Dear Colleagues,

Holiday season has arrived for some of you already, and if not, some well-deserved vacations will hopefully be your share too soon. So is the case for our regular editor Kristof, for which I had the honor to take charge of the newsletter this week. The newsletter might therefore look a bit different than you are used to, as we all have our (un)conscious biases and own lenses to look at the world.

At the same time, the slower summer pace (if so) may have the advantage that we can try to dwell on those possible biases, something we sometimes lack in the hectic rush of deadlines of all kinds throughout the year. In “Bitch: A Revolutionary Guide to Sex, Evolution and the Female Animal” zoologist Lucy Cooke debunks for instance how generations of scientists suffered from a Darwinian confirmation bias in studying the female sexuality of animals. Yet, “female animals are just as promiscuous, competitive, aggressive, dominant and dynamic as males”, she states. Cooke describes how sexist myths that are enshrined in biology can be traced back to the Victorian England during which Darwin developed his (r)evolutionary theory. In a similar vein, philosopher Maurizio Meloni explains how we often fail to recognize our modernist bias in the application of Foucault’s notions of power and biopolitics, which are still central in a lot of health policy and systems research. This resonates with the aim of epistemic inclusion which is put forward by the movement to decolonize global health and the full recognition of other ways of knowing and being.

And as a little extra for this summer, we are happy to share at the end of this newsletter some interesting podcasts to join you on your way to your favorite holiday destination!

Enjoy your reading (and listening).

John De Maesschalck
Highlights of the week

6 million female health workers are unpaid or underpaid

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01269-7/fulltext

“More than 6 million women worldwide are subsidising health systems with their unpaid or grossly underpaid labour, according to a new report by Women in Global Health (WGH), released on July 7. Most of these women work in low-income and middle-income countries, mainly in community health roles. But the Subsidizing Global Health report also found examples of women working without pay in some professions, including nursing. Although men also work unpaid in health systems, usually at the community level, their numbers are smaller compared with women.

Compiled from existing research and interviews with female health workers in Ethiopia, India, Malawi, Mexico, and Zambia, the report is the first to estimate the number of women working unpaid or underpaid in the global health sector.”

See also:

• Women’s unpaid work in health systems: the myth of the self-sacrificing gene
  https://www.bmj.com/content/378/bmj.o1683

  “Women’s unpaid work is propping up healthcare worldwide, reducing women’s economic security and weakening health systems.”

• Pay gap: Women in healthcare sector earn 24% less than men, international report finds
  https://www.bmj.com/content/378/bmj.o1748

  “Women working in healthcare earn on average 24% less than their male peers and face a larger gender pay gap than in other economic sectors, a joint report by the International Labour Organization and the World Health Organization has found. The analysis, which looked at data from 54 countries across all geographic and income regions, found a raw gender pay gap of around 20%, which jumped to 24% when factors such as age, education, and working time were considered. Gender pay gaps also tended to be wider in higher pay categories, where men were over-represented, while women were over-represented in the lower pay categories.”
The authors said the findings highlighted that women, who accounted for 67% of the global health and care workforce in 2020, were underpaid and undervalued.

COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades


“The largest sustained decline in childhood vaccinations in approximately 30 years has been recorded in official. WHO and UNICEF sound the alarm as new data shows global vaccination coverage continued to decline in 2021, with 25 million infants missing out on lifesaving vaccines.”

Devex CheckUp: How to prevent the next pandemic, according to experts


How can we prevent — or, failing that, be better prepared to manage — the next pandemic? Read the pitches of global health leaders:

What Nations Owe Each Other Before the Next Pandemic

https://www.thinkglobalhealth.org/article/what-nations-owe-each-other-next-pandemic

“A pandemic treaty will need to contain fresh requirements. On December 1, 2021, the World Health Assembly adopted a resolution establishing an Intergovernmental Negotiating Body (INB) to determine the content and form of a new pandemic agreement. Consultations over the course of the first half of 2022 have given rise to questions from member states as to the content and form of a new "instrument”—or agreement. During the INB’s first public hearings, there were different views expressed in terms of the overall future governance mechanism of a new international instrument. Some participants advocated for the instrument to be nonbinding and advisory in nature and for individual countries to be able to implement their own policies in order to respect national sovereignty. Other speakers stressed that nationalism should be prevented, and that steps should be taken to monitor and enforce national compliance according to the international instrument.
Broadly, the experts often noted that whatever content and form are chosen for an agreement, **stakeholder involvement will be important**. Intergovernmental agreements in recent years have been augmented, or even displaced, by solutions that are less government centered and extend to the charitable and business sectors, as well as civil society.”

**Climate Looms Over A New Pandemic Accord, Could Risk Crowding Out Access to Medicines & Equity Issues, Experts Say**


“That a new pandemic accord will be a closely contested policy space is already obvious.

A first, new working draft published on July 13, 2022, gives a nod to equity, and pushes for accountability. But it also refers to the impact of climate change, among many other policy matters. Some caution, that bringing the complex and expansive issues of climate change into the negotiations towards a pandemic accord might crowd out space and time for discussions on more pertinent matters directly relevant to global health, including the barriers caused by intellectual property for the access to medical products during health emergencies.

The second meeting of the Intergovernmental Negotiating Body set up to establish a Pandemic Accord, convenes 18-22 July, where countries will gather to discuss among other matters, the legal route such a new accord might take. At this point, many diplomats expect this to have a combination of approaches including binding and non-binding terms. **There is no consensus yet on this matter. But it is something WHO member states are mandated to decide on, before August 1, 2022.**

Apart from discussing the working draft and the potential legal route that will underpin the new instrument, next week, WHO member states will also review proposals on the kinds of entities to be included the process on the engagement with relevant stakeholders.

This story considers some of the key elements of the working draft and includes some preliminary responses from countries and other experts on priorities described in the draft.”
The Lancet Editorial - Measuring the future of humanity for health

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01326-5/fulltext

“Estimating the future is fraught with uncertainty. Time makes fools of all prophets. But the broad contours of humanity's destiny can be sketched, at least tentatively. The latest World Population Prospects 2022, published by the UN, provides provocative insights into what we might expect over the present century.

The UN draws several important conclusions relevant to health from its analysis. First, although global life expectancy continues to increase, large inequalities exist Second, the number of older people living in societies is increasing—in absolute numbers and as a proportion of the whole. Third, COVID-19 has had multiple effects on human populations, from severe restrictions on migration to fluctuations in numbers of pregnancies and births. The pandemic caused a dip in global life expectancy in 2021 (from 72.8 years in 2019 to 71.0 years), although a rebound can be expected in future years.”

Animal-to-human diseases on the rise in Africa, warns UN health agency


“Diseases transmitted from animals to people in Africa have jumped 63 per cent in last decade, compared with the previous ten year period, according to a World Health Organization (WHO) analysis. “And more than 75 per cent of emerging infectious diseases, are caused by pathogens shared with wild or domestic animals,” WHO Regional Director for Africa Matshidiso Moeti told “They account for a substantial burden of disease, resulting in about a billion sick people, and millions of deaths globally every year”.

Kenya, World Health Organization launch emergency hub


“The Kenyan government and World Health Organization on Saturday launched a medical emergency hub in Nairobi, the first in a network of African centres they say will hasten responses to regional emergencies.”
Aid Transparency Index finds a worrying U-turn


“"The 2022 Aid Transparency Index is out, and it includes global health institutions — with varying degrees of aid data transparency.

UNICEF and Gavi, the Vaccine Alliance were classified as “very good,” ranking in the top 10 out of all aid organizations. Making it on the list for the first time this year, WHO scored “good,” alongside PEPFAR and the Global Fund. The Global Fund was in the “very good” category in the past but dropped 14 places in the latest rankings — more than any other organization. By contrast, PEPFAR moved up from “fair” to “good.”

The report also put a spotlight on vaccine-sharing initiative COVAX, which faced several transparency challenges — one of which is related to not publishing confidential financial information early on, over concerns that releasing it might impact negotiations that took place between countries and pharmaceutical companies on the bulk purchase of vaccines.

The Aid Transparency Index is compiled biennially by U.K. NGO Publish What You Fund. It assesses data submitted to the International Aid Transparency Initiative by around 50 of the largest institutions, such as bilateral donors, philanthropic organizations, and development banks.”

Devex - Gates Foundation to increase annual giving by 50% as global crises grow


“"The Bill & Melinda Gates Foundation will speed up its giving by increasing its annual payout by 50% to $9 billion within the next four years, the foundation announced Wednesday. It currently pays out around $6 billion annually.”

Global Health Watch 6: In the Shadow of the Pandemic

“"Global Health Watch (GHW), now in its sixth edition, provides the definitive voice for an alternative discourse on health. It integrates rigorous analysis, alternative proposals and stories of struggles and change to present a compelling case for the imperative to work for a radical transformation of the way we approach actions and policies on health. It was conceived in 2003 as a collaborative effort by
activists and academics from across the world, and is designed to question present policies on health and to propose alternatives.

Global Health Watch 6 (GHW6) has been coordinated by eight civil society organizations – the People’s Health Movement, ALAMES, Health Poverty Action, Medico International, Third World Network, Medact, Sama and Viva Salud. With contributions from across the globe, GHW6 addresses key issues related to health systems and the range of social, economic, political and environmental determinants of health, locating decisions and choices that impact on health in the structure of global power relations and economic governance.


WHO updates its widely-used gender mainstreaming manual

“The review and update of the manual is being carried out in partnership with the United Nations University International Institute for Global Health. During the summer and fall of 2022, people will have the opportunity to provide inputs and feedback from reviews of the updates and participate in a validation workshop and/or the pilots.”


Global governance of health

Strengthening Women’s Leadership in Global Health

https://www.annalsofglobalhealth.org/collections/special/strengthening-women-s-leadership-in-global-health/

“Representation in leadership equates to representation in decision making and priority setting globally. And research shows that women’s leadership in particular can amplify the representation of other groups who are often marginalized or overlooked, including children and the poor. Unfortunately, there is a dearth of women leaders in the global health field. Recent data shows that women make up 70% of the global health workforce but hold only 25% of global health leadership roles. A consortium of women from around the world formed working groups to conduct research and produce this special issue which focuses on the development of women’s leadership in global health. In this collection of papers, we use a peer and near-peer approach to promote diverse and
intersectional perspectives and offer recommendations for substantive organizational change in global health.”

**Fix It or Forget It: It's not too late to reduce the threat of failure of the World Bank's new pandemic preparedness fund.**

https://www.thinkglobalhealth.org/article/fix-it-or-forget-it

“One on June 30, the board of directors of the World Bank approved a proposal for a new pandemic preparedness fund. This fund, enthusiastically backed by the United States is, in its current form, built to fail. Numerous groups, from the Africa Centres for Disease Control and Prevention to the World Health Organization's Council on the Economics of Health For All to a range of seasoned activist groups and coalitions have identified potentially lethal flaws in the blueprint, including a problematic approach to governance, a narrowly scoped list of implementing entities and an absence of real strategy for ensuring equity, access and impact. As it stands, this latest global health coffer, officially known as the Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response (PPR), seems destined to flounder, if not fail.”

**Lancet GH Comment - Why we still need a pandemic treaty**

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00278-9/fulltext

“A new WHO instrument has the potential to make a difference to future disease outbreaks, but even if the instrument is legally binding, a WHO instrument is inadequate. Pandemic governance must be elevated from WHO to the level of the UN General Assembly, in which countries are represented by their heads of state.

What we learned from COVID-19 is that data and evidence play too small a role in decision making, which means that we need to focus less on what states should do and focus more on what they did not do, including why they did not comply with the IHR during the pandemic.

An important step to prepare for future disease outbreaks is committing to a treaty that keeps the issue elevated at the head of state-level; so that states are ready to live up to their commitments and work together in a coordinated response when the next pandemic hits.”
Who to vaccinate first? A peek at decision making in a pandemic

https://www.nature.com/articles/d41586-022-01899-2

“Faced with the challenge of advising the World Health Organization on who should be the first to receive COVID-19 vaccines, the Strategic Advisory Group of Experts on Immunization (SAGE) used an approach it hadn’t tried before. Until this point, SAGE had based its recommendations almost exclusively on scientific evidence — immunological and epidemiological data, the results of clinical trials and so on. But with SARS-CoV-2 presenting a more serious threat to global health and stability than any other pathogen in SAGE’s two decades of existence, the advisory body was facing choices more consequential and morally fraught than any it had faced before.

Many challenging policy decisions around the use of COVID-19 vaccines remain. What part should booster doses or variant-specific vaccines play as the pandemic continues? How should questions around value for money affect the expansion of COVID-19 vaccination in low- and middle-income settings with many competing health needs and more constraints on public financing?

As crucial as scientific data are to addressing these issues, embedded in them are questions about values. Policymakers cannot make decisions about what should be done in these scenarios on the basis of science alone. When policymakers do not acknowledge that ethical reasoning is being used in combination with scientific evidence, the result is often a disconnect between the science and the policy — which can in turn undermine public trust.

The SAGE approach — still very much in development — offers one model for how to integrate ethics with evidence.”

Devex - PEPFAR's John Nkengasong on the need to 'reimagine' global health


“Asked about Devex’s reporting on the World Health Organization’s efforts to limit the powers of Africa CDC, Nkengasong said it is time to give more power to regional and local public health institutions, while also retaining the unique role of global bodies. Nkengasong said that it’s time for systems to change. Regions are aspiring to take ownership of their own health security, he said. “We should listen.” “COVID has taught us that we have to reimagine global architecture,” he said, adding that when structures such as WHO were put in place over 70 years ago, the world’s population was much smaller.”
Supreme Court Decisions and U.S. Foreign Policy on Global Health

https://www.thinkglobalhealth.org/article/supreme-court-decisions-and-us-foreign-policy-global-health

“Recent rulings from the court have consequences for U.S. global health engagement.

The U.S. Supreme Court term completed in June proved one of the most consequential sessions in recent memory. The court handed down major decisions on vaccine mandates, gun control, abortion, and climate change that affect public health, a policy realm already reeling from the COVID-19 pandemic. The rulings did not address foreign policy, but these cases have implications for U.S. engagement with global health.”

The Wellcome Trust (report): Strengthening regulatory systems in low- and middle-income countries

https://wellcome.org/reports/improving-sustainability-vaccine-innovation-ecosystem-africa

“Strengthening regulatory systems in LMICs: Improving the sustainability of the vaccine innovation ecosystem in Africa – In a new report, Wellcome Trust recognizes an increase in political support for local manufacturing to ensure the reliable and timely supply of essential medical products in Africa. The organization calls for more investment in appropriate regulatory mechanisms, including African National Regulatory Authorities.”

Attributes of national governance for an effective response to public health emergencies: Lessons from the response to the COVID-19 pandemic

https://jogh.org/2022/jogh-12-05021

“The Coronavirus Disease 2019 (COVID-19) pandemic takes variable shapes and forms in different regions and countries. This variability is explained by several factors, including the governance of the epidemic. This study aimed to identify the key attributes of governance in response to the COVID-19 pandemic and gain lessons for an effective response to public health emergencies.

The study concluded that current governance frameworks and their attributes are not adequate to contain the COVID-19 pandemic. Countries need agile, adaptable, and transformational, collaborative, multi-level, smart and ethical governance to effectively respond to emerging and re-emerging public health threats. In addition, an effective response to public health emergencies
depends not only on national governance but also on global governance. Hence, global health governance should be urgently renewed through a paradigm shift towards universal health coverage and health security to all populations and in all countries. This requires enhanced and consistent global health diplomacy based on knowledge, solidarity, and negotiation.”

African states' private debts three times that owed to China


“African governments owe three times more debt to Western banks, asset managers and oil traders than to China, and are charged double the interest, according to research released today by Debt Justice.”

UHC

WHO Bulletin - Linking health and finance ministries to improve taxes earmarked for health

https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.22.288104.pdf?sfvrsn=3e3e6089_3

“The World Health Organization recommends economic measures such as taxes on tobacco, alcohol and unhealthy foods and beverages as part of a comprehensive strategy for prevention of noncommunicable diseases. However, progress in adopting these so-called health taxes has been hampered, in part, by different approaches and perceptions of key issues in different sectors of government. Health promotion is the responsibility of health policy-makers, while taxation is the mandate of finance ministries. Thus, strengthening cooperation between health and finance policy-makers is central to the successful adoption and implementation of effective health taxes. In this paper we identify the shared concerns of finance and health policy-makers about health taxes with the aim of enabling more effective crosssector cooperation towards both additional financing for health systems and changes in unhealthy behaviours. For example, new approaches to supporting health taxation include the growing priority for health-system financing due to the growing burden of noncommunicable diseases, and the need to address the health and economic damage due to the coronavirus disease-2019 pandemic. As a result, high-level efforts to achieve progress on health taxes are gaining momentum and represent important progress towards using the combined expertise of health and finance policy-makers.”
Lancet GH Letter - Primary health care is not just a service delivery platform (L. Allen, LSHTM)

“I congratulate Kara Hanson and colleagues on the Lancet Global Health Commission on financing primary health care (PHC). Their focus on equity and people-focused systems is welcome, and the recommendations are excellent. However, their decision to define PHC as a service-delivery platform is a well-trodden, but ultimately counterproductive shortcut…”

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00280-7/fulltext

Authors reply:

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00282-0/fulltext

WHO - Health financing and public financial management in decentralized settings

“The World Health Organization’s Department of Health Systems Governance and Financing and ThinkWell launched a learning collaboration in 2019 to explore the interplay among decentralization, public financial management (PFM), and health financing, which aimed to analyze the implications of devolution for health financing, with a focus on government health spending; and to explore how decentralization has shaped PFM processes in the health sector and to identify challenges arising from the misalignment of decentralization and PFM reforms.

The collaboration yielded case studies on seven countries—Burkina Faso, Indonesia, Kenya, Mozambique, Nigeria, the Philippines, and Uganda—and two synthesis reports based on the country cases and other published literature.”

https://www.who.int/news/item/12-07-2022-health-financing-pfm-decentralization

WHO - Public financial management for effective response to health emergencies

“Key lessons from COVID-19 for balancing flexibility and accountability.

The ongoing COVID-19 pandemic has shown that public financial management (PFM) should be an integral part of the response. Effectiveness in financing the health response depends not only on the level of funding but also on the way public funds are allocated and spent, this is determined by the PFM rules, and how money flows to health service providers. So far, early assessments have shown
that PFM systems ranged from being a fundamental enabler to acting as a roadblock in the COVID-19 health response.”

https://www.who.int/publications/i/item/9789240052574

Comparative Health Systems Analysis of Differences in the Catastrophic Health Expenditure Associated with Non-Communicable Versus Communicable Diseases Among Adults in Six Countries


“The growing burden of non-communicable diseases (NCDs) in low- and middle-income countries may have implications for health system performance in the area of financial risk protection, as measured by catastrophic health expenditure (CHE). We compare NCD CHE to the CHE cases caused by communicable diseases across health systems to examine whether: 1) disease burden and CHE are linked, 2) NCD CHE disproportionately affects wealthier households, and 3) whether the drivers of NCD CHE differ from the drivers of communicable disease CHE.”

Ten lessons from the largest scale up of cash transfers in history


“Over the past 30 months we have been carefully tracking countries’ unprecedented social protection responses to Covid-19. But what are we learning from such wealth of experiences?

A new paper – Cash Transfers in Pandemic Times: Evidence, Practices, and Implications from the Largest Scale Up in History – combines analysis of large datasets with a review of about 300 pandemic papers, evaluations, and practical experiences while focusing on a particular form of social protection – cash transfers. Before turning to the ten lessons for the future featured in the report, let’s first reflect on the past.”
Access to medicines and health technology

The radical plan for vaccine equity

“Charity failed to provide adequate vaccines for the global south. Now, 15 countries are seeing whether an open-science model can end a dangerous legacy of dependency.”

Limited supply of COVID-19 vaccine, and a lack of confidence from the population could hamper immunization efforts in Sahelian Countries

“Despite a relatively low infection rate, the COVID-19 pandemic is having adverse effects on welfare in Sahelian countries. Availability of vaccines is a serious issue, still when a vaccine is available, the roll-out is not effective, in part due to a lack of confidence from the population.”
**Accelerating pooled licensing of medicines to enhance global production and equitable access**

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01013-3/fulltext

“From October to November, 2021, the pharmaceutical firms Merck and Pfizer licensed their new COVID-19 oral antiviral medications to the Medicines Patent Pool (MPP). In both cases, the drugs were licensed quickly, before they were launched, and the MPP then reached agreements with pharmaceutical firms across the globe (27 firms for Merck’s molnupiravir and 36 firms for Pfizer’s nirmatrelvir) to provide generic versions of these to roughly 100 low-income and middle-income countries. This Viewpoint examines the importance of these licences for the global production of, and access to, new medicines, during the pandemic and beyond.”

**UN Human Rights Council’s Resolution on Access to Medicines and Vaccines Welcomed by Civil Society**


**Why world’s first malaria shot won’t reach millions of children who need it**


“After decades of work, the World Health Organization endorsed the first-ever malaria vaccine last year - a historic milestone that promised to drive back a disease that kills a child every minute. In reality, efforts are falling well short of that, with a lack of funding and commercial potential thwarting GSK Plc’s capacity to produce as many doses of its shot as needed.”
Devex - US forges partnership with South Africa’s mRNA tech transfer hub


“The company hosting the World Health Organization’s technology transfer hub in South Africa announced a partnership with the U.S. government for the development of messenger RNA vaccines against diseases like COVID-19, tuberculosis, malaria, and Ebola.

The hub, established last year, aims to expand know-how around the production of mRNA vaccines in low- and middle-income countries. It’s the first of its kind globally.”

Accelerating access to genomics – first ever WHO report

Statements about the importance of genomic tracking of both COVID and Monkeypox coincided with the release of a first-ever WHO report on “Accelerating Access to Genomics for Global Health” by the new WHO Science Council.

The report calls for less-developed countries to gain better access to genomics technologies, which not only are critical to disease surveillance but also drives much of the groundbreaking research into health treatments today.

https://www.who.int/publications/i/item/9789240052857

TRIPS Waiver 2.0 at the WTO: Proponents back at the table to push for therapeutics and diagnostics


“No matter the optics on the suggested success of the WTO’s 12th Ministerial Conference last month, the final outcome on the TRIPS Waiver discussions that resulted in a ministerial decision clarifying existing rules in the TRIPS Agreement, is mostly being seen as a blow to the goals of equitable access to medical products.
One activist described the MC12 outcome on the TRIPS matter, as “a gut-punch”. And indeed, in the days that followed the ministerial, the supporters of the waiver seemed deflated, but not defeated, after batting for the proposal for 20 months.

Barely has the dust settled, the proponents have picked themselves up, ready to push for improving the access to COVID-19 therapeutics and diagnostics.

WHO reported a 30% increase in globally reported cases in the past two weeks. While vaccination targets remain unmet, the need for medicines and tests to fight COVID-19 continues to be urgent.

While evidence does not seem to have mattered much in the TRIPS waiver discussions, it is still significant that such policy debates are happening at all. In our limited understanding, WTO members have crossed the rubicon. There is no foreseeable end to these difficult and essential discussions on the access to medicines.”

**Planetary health**

Humans need to value nature as well as profits to survive, UN report finds


“Focus on market has led to climate crises, with spiritual, cultural and emotional benefits of nature ignored. Taking into account all the benefits nature provides to humans and redefining what it means to have a “good quality of life” is key to living sustainably on Earth, a four-year assessment by 82 leading scientists has found.”

Patient-Centered Climate Action and Health Equity

https://jamanetwork.com/journals/jama/fullarticle/2794469

“An equitable, patient-centered approach to climate action could enable health care to meet its climate change obligations and its responsibilities to deliver high-quality care for the betterment of all.”
How Young People Can Change the Power Dynamic in Climate Justice


“Young people today are the vanguard for climate justice as they make up the generations most affected by climate change. However, they have the least political capital of any party in the conversation.

A 2020 article published by Leehi Yona and her colleagues addresses this issue with a “leverage points framework” that tackles specific, actionable problems and goals of youth climate activism to empower young climate justice advocates. The article’s authors keep the United Nations Framework Convention on Climate Change (UNFCCC) in mind and focus on how activism sparked by youth can be integrated into and acknowledged by the convention, rather than overlooked, as it often has been in the past.”

Infectious diseases & NTDs

Ghana – Marburg outbreak


“Preliminary findings of two Marburg virus cases have prompted Ghana to prepare for a potential outbreak of the disease. If confirmed, these would be the first such infections recorded in the country, and only the second in West Africa. Marburg is a highly infectious viral haemorrhagic fever in the same family as the more well-known Ebola virus disease.”

Monkeypox Cases Increase by 50%


“A WHO Emergency Committee on Monkeypox scheduled for the week of 18 July will determine if that outbreak should also be categorized under the IHR as a Public Health Emergency of International Concern (PHEIC).
As of today, there were some 9,200 Monkeypox cases in 63 countries. That means cases have increased by 50% in the week since WHO issued its last report on 6 July, which confirmed 6,027 cases in 59 countries. Those numbers represent cases reported largely outside of the central and western African areas where the disease is endemic.

**Over 1000 Cases of Severe Acute Hepatitis Cases in Children Recorded**


“Over 1000 probable cases of severe acute hepatitis of unknown cause in children have been reported across 35 countries in five World Health Organization (WHO) regions as of 8 July 2022, including 22 deaths.”

**AMR**

**Urgent call for better use of existing vaccines and development of new vaccines to tackle AMR**


“WHO released the first-ever report on the pipeline of the vaccines currently in development to prevent infections caused by antimicrobial-resistant (AMR) bacterial pathogens. WHO’s analysis points to the need to accelerate trials for AMR related vaccines in late-stage development and maximise the use of existing vaccines.

The silent pandemic of antimicrobial resistance is of major growing public health concern. Resistant bacterial infections alone are associated with nearly 4.95 million deaths per year, with 1.27 million deaths directly attributed to AMR.”
NCDs

WHA75: The Future of NCD Action in the AFRO Region


“Like many MS in other regions, the AFRO region sought an audience at WHA75 to express its commitments and ask for assistance in achieving its health goals. On the African continent, NCDs are increasingly becoming the main cause of mortality in the region, accounting for 41% of deaths in countries like Namibia and further straining healthcare infrastructure. With this in mind, going into WHA75, the sheer size and scope of agenda item 14 surrounding NCDs was welcomed, as it showcased the sustained prioritization of MS to combat the growing burden of NCDs. As preparations for WHO deliberations got underway, AFRO region participation was expected with MS seeking to refocus energy on NCD prevention and control.”

Mental health and psychosocial wellbeing

Leadership Needed to Forward Culturally-Responsive Global Mental Health Policies

https://www.madinamerica.com/2022/07/leadership-needed-forward-culturally-responsive-global-mental-health-policies/

“Support has grown for Global Mental Health over the past decade, but political tensions and the lack of a shared vision continue to get in the way of new policies.

Global political priority for mental health—the degree to which international programs, organizations, and leaders pay attention to and put resources toward an issue—has risen in the past decade, according to Iemmi’s research. However, the absence of guiding institutions and the presence of ideological friction create barriers that must be overcome before mental health can be prioritized effectively.

The field of Global Mental Health (GMH) is not without its critics, as many scholars, activists, and service users have raised concerns. Not only is the field’s search for universality hindered by varying vested interests and differing viewpoints, but GMH also struggles to reckon with issues of racism and colonialism.”
Sexual & Reproductive / maternal, neonatal & child health

Obstetric violence: The cruel collusion that devastates young doctors learning how to deliver babies


“Health workers-in-training have reported that they feel forced to abuse birthing patients as part of a rite of passage on the road to becoming a doctor or midwife. Women who experience this type of abuse are less likely to return to health services when they need it out of fear of how they’ll be treated.”

“Chaos” for patients and providers after US abortion ruling

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01268-5/fulltext

“A patchwork of state laws replace abortion rights once guaranteed by Roe v Wade.”

“The future we are looking at is going to involve a lot of chaos”, said Greer Donley, an Associate Professor at the University of Pittsburgh School of Law, specialising in abortion law. “Three quarters of abortion patients are poor or low income, and it is going to be extremely hard for many of them to find the funds to travel”, said Donley. “In the coming months and years, there will be collateral consequences that are felt by everyone throughout the country.”

Health system bottlenecks hindering provision of supportive and dignified maternity care in public health facilities

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000550
Social and structural determinants of health

Asserting public health interest in acting on commercial determinants of health in sub-Saharan Africa: insights from a discourse analysis

https://gh.bmj.com/content/7/7/e009271?rss=1

“The actors influencing the commercial determinants of health (CDOH) in sub-Saharan Africa (SSA) have different interests and lenses around the costs and benefits of market influences in health. Three areas of discourse stood out, demonstrating also tensions between commercial and public health objectives. These were the role of human rights as fundamental for or obstacle to engaging commercial practice in health; the development paradigm and role of a neoliberal political economy generating harms or opportunities for health; and the implications of commercial activity in health services. COVID-19 has amplified debate, generating demand for public sectors to incentivise commercial activity to ‘modernise’ and digitise health services and meet funding gaps and generating new thinking and engagement on domestic production of key health inputs.”

Human resources for health

Health workers as agents of change and curators of knowledge

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01300-9/fulltext

“There are critical shortages of health workers globally, with an estimated 43 million additional workers needed to achieve universal health coverage. The health workforce is unevenly distributed between and within countries, many health workers are exhausted and demoralised, and there are problems with recruitment and retention. Increasing demand for health services and growing financial pressures on populations and health systems exacerbate these problems. Global and national innovative action is needed to deal with these challenges and support and sustain the health workforce.”
Decolonize global health

Committing to anti-racism reforms? Three critical building blocks for global health organizations

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000653

1. Hand over (some, if not all) decision-making power to people with credibility and expertise
2. Understand the difference between ‘Equity, Diversity and Inclusion’ strategies and ‘transformative anti-racism’
3. Reward the effort and risks involved in speaking out

Towards a Health from the South: A decolonial and sanitary sovereignty epistemology


“The asymmetric contemporary world-system, reproducing a Center-Periphery order with dehumanizing speed resulting from globalization, is the result of a process of folds that in the Latin American Caribbean region has to do with the historical constitution of America itself, and of capitalism in its transitions between colonial, modern/eurocentered, developmentalist, liquid and neoliberalized models (Mignolo and Walsh, 2002) as patterns of power that leave less and less space for health and good living. In this context, the epistemological bases of health have tended to move in a pendulum motion between the reproduction of a constant coloniality of power and health knowledge (Quijano, 1999), making the historical cycles move in accumulations of imported theories, policies and methodologies, in a permanent dynamic of imitation or, in the best of cases, in the adaptation of theses to the global North.”

Miscellaneous

EQUINET Regional Conference on Equity in Health in East and Southern Africa Online, 2022

“Challenging a neoliberal mantra that there are no alternatives to policies that create social deficits and injustice, and sharing the ideas and creativity of our region, the 2022 conference will share and discuss experiences, evidence, analysis, successes and struggles from local to regional level and engagement globally to advance health and wellbeing in East and Southern Africa. Through the exchanges we will frame propositions to advance health equity and social justice in our region. We
are a network of many – community members, workers, state personnel at all levels, civil society, parliamentarians, academics, trade unions, diverse professionals, innovators and producers and alliances with other regions - and welcome the voices, lenses and different ways of communicating ideas that all bring to the conference.”

https://www.equinetafrica.org/conference/home.html

HSG 2022 Board Election: Call for Candidate Nominations

“HSG is launching its 2022 Board election and is seeking nominations for six available seats on its Board of Directors.

Three general seats and three regional seats (Western Pacific region, European region and South East Asia region) are open for this year’s election. Both new candidates and current Board members seeking re-election are eligible for nomination.”


Misinformation and health: call for abstracts

“The spread of false or misleading health information, now a major public health concern, has become more pronounced in the last two decades with the help of the social media ecosystem and has been highlighted most recently by the COVID-19 pandemic.

Although many consequences of misinformation are immediately apparent, it also carries with it the danger of more insidious effects. With this in mind, and with more and more people turning to the internet in search of health information, misinformation requires greater action from those working in public health research, policy and practice.”

https://www.biomedcentral.com/collections/MISH


“Addressing a gap in evidence and guidance, the Portal profiles national-level implementation stories on advancing access to quality and comprehensive sexual and reproductive health as an integral component of wider UHC strategies and processes.”
Research

Contemporary Populism and the Environment

“This review engages with literature on authoritarian populism, focusing specifically on its relationship to the environment. We analyze hybrid combinations of authoritarianism and populism to explore three themes from the literature: environmental governance, social and political representations of nature, and resistance. In the environmental governance section, we analyze how governments have increasingly resorted to populist politics to expand extractivism; certain commodities with national security implications have become key commodities to be protected; and borders, frontiers, and zones of inclusion/exclusion have become flash points. In the social and political representations of nature section, we analyze settler colonialism and sacrifice zones as organizing principles for relations with the environment. In our final section on resistance, we review literature highlighting pushback to authoritarian populism from peasant, indigenous, and worker movements. Variants of populism and authoritarianism are likely to persist amid increasing competition over resources as components of responses to environmental and climate crisis."

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

“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”
Coronavirus, capitalism and a ‘thousand tiny dis/advantages’: a more-than-human analysis

“This paper establishes a relational, post-anthropocentric and materialist approach to the Covid-19 coronavirus pandemic. Analysis of the ‘pandemic assemblage’ reveals that the virus has subverted the social and economic relations of capitalism, enabling its global spread. This insight establishes a materialist framework for exploring socio-economic disparities in Covid-19 incidence and death rates, via a more-than-human and monist analysis of capitalist production and markets. Disparities derive from the ‘thousand tiny dis/advantages’ produced by people’s daily interactions with human and non-human matter, making sense of the unequal occupational patterning of coronavirus incidence. This more-than-human approach supplies a critical alternative to the mainstream public health and scientific perspectives on the pandemic, with important implications for current and future policy to counter future microbiological outbreaks.”

https://link.springer.com/article/10.1057/s41285-022-00179-3

Podcasts

Global health matters


“An important Global Health Matters podcast topic this month, discussing the need to build an awareness of the ways we interact with colleagues in the workplace to adapt our programmes to be more inclusive. We need to talk about “the future of global health through diversity and dignity”.”

Care, with Bev Skeggs

“What does care really mean? For feminist sociologist Bev Skeggs, it should be at the heart of how we organise our society – from tax to health, to climate action. She talks to Alexis and Rosie about the costs of complacency, her own shocking experience of care (or lack of it) as her own parents faced the end of life, and why we have every right to expect the state to look after us. Care, she shows, is political: there’s no care without society; no society without care.”

Andrew Scull — Desperate Remedies: Psychiatry’s Turbulent Quest to Cure Mental Illness


BBC Health Check

“Monkeypox in central Africa. Covid Variants in South Africa and creams for eczema”

https://www.bbc.co.uk/programmes/w3ct32wd

Think Change episode 7: what can be done to tackle Covid-19 vaccine inequity?