotiating groups, called as “green room” meetings**. While CSOs have cried foul on process, seasoned observers maintain that this is an effective strategy in forging solutions in smaller groups before taking it to the wider membership. To be sure, **process dictates outcomes**. Take this: members such as Indonesia, reportedly keen on making textual proposals to the TRIPS Waiver negotiations were kept out of the green room processes.... Geneva-based trade sources indicated that **the “green room tactics” were allegedly used as forums to put pressure on developing countries including by DG Okonjo-Iweala. This has resulted in a chilling effect on the African Group, some have suggested.....**”*

*“... **Even as mostly developing countries were kept out of deliberations, some developed countries including the EU, the UK and the US, have variously walked out of discussions, as a tactic to get countries to reach an agreement, Geneva-based sources said.**”*

“... What the ministers will negotiate: the decision text: The latest update from the WTO suggested, that negotiations at the technical level have now concluded and the decision text will now be considered at the ministerial level. ... Some of the documents related to the ministerial are now online. “

Priti Patnaik then went on analyzing some of the bracketed text in the June 10 version.

And:Curiously the pressure on members to walk away from the text is building on both sides....”

People’s Vaccine – WTO Covid negotiations could reverse precedent that public health comes before IP, experts warn

<https://peoplesvaccine.org/resources/media-releases/wto-covid-negotiations-could-reverse-precedent-that-public-health-comes-before-ip-experts-warn/>

*“Negotiations at the World Trade Organization (WTO) over COVID-19 intellectual property rules could set a “dangerous precedent for future pandemics” by allowing intellectual property rules to be enforced over public health concerns, a group of experts have warned. In a letter to all WTO delegates, experts warn that the text under negotiation could reverse a precedent that affirmed an intellectual property agreement “does not and should not prevent [WTO] Members from taking measures to protect public health”, known as **the Doha declaration**, agreed in 2001 to respond to the HIV/AIDS crisis.....”*

The Wire - Have India and South Africa, Lead Sponsors of the TRIPS Waiver Proposal, Reconciled to a Weak Text?

<https://thewire.in/trade/have-india-and-south-africa-lead-sponsors-of-the-trips-waiver-proposal-reconciled-to-a-weak-text>

*“At the cusp of the 12th WTO ministerial conference, **the co-sponsors seem to be giving up on the fight.**”*

People’s Dispatch - World Trade Organization and Pandemic response: Time is up

<https://peoplesdispatch.org/2022/06/12/wto-and-pandemic-response/>

“At the 12th Ministerial Conference of the WTO taking place from 12-16 June, trade delegates are likely to pass a meaningless Covid-19 decision in an attempt to safeguard the organization’s face after months of botched negotiations for a suspension of harmful trade rules on intellectual property.”

Global Justice Now - 'WTO's time is up': summit heading for vaccine failure, say campaigners

<https://www.globaljustice.org.uk/news/wtos-time-is-up-summit-heading-for-vaccine-failure-campaigners/>

“Commenting on the 18-month failure of the institution to agree proposals which could have laid the path for a rapid scale-up of Covid-19 medicines and a more equitable global vaccination effort, Global Justice Now said: “The WTO’s time is up”. Nick Dearden, director of Global Justice Now said: “An institution which can’t bend its pro-big business rules to allow for the rapid scale-up of medicines desperately needed to end a global pandemic is simply not fit for purpose. A full 18 months ago, India and South Africa, backed by the vast majority of WTO members, asked for the WTO to waive intellectual property rules. This perfectly reasonable demand has been blocked, consistently, by a small group of countries which themselves bought more vaccines than they needed.”

Health Gap - Time to Walk Away from the WTO Proposed Text

Brook Baker; <https://healthgap.org/time-to-walk-away-from-the-wto-proposed-text/>

Hard-hitting piece.

Quote: *“ Enough is enough. **This text, a three-page, highly bracketed sham “compromise” that negotiators are still wrangling over, is an abomination.** The focus on unworkable compulsory license mechanisms and exclusion of access to secret, but critical manufacturing know-how is courtesy of the European Commission; for procrastination and exclusion of COVID tests and therapeutics, we can thank the U.S.; and for the erosion and distortions of existing WTO TRIPS Agreement flexibilities, we can credit the entire rich-country tag team and a WTO Secretariat dead-set on securing an outcome, even if it’s a bad deal for the very countries seeking to use and expand existing TRIPS flexibilities. **The proposed text would leave countries worse off than they are without it.....”***

Stat News - IP nationalism: the unexamined issue underlying the controversial WTO vaccine proposal and beyond

C Ho; <https://www.statnews.com/2022/06/14/ip-nationalism-controversial-wto-vaccine-proposal-beyond/>

Cool piece on IP nationalism.

*“.... **Some countries, including Germany, Switzerland, and the European Union,** continue to resist recognizing that IP rights on treatments, vaccines, and diagnostics unduly hinder needed access to essential tools for fighting Covid-19, and so oppose consideration of proposed changes to IP rules for WTO members. This reflects what I have **coined IP nationalism,** which parallels well-known vaccine nationalism, yet is present even beyond pandemic situations. Although **vaccine nationalism** is well-recognized and **condemned by the WHO,** **IP nationalism is a new concept that needs to be equally recognized before it can be addressed.** Essentially, IP nationalism refers to **a country engaging in actions to protect domestic self-interest with respect to IP rights.** A country may do that by promoting strong global IP rights that correlate with exports of IP-intensive products, or even promote such rights to curry favor with trading partners.”*

“... The [proposal under consideration](#) since May 2022 emerged from a so-called quad discussion of four WTO members: South Africa and India along with the U.S. and E.U. Unsurprisingly, [it reflects prior positions](#) of the U.S. and E.U. and their IP nationalism approaches, even amid a pandemic.....”

Pandemic Accord negotiations & IHR reform

With among others, coverage of last week’s INB meeting, and also some updates on this week’s INB meeting.

Geneva Health Files - Science Diplomacy As a Tool for Pandemic Accord Negotiations

https://genevahealthfiles.substack.com/p/science-diplomacy-as-a-tool-for-pandemic?utm_source=email&s=r

From last week Friday.

“ This week WHO member states discussed ways to begin work on putting together an outline for the substantive elements for a new Pandemic Accord. Diplomats discussed science and policy, social behaviour and international cooperation. In today’s edition, we look at whether science diplomacy can help aid these negotiations. My colleague Julia Dötzer, brings this story for you.

Excerpt: *“... **What is the role of science diplomacy in global health and to what extent can it be applied to current pandemic negotiations?** Scientific foundations are absolutely necessary to design meaningful, targeted, and sustainable pandemic preparedness policies. This is therefore not only important for the process of negotiation, but also for actual implementation.“The COVID-19 crisis has shown both the needs and challenges of undertaking effective science-policy interactions in spite of these divergences. **The pandemic treaty being developed in the WHO context offers an opportunity for further political attention on the science-policy interface for pandemic preparedness.** Part of being better prepared is about building trust and mutual understanding between scientists and policy actors and imagining mechanisms by which these actors can ultimately align research with decision realities” ...*

Related op-ed: Geneva Science-Policy interface - [Knowledge and action to build pandemic preparedness](#) (by M Stauffer)

GHF – Second session of the first meeting of the Intergovernmental negotiating body

https://genevahealthfiles.substack.com/p/science-diplomacy-as-a-tool-for-pandemic?utm_source=email&s=r

Coverage and analysis of the INB meeting of last week.

“The second session of the first resumed meeting of the Intergovernmental Negotiating Body concluded on Wednesday with a public broadcast at the end of its last meeting. The twenty-minute live broadcast began with the two co-chairs stressing the **importance of transparency - much** discussed among member states this week. The meeting saw the **adoption of a Draft Report**. It is **expected that the negotiations could be more accessible to the public**, as some member states are in favour of broadcasting future INB meetings online.”

“One of the key debates during this meeting revolved around the publicly accessible accreditation process of non-state actors, long demanded by civil society. The list of “other stakeholders” with limited access to negotiations is to remain open for the time being, but stakeholders must be nominated by member states. Further discussions are expected on this. **Further meetings are planned for next week, between 15-17 June. The Bureau of the INB is expected to revise and post a new outline of substantive elements.** Member states and “relevant stakeholders” listed under Annex A-D (A/INB/1/7) will have the chance to comment, submit oral and written comments until the 24th of June. **Next week will see member states discuss more substantial elements.** “

MMI - Negotiating a pandemic treaty... High time to end the compilation mode

T Schwarz ; <https://www.medicusmundi.org/high-time/>

More analysis of the INB meeting of last week (and some advice for the INB). Some excerpts:

“At the “second resumed session” of their first meeting, on 6-8 June 2022, the members and the bureau of the “Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response” (INB) accomplished an important preliminary step in the drafting and negotiating of a “pandemic treaty”: the compilation of potential fields to be addressed in this new international instrument. At the end of the session, a draft “White Paper: draft annotated outline of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response” was informally shared by the INB Bureau with the participating member state delegates (not yet published in the INB documentation), and a follow-up session was scheduled for 17-18 June to discuss it. The core of the White Paper contains, on 8 pages, the long list of potential “substantive elements” of the new instrument already published before ..”

However, ***“... the missing centre piece of the White Paper is evident: The INB has not yet decided which direction its further work shall take. in other words: The INB has still to deal with the elephant in the room and to decide if it goes for compiling a compendium of non-binding recommendations that member states might consider (this is what is to be expected from a WHA resolution based on Article 23 of the WHO Constitution), or for a new international legal instrument (convention or agreement based on Article 19) that, if it is approved by the World Health Assembly, shall be signed and ratified by national governments and eventually taken up in national legislation, to define governments’ binding obligations related to pandemic prevention, preparedness and response in their own country and internationally.”***

“... The good news is that a decision on the “Identification of the provision of the WHO Constitution under which the instrument should be adopted” is on the agenda of the second INB session scheduled for mid-July (document [A/INB/1/6 Rev.1](#), Timeline and deliverables). This will hopefully be the end of hesitation and the moment of taking a decision. **This decision is indeed highly needed to**

overcome the current vacuum and lack of direction. And its needs to be taken now: Will the INB dare to become a proper “Negotiating Body”, or will it turn into a drafting group for another long paper nobody will care about? Our recommendation to the INB: Go for it. Dare to start proper negotiations.”

Draft annotated outline of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

https://apps.who.int/gb/inb/pdf_files/inb1/A_INB1_12-en.pdf

This draft came online on 14 June. Was discussed in the INB meeting the days this week.

TWN – WHO: Secretariat’s “white paper” aligns with developed country interests

<https://twm.my/title2/health.info/2022/hi220608.htm>

Analysis. *“The World Health Organization Secretariat’s “white paper” containing an annotated draft outline for a new pandemic instrument carefully uses language that aligns with the interests of the developed country Member States.....”*

PS: *“...Member States [will be] discussing the document on 16 - 17 June, and are also invited to submit written inputs on the document until 24 June.....”*

Preprint paper- Elements of an evidence-based pandemic treaty

A Phelan et al; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4137529

*« Closing the “pandemic gap” requires evidence-based solutions that break every step of the cycle, including (1) reducing spillover risk, (2) reducing pandemic risk, (3) reducing pandemic impacts, and (4) ensuring recovery and resilience. Here, **we operationalize this strategy by identifying twelve elements for a cohesive and evidence-based treaty for the pandemic era.** For each, we focus on the most urgent environmental, social, political, and legal determinants of health. We then describe how these elements could be translated into provisions under the treaty, with a focus on principles of good governance, distributive justice, human rights, and coherence within international law. »*

Lancet GH (Editorial) - The future of the International Health Regulations

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00254-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00254-6/fulltext)

This editorial nails it in its conclusion.

*“**What has prevented agreement on IHR reform so far?** One of the root causes is the inequality in resource, capacity, and power between high-income countries and low-income and middle-income countries (LMICs). **An effective IHR must be built on the base of equity,** where rights and responsibilities are well coordinated, benefits and burdens are fairly distributed, national and global interests are carefully balanced, and short-term assistance and long-term capacity-building are*

provided with the intention of benefiting local populations in LMICs. Fairness must manifest both on paper and in practice to facilitate trust, reciprocity, and consensus.”

“... We should remember that the unanimous approval of the IHR amendments in 2005 was achieved when globalisation and cosmopolitanism were favoured. Now the political climate has changed, a consensus is ever more difficult to reach amid the rise of populism, nationalism, and geopolitical tensions. Against this backdrop, an emphasis on equity may be the only way towards trust and collaboration, and the newly agreed provision for all member states to submit amendment proposals is therefore a welcome move. If equity is not prioritised in the IHR reform, laudable principles such as global solidarity become tokenistic, or worse they are used to advance the interests of some at the expense of others. This understandably breeds mistrust, and it might be inevitable that sovereignty and national interests are prioritised over building a reciprocal and respectful partnership. The future of the IHR and global health governance lies in greater equity now; ignoring this risks another failure to respond collectively and promptly to the next pandemic.”

More on Pandemic Preparedness and Global Health Security

TGH - Five Billion Reasons for Ramping Up Global Surgery

J Korn et al; <https://www.thinkglobalhealth.org/article/five-billion-reasons-ramping-global-surgery>

“Creating surgical and anesthesia capacity is a win for pandemic preparedness.”

*“... Surgical Systems Help with Pandemic Preparedness : One crucial lesson we learned from the COVID-19 pandemic is that surgical systems are essential to **pandemic preparedness and response**. The importance of having a safe, reliable oxygen supply, as well as a health-care workforce able to intubate was critically important during the COVID-19 pandemic. Having a strong surgical system also ensures that the health-care system as a whole is more resilient and able to withstand shocks and surges in patient volumes, as we have witnessed with each new wave of the pandemic. In general, scaling up surgical and anesthesia capacity **is a win-win** for pandemic preparedness and health system strengthening. In a recent **letter** to The Lancet, signed by over 300 members of the global surgery and anesthesia community and 17 organizations, a call was made to mainstream surgical care into pandemic preparedness policy. It would ensure that surgical care is not treated as an optional elective function of health-care systems, but as an essential part that should be taken into consideration when planning and implementing a pandemic response. ...”*

Devex – How to get vaccines to poorer countries quicker in the next pandemic

<https://www.devex.com/news/how-to-get-vaccines-to-poorer-countries-quicker-in-the-next-pandemic-103446> (gated) “Research shows that **delays in advance purchases for vaccines hurt delivery times during the COVID-19 crisis. Two economists have a proposal for a new fund to help get lower-income countries in line quicker in a future pandemic.**”

C-TAP “

New agreement under C-TAP aims to improve global access to COVID-19 testing technologies

<https://www.who.int/news/item/16-06-2022-new-agreement-under-c-tap-aims-to-improve-global-access-to-covid-19-testing-technologies>

“A new, open, transparent sublicense agreement between the Medicines Patent Pool (MPP) on behalf of C-TAP, and South African pharmaceutical company Biotech Africa will accelerate the manufacture and sale of a COVID-19 serological antibody technology around the world. The World Health Organization welcomes the sublicense agreement, the first of its kind to be signed under the auspices of the WHO’s COVID-19 Technology Access Pool (C-TAP) initiative. C-TAP was set up in 2020 to facilitate the timely, equitable and affordable access to COVID-19 health products. The new agreement builds on a licensing agreement announced by WHO and MPP last year with Spain’s National Research Council (CSIC). The non-exclusive sublicense allows Biotech to manufacture and commercialize CSIC’s COVID-19 serological test worldwide.....”

See also HPW - [Spanish COVID-19 Antibody Test to be Manufactured by Biotech Africa Under Open License Agreement with WHO’s C-TAP](#)

“... The agreement was announced by the World Health Organization on the second anniversary of the launch of C-TAP – which aims to be a pool for the open-licensing of COVID treatment, vaccine and test technologies. Celebrating the second anniversary during a virtual event Thursday, MPP Executive Director Charles Gore acknowledged both the challenges C-TAP has experienced in its two years and the potential for more partnerships to be made in the future. “Two years on, to be frank, we’ve made progress, but it’s been slow,” he said. Gore pointed to the need to find more ways of incentivizing the private sector to share patents....”

More on Global Health Governance & Financing

Devex - Exclusive: WHO makes push to limit Africa CDC’s power

<https://www.devex.com/news/exclusive-who-makes-push-to-limit-africa-cdc-s-power-103460>

Must-read. **“Around 40 African health ministers gathered virtually Tuesday to discuss amendments to the statute of the [Africa Centres for Disease Control and Prevention](#) that would give it more autonomy. During these closed discussions, about a dozen ministers called for that independence to be reined in — echoing points made in a document from the [World Health Organization’s Regional Office for Africa](#). Devex obtained a copy of the document.”**

“Sources familiar with the discussions referred to the distribution of this written briefing to ministers as the [United Nations](#) “lobbying” on what should be an African Union process, and if successful, it would block reform of Africa CDC and undermine its ability to respond to health crises and prevent pandemics. A WHO spokesperson told Devex that while it is “not against” granting Africa CDC expanded powers, including the ability to declare and coordinate health emergencies, the suggested

changes would constitute an “unprecedented arrangement” that requires “more discussion, further analysis and a full consideration of its implications.”...

Read why WHO Afro thinks so.

Related **tweet by Dr Githinji Gitahi**:

“Let’s be clear this move to limit Africa’s own capacity for health security is by @WHOAFRO & NOT @WHO. Yet, it represents only 47 countries in Africa; others in North Africa are with @WHOEMRO. What’s the interest? @AfricaCDC @devex.”

See also [Devex Newswire: The exclusive on Africa CDC's hazy future](#)

“ Just days after the former head of the Africa Centres for Disease Control and Prevention, Dr. John Nkengasong, was sworn in as the new U.S. Global AIDS Coordinator, his highly lauded former institution finds itself in a fight for independence with the World Health Organization.....”. The timing is indeed remarkable.

Development Today - Norway rolls back most of the proposed cuts in UN support

<https://www.development-today.com/archive/dt-2022/dt-4--2022/norway-reverses-nok-2.5-billion-in-proposed-cuts-mainly-to-un>

“After three weeks of parliamentary negotiations, Norway’s Labour-Centre government has agreed in a deal with the Socialist Left Party to reverse most of the cuts in core funding to UN agencies, like UNDP and UNICEF. Aid cuts amounting to NOK 1.5 billion remain.”

PS: *“All domestic costs related to Ukrainian refugees (NOK 5.8b) are included in the Norwegian aid budget which amounts to 0.94% of GNI. The government’s own platform states that the aid should be to 1% of GNI. So, the aid budget is NOK 3b short of this target.”*

Unitaid - Unitaid adopts an ambitious new five-year strategy at the 40th Executive Board meeting

<https://unitaid.org/news-blog/unitaid-adopts-an-ambitious-new-five-year-strategy-at-the-40th-executive-board-meeting/#en>

“Today, at its 40th meeting, Unitaid’s Executive Board adopted a [new strategy for 2023-2027](#). Through the new strategy, the organisation will continue to champion equitable access to health innovation. With the introduction of at least 30 game-changing new health products by 2030, Unitaid will accelerate the global response to combat HIV/AIDS, tuberculosis (TB) and malaria, and improve the health of women and children.....”

Devex – Gates-keeper

<https://www.devex.com/news/devex-newswire-the-exclusive-on-africa-cdc-s-hazy-future-103466>

“Billionaire philanthropist and Berkshire Hathaway CEO Warren Buffett this [week donated \\$4 billion in company stock](#) to the Bill & Melinda Gates Foundation and four other foundations, as part of his annual charitable contributions. He gave roughly 11 million shares to the Gates Foundation and 1.1 million shares to his Susan Thompson Buffett Foundation, which is named after his late wife. Each of his three children’s charities – the Sherwood Foundation, the Howard G. Buffett Foundation, and the NoVo Foundation – received 770,218 shares. Buffett made waves with his annual contributions letter last year when [he announced his resignation](#) as a trustee of the Gates Foundation. However, he said he would “continue to support the organization’s goals,” even as he abstains from a leadership role.....”

World Development - Aid effectiveness: Human rights as a conditionality measure

M Douch et al ; <https://www.sciencedirect.com/science/article/pii/S0305750X22001681>

*“The ‘Aid conditionality’ hypothesis proposes effective aid allocation conditional upon recipient country’s domestic policies. **We focus on human rights as a non-economic dimension of development** reflecting repression and corruption in a country. Using LDCs data, we find the growth effect of aid receipts to be consistently positive in countries with better human rights. Sound human rights can be seen as underpinning stronger institutions in lowering repression and corruption. **Monitoring human rights provision should act as a tool to help gauge the effectiveness of foreign aid.**”*

Global hunger

HPW – Grade three emergency in Horn of Africa

<https://healthpolicy-watch.news/tedros-convenes-who-emergency-committee-for-monkeypox/>

*“The WHO has declared a “grade three emergency” – the highest level possible – in the Horn of Africa “where the worst drought in 40 years has pushed over 30 million people in eight countries into acute food insecurity”, said Tedros. **The affected countries are Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda, and an estimated 7.5 million people have left their homes in search of food and water. ‘A grade three emergency means that we are on coordinating the response across all three levels of the organisation – country offices, regional offices and headquarters,**” said Tedros.....”*

HPW - Ukraine Warns of ‘Severe Food Shortage’ From Russian Invasion

<https://healthpolicy-watch.news/ukraine-food-shortage-russian-invasion/>

*“Russia’s ongoing refusal to let Ukrainian grain lift its blockade of Black Sea ports is causing a global food crisis and has led to allegations that the **country is [weaponizing](#)” the world’s food supply.....”***

Devex - Food insecurity to rise as global peacefulness drops, index finds

<https://www.devex.com/news/food-insecurity-to-rise-as-global-peacefulness-drops-index-finds-103434>

“A deterioration of global peacefulness, driven by the Russian invasion of Ukraine, will increase food insecurity around the world and continue to batter the global economy, according to the [2022 Global Peace Index](#). The index, a measure of peace using 23 indicators released annually for the past 16 years, found that **global peacefulness deteriorated by 0.3% in 2021**. This marks the 11th deterioration of peacefulness in 14 years. The report noted there is particular danger of political instability in the Middle East, Africa, and Southeast Asia.....”

Covid key news

FT - WHO set to back use of Covid variant-specific vaccines as third shot

<https://www.ft.com/content/a7cca391-0976-44a6-ac0e-b614395dea02>

“Recommendation by health agency advisory group marks shift in thinking of global health authorities.”

“The World Health Organization is expected to say an Omicron-targeted Covid-19 vaccine dose can be administered as a third shot in order to broaden immune responses in the face of a virus that is “likely” to continue to evolve. The preliminary advice, as described by two people with knowledge of the matter and contained in documents seen by the Financial Times, marks a significant shift in the thinking of global health authorities. The recommendation, which comes from a technical group within the health body, is the first to back the use of a variant-specific vaccine since the heavily mutated and heavily infectious Omicron viral variant emerged late last year. The interim advice could be published as early as Friday, according to the people.....”

“Ever since Omicron emerged, health authorities have been weighing whether to move to variant-targeted vaccines to achieve better population protection. While there is a surplus of vaccines modelled on the ancestral, or Wuhan, strain, it is likely a shift to Omicron-targeted vaccines could see some bottlenecks, at least initially, health authorities and industry observers have warned.....”

“The WHO advice “is a signal to the industry to develop vaccines that broaden the immune response in addition to maintaining protection against severe disease”, one of the people with knowledge of the matter said. “It’s only mRNA vaccines for now, so supplies will be limited.” Based on the data available, the WHO estimates that an Omicron-specific booster would elicit “greater breadth” in the immune response. The advice would only be limited to boosters, and would not involve the so-called primary series — the first two shots.....”

Covid vaccines

CGD (blog) - Time to Rethink the Goal of 70 Percent COVID Vaccine Coverage and Refocus on those at Greatest Risk

T Drake, J Guzman, A Glassman et al; <https://www.cgdev.org/blog/time-rethink-goal-70-percent-covid-vaccine-coverage-and-refocus-those-greatest-risk#.YqdsWL10kVU.twitter>

Vital reflection ahead of the G7 summit end of June.

*“ as we approach this year’s G7 summit on June 26-28, the **70 percent target has been missed in most countries and almost all African countries** (see Fig 1). Still 16 percent of people in low-income countries **have received one dose** and 14 African countries have vaccinated **less than 10 percent** of their population. While slow roll-out was initially caused by vaccine supply shortages, the slow rhythm of expansion in these countries now relates more to the **priority given by governments to the activity, vaccine hesitancy as well as a lack of financing and other capacity for delivery**. **Against this backdrop, the crucial question is whether, at the G7 summit and beyond, global leaders should recommit to the 70 percent coverage goal. Our answer is a resounding “no.” We believe the 70 percent target is no longer fit for purpose. Instead, a more targeted approach is needed to protect those at greatest risk. Three reasons justify our call for a serious re-think:....”***

After listing these three reasons, the authors suggest a way forward:

*“National leaders will want to get the best bang for the buck for their populations. While what the future holds for COVID remains uncertain, for many countries this now means **targeted vaccination including boosters**, and potentially **omicron-specific boosters**, not 70 percent scale to the entire population. Moving forward:*

- **Countries must be supported to set their own targets, focus vaccines on priority groups first, and to prepare for the next variant.**
- **If a global target is desired to continue to galvanise actions, a goal of vaccinating all health workers and vulnerable groups in all countries would be more effective than a fixed percentage.**
- **Specifically, ACT-A agencies should reconsider whether **the identified \$3.7 billion funding gap** for vaccine supply is best allocated to existing vaccine procurement or whether it could be more effective allocated across other ACT-A priorities. “**

WHO Afro - Africa steps up targeted COVID-19 vaccination of most at risk people

<https://www.afro.who.int/news/africa-steps-targeted-covid-19-vaccination-most-risk-people>

*“Africa is intensifying COVID-19 vaccination of high-risk population groups with some promising signs. Nearly 50% of health workers and people over the age of 60 are fully vaccinated against the virus in countries reporting data to World Health Organization (WHO). The data from June 2022 from 31 countries reporting on COVID-19 vaccinations of high-risk groups shows a significant increase compared with the end of December 2021 when only 33% of health workers and 10% of seniors were fully vaccinated. WHO recommends 90% vaccination coverage for health workers and 80% coverage for people over 60. **Only two African countries (Mauritius and Seychelles) have fully***

vaccinated 70% of their total population. Rwanda is expected to achieve this target by the end of the month based on the pace of its current uptake, bringing to three, the number of countries in Africa reaching the 70% global target by the end of June.....”

Devex - Opinion: African policymakers were right to buy COVID vaccines in 2021

J Guzman, P Baker & E Baraza; <https://www.devex.com/news/opinion-african-policymakers-were-right-to-buy-covid-vaccines-in-2021-103384>

“... In early 2021, as the second [COVID-19](#) wave was starting in several African countries and vaccines were scarce across the continent, African governments had the possibility of procuring COVID-19 vaccines through the African Vaccine Acquisition Trust, or AVAT, rather than wait for doses donated through COVAX to arrive. Some countries, including Ethiopia, Kenya, and Nigeria, decided to go ahead and started procuring through AVAT, based on the notion that these investments were good value for money or that they would provide the best impact in proportion to the resources required. But with already tight health budgets — sub-Saharan African countries spent an average of [under \\$80 per capita on health in 2019](#), a tiny amount compared with high-income countries where this figure is around [\\$6,300](#) — governments knew that any money spent on vaccines would be money unavailable for other essential health services. [Recent research](#) finds that they were right. However, **if these countries had procured bigger volumes, and if AVAT had managed to secure and deliver more doses and country vaccination programs had achieved initial vaccination targets in 2021, many more lives could have been saved.....”**

PS: “... The [research](#) released by [KEMRI-Wellcome Trust](#), the [University of Nigeria](#), the [Ethiopian Public Health Institute](#), the [London School of Hygiene & Tropical Medicine](#), the [University of Warwick](#), the [Africa Centres for Disease Control and Prevention](#), and the [Center for Global Development](#) indicates that **viral vector vaccines — such as those from [AstraZeneca](#) and [Johnson & Johnson](#) — provided better value for money than any other COVID-19 vaccines, mainly because their efficacy was high and prices low.** Paying an additional premium for mRNA vaccines was generally not worthwhile. In Ethiopia and Nigeria, for example, vaccines would not have been cost-effective, when paid with domestic resources, if the vaccine price exceeded around \$10 and \$6 a dose, respectively. **Many countries quickly opened up their eligibility to all adults, but targeting people at severe risk of disease rather than the whole population would also have maximized the vaccines’ benefit** given that prior exposure to COVID-19 already conferred some protection to a high number of people.....”

Reuters - EU states step up pressure on Pfizer to cut unneeded COVID vaccine supplies

[Reuters](#);

“European Union governments are intensifying pressure on Pfizer (PFE.N) and other COVID-19 vaccine makers to renegotiate contracts, warning millions of shots that are no longer needed could go to waste, according to EU officials and a document....”

“... with the pandemic abating in Europe and amid a marked slowdown in vaccinations, many countries are now urging tweaks to contracts to reduce supplies and consequently cut their spending on vaccines. The matter [is] being discussed on Tuesday at a meeting of EU health ministers in

Luxembourg, French minister Brigitte Bourignon told reporters. **Poland, which is the leading country in this attempt to revise contracts**, has more than 30 million COVID vaccines in stock and would need to buy another 70 million under existing agreements, a Polish diplomat told Reuters, urging changes to avoid waste.....”

Lancet GH (Comment) - Culturally relevant COVID-19 vaccine acceptance strategies in sub-Saharan Africa

O Ajeigbe et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00251-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00251-0/fulltext)

« **In sub-Saharan Africa, the reasons for low rates of COVID-19 vaccination and unwillingness to accept the vaccine vary, so country-specific solutions are needed.** Public health action that is humane, culturally relevant, and recognises the contribution of historical, structural, and other system dynamics has been called for. **To meet these objectives, countries should frame their individual remedial strategies on the basis of approaches that WHO and the Lancet Commission on the future of health in sub-Saharan Africa advocate for generating positive health behaviours....”**

« Central concepts of proven value that are relevant to COVID-19 vaccination uptake include innovation and task shifting away from conventionally relied upon forms of health informatics and engagement to promote health literacy and achieve health equity through action. Although vaccination rates have risen in sub-Saharan Africa, vaccine resistance is a health-related behavior and challenges to vaccine acceptance remain.....”

« Six WHO and Lancet Commission approaches encompass these criteria and are directly applicable to strategies to remediate COVID-19 vaccine resistance, as follows.....”

- See also GAVI coverage of this study: [The need for culturally sensitive COVID-19 vaccine campaigns in sub-Saharan Africa](#)

“Better strategies are needed to overcome vaccine hesitancy, but these need to be tailored for regions.”

“Only 15% of people in Africa have been vaccinated against COVID-19 so far. According to the World Health Organization (WHO), of the 714 million doses delivered to countries on the continent so far, 435 million or 61% have been administered. Moreover, 15 countries have not yet fully vaccinated 10% of their population, and another 21 have fully vaccinated 10% to 19% of their population.”

“Global vaccination efforts to increase vaccine delivery are changing this picture. However, researchers writing on behalf of the Stellenbosch Institute for Advanced Study African Scholars Network in The Lancet Global Health are calling for culturally relevant vaccine campaigns to overcome vaccine hesitancy, especially in sub-Saharan Africa. They advocate approaches that have been outlined by WHO and the Lancet Commission on the future of health in sub-Saharan Africa over the past few years.....”

Covid treatment & diagnostics

FIND and UNITAID invest US\$2 million to support advocacy for Covid-19 test-and-treat approaches in LMICs

<https://www.finddx.org/newsroom/pr-13june22/>

*“FIND and Unitaid are supporting 21 in-country advocacy partners across 19 low- and middle-income countries to develop and implement advocacy strategies that will improve uptake of test-and-treat approaches to combat COVID-19. Projects will raise awareness of COVID-19 testing and treatment among the public, key opinion leaders, and specific high-risk and vulnerable groups. Sitting within broader advocacy efforts, **this initiative was conceptualised and executed by the Country Support Working Group, led by UNICEF, within the ACT-A Diagnostics Pillar.** This initiative complements a previously announced investment by FIND and Unitaid of US\$50 million to support early adoption of test-and-treat care packages.”*

Nature (News) - New COVID drugs face delays as trials grow more difficult

<https://www.nature.com/articles/d41586-022-01602-5>

“Fewer people are eligible for the massive studies needed to test treatments for severe COVID-19.”

Stat - Pfizer’s Paxlovid study fails to answer key questions over benefit for broader populations

<https://www.statnews.com/2022/06/14/pfizers-paxlovid-study-fails-to-answer-key-questions-over-benefit-for-broader-populations/>

“Pfizer said Tuesday that a much-watched study of its antiviral [Paxlovid](#) in patients who have Covid but don’t have risk factors for severe disease failed to show a benefit in speeding alleviation of Covid symptoms, but did seem to prevent doctor’s visits and hospitalizations. Additionally, because of the small number of hospitalizations overall in the study, it failed to produce a statistically significant finding on whether patients who had previously been vaccinated against Covid were hospitalized less often if they received Paxlovid.....”

*“ **This reinforces that Paxlovid is not going to have a big role in vaccinated people except in people who are maybe at highest risk,**” said Walid Gellad, director of the Center for Pharmaceutical Policy and Prescribing at the University of Pittsburgh. “Maybe in a bigger trial, it would be statistically significant, but the effect is small.”... **But Gellad argued that the data suggest it’s crucial to find the subset of patients who are at highest risk, especially as the drug comes with side effects and the small potential for [rebound](#).....”***

- See also Reuters - [Pfizer stops enrollment in Paxlovid trial in standard-risk population](#)

“Pfizer Inc (PFE.N) said on Tuesday it would halt enrollment in a trial for its COVID-19 antiviral drug, Paxlovid, in standard-risk patients after a study revealed the treatment was not effective in reducing symptoms in that group.....”

Covid analysis

IDS - Disease X and Africa: the creation of disease narratives

C Grant et al ; <https://www.ids.ac.uk/opinions/disease-x-and-africa-the-creation-of-disease-narratives/>

*“New research shows how a **World Health Organization concept** fuelled online conspiracy theories before, during and after Covid-19 – and why they must be taken seriously for disease preparedness plans.”*

HPW - New WHO Report Affirms Need to Study SARS-CoV2 Lab Leak Theory – Alongside Spillover Narrative

<https://healthpolicy-watch.news/who-report-sars-cov-2-lab-leak/>

See also last week's IHP news.

*“The [first report by the new WHO-convened expert group](#), Scientific Advisory Group for the Origins of Novel Pathogens (SAGO) **has fanned the flames of controversy over evidence about whether a lab leak or a natural “spillover” of the virus from animals to humans was the most likely source from which the COVID pandemic emerged – although in fact it contains little new information on either.** “*

*“The preliminary SAGO report, published Thursday, is significant in that it redresses some of the perceived pro-China “biases” of [WHO’s first report by an international group of experts](#) on the virus origins issued in March 2021. **The report marks the first formal acknowledgement by a WHO-sponsored expert group that a possible biosafety failure in the Wuhan Virology Institute should be further investigated as the pandemic trigger** – stating: “it remains important to consider all reasonable scientific data that is available through published or other official sources to evaluate the possibility of the introduction of SARS-CoV-2 into the human population through a laboratory incident.””*

Pandem-ic - Has Covid-19 subverted global health?

<https://pandem-ic.com/has-covid-19-subverted-global-health/>

“ Official data on pandemic mortality have fooled us more than once First, COVID-19 would pass the developing world Then, it would be mild Later, poorer countries wouldn't need vaccines. All myths borne out of poor data and narrow thinking..... ”

Health Policy (Collection) - Lessons learned from the COVID-19 pandemic

https://www.sciencedirect.com/journal/health-policy/vol/126/issue/5?dgcid=raven_sd_via_email

“... the collection of papers in this Special Issue of Health Policy which draws on the body of evidence gathered in the COVID-19 Health Systems Response Monitor (HSRM) and its network of international experts. The HSRM is a joint undertaking of the WHO Regional Office for Europe, the European Commission, and the European Observatory on Health Systems and Policies. The richness of the papers lies in the fact that they aim to identify important lessons from the COVID-19 response across five main health system dimensions (preventing transmission; providing health services effectively; ensuring sufficient infrastructure and workforce capacity; paying for services; and governance) as well as through dedicated cross-country comparisons covering all European Union and a large portion of WHO European Region Member States as well as Canada and the United States....”

Report – Lessons learned from National Public Health Institutes’ response to the Covid-19 outbreak in 2020

<https://ianphi.org/includes/documents/sections/tools-resources/covid-19-lessons-learned-report.pdf>

“... This report is a synthesis of the IANPHI Lessons Learned Exercise on NPHIs’ Response to the COVID-19 Outbreak, based on the experience of member institutes during the first year of the pandemic (January to December 2020). The analysis demonstrates how the NPHIs, through adaptation of their functions and responsibilities, played an essential role in responding to the pandemic. It also highlights some of the challenges that NPHIs faced during the first year, as well as the good practices and many successes that were identified....”

Globalization & Health - Private sector engagement in the COVID-19 response: experiences and lessons from the Democratic Republic of Congo, Nigeria, Senegal and Uganda

S Kabwama et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-022-00853-1>

Authors conducted a study to document the public and private sector partnerships and engagements to inform current and future responses to public health emergencies.

AMR

Stat Plus - In a first-of-its-kind deal, major drugmaker licenses antibiotic production for low-income countries

<https://www.statnews.com/pharmalot/2022/06/14/antibiotic-shionogi-superbugs-antimicrobials-licensing/>

“In a first-of-its-kind arrangement, Shionogi has reached an agreement with the Global Antibiotic Research and Development Partnership to license an antibiotic to dozens of mostly low- and middle-income countries in a bid to combat antimicrobial resistance....”. The deal involves cefiderocol, which is used to treat gram-negative bacteria.

For more detail, see [Cidrap News – Agreement aims to expand antibiotic access in poor countries](#)

“Japanese drugmaker Shionogi and the Global Antibiotic Research and Development Partnership (GARDP) announced today a first-of-its kind agreement to expand access to a novel antibiotic for drug-resistant infections in lower-resource countries. Under the license and technology transfer agreement, GARDP will work with partners to manufacture and commercialize cefiderocol, developed by Shionogi, in up to 135 countries, many of them low- and middle-income countries (LMICs). Also involved in the agreement is the Clinton Health Access Initiative (CHAI), which will help navigate the technical, regulatory, legal, and economic hurdles to getting the antibiotic into these countries.....”

Reuters - Antibiotic drugmakers take steps to self-impose environmental safeguards

[Reuters](#);

“In the absence of global standards limiting toxic emissions produced by antibiotics at the point of manufacture, the pharmaceutical industry has come up with its own standard. The AMR Industry Alliance - a coalition of drugmakers, biotech, diagnostic and other companies involved in the field of antimicrobials - said on Tuesday it was adopting its own standards to ensure the responsible manufacture of antibiotics.”

“Antibiotics seeping into the environment during the manufacturing process aren't just toxic to the soil, water and living organisms but can also spur the emergence of drug-resistant bacteria. Antibiotics can also contaminate the environment through excretions by humans and animals that consume them, via fertilisers used on crops, and the improper disposal of medicinal products into sewage systems. But manufacturing as a source of emissions can be controlled, and as such the Alliance has developed its own so-called 'safe-level' of antibiotic seepage into the environment at the point of manufacture, taking into account ecological toxicity.....”

See also [Cidrap News – New industry guidelines aim to limit antibiotic manufacturing waste.](#)

Planetary Health

Lancet Planetary Health - Nature negotiations: sharing responsibility for global health

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(22\)00127-9/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(22)00127-9/fulltext)

“As the global biodiversity policy cycle heats up, this policy explainer distils some key issues and debates relevant for global health”

BMJ GH (Analysis) -The inclusion of health in major global reports on climate change and biodiversity

N Dasandi et al ; <https://gh.bmj.com/content/7/6/e008731>

*“... This article argues that **human health has become a key consideration in recent global reports on climate change and biodiversity produced by various international organisations**; however, greater attention must be given to the unequal health impacts of climate change and biodiversity loss around the world and the different health adaptation measures that are urgently required.”*

Guardian - Africa must forgo gas exploration to avert climate disaster, warn experts

<https://www.theguardian.com/environment/2022/jun/14/africa-gas-exploration-climate-disaster-un-reserves>

“Call comes after former UN climate envoy urged African countries to exploit their natural gas reserves.”

“Africa must embrace renewable energy, and forgo exploration of its potentially lucrative gas deposits to stave off climate disaster and bring access to clean energy to the hundreds of millions who lack it, leading experts on the continent have said. Their call came as the UN secretary general, António Guterres, warned that exploring for gas and oil anywhere in the world would be “delusional”. Several African leaders are considering pushing for new investment in exploration as gas prices around the world soar. Some European countries are also eager to provide such investment to replace supplies from Russia. Last week, Mary Robinson, a former president of Ireland, UN commissioner for human rights and UN climate envoy, stoked controversy when she backed an expansion, saying African countries should exploit their gas reserves.....”

Ecological Economics - Sufficiency: A systematic literature review

J Jungell-Michelsson et al ; <https://www.sciencedirect.com/science/article/pii/S0921800922000428>

*“The **first systematic literature review of sufficiency**. Three focal premises of sufficiency found. Sufficiency is a transdisciplinary concept about ‘enoughness’. Sufficiency is a means and an end in the transition towards sustainable economies. Sufficiency conceptualized according to different economic scales and actors.”*

Reuters - Air pollution cuts life expectancy by more than two years - study

[Reuters](#);

“Chronic air pollution cuts average global life expectancy by more than two years per person, a study published on Tuesday showed, an impact comparable to that of smoking and far worse than HIV/AIDS or terrorism.”

“More than 97% of the global population lives in areas where air pollution exceeds recommended levels, the University of Chicago's Energy Policy Institute (EPIC) said in its latest Air Quality Life Index, which used satellite data to measure levels of PM2.5, hazardous floating particles that damage the lungs. It said that if global PM2.5 levels were reduced to the five micrograms per cubic metre recommended by the World Health Organization (WHO), average life expectancy would rise by an average of 2.2 years....”

“... Residents of South Asia lose an estimated five years of life as a result of smog, the study said, with India accounting for around 44% of the world's increase in air pollution since 2013....”

And a link:

IDS - [High fossil fuel prices are good for the planet – here’s how to keep them high while avoiding riots or hurting the poor](#) (by N McCulloch)

Access to Medicines

Lancet GH (Comment) - The African Medicines Agency: the key to unlocking clinical research in Africa

L Hwenda, M Sidibe et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00243-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00243-1/fulltext)

“...Here, we highlight the importance of diversity in clinical research and propose solutions to increase the amount of clinical research done in Africa....”. With among others, a key role for the AMA.

Lancet GH (Comment) - The business case for vaccine and drug manufacturing in middle-income countries

L Hwenda; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00249-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00249-2/fulltext)

“..... In The Lancet Global Health, Marco Schäferhoff and colleagues address a critical gap in evidence relating to the business case for investing in vaccine and therapeutics manufacturing in three middle-income countries, namely South Africa, Kenya, and India. The study focuses on five infectious diseases: HIV, tuberculosis, malaria, pneumonia, and diarrhoeal diseases. The authors modelled the health and economic benefits of investing in late-stage clinical trial capacity, trial regulatory systems, and local manufacturing capacity over a 16-year period between 2021 and 2036. They estimate that the investments needed range from US\$1.5 billion in Kenya and India to \$1.7 billion in South Africa. However, such investment in Kenya alone could avert 4.44 million deaths and 206.27 million disability-adjusted life-years (DALYs) in countries belonging to the Common Market for Eastern and Southern Africa region. In South Africa, it could prevent 5.19 million deaths and 253.83 million DALYs in the Southern African Development Community region. In India, it could avert 9.76 million deaths and 374.42 million DALYs in south Asia....”

Guardian - For haemophiliacs, most of the world is still living in the dark ages

T Gidwani; <https://www.theguardian.com/global-development/commentisfree/2022/jun/14/haemophiliacs-the-world-still-in-dark-ages-acc>

Poignant op-ed.

“Haemophilia is a genetic blood disorder that makes it very hard for the body to stop bleeding. If your haemophilia is severe like mine, you bleed spontaneously, without an injury or known cause. A handshake once took me to A&E. To stop bleeding, you need clotting injections. In much of the developing world, these injections are available only to the chosen few. Multinational corporations, such as Pfizer and Baxter, make money selling drugs at high prices in low-income countries. In India, clotting injections cost £100 or more for one (and one is never enough)....”

“.... In the advanced west, you don’t need miracles. Clotting injections are free. You take them every two or three days and go about a relatively normal life. It’s called prophylactic treatment. This is so mainstream here in the UK that you would come across researchers sometimes needing to update old literature on haemophilia “to the post-prophylactic era”. However, only a tiny percentage of haemophiliacs on the planet live in that era. Most of the world is still in the dark ages....”

Mental health

WHO highlights urgent need to transform mental health and mental health care

<https://www.who.int/news/item/17-06-2022-who-highlights-urgent-need-to-transform-mental-health-and-mental-health-care>

“Report urges mental health decision makers and advocates to step up commitment and action to change attitudes, actions and approaches to mental health, its determinants and mental health care.”

“The World Health Organization today [released its largest review](#) of world mental health since the turn of the century. The detailed work provides a blueprint for governments, academics, health professionals, civil society and others with an ambition to support the world in transforming mental health. The report urges all countries to accelerate their implementation of the [Comprehensive mental health action plan 2013–2030](#). It makes several recommendations for action, which are grouped into three ‘paths to transformation’ that focus on shifting attitudes to mental health, addressing risks to mental health and strengthening systems of care for mental health.”

Lancet Offline: WHO's hits and misses for mental health

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01095-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01095-9/fulltext)

“There are few truly watershed moments in medicine and global health. But the publication this month of WHO’s World Mental Health Report is one such milestone. It is the agency’s first major global foray into mental health for over two decades. Led by Dévora Kestel, who directs the Department of Mental Health and Substance Use in Geneva, WHO aims, in her words, for nothing less than “a transformation” in mental health. 20 years ago, mental health was completely ignored by development experts. There was no mention of mental health in the MDGs. But WHO’s 2001 World Health Report on mental health, together with the launch of the Movement for Global Mental Health in 2007 (after publication of The Lancet’s first global mental health series), created a foundation for more informed advocacy. Today, mental health is a core component of programmes to address the growing burden of non-communicable diseases. Improving mental health

is a monitored objective of the SDGs. WHO's latest report seeks to sum up the state of mental health worldwide, to make the case for deeper change, and to encourage policy makers to reinvigorate mental health systems.....”

*“The **most important part of the report** is not the summary of research evidence. It is **the glimpses of progress being made in countries.** But there is a **huge gap in WHO's report.** And it is a gap that potentially represents a fatal flaw in the agency's thinking. In one word, it is **accountability.**”*

HP&P - Generation of Political Priority for Global Mental Health: A Qualitative Policy Analysis

V Lemmi; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czac046/6607466?searchresult=1>

*“Mental disorders represent the leading cause of disability worldwide, yet they remain a low global health priority. This paper uses a case study methodology and different data sources (35 interviews and documents) to analyse factors that have shaped the generation of political priority for global mental health over the past three decades (1990–2020) and their changes over time. The Shiffman and Smith framework on determinants of political priority for global health issues is used to organise data into themes: actor power, ideas, political context, and issue characteristics. Global mental health has gained political attention especially over the past decade, yet support remains limited. Findings reveal that actor power is undermined by a fragmented policy community, absence of one guiding institution or coordination mechanism, and little civil society mobilisation. Public portrayal of the issue is divided, hampered by the absence of a common understanding by the community, and by stigma. Some policy windows have been missed and a strong global governance structure is lacking. Credible indicators and evidence on simple cost-effective solutions especially in low- and middle-income countries are scarce. However, opportunities are arising, including an increasing number of leaders and grassroot organisations, multiple arguments for action and integrated solutions resonating with broader audiences, widening political support at national level, an emerging global governance structure, and an expanding evidence base on the scale of the problem and available solutions. **The results points to three technical and four political challenges that advocates need to address to increase political support over the next decade.**”*

More on NCDs

WHO Discussion Paper (version dated 8 June 2022) - Draft Updated Appendix 3 of the WHO Global NCD action plan 2013-2030

https://cdn.who.int/media/docs/default-source/ncds/mnd/2022_discussion_paper_final.pdf?sfvrsn=78343686_7

“WHO has published an initial discussion paper on the updated Appendix 3 of the Global NCD Action Plan 2013-2030, also known as the NCD 'best buys' and other recommended interventions. The aim of this update is to reflect new scientific evidence on the cost-effectiveness of a wide range of NCD interventions, as well as new WHO recommendations.....”

Lancet GH (Comment) - A tool to identify NCD interventions to achieve the SDG target

S J Pickersgill et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00124-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00124-3/fulltext)

“The NCD Countdown 2030 Collaborators conducted an analysis, published in March 2022, of potential pathways through which countries could get back on track to achieving the SDG 3.4 target in the aftermath of the pandemic. We found that fully implementing a focused set of highly cost-effective clinical interventions and intersectoral policies to address NCD mortality could greatly accelerate progress and could help the world as the whole to achieve the SDG 3.4 target. A strategy such as this could avert approximately 39 million deaths between 2023 and 2030, but would require an additional US\$18 billion per year. Drawing from previous NCD Countdown reports, and in partnership with the WHO Department of Noncommunicable Diseases, we developed an [online tool](#) for users to visualise the potential effects of the interventions included in our report under a range of different implementation scenarios. The interventions are based on recommendations from Disease Control Priorities, 3rd edition, and are aligned with WHO recommendations on priority NCD interventions. The tool enables users to quickly see the effect that different combinations of interventions would have on achieving the SDG 3.4 target in their country context....”

SRHR

Lancet Editorial – Attitudes towards menopause: time for change

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01099-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01099-6/fulltext)

“In this week's issue of The Lancet, a Comment by Zoe Schaedel and Janice Ryder highlights many of the misconceptions around, and barriers to, menopause care. Stigma, embarrassment, a lack of public awareness, and miscommunication mean that for many women, menopause is either borne in quiet suffering or else over-medicalised as nothing more than a hormone deficiency requiring oestrogen replacement. Menopause is a natural part of ageing that affects 50% of the population. Yet, this fact is not reflected in many societies, and their health systems. The long-standing neglect of menopause and silence around it must change....”

NYT - Risking a Society's Retribution, Growing Numbers of Girls Resist Genital Cutting

<https://www.nytimes.com/2022/06/14/health/female-genital-cutting-sierra-leone.html>

“Sierra Leone is one of a few countries in sub-Saharan Africa that have not banned cutting. Now, young women are defying mothers and grandmothers by refusing to undergo the procedure.”

Lancet GH (Comment) – PURPOSE study: understanding the burden of stillbirths in south Asia

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00218-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00218-2/fulltext)

Comment linked to a new Lancet GH study.

And a link:

- Lancet (Letter) - [Gender equality and climate action: lessons from evidence on SRHR](#)

Human Resources for Health

Human Resources for Health - Development assistance for human resources for health, 1990–2020

A Micah, J Dieleman et al ; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-022-00744-x>

“... in 2016, the World Health Assembly adopted the WHO Global Strategy on Human Resources for Health: Workforce 2030. In the Strategy, the role of official development assistance to support the health workforce is an area of interest. The objective of this study is to examine progress on implementing the Global Strategy by updating previous analyses that estimated and examined official development assistance targeted towards human resources for health....”

BMJ GH (supplement) - The health workforce in Africa

[The health workforce status in the WHO African Region: findings of a cross-sectional study](#)

Including also: [The health workforce status in the WHO African Region: findings of a cross-sectional study.](#)

Decolonize Global Health

Plos GPH - Authorship trends in infectious diseases society of America affiliated journal articles conducted in low-income countries, 1998–2018

C Modlin et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000275>

Some of the findings : « ... *While the absolute number of articles by LIC-affiliated lead authors increased over the 20-year period, the proportion of articles with LIC-affiliated lead authors decreased. There is a growing literature for infectious disease research conducted in LICs yet authorship trends in a small subset of these publications demonstrate a pronounced and worsening exclusio of LIC-affiliated investigators from publishing as lead authors.*”

Mail and Guardian - 'The Lancet' journal rejects papers that don't acknowledge African researchers

<https://mg.co.za/health/2022-06-13-the-lancet-journal-rejects-papers-that-dont-acknowledge-african-researchers/>

"...Respected global medical journal The Lancet will continue to reject papers with data from Africa that fail to acknowledge African collaborators, in the interest of building African research and of promoting integrity, equity and fairness in research collaboration, according to senior executive editor Sabine Kleinert. The journal made the decision after coming across manuscripts submitted by researchers from outside Africa and with data collected from the continent, but with no mention or acknowledgement of a single African collaborator, she told the 7th World Conference on Research Integrity held in Cape Town from 29 May to 1 June."

*"We are now rejecting such papers because when you bring us such a paper you probably had a local researcher collecting data for you or you 'helicoptered' to Africa, but you chose not to recognise them, which is not acceptable." Kleinert — one of the cochairs of the conference hosted by the University of Cape Town — noted that **failure to disclose or appreciate work done by others amounted to a breach of integrity**, something that every publisher had a duty to look out for..."*

Lancet GH (Comment) - A new path to mentorship for emerging global health leaders in low-income and middle-income countries

M Hamid et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00230-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00230-3/fulltext)

*" Current narratives on equitable partnerships mostly include academics and practitioners based in HICs who have focused on assuming responsibility for mentoring their LMIC partners. We believe this approach has several challenges including lack of incentivisation for the HIC collaborator, due to the time and resources spent mentoring their own students and staff. Additionally, mentorship outcomes aligned with their institutional and national priorities might not align with those in LMICs. **To truly shift power, LMIC collaborators must take ownership and identify context specific and nuanced skill sets needed for mentors and mentees. This is one of the few sustainable approaches to end dependency on HICs for training of our global health professionals and scientists. "***

"...In this Comment, we, women from and based in Pakistan, use our experiences from two different settings to argue and challenge the assumption that the dearth of leaders in LMICs is a symptom of lack of willingness in LMIC institutions rather than their lack of capacity (defined as provision of time, resources including networking opportunities, and a willingness to invest in mentees, professionally and emotionally) to mentor young investigators. Notably, we found very little discussion on mentorship to develop future leaders by LMIC global health leaders."

With a number of **recommendations**.

And a link:

- Globalization & Health - [The impact of neoliberal generative mechanisms on Indigenous health: a critical realist scoping review](#) (by B Poirier et al)

Other news of the week

HPW - Safety and Health Added to International Labour Organization's Fundamental Principles and Rights at Work

<https://healthpolicy-watch.news/international-labour-organization/>

“The principle of a safe and healthy working environment has been [adopted to be included](#) in the International Labour Organization’s (ILO) Fundamental Principles and Rights at Work in a landmark decision during the annual International Labour Conference (ILC).”

“The International Labour Conference, held 27 May – 11 June, brings together delegates from ILO member states that represent governments, workers and employers to establish and adopt international labour standards. Delegates adopted the measure at the Conference’s plenary sitting on Friday 10 June. Until now, there have been four categories of Fundamental Principles and Rights at Work:

- *Freedom of association and the effective recognition of the right to collective bargaining;*
- *Elimination of all forms of forced or compulsory labour;*
- *Effective abolition of child labour;*
- *Elimination of discrimination in respect of employment and occupation.*

The decision by the Conference means that Occupational Safety and Health will become the fifth category, with delegates celebrating the landmark addition.”

UNAIDS - One year into the bold new strategy on HIV/AIDS, it is vital to speed up progress, say UN Member States

https://www.unaids.org/en/resources/presscentre/featurestories/2022/june/20220609_unsg-report

“One year after adopting a new Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, United Nation’s Member States have highlighted the need to work together to speed up progress on implementation. In advance of the meeting, the UN Secretary General released a [report](#) entitled Tackling inequalities to end the AIDS pandemic on the implementation of the political declaration on HIV/AIDS. The report sets out how inequalities and insufficient investment “leave the world dangerously underprepared to confront the pandemics of today and tomorrow” The AIDS pandemic is responsible for more than 13,000 deaths every week.....”

Guardian - Growing numbers of young Africans want to move abroad, survey suggests

https://www.theguardian.com/world/2022/jun/13/young-africans-want-to-move-abroad-survey-suggests?CMP=tw_t_a-global-development_b-gdndevelopment

“Covid, climate, stability and violence contributing to young people feeling pessimistic about future, survey of 15 countries suggests.”

“African youth have lost confidence in their own countries and the continent as a whole to meet their aspirations and a rising number are considering moving abroad, according to a survey of young people from 15 countries. The pandemic, climate change, political stability and violence have all contributed to making young people “jittery” about their futures since the Covid pandemic began, according to the African Youth Survey published on Monday.....”

Bloomberg - China Surpasses US in Eyes of Young Africans, Survey Shows

<https://www.bloomberg.com/news/articles/2022-06-12/china-surpasses-us-in-the-eyes-of-young-africans-survey-shows>

“China provides affordable goods, invests in infrastructure; Survey covers 18-to-24-year-olds on world’s youngest continent.”

“China has overtaken the US as the foreign power seen as having the biggest positive influence in Africa by young people, according to a survey released on Monday. A survey conducted by the Ichikowitz Family Foundation found that 76% of 4,507 young Africans across 15 countries named China as a foreign power with a positive influence on their lives, compared with 72% for the US..... Positive sentiment toward China was strongest in Rwanda, Malawi and Nigeria.....”

Guardian - Poor countries forced to cut public spending to pay debts, campaigners say

<https://www.theguardian.com/business/2022/jun/12/poor-countries-forced-to-cut-public-spending-to-pay-debts-campaigners-say>

“Debt Justice calls on UK to use power to make private lenders take part in effective relief scheme.”

“The lack of an effective debt relief scheme is forcing some of the world’s poorest countries to cut public spending to keep up payments to their creditors, research reveals. A report by **Debt Justice** says the most heavily indebted nations were expected to reduce public expenditure by 3% on average between 2019 and 2023 despite the need to counter the impact of spiralling food and energy prices. Using International Monetary Fund data for debt and public spending, the campaign group said the **disparity between high and low-debt countries highlighted the need for more comprehensive relief.** Low-debt countries will increase spending by an average of 14% between 2019 and 2023..... The report is published to coincide with **an inquiry this week** by the House of Commons international development select committee into the **debt crisis in low-income countries, which is**

causing concern at both the **IMF** and the **World Bank**. Debt Justice – formerly the Jubilee Debt Campaign - said Britain should use its power to make private lenders take part in debt relief.....”

WHO - New UN guide aims to tackle growing problem of elder abuse

<https://news.un.org/en/story/2022/06/1120422>

“Every year, one in six people aged 60 years and older experience some form of abuse – a trend that is expected to continue with rapid population ageing in many countries, the World Health Organization (WHO) said on Wednesday. The UN agency and partners are highlighting the issue in the context of **World Elder Abuse Awareness Day**, observed annually on 15 June, and have issued **a publication** outlining five key priorities for response.”

Guardian - ‘Human despair’ as more than 100m forced to flee their homes amid war and violence

<https://www.telegraph.co.uk/global-health/climate-and-people/human-despair-100m-forced-flee-homes-amid-war-violence/>

“More than 100 million people were forced to flee their homes last year – a 20 per cent increase on the previous year – according to figures released by the United Nations. In 2021, 89.3 million fled due to persecution, conflict and violence, taking the global toll to more than 100 million when including displacement caused by Russia’s invasion of Ukraine. **The UN refugee agency said the data continue “a worrying decade-long rising trend”.** At the end of 2020, the figure was 82.4 million. In 2012, it was 42.7 million.....”

“....The year was most notable for the “sheer number of existing conflicts that escalated and new conflicts that flared up”, the report added. According to the World Bank, 23 countries hosting a combined population of 850 million people faced high- or medium-intensity conflicts in 2021.....”

Science – Murders of women worldwide remain vastly undercounted. Activists are now filling in the gaps

<https://www.science.org/content/article/murders-women-worldwide-remain-vastly-undercounted-activists-are-now-filling-gaps>

“Science talks with researchers about supplementing official femicide data and taking on an activist role.”

Some more papers and reports of the week

WHO Bulletin – June issue

<https://www.ncbi.nlm.nih.gov/pmc/issues/409664/>

On some of the content: “In the editorial section, Ryan McBain et al. introduce an **initiative to track HIV resource allocation and costs**. Jane Barratt argues for specific measures to improve vaccination coverage in older adults. Gary Humphreys talks to John Nkengasong about the establishment of the Africa Centers for Disease Control.....”

Global Policy - Ensuring Market Supply Transparency for Personal Protective Equipment: Preparing for Future Pandemics

K De Klerk et al; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.13103>

“...This article proposes a WTO/WHO joint initiative to ensure PPE market supply transparency for future pandemic preparedness.”

Public Health Research & Practice - Launching a global movement for societal wellbeing

V Lin et al; <https://www.phrp.com.au/issues/june-2022-volume-32-issue-2/launching-a-global-movement-for-societal-wellbeing/#.YqI8aJi2po.twitter>

“....For World Health Day in April 2022, **WHO confirmed its intention, as proposed in the Geneva Charter, to foster a movement to create societies focused on wellbeing**, and focus global attention on the urgent actions needed to keep humans and the planet healthy.....”

Health Policy- Strategic purchasing and health systems resilience: Lessons from COVID-19 in selected European countries

M Montas, S Greer et al ;
https://www.sciencedirect.com/science/article/abs/pii/S0168851022001580?dqcid=raven_sd_aip_email

“Strategic purchasing is a popular and frequently proposed policy for improving the efficiency and adaptiveness of health systems. The COVID-19 pandemic shocked health systems, creating a test of the adaptability and resiliency of their key features. **This research study explores (i) what role purchasing systems and agents played in the COVID-19 pandemic, (ii) if it was strategic, and (iii) how it has contributed to a resilient health system.** We conducted a qualitative, comparative study of six countries in the European Union—focusing on three as in-depth case studies—to understand how and when strategic purchasers responded to seven clearly defined health system “shocks” that they all experienced during the pandemic. **We found that every case country relied on the federal government to fund and respond to the pandemic. Purchasers often had very limited, and if any then only passive, roles.**”

SS&M - The science-policy relationship in times of crisis: An urgent call for a pragmatist turn

T Greenhalgh et al; <https://www.sciencedirect.com/science/article/pii/S0277953622004464>

“In this conceptual paper, we argue that at times of crisis, what is sometimes called “evidence-based” or “science-driven” policymaking—establishing scientific truths and then implementing them—must be tempered by a more agile, deliberative and inclusive approach which acknowledges and embraces uncertainty. We offer pragmatism as one potential option, using examples from the UK to illustrate how such an approach might have changed particular crisis decisions and led to better outcomes. We propose that to better prepare for the next public health crisis, five pragmatism-informed shifts are needed in the science-policy relationship: from scientism to science-informed narrative rationality that emerges from practice; from knowledge-then-action to acting judiciously under uncertainty; from hierarchies of evidence to pluralist inquiry; from polarized camps to frame-reflective dialogue; and from an “inside-track” science-policy dialogue to greater participatory democracy. We suggest an agenda for a pragmatist-informed program of applied research on crisis public health policymaking.”

Some op-eds and blogs of the week

FT - Overseas aid statistics are not credible

F Cutts (former assistant UN SG) ; <https://www.ft.com/content/dc55dbfa-9b43-4469-adfe-733072769c38>

“Donors have exaggerated their generosity at every turn, creatively padding the figures.”

*“The OECD recently published figures claiming that overseas aid had reached a historic peak of \$178.9bn in 2021. Unfortunately, these figures cannot be trusted. Many problems stem from so-called “modernisation” reforms introduced in 2018, when the OECD’s Development Assistance Committee — essentially a donors’ club — changed its methodology for calculating official development assistance (ODA) in loans. The Paris-based club of mostly rich nations claims its new “grant equivalent” system is an improvement, and they are right that to compare lending with grant giving, one should calculate the amount being given away in each loan. However, instead of using realistic discount rates based on the costs donor governments incur in providing loans, they set inflated rates that suggest lenders are giving more away than they are. To compound the problem, these rates include risk margins, despite a decision to count debt bailouts as “extra” aid. The OECD argues that this only “measures the additional concessionality” of debt relief, but in reality they are double counting credit risk, thereby further inflating reported aid. **Nowhere is the impact of this incentive to provide loans instead of grants more pernicious than in climate financing, where public loans dominate contributions to the annual \$100bn UN climate change target. Many such loans are for projects that yield neither revenues nor direct financial benefits, so add to the debt stress many poor countries are already facing. In effect, developing countries are being made to pay the costs of climate change they haven’t caused, while OECD countries claim credit for aid they haven’t given.**”*

“... The latest ruse inflates ODA for donating surplus Covid vaccines which donors snapped up early in the pandemic at prices as low as \$3 per dose. Here, the OECD committee recommended scoring aid contributions at \$6.72 per dose, even though many doses were nearing their use-by dates. “

“At the heart of all these problems is governance. The donors’ committee is subject to political pressure from its members, but not from aid recipients. “... It is time to end the committee’s

*monopoly on aid accounting. Its skewed membership and rejection of sound statistical principles in the quest to overstate its members' largesse make it unfit for purpose. **The work should be assigned to an independent body of professional statisticians, with broad and balanced representation.** Only such a body will be able to reform the rules and restore credibility to aid expenditure figures."*

Project Syndicate – Let's Count What Really Matters

J Ghosh; [Project Syndicate](#);

"Regularly tracking four alternative economic indicators would provide a very different view of comparative performance from the one that emerges from GDP-based analysis. And public awareness of this revised view of reality could well mobilize support for fundamental different policies at the national and international level."

Ghosh suggests: a labor-market indicator (the median wage multiplied by the employment rate); the proportion of the population that can afford a nutritious diet; a time-use indicator, disaggregated by gender (this shows the distribution of time between paid work, unpaid work, and personal leisure and relational time); and finally, per capita carbon dioxide emissions.

Some tweets of the week

Siva Thambisetty

"I see a theme emerging here - of berating 'negative advocacy'. It mirrors criticism from elsewhere that academics failed to build a 'positive' agenda on IP and instead focussed on the #TRIPSwaver which was a 'negative' agenda. Expertise comes from many spheres and CSOs have twitter.com/ThiruGeneva/st..."

WHO

Re C-TAP (at the WHO media briefing from Tuesday):

*"However, the licenses we have received are too few, and only from government research institutes. **Manufacturers have not contributed to a single license.** @DrTedros. #COVID19"*

B M Meier

"The #INB outline for the Pandemic Treaty https://apps.who.int/gb/inb/pdf_files/inb1/A_INB1_12-en.pdf... mentions #HumanRights, but it fails to mainstream rights throughout the treaty. Given the human rights failures of the #COVID19 response, the #PandemicTreaty provides a new opportunity for rights-based #Solidarity."

Dimitri Eynikel

"@politico & media more widely continue to write about an intellectual property waiver for vaccines when reporting @wto #MC12. Can they clarify what IP rights are being waived? The

*proposed text only waives a procedural article of the TRIPS agreement, not IP rights.
#wordsmatter.*

Global governance of health

Webinar - A united voice: towards a new European strategy for global health

https://www.youtube.com/watch?v=R_SjJFi8VT4

Recorded webinar from last week (by Gastein Forum & Santé Mondiale 2030).

It's a focus of the (current) French presidency of the Council of the European Union.

Bloomberg - Biden to Unveil Plan for Next Pandemic While Seeking \$88 Billion in Funds

<https://finance.yahoo.com/news/biden-unveil-plan-next-pandemic-214321262.html?guccounter=1>

“The Biden administration is preparing a new defense strategy against pandemics and other biological threats that applies lessons from Covid-19 and puts the White House at the center of any future US response. Research suggests there’s a 50/50 chance of another Covid-like pandemic — or one that is more deadly — over the next 25 years, according to a senior administration official who spoke under the condition of anonymity as the strategy isn’t yet public, and the administration’s plan is the result of more than a year of work by US national security and public health experts to improve the nation’s framework for preparedness, response and recovery. “

Health Affairs (Forefront) - Is COVAX To Blame For Failing To Close Global Vaccination Disparities?

Chelsea Clinton et al; <https://www.healthaffairs.org/doi/10.1377/forefront.20220609.695589>

With a number of suggestion to do it better next time, in the section ‘Looking ahead’.

Planetary health

Ecological Economics - Is it a green or brown job? A Taxonomy of Sustainable Employment

K Bohnenberger; <https://www.sciencedirect.com/science/article/pii/S0921800922001318>

*“Labour market policies are crucial leverages for sustainability transitions. **Five perspectives on “jobs & the environment” can be distinguished.** Previous approaches to identify green jobs neglected essential aspects that determine the sustainability of employment. **The performance in four***

different dimensions affects the greenness and brownness of employment. The 'Taxonomy of Sustainable Employment' facilitates classification into 'green jobs', 'mixed jobs', and 'brown jobs'."

NEJM Catalyst - Climate Change and Extreme Heat Events: How Health Systems Should Prepare

<https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0454>

"... Extreme heat events (EHEs), such as those in the western United States, India, Pakistan, Central Europe, and other locations in recent years, are one of the deadliest consequences of climate change. EHEs cause excess morbidity and mortality directly from heat illness, aggravation of comorbid conditions, and exacerbation of the damaging health effects of social factors as well as indirectly from corollary events such as wildfires and air pollution. Climate change–related EHEs are projected to worsen for at least the next 3 decades, necessitating that health systems be prepared to meet a growing burden of heat-related illnesses and become more heat resilient, as well as to reduce health care–related climate impacts. In this article, the authors discuss the health effects of EHEs and provide illustrative examples of what health systems can do to promote climate readiness and heat resiliency."

Link: Lancet Planetary Health - [Facilitators and barriers to the implementation of improved solid fuel cookstoves and clean fuels in low-income and middle-income countries: an umbrella review](#)

Infectious diseases & NTDs

BMJ GH – Global seroprevalence and sociodemographic characteristics of *Borrelia burgdorferi sensu lato* in human populations: a systematic review and meta-analysis

<https://gh.bmj.com/content/7/6/e007744>

Lyme Disease has likely infected 14.5% of the world's population. Prevalence of infection was highest in Central and Western Europe, as well as Eastern Asia; men over age 50 who live in rural areas were at highest risk. Prevalence was higher in the 10 years after 2010 than it was after 2000, which might be due to climate change.

WHO - Countries urged to adapt strategic framework to address huge unmet needs of skin diseases

<https://www.who.int/news/item/13-06-2022-countries-urged-to-adapt-strategic-framework-to-address-huge-unmet-needs-of-skin-diseases>

"The World Health Organization (WHO) has published a strategic framework for skin-related neglected tropical diseases (skin NTDs) that identifies opportunities to integrate approaches for control and management, including common learning platforms, capacity-building for case detection and delivery of treatment. The framework, a companion document to the road map, was formally launched during a WHO-hosted webinar on 8 June 2022....."

Lancet GH (Comment) - The need for a One Health approach for influenza surveillance

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00240-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00240-6/fulltext)

Comment linked to a new study in the Lancet GH - [Seasonality of influenza and coseasonality with avian influenza in Bangladesh, 2010–19: a retrospective, time-series analysis.](#)

NCDs

Reuters - [Canada, in a world first, proposes health warnings on individual cigarettes](#)

Sexual & Reproductive / maternal, neonatal & child health

CGD (blog) - How to Measure Maternal Mental Health in Early Childhood Development Evaluations

D Evans et al ; <https://www.cgdev.org/blog/how-measure-maternal-mental-health-early-childhood-development-evaluations>

Blog linked to a new CGD study.

“In a new publication—[“Tools to measure the impact of early childhood development interventions on maternal mental health in low- and middle-income countries”](#)—we identify the instruments that Early Childhood development researchers have used to measure maternal mental wellbeing in low- and middle-income countries. We draw on ECD studies from Latin America, Africa, and Asia (see the figure below). We identify where the instruments have been used, how long they are, which ones are free, and which ones have been validated most extensively outside of the context of ECD studies.....”

AP - Trans kids’ treatment can start younger, new guidelines say

<https://apnews.com/article/gender-transition-treatment-guidelines-9dbe54f670a3a0f5f2831c2bf14f9bbb>

“A leading transgender health association has lowered its recommended minimum age for starting gender transition treatment, including sex hormones and surgeries. The World Professional Association for Transgender Health said hormones could be started at age 14, two years earlier than the group’s previous advice, and some surgeries done at age 15 or 17, a year or so earlier than previous guidance. The group acknowledged potential risks but said it is unethical and harmful to withhold early treatment.....”

Link:

- International Journal for Equity in Health - [*The Every Woman Every Child initiative: supporting countries in Latin America and the Caribbean to reduce social inequalities in health*](#)

Access to medicines

Globalization & Health - A systematic review of pooled procurement of medicines and vaccines: identifying elements of success

K Parmaksiz, M Kok et al ;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-022-00847-z>

"...the aim of this systematic review is to synthesize empirically grounded insights by identifying the elements that are essential for setting up and operating pooled procurement mechanisms of medicines and vaccines....."

Extra Covid section

Nature (News) - How months-long COVID infections could seed dangerous new variants

[Nature;](#)

"Tracking SARS-CoV-2 evolution during persistent cases provides insight into the origins of Omicron and other global variants. What can scientists do with this knowledge?"

BMJ Editorial - Comorbidities and covid-19

<https://www.bmj.com/content/377/bmj.o1431>

"Better understanding is essential for health system planning."

"...While risks generally increase with age and are higher among men, strong evidence now shows increased risks for people with various health conditions, including chronic kidney disease, diabetes, lung and liver diseases, cardiovascular disease, obesity, immunodeficiency, certain disabilities, and mental health conditions....."

"...We now have a better understanding of the conditions that increase risk of severe covid-19, but unanswered questions remain about their role in longer term outcomes. A better quantification of the relation between comorbidities and different outcomes and the populations at risk is essential for future health system planning. Such information will also support policy decisions, allowing consideration of the differential economic, social, and health effects of protective interventions, including societal restriction."

One (report) - This Way Out: A Five Point Plan To End The Pandemic

One;

*“ONE’s Five Point Plan to End the Pandemic, intends to help address this by providing a roadmap for world leaders to finally curb the COVID-19 crisis, support a truly global health and economic recovery, and strengthen global response protocol for future pandemics. The plan challenges world leaders to reframe our initial responses to global health emergencies and suggests a series of concerted, strategic actions **along five key lines of effort**: Meet global demand for vaccination coverage; Ensure all countries can access the tools necessary to ‘manage’ the virus; Resolve constraints that limit accessibility to vaccine and therapeutic technologies; Foster a truly global economic recovery; and Prepare for the next virus.”*

Research

Lancet GH - Research ethics systems in Latin America and the Caribbean: a systemic assessment using indicators

R Aguilera et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00128-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00128-0/fulltext)

« To strengthen research ethics systemically, the Pan American Health Organization (PAHO) devised a strategy that includes objectives and indicators to address core components of research ethics systems. We assessed 22 countries in Latin America and the Caribbean using these indicators. Most countries have adopted legal instruments to govern research with human participants and have implemented national bodies tasked with the oversight of research ethics committees. However, performance with regard to ethics training policies and clinical trial registration was less advanced, and efforts to adopt policies on responsible conduct of research and accelerated ethics review of emergency research did not meet the PAHO objectives in most countries.”