

# IHP news 680 : System change urgently needed – for planetary & global health

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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,

As climate scientist Peter Kalmus argued in a tweet this week, “**the climate emergency is finally going mainstream**” – even if world leaders still don’t exactly act like it. Obviously, it’s also a shame that it takes once again this sort of heatwave crisis in the North to ‘focus minds’, while the numerous climate crises already [seen](#) in LMICs in recent years have failed to produce a similar impact. But at this (relatively advanced) age of mine, I can’t say I’m surprised.

Anyway, on the **planetary health** front, we want to focus your attention on two must-reads from this week. First, **G Monbiot** argued in the Guardian, rightly, that **our times don’t allow for incrementalism**. In an op-ed, “[This heatwave has eviscerated the idea that small changes can tackle extreme weather](#)”, he attacked the Theory of change of mainstream environmental groups. Second, check out this (equally hard-hitting) **op-ed by Jayati Ghosh, [Achieving Earth for all](#)**, in which she refers to “**Earth for All**”, a new [report](#) produced by the Club of Rome’s Transformational Economics Commission, of which she is a member. Actually, it’s more than a report, it’s a call to action. “*The report’s authors argue that **achieving wellbeing for all on a (relatively) stable planet is still possible but will require major changes in economic organisation. In particular, [the report] calls for five major initiatives to eliminate poverty, reduce inequality, empower women, transform food systems and overhaul energy systems by ‘electrifying everything’.***” Ghosh is damned right that if we fail in this urgent systemic reform, both ‘Health for All’ and ‘Achieving Earth for all’ will turn out pipedreams in the 21<sup>st</sup> century (*with dire scenarios of societal collapse around mid-century becoming ever more likely*). In short, as you can imagine, this week there’s a hefty ‘planetary health’ section, including on the scary ‘new normal’, that can be aptly summarized as ‘*we ain’t seen nothing yet*’.

By the way, it feels a bit “rich” of Macron and other European leaders to now suddenly call for more sobriety (of their citizens) in terms of energy consumption, not for – mind you – the climate emergency, but due to the energy supply ‘issue’ expected in autumn and winter (for you-know which-reason). In true EU leader-style, however, they do frame such citizen “energy austerity” as a ‘win-win’ - that’s about as much they dare to refer to the climate crisis, in the year 2022. Huh.

In other important news this week, we focus on the discussions taking place at the [Intergovernmental Negotiating Body \(INB\)](#) in Geneva (18-22 July), with a view on making progress towards a ‘**WHO Convention, Agreement or Other International Instrument on Pandemic Prevention, Preparedness and Response**’. As for this pandemic, we seem to be stuck more and more in a [vicious cycle](#) of - seemingly ever faster - new Omicron waves (with ‘Centaurus’ as one of the latest “additions”). Tedros was right last week: this thing is far from over.

On a more positive note, Devex reported that [African health institutions are further taking shape](#), with new announcements made on Africa CDC and the Africa Medicines Agency. As for the latter, Rwanda was elected to host the AMA by an African Union Executive Council held in Lusaka, last weekend. While I understand Rwanda has some advantages - among others, increasingly turning into a tech hub on the continent - I'm still a bit surprised African leaders seem so fond of their authoritarian colleague in Kigali. Including, as you know, dr Tedros himself.

Finally, as many of you know, the “**pluriverse**” is [quite central to Decolonizing \(global health\) approaches](#), for very good reasons, certainly if you see the current state of the world, more or less shaped along the lines of a hegemonical postcolonial Western tradition. As a fan of the “**Multiverse**” concept (well, at least until I saw “[Everything Everywhere All At Once](#)” where there was a bit too much “Verse-jumping” for me), I wouldn't mind a Marvel movie (or Netflix series) on other health universes, where Bill Gates and co don't have the same global health “leverage”. Would be interested to see what such a universe looks like. If only, to help finetune a good ToC for this one 😊.

PS: I'm personally also looking forward to a universe without [sycophantic](#) “congratulations [tweets](#)” between global health leaders and authoritarian leaders.

Enjoy your reading.

Kristof Decoster

## Featured article

### The WHO Foundation: a potential game-changer ?

**Paolo Maria Celeste Cravero** (*Humanitarian and development practitioner dedicated to social and political change; Global Public Health MSc student at Queen Mary University of London*)

Last May, the 75<sup>th</sup> World Health Assembly closed on a positive note as member states reached the historic decision to increase their membership dues to constitute [50% of WHO's core budget by the funding cycle 2030–2031—it is currently at 16%](#). This is a positive development that goes in the direction of sustainable financing for WHO that, in time, will hopefully reduce the dependence of the organization on [unpredictable voluntary funding](#).

However, when the 75<sup>th</sup> World Health Assembly started, this was [not necessarily the expected outcome](#); and even now that states have agreed, it will take quite some time before the budgetary issues the WHO is facing are fixed. This, of course, if states refrain from the practice common in the last thirty years of not paying their dues—[action against which the WHO can do very little](#).

Trying to address this budget issue, the WHO and its partners have worked feverishly behind the scenes for the past few years to develop an alternative financing mechanism that could support the assessed contributions (i.e. non-earmarked “core” funding) of the organization. The result has been the creation of an institution tasked to broaden the pool of donors and consequently increase WHO’s independence from voluntary contributions. [To this end, in mid-2020, the WHO Foundation \(hereafter, WHO-F\) was established.](#)

The WHO-F is a foundation under Swiss law (which allows for tax deductions for the private sector and individual donors), affiliated but independent from WHO, whose aim is to “[financially support and advocate for WHO, its mission and the General Programme of Work \[...\]](#)”. The WHO-F is not in competition with the WHO, but it instead works for the WHO by engaging private donors, high net worth individuals, and private sector businesses to gather funds, which will be [disbursed through grants in line with WHO priorities](#). In the Affiliation Agreement the WHO-F ensures that “[between 70% and 80% of all funds over any given two-year period are provided to WHO \[...\]](#)”.

The creation of such an institution is a bold move. It shows courage and ability to think creatively about new financing mechanisms, and is a testament to the commitment to solving a longstanding issue that has dented the standing of the WHO [vis-à-vis the new players in global health](#)—e.g., the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, GAVI, the Vaccine Alliance, etc.

However, not everyone sees it as a positive development. Critical voices have been pointing out the risk of corporate influence at the expense of the independence of such an institution. [Maani et al. ’s commentary](#) in BMJ Global Health made some important points in this regard. They criticized the lack of clarity in the WHO-F applicability of the Framework of Engagement with Non-State Actors ([FENSA](#)) norms and practices and the lack of a clear conflict of interest policy. The WHO-F excludes from its potential new donors only [tobacco and arms industries, and parties subject or linked to UN sanctions](#). Adopting such a narrow approach can be quite dangerous, as outlined by [Maani et al.](#) Industries such as alcohol and ultra-processed food could seek to undermine the work done by the WHO on regulations that could dent their profit (e.g., lobbying against sugar taxes). At the same time, through their donation, they would benefit from the association with the WHO brand and use it as a legitimizing tool for their products.

A mitigating factor for these risks is that the donations received by the WHO-F will have to be used in line with the WHO General Programme of Work. Thus, the gathered funds will have to be channelled towards WHO-approved programmes and projects that need financial support. Given the legal separation of the WHO-F from the WHO, it seems a risk worth taking to progress on the “[triple billion targets](#)”.

There is more to support the creation of such a unique foundation. [Moran](#) proposed an analysis of philanthropic institutions and foundations that defines them as partnership brokers having the power to steer the policy agenda. This conceptual framework from 2011 is still useful to understand the potential of the WHO-F, even if the world looks vastly different more than a decade later.

Private foundations, such as the WHO-F, gather funds, create partnerships, and disburse grants; by doing so they can contribute to shaping the trajectory of global health policy. The uniqueness of the WHO-F is that instead of leveraging its influence on behalf of a private individual or a state, it does so on behalf of the WHO and in line with its mission: “[promote health, keep the world safe, and serve the vulnerable](#)”. Its work reinforces the policy objectives of WHO shifting power dynamics towards

apolitical (intended in this context as driven by humanitarian principles) global health policies shaped in the name of humanity.

Financially, [acting as an interlocutor between the private, the public and the third sector](#), the WHO-F can broker partnerships filling the resource gaps resulting from insufficient funding commitment from states and traditional donors. Through international advocacy, it can influence markets by steering private donors' focus towards the three WHO pillars of "[serve the vulnerable; keep the world safe; and promote health, and essential themes that are the foundations of better health](#)". At the same time, it exercises material influence through the provision of grants channelling energy and funds towards programmes that the WHO sees as most important, thus [disentangling it from the yoke of the priorities dictated by earmarked funding](#).

If the WHO-F manages to keep at arm's length from risky donors and leverage a substantial volume of funds, it could start a virtuous cycle where funding gaps are filled, and targets are met. Together with the WHA's decision to increase assessed contributions, the WHO-F could provide a further impetus towards sustainable financing for the WHO.

This in turn would provide renewed political weight to the WHO and steer the policy focus towards the global health issues (and solutions) that matter most.

Time will tell.

## Highlights of the week

### WHO – World Report on the health of refugees and migrants

#### WHO report shows poorer health outcomes for many vulnerable refugees and migrants

<https://www.who.int/news/item/20-07-2022-who-report-shows-poorer-health-outcomes-for-many-vulnerable-refugees-and-migrants>

*“Around the world, millions of refugees and migrants in vulnerable situations, such as low-skilled migrant workers, face poorer health outcomes than their host communities, especially where living and working conditions are sub-standard, according to the **first WHO [World report on the health of refugees and migrants](#)**. This has dire consequences for the probability that the world will not achieve the health-related Sustainable Development Goals for these populations.”*

*“... **Based on an extensive review of literature from around the world, the report demonstrates that refugees and migrants are not inherently less healthy than host populations. It is, rather, the impact of the various suboptimal health determinants, such as education, income, housing, access to services, compounded by linguistic, cultural, legal and other barriers and the interaction of these during the life course, that are behind poor health outcomes.** The report reiterates that the experience of migration and displacement is a key factor in a person’s health and wellbeing, especially when combined with other determinants. For example, a recent meta-analysis of more than 17 million participants from 16 countries across five WHO regions found that, compared with non-migrant workers, migrant workers were less likely to use health services and more likely to have an occupational injury. **Evidence also showed that a significant number of the 169 million migrant workers globally are engaged in dirty, dangerous, and demanding jobs and are at greater risk of occupational accidents, injuries, and work-related health problems than their non-migrant counterparts, conditions exacerbated by their often limited or restricted access to and use of health services.**”...*”

PS: for a **summary of the report** (48 p), see [here](#).

- Coverage of the report via Reuters - [Denying refugees and migrants healthcare violates rights, WHO says](#)

*“ **Millions of migrants and refugees are being denied adequate health care and should be included in the health systems of host countries as a human right**, the World Health Organization said on Wednesday. In its first attempt at reviewing the implications of migration on global healthcare policy, the WHO called for urgent action to support vulnerable populations who cross frontiers.....”*

- And HPW – [Migrants and Refugees Face Big Hurdles to Access Health Services in Two-Thirds of Host Countries: Landmark WHO Report](#)

## INB meeting in Geneva (18-22 July) re ‘Pandemic Accord’

Documentation: [https://apps.who.int/gb/inb/e/e\\_inb-2.html](https://apps.who.int/gb/inb/e/e_inb-2.html)

Draft treaty - [https://apps.who.int/gb/inb/pdf\\_files/inb2/A\\_INB2\\_3-en.pdf](https://apps.who.int/gb/inb/pdf_files/inb2/A_INB2_3-en.pdf)

Live webcast & recordings of various sessions: [https://apps.who.int/gb/inb/e/e\\_inb-2.html](https://apps.who.int/gb/inb/e/e_inb-2.html)

Below you find a more or less chronological overview of the sessions this week. In a next section, there's some more analysis.

### HPW - WHO Member States Dig into Nitty Gritty of Proposed International Pandemic Accord

<https://healthpolicy-watch.news/who-member-states-pandemic-convention/>

Coverage of the **first day** of the meeting. Must-read.

Some excerpts:

**“The first day of WHO member state talks on a proposed new Pandemic Convention or Treaty opened with broad agreement that the new legal instrument should complement – but not repeat – provisions of the existing International Health Regulations – while respecting national sovereignty in terms of public health responses. But the hours of debate over the definitions, principles and scope of *an initial “working draft”* developed by a “Bureau” of six member states from every WHO region, reflected the enormity of the task they face in reaching beyond high-minded rhetoric about how the new instrument should align to principles of equity, preparedness and “One Health”, to binding rules and obligations acceptable to all 194 WHO member states. **Member states are meeting under the auspices of the second meeting of the WHO *Intergovernmental Negotiating Body (INB)* to try move along the initial framing of the new legal accord – which is expected to take two years or more to actually negotiate.**”**

**“... fissures on other simmering issues, such as rights over R&D related to pandemic response as well as national rights to genomic sequences of pathogens, soon became apparent. A range of Asian, African and Latin American member states, including South Africa, stressed that public health responses to the pandemic, as well as “investments in research and development for countermeasures” should be “treated as public goods and accounted for as such.” ... South Africa, as well as other countries, including Malaysia, also stressed that pathogens’ genomic sequence data – or as Malaysia requested “genomic information” – should be shared in exchange for the promise of benefits from those entities, primarily pharma, which make use of such data to develop new vaccines and treatments then sold commercially. ... **Those statements cut to the heart of a smoldering controversy over pending revisions in the *Nagoya Protocol to the Convention on Biodiversity* – to be considered at the Montreal Conference of Parties 5-15 December.** Those revisions could see the genomics information of pathogens included as part of a country’s biodiverse natural resources – entitling national governments to demand benefits if they share that genomics sequences or similar data with researchers for medicines and vaccines development. “**

***“On the other end of the spectrum, a number of developed countries, including the European Union, stressed the importance of strengthening references to “better collaboration, surveillance and early detection” – as key pillars of any new agreement. ”***

***“... How legally ‘binding’ will the new instrument really be? At this week’s meeting member states have been asked to decide whether the new legal instrument would be formally positioned as a legally-binding convention under Article 19 of WHO’s Constitution, or new, legally binding regulations under Article 21. The implications of those choices are outlined in a [WHO background document](#), made available to member states last week. Regardless of which route is chosen, the final document could still include a mix of “both legally binding and non-legally binding provisions, with the non-binding provisions being, for example, recitals, principles, recommendations or aspirations,” stated the background document, drafted by WHO’s legal team....”***

## **HPW - Genomics Access and Benefit-Sharing and One Health: Emerging Hot Spots in Pandemic Accord**

<https://healthpolicy-watch.news/access-genomics-one-health-pandemic-accord/>

Coverage of **day 2**.

***“The question of whether pathogens’ genomic sequences should be shared freely – or in exchange for a clear benefit – as well as the role ‘One Health’ should play in any new Pandemic Convention or legal accord were key points of emerging dispute among member states on Day 2 of the Intergovernmental Board Meeting (INB). Those debates, aired publicly in the first two days of the week-long meeting that aims to draw the broad outlines of a pandemic treaty, offered a good taste of the rough road ahead. ....”***

***“In sharp contrast, Wednesday and Thursday are set to be closed-door sessions. There, in private, member states will make two critical decisions. They [will] decide on the legal position of the new accord under the WHO Constitution – which in turn will reflect how legally binding the agreement really will be; They will also decide if the negotiations should be thrown open to an as yet undefined list of more civil society and private sector groups – beyond the nearly [300 entities already recognized as “stakeholders”](#) in the talks. ....”***

## **Devex - Majority of WHO member states want legally binding pandemic instrument**

J L Ravelo; <https://www.devex.com/news/majority-of-who-member-states-want-legally-binding-pandemic-instrument-103669>

Fabulous analysis, this one. Must-read.

***“... many countries were in favor of pursuing a legally binding one. But they have yet to make a final choice on which particular article in the WHO constitution to pursue.”***

***“World Health Organization member states have agreed to pursue a legally binding pandemic instrument that will contain “both legally binding as well as non-legally binding elements.” The***



majority of WHO member states were in favor of a legally binding instrument but there were differences on how they wanted to proceed. **An agreed text released Thursday by the intergovernmental negotiating body — which was tasked to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response — concluded that article 19 of the WHO constitution “is the most comprehensive provision under which the instrument should be adopted, without prejudice to also considering, as work progresses, the suitability of Article 21....”**

**“In a closed-off session of the INB on Wednesday that Devex was able to follow, several member states expressed support for a legally binding instrument to be adopted **under article 19 of the constitution — which gives WHO a wider scope to address health issues.** Some member states, including the United States, want to keep article 21 — which limits binding agreements to just a few topics — as part of their options while others think it’s too early to decide on one....”**

**“...According to global health law experts, article 19’s advantage is that it allows the WHA to adopt agreements and treaties on any matter within WHO’s competence. ....”**

**“Under article 21, the WHA can adopt regulations, such as the International Health Regulations, which govern how WHO and member states operate during a health emergency such as COVID-19. It has limitations though in that international binding instruments under this article can only be adopted under five areas, including sanitation and quarantine, disease nomenclature, diagnostic procedures, and standards for safety and efficacy as well as advertising and labeling of drugs and other medical products....”**

PS: **“...The INB bureau however has stated repeatedly that no decisions are being made at this week’s meeting. They are still not in the negotiation phase, meaning the current working draft will continue to see further changes in the months ahead, with a “conceptual zero draft” to be up for discussions at the INB’s third meeting in December.”**

See also [HPW - Future Pandemic Treaty Will be ‘Legally Binding’, Member States Resolve During ‘Honeymoon’ Negotiations](#)

**“...However, INB Bureau vice-chair Viroj Tangcharoensathien (Thailand) warned that the smooth running of the meeting marked the “honeymoon period”, and the tough challenge of negotiating the content of the treaty still lay ahead....”**

**“The INB has until May 2024 to present a draft pandemic treaty to the WHA....”**

As for **the process ahead:** **“... The INB is expected to deliver a progress report to the 76th World Health Assembly in 2023 and submit its draft agreement to the WHA’s 77th meeting in May 2024. The INB Bureau is comprised of co-chairs Roland Driecé (Netherlands) and Precious Matsoso (South Africa), with vice-chairs Tovar da Silva Nunes(Brazil), Ahmed Soliman(Egypt), Kazuho Taguchi (Japan), and Thailand’s Viroj Tangcharoensathien, representing all WHO regions. Between now and the end of October, the INB will conduct regional briefings and public hearings, which will result in a “zero draft” agreement to be presented to the next INB meeting on 5 December.”**



## HPW - New Pandemic Treaty Could Contain a Mix of Binding and Non-Binding Measures, Says Senior US Official

<https://healthpolicy-watch.news/pandemic-treaty-us-loyce-pace/>

On the US view on this issue (via Loyce Pace). ***“The United States is open to drafting a pandemic accord that contains both legally binding and voluntary elements, according to Loyce Pace, assistant secretary for global affairs at the US Department of Health & Human Services. “***

As a reminder: “... The meeting came as delegates from WHO’s member nations met behind closed doors to decide whether a new pandemic agreement should take shape as a convention, agreement or regulation under the terms of [two different articles of WHO’s Constitution](#). If the accord is shaped under Article 19 of the Constitution, it would be a legally binding convention or agreement. It were done under Article 21, it would be a regulation – but that is the least likely choice since the [International Health Regulations](#) already exist and are being amended in a parallel process. In either case, the new instrument could contain a mix of legally binding commitments and recommendations, according to a [background paper](#) prepared by WHO’s legal team, which is advising the INB negotiators. The paper says the World Health Assembly could adopt a legally binding accord under Article 19 or 21 that contain both “legally binding and non-legally binding provisions, with the non-binding provisions being, for example, recitals, principles, recommendations or aspirations. This practice is, in fact, standard both in WHO and with other international instruments.”...”

And a link:

- [Oxfam and the People’s Vaccine Alliance statement on a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response](#)

## More analysis, advocacy, resources... re the Pandemic Accord

### BMJ GH - A pandemic treaty for equitable global access to medical countermeasures: seven recommendations for sharing intellectual property, know-how and technology

K Perhudoff, E ’t Hoen, T Balasubraniam, J Love et al ; <https://gh.bmj.com/content/7/7/e009709>

*“... A pandemic treaty presents an opportunity to address these challenges in international law, and craft a better system, based on solidarity, for the global development and distribution of medical countermeasures. We recommend that a pandemic treaty ensures sufficient financing for biomedical research and development (R&D), creates conditions for licensing government-funded R&D, mandates technology transfer, shares intellectual property, data and knowledge needed for the production and supply of products, and streamlines regulatory standards and procedures to market medical countermeasures. We also recommend that a pandemic treaty ensures greater transparency and inclusive governance of these systems.....”*

See also: [Seven recommendations for sharing intellectual property, know-how and technology – report of Global Expert Group on the Pandemic Treaty published by BMJ Global Health](#)

***“Negotiators of a Pandemic Treaty should heed the recommendations, published 15 July in the BMJ Global Health, to design a fair global system for sharing the building blocks needed for equitable access to medical countermeasures, such as vaccines and therapeutics, in a pandemic. Those building blocks are the intellectual property (IP), know-how and technology behind the vaccines, medicines, and medical products used in a pandemic response, which companies have been generally hesitant to share in the Covid-19 pandemic. .... These recommendations are launched by an International Expert Working Group on how the Pandemic Treaty should regulate the global sharing of intellectual property, know-how and medical technology. The International Expert Working Group was convened by Medicines Law & Policy, Knowledge Ecology International, and the Menorca School of Public Health in October 2021.”***

## **MMI - Of cultivation and sovereignty... Negotiating a pandemic treaty (part II)**

T Schwarz ; <https://www.medicusmundi.org/cultivation-and-sovereignty/>

*« Some reflections related to section IV of the “working draft, on the basis of progress achieved, of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response” (INB document A/INB2/3) discussed by the INB on 19 July 2022. »*

Stance with focus on what ‘**real sovereignty**’ would mean. *“.... To re-establish your real sovereignty, and in a sense of true, systemic prevention of future pandemics, **you should dare to call for drafting the new instrument in a way that it promotes financial justice\* and addresses the failures of the current international economic order**, as they are a key economic and political determinant of weak health systems and unequal access to health care.”*

## **HPW- Who Gets To Sit At The Table in Pandemic Treaty Negotiations? Debate Opens Pandora’s Box of Vested Interests**

N Denticca et al ; <https://healthpolicy-watch.news/who-pandemic-treaty-negotiations/>

Analysis on Wednesday morning. *“**Should the corporate sector be allowed to engage in negotiations around the new binding instrument on pandemic prevention, preparedness and response that is being developed by World Health Organization member states? This week’s closed-door debate by WHO member states to decide who should get a seat around the table risks opening a Pandora’s box of vested interests.**”*

A few excerpts of this must-read piece:

*“.... Yesterday, some of the leading member state delegates gathered in Geneva for a week of deliberations on a first working draft text for a new legal instrument to govern global pandemic preparedness and response, steered by the International Negotiating Body (INB) nonchalantly hinted that business actors are welcome. **Advocating for an all of society approach in the drafting process, the European Union, the USA and the United Kingdom, among others, trumpeted the need for the participation of corporate entities in the treaty’s early formulation and vision.**”*

***“The issue of which non-state actors can interact formally on the INB negotiations – beyond those already in official relations with WHO – is due to be discussed in detail this week on the basis of a short-list already submitted to member states in March outlining “proposed modalities of engagement for relevant stakeholders.” This list already recognizes a new and wider range of international and multilateral groups with direct corporate interests, in addition to the existing “non-state actors in official relations with WHO”. Some 220 non-state actors already holding the coveted status of “official relations with WHO” include the International Federation of Pharmaceutical Manufacturers and Associations, as well as agro-business foundations such as CropLife International, and private sector outliers, such as the International Air Transport Association, and the World Plumbing Council. Strikingly, only a few environmental health NGOs, notably the International Society of Doctors for Environment (ISDE), are recognized by WHO. None of the global environmental advocacy groups, such as Health Care Without Harm, the Global Climate and Health Alliance, or the Wildlife Conservation Society’s health programme, have been accredited so far – despite efforts to win a seat at the table. “***

***“WHO member states are now set to expand the list of stakeholders in the INB negotiations even further, adding an as yet-to-be defined list of new actors as a proposed Annex E of the current list of recognized groups. This Annex E , effectively, is a blank check for the entry of still-more vested interests to the INB talks. .... Astonishingly, the WHO member state discussion and decision on these added non-state actors will be held behind closed doors – away from media scrutiny and without much possibility for intervention by existing CSOs. So will even more powerful pharma, agri-business and other vested interests be invited to join the talks, while environmental actors concerned with One Health issues critical to pandemic prevention, remain locked out of the room? “***

***“.... The issues at stake here are but one more reflection of the post-democratic complacency sweeping across state and multilateral institutions, gradually transforming the relationship between public institutions and the corporate world. “***

***PS: “....In the aftermath of the pandemic, Big Tech, Big Food, Big Agribusiness are increasingly jumping on the expanding market of global health products as well as the supply chain risks management. The intersection of these powerful interests – which promote spiraling use of antibiotics and pesticides in unsustainable methods of farming and intensive livestock production – ultimately threatens a balanced, reality-based approach to AMR and One Health in the INB negotiations. “***

***“.... The INB must set convincing and transparent criteria to ensure that those negotiating, observing negotiations, and subsequently implementing the new treaty, convention or other legal instrument do not have conflicts of interest. Declaring those conflicts is not enough, if we are to build trust....”***

## **Resource: Adaptive Governance database**

Cfr tweet by A Phelan

***“We are compiling a living database of Pandemic Treaty negotiation documents, as well as related international law efforts, like IHR Reform & TRIPS Waiver documents. Our Adaptive Governance Database can be found at: <https://www.pandemictreaty.net/data> “***

## Journal of Law, Medicine & Ethics - A Global Health Law Trilogy: Transformational Reforms to Strengthen Pandemic Prevention, Preparedness, and Response

B M Meier et al ; [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4164295](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4164295)

Cfr tweet Meier; “With #GlobalHealthLaw reforms underway simultaneously, and it is crucial to see the connections across the #GlobalHealth landscape. In our next @JLME\_ASME column, **we frame interconnected reforms of the: - #IHR, - #GHS & - #PandemicTreaty.**”

**“This is a pivotal moment in the global governance response to COVID-19, with crucial global health law reforms being undertaken simultaneously in the coming years: the revision of the International Health Regulations, the implementation of the GHS Legal Preparedness Action Package, and the negotiation of a new Pandemic Treaty. Rather than looking at these reforms in isolation, it will be necessary to examine how they fit together, considering: how these reforms can complement each other to support pandemic prevention, preparedness, and response; what financing mechanisms are necessary to ensure sustainable health governance; and why vital norms of equity, social justice, and human rights must underpin this new global health system.”**

**“To ensure the success of the FIF and global PPR efforts more broadly, the G20 must take all measures within its control to provide debt relief and free up [fiscal space](#) in low- and middle-income countries.... .... The new FIF proposal and broader G20 and World Bank actions on PPR cannot afford to deliver “health for some” – the wealthiest and most privileged. This is a morally bankrupt and woefully ineffective approach. Now is the time to pivot toward a more promising “health for all” approach, starting with an inclusively governed FIF and economic interventions that better enable low- and middle-income countries to invest as required in their own health systems.”**

## Africa CDC & African Medicines Agency updates

### Devex - Rwanda chosen to host the African Medicines Agency

<https://www.devex.com/news/rwanda-chosen-to-host-the-african-medicines-agency-103653>

**“The African Union executive council voted for Rwanda to host the new African Medicines Agency, or AMA, during its midyear coordination meetings held in Zambia this weekend.”**

**“AMA is a specialized health agency of the African Union tasked with improving regulatory harmonization of medicines, including in the area of pharmaceutical manufacturing, in an effort to improve access to quality-assured drugs across the continent. It is the second cross-continental health agency of the African Union, following the Africa Centres for Disease Control and Prevention, which is hosted in Ethiopia. Algeria, Egypt, Morocco, Tanzania, Tunisia, Uganda, and Zimbabwe had also put themselves forward to host AMA.”**

**“... Unlike Africa CDC, which came to fruition by a statute of the AU assembly, AMA will not directly serve countries that haven’t ratified it, which is problematic because of porous borders on the continent, which allow poor-quality drugs to move between countries. Because of this, there is an ongoing push to have more countries ratify the treaty. But even so, AMA can also work with a broader range of countries by, for example, working with regional economic communities...”**

*“... Rwanda has been chosen for a variety of big health initiatives recently. At the end of June, BioNTech broke ground on the construction of a messenger RNA vaccine manufacturing facility in the country. The African Development Bank’s also recently announced that the new African Pharmaceutical Technology Foundation will be hosted by Rwanda. **Following the AU’s host country decision, it must now set up AMA’s board, and mobilize resources....”***

## Devex - African Union passed statute giving Africa CDC more independence

<https://www.devex.com/news/african-union-passed-statute-giving-africa-cdc-more-independence-103609>

(gated) *“The African Union executive council officially approved measures to give Africa Centres for Disease Control and Prevention more independence.”*

- See also [Devex Newswire: Africa’s health institutions take shape](#)

*“One of the top agenda items at the AU’s midyear coordination meetings in Zambia this weekend was health, and **representatives reached agreement on plans to reshape the continent’s health security institutions in the wake of the pandemic.** ”*

*“Last month, my colleague Sara Jerving revealed a brewing turf battle between Africa CDC and the World Health Organization’s regional office — a key sticking point being WHO’s concern over who should have authority to declare a health emergency. **Now Sara reports — citing an Africa CDC spokesperson — that while the final documents on Africa CDC’s revised statutes have not been made public, the up-and-coming agency will have the ability to declare and coordinate health emergencies.....”***

- Related link: [HPW - African Union Selects Rwanda to Host African Medicines Agency, Grants Africa CDC Autonomous Status](#)

*“The AU’s Executive Council also adopted the amended statute of the Africa Centres for Disease Control and Prevention as an autonomous health body .... Ahmed Ogwel Ouma, Africa CDC’s Acting Director, said **the move is necessary to ensure that the Africa CDC does not have to wait for a long time for a public health emergency of international concern (PHEIC) pronouncement to be made by the WHO before swinging into full action.** “That is our expectation indeed. And that is the expectation of the African Union. That is why this request has been made,” Ouma said.” ....”*

## Devex - How Africa CDC's newly approved autonomy can actually happen

<https://www.devex.com/news/how-africa-cdc-s-newly-approved-autonomy-can-actually-happen-103685>

*“We are quite confident that we should be able to see a fully operational Africa CDC before the end of the year,” said Dr. Ahmed Ogwel Ouma, acting director of Africa CDC, during a press briefing on Thursday. Last weekend, the African Union executive council approved the revised statute of Africa CDC during the AU’s midyear coordination meetings in Zambia. **This made official Africa CDC’s transformation from a specialized technical institution of the AU to an autonomous public health***

**agency, giving it more independence and making it more flexible in responding to health emergencies.”**

“... *“The autonomy decision is a milestone — a huge milestone in global health security, not just for Africa,” Ouma said, adding that **the continent now has direct ownership of its own health care agenda. .... at the meeting on Saturday, the AU executive council granted Africa CDC the power to declare emergencies that are of continental concern. .... The revised statute also elevates the organization’s director to a “director general,” and Africa CDC is now governed by two heads of state from each of the continent’s five regions. This implies that Africa CDC can now report information on outbreaks directly to heads of state, rather than through the AU.**”*

*“In order to achieve full autonomy by the end of the year, there are a number of things that need to happen, Ouma said. Africa CDC will need to establish support systems, such as human resources, finance, administration and procurement, to keep it from being dependent on the AU for these functions. The AU Commission has been asked to provide Africa CDC with the necessary infrastructure so it can stand on its own as an institution, he said.”*

PS: *“... In February, heads of state also supported the establishment of an epidemic fund for the continent, and last weekend, the executive council granted approval for the AU to move forward with it. There is an “advanced draft” on this fund, and within the next two months, Africa CDC is expected to submit the draft to the policy organs including the AU’s Permanent Representatives Committee. Next February, Ouma said, it will be presented for approval to the executive council at the AU’s annual summit of African heads of state.”*

## **Devex - Africa CDC urges countries to set up centers for health emergencies**

<https://www.devex.com/news/africa-cdc-urges-countries-to-set-up-centers-for-health-emergencies-103657>

*“Only 12 African countries have public health emergency operation centers that function ideally and consistently — but the Africa Centres for Disease Control and Prevention would like that to change, said Dr. Ahmed Omgwall Ouma, acting director of Africa CDC, during the African Union’s midyear coordination meetings in Zambia on Saturday. **The agency wants every nation on the continent to have at least one well-functioning center, with hopes that by 2026 at least 90% of African countries achieve this target, and that it will create a network of institutions that will increase the continent’s overall capacity to respond.** “Public Health Emergency Operations Centers serve as a hub for better coordination, preparation, response, and recovery for public health emergencies,” Zambia’s President Hakainde Hichilema said during the meeting, calling it **the “Lusaka Call to Action.” ....**”*

## **FIF**

### **Project Syndicate - An Effective Pandemic Response Must Be Truly Global**

M Mazzucato & J Ghosh; <https://www.project-syndicate.org/commentary/g20-world-bank-ineffective-approach-to-pandemic-preparedness-by-mariana-mazzucato-and-jayati-ghosh-2022-07?barrier=accesspaylog>



*“The world needs a global pandemic preparedness and response strategy that is built on equitable and representative decision-making. But developing one will require the G20 and the World Bank to abandon their current “health for some” approach.”*

Among others, with the latest on the FIF (governance). As well as other things the G20 could and should do. A few excerpts:

*“Over the next month, the G20, World Bank, and the WHO will finalize the FIF design, under heavy external pressure to develop an equitable and inclusive governance structure. The Indonesian G20 Presidency has enabled some [preliminary agreements](#) that move in the right direction. For example, there is an **emerging consensus that the FIF’s governance must include low- and middle-income countries, non-G20 partners, and civil society**. Moreover, **G20 countries acknowledge that the FIF must build on the existing global health framework for PPR, with a central role for the WHO**. This is a positive departure from the World Bank’s [May 2022 White Paper](#) which proposed a deeply retrograde, insular design whereby (mainly rich country) donors would make all the decisions and consult others (or not) as they chose.*

*“The next step is for the G20 to recognize more explicitly that an effective PPR mechanism, as **a [global common good](#)**, requires a FIF model based on universal contributions (according to capacity) and representation, and universal access to benefits. The world desperately needs a FIF governance structure that can help fill critical gaps quickly and effectively. ....”*

*“...But while all current FIF stakeholders seem to agree on inclusive governance in principle, design discussions are still happening with only the founding donors in the room. Lower-income countries and civil-society representatives remain outside. The G20 should set a deadline: By August 1, 2022, all stakeholders should be fully included in design conversations via a constituency-based model that gives equal weight to all voices, irrespective of their financial contributions. This includes a voting role for civil society – an [increasingly important norm](#) in global health governance. The FIF should mark a long-overdue departure from the current approach, which treats PPR as a favor that rich countries do for poorer countries.....”*

### **Bretton Woods Project - World Bank’s commitment to private sector-led development casts doubt on effectiveness of new Pandemic Preparedness Fund**

<https://www.brettonwoodsproject.org/2022/07/world-banks-commitment-to-private-sector-led-development-casts-doubt-on-effectiveness-of-new-pandemic-preparedness-fund/>

*“Bank slated to be trustee of new fund, despite concerns about its private sector bias; Civil society calls for the fund’s board to include representatives of all stakeholders, including from the Global South.”*

### **CFR (Memo) - The World Can Prevent Future Pandemics. Here's How to Fund It**

H Thabrany (ThinkWell); <https://www.cfr.org/councilofcouncils/global-memos/world-can-prevent-future-pandemics-heres-how-fund-it>

Among others, suggesting a global version of social health insurance, to help finance the FIF.



*“... To overcome global health threats, a similar concept could be established globally. It could be managed by an agent under the WHO or by a new entity established for the purpose. The ultimate choice should be examined based on the effectiveness, absence of discrimination, and efficiency of the fund. A global public health fund based on a social health insurance scheme should have the following characteristics....”*

The first one being: *“National contributions should be mandated as a proportion of national gross domestic product (GDP). For example, if COVID-19 reduced the global economic output by about 3 percent, an annual contribution of 0.003 percent of national GDP could be economically justifiable to prevent another significant loss in the future....”*

## More on Global Health Governance & financing

### TARSC/EQUINET & Tax Justice Network Africa - Tax justice for universal public sector health systems in East and Southern Africa

R Loewenson et al ;

<https://equinetafrica.org/sites/default/files/uploads/documents/EQ%20Diss126%20TARSC%20TJNA%202022%20final.pdf>

New paper on the potential for tax financing to meet the gap for financing universal health systems in the region.

*“The paper outlines performance on key dimensions of public sector health financing in east and southern African (ESA) countries and assesses the size of the funding ‘gap’ in relation to basic health service needs; population entitlements; and state duties to health care. It provides brief discussion on the negative implications for equity of meeting this gap through out of pocket spending and privatisation of health services. With tax revenues the most progressive source of health financing for universal health coverage (UHC), it examines the level, sources and drivers of lost tax revenue in ESA countries, and relates the public sector health system funding gap to key sources and levels of lost tax revenue. **The paper points to how the current global tax framework and its unfair allocation of taxing rights benefits high income countries to the significant detriment of low- and middle-income countries.** The paper presents evidence that indicates that it is possible to meet the health financing gap for public sector health systems in the region through adequate funding from progressive taxation if tax losses are prevented and if proposals for a fairer global tax system are adopted, and suggests areas for follow up policy dialogue and engagement.”*

### Reuters – Vaccine group invites African states to apply for malaria shot support

<https://www.reuters.com/world/africa/vaccine-group-invites-african-states-apply-malaria-shot-support-2022-07-20/>

*“Nine months after the world's first malaria vaccine was recommended for use, international vaccine alliance Gavi invited countries to apply for financial support to roll out the jab, particularly targeting young children in Africa. The World Health Organization endorsed GSK Plc's [\(GSK.L\)](#) four-dose Mosquirix shot in October last year, saying it could save thousands of lives. **Now Gavi, which***

**has \$155.7 million available over 2022-2025 for the initial roll-out of the vaccine, has invited countries to apply for funding and support to distribute the shot.”**

**“... the roll-out is expected to start slowly, with supply falling far below the vast demand for several years, a recent Reuters investigation found. Ghana, Kenya and Malawi - African nations that have been involved in pilot programmes using the vaccine - can apply first, by September, to broaden their use of the shot. Other countries can apply by the end of this year, Gavi said in a statement.....”**

### **Devex - Exclusive: Lebanon, Venezuela now eligible for Gavi support**

<https://www.devex.com/news/exclusive-lebanon-venezuela-now-eligible-for-gavi-support-103581>

**“Lebanon and Venezuela are now eligible to receive support from [Gavi, the Vaccine Alliance](#) for their immunization programs, a Gavi spokesperson told Devex. This could help the two countries sustain routine immunizations and introduce missing important childhood vaccines amid economic crises that are affecting health care, including their populations’ access to critical vaccines.”**

**“...The support is part of Gavi’s [middle-income countries approach](#), approved by the board in December 2020. It aims to prevent the “backsliding” of vaccine coverage in middle-income countries that formerly received Gavi support and introduce key vaccines for children, such as the pneumococcal conjugate vaccine. The support includes lower-middle-income countries not previously eligible for Gavi support, but whose gross national income per capita is below \$4,000 as per [World Bank](#) data, or those [eligible for support](#) under the [International Development Association](#), the bank’s concessional lending arm for the poorest countries. Last month, the board also approved a proposal to include countries [reclassified by the World Bank](#) as lower-middle-income until 2024. Currently, that means Lebanon is eligible to receive support as it was the only country that was reclassified from an upper-middle-income to an LMIC for the year 2022. In addition, the Gavi board agreed to include Venezuela, despite its current lack of World Bank income classification, to address the current immunization challenges in the country.....”**

### **Expert Working Group on Global Public Investment - Progress report**

<https://secureservercdn.net/160.153.137.14/qjz.3c1.myftpupload.com/wp-content/uploads/2021/07/EWG-GPI-Progress-Report-Equal-International.pdf?time=1644650578>

This **Report on Progress** outlines the Expert Working Group’s advances to date on the road to GPI.

We already want to flag also an upcoming GPI related event (27 July, in London): **“... the forthcoming launch of the final report and recommendations of the Expert Working Group on Global Public Investment on 27 July at 2pm London. This report builds on the findings of the [Global Consultation on GPI](#), which will also be presented at the event, as well as the [Progress Report](#) we published in July 2021.”** Members of the Expert Working Group on Global Public Investment (GPI) will publish their recommendations on why we need a new system, built gradually over time, in which all contribute, all benefit, and all decide. “

To register: <https://www.eventbrite.co.uk/e/making-global-public-investment-a-reality-ewg-recommendations-tickets-377891091427>

## CGD (blog) - How LAC Countries Can Protect the Health of Their Populations in a New Economic Reality

U Giedion et al ; <https://www.cgdev.org/blog/how-lac-countries-can-protect-health-their-populations-new-economic-reality>

*“Countries in Latin America and the Caribbean (LAC) are facing a stark new reality. After three years of pandemic which has impacted the region disproportionately, LAC is experiencing the worst economic downturn in 100 years, with falling government revenues, and the sharp uphill trajectory prices of fuel, food and other essential items all piling on the pressure. In this region, levels of public spending on health have been historically extremely low (in 2019, [LAC countries spent on average just 3.7 percent of Gross Domestic Product \(GDP\) on health, far less than the 6 percent recommended by PAHO](#)), and out-of-pocket (OOP) expenditure costs have been high ([34 percent of total health expenditures in 2019 in the region were OOP](#), well above the 21 percent average in OECD countries and the 20 percent recommended by PAHO.) As such, **this grim economic outlook is likely to have significant consequences for access to healthcare and on health outcomes**, which could be devastating for the most vulnerable populations. “*

*“In this blog, we look at how economic conditions are likely to further compromise public health financing in the region, how smaller health budgets will be coupled with increasing demands, and what policymakers can do to minimize the negative impact on the health of their populations.”*

## Devex - Exclusive: G-20 report says MDBs are holding back hundreds of billions

<https://www.devex.com/news/exclusive-g-20-report-says-mdbs-are-holding-back-hundreds-of-billions-103673>

“A report for the G-20, obtained by Devex, shows ways in which development banks could move hundreds of billions of dollars in additional lending to lower-income countries if they took on more risk, without hurting their credit ratings.”

## The Hill - Gawande warns USAID COVID response quickly running out of money

<https://thehill.com/policy/healthcare/3565993-gawande-warns-usaid-covid-response-quickly-running-out-of-money/>

*“The U.S. Agency for International Development’s global coronavirus response will run out of money in the coming weeks without new funding from Congress, USAID Assistant Administrator for Global Health Atul Gawande warned on Tuesday.....” “Gawande said funding for the task force ran out last month, and the agency has been lobbying lawmakers since December to reup the financing at a minimum of \$5 billion. So far, however, Congress has delivered none.”*

*“...The agency’s task force has been able to provide nearly \$10 billion to combat the pandemic globally, but Gawande warned the U.S. was in danger of conceding the fight against the virus when it is nearly over.....”*

## CGD - Protecting Health Taxes in an Inflationary World

C Lane; <https://www.cgdev.org/blog/protecting-health-taxes-inflationary-world>

*“The rate of inflation is rising all over the world, driven by economic effects of the COVID-19 pandemic and the war in Ukraine. And in about 70 percent of all countries with fixed value or specific taxes on health-harming products, inflation is eroding the level of health taxes., Unless health taxes are adjusted to account for inflation to maintain the real value of taxes, efforts to curb death and disability through targeted taxation will be reversed. Public health spending may also be affected, especially if revenues from health taxes are earmarked to bolster health budgets.”*

*“... In this blog, I examine why policymakers should ensure that inflation does not erode corrective taxes on killer products and make them more affordable. Using a survey of recent health tax measures, I show that some countries have ensured that health taxes are stepped up while most have hesitated, and call on countries to adjust for inflation and protect health gains.”*

## Other GHS & PPR news

### HPW - Big Pharma Offers to Reserve Pandemic Products for Poorer Countries in Future – With Prerequisites

<https://healthpolicy-watch.news/big-pharma-offers-to-reserve-pandemic-products-for-poorer-countries-in-future-with-prerequisites/>

The joke of the week. **“Major pharmaceutical companies have offered to reserve a “real-time allocation” of vaccines and treatments upfront for “priority populations in lower-income countries” in future pandemics – with the assistance of the G7 and G20 countries.** Launching its [Berlin Declaration](#) on Tuesday, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) acknowledged that there has been an inequitable distribution of COVID-19 products, which it attributed to “inadequate financing mechanisms upfront and a lack of country readiness”.....”

*“It calls for “strong, fully funded international procurement mechanisms” for pandemic vaccines, therapeutics and diagnostics (VTD) for lower-income countries that can forecast demand and sign advanced purchase agreements with industry early in a pandemic. “Each company will take measures, in partnership with governments, to help ensure that authorized pandemic vaccines and treatments are available and affordable in countries of all income levels, including via donations, not-for-profit supply, voluntary licenses or equity-based tiered pricing based on countries’ needs and capabilities, or any other innovative mechanism as during COVID-19,” according to the IFPMA.*

*“... However, a “prerequisite” for the success of more equitable access rests on improving health systems in lower-income countries to ensure that they “are better prepared to absorb and deliver vaccines and treatments” – and the willingness of high-income countries to “provide the necessary political and financial support” to achieve this, says the IFPMA. The IFPMA also says that the success of its declaration depends on “a strong innovation eco-system, grounded in intellectual property rights, and the removal of trade and regulatory barriers to export””*

*“... The IFPMA’s future pandemic preparedness plan, which it aims to sell to world leaders in upcoming meetings, is based on “innovation, manufacturing scale-up, and planning ahead for equitable access”..... Pharma proposes to work with G7 and G20 on a joint solution for better access to vaccines and treatments around the world for future pandemics ....”*

- See also Reuters - [As COVID patent war rages on, pharma group seeks fairer future access](#)

“...The declaration is not legally binding.....”

- Some civil society reactions:

*“...Anna Marriott, policy lead for the People's Vaccine Alliance and health policy manager at Oxfam, said it was hard to take advice from the pharmaceutical industry given many companies have repeatedly demonstrated over the pandemic that they will pursue profit over equitable supply. "I just don't think we can believe a word that they propose," she said.”* Nailing it.

And: [Response from the Platform for ACT-A Civil Society & Community Representatives to the Berlin declaration \(Biopharmaceutical industry vision for equitable access in pandemics\)](#)

See the related **tweet from Fifa Rahman**: *“The pharmaceutical industry put out a self-congratulatory document today in the form of the “Berlin Declaration”. In our statement, @ACTA\_CSOREps rebut some of the claims they make, such as that IP is what enabled quick COVID-19 vaccine production.”*

**WHO - Joint external evaluation tool: International Health Regulations (2005) - third edition: IHR (2005) Monitoring and Evaluation framework**

<https://www.who.int/publications/i/item/9789240051980>

*“In 2020, the IHR Review Committee and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme expressed the need to adjust the IHR monitoring, and evaluation instruments based on lessons learned from the COVID-19 pandemic. In early 2021 the JEE Secretariat began the process of systematic review of the tool. These efforts included a consultative meeting of March 2021 to identify improvements of the JEE tool based on lessons from COVID-19 pandemic, followed by constitution of a technical working group composed of global experts from WHO, partner institutions and Member States to review and revise the JEE tool based on the recommendations of the technical consultative meeting. These changes and improvements made by the technical working group are reflected in the third edition of the JEE tool. **The main changes within the third edition of the JEE tool include the split of the technical area National legislation, policy, and financing into two technical areas (Legal instruments and Financing); the drop of the technical area previously titled Reporting and the move of indicators to the technical area IHR coordination, National IHR Focal Point and advocacy; and the merging of two previous technical areas (Emergency preparedness and Emergency operations centre) into a single one named Health emergency management.....”***

**Telegraph - Why we should all be worried about a vulture apocalypse**

<https://www.telegraph.co.uk/global-health/science-and-disease/why-should-worried-vulture-apocalypse/>

No, we’re not talking about pandemic profiteers here :)

*“The birds are synonymous with death and gluttony – but **their plummeting numbers could spell serious trouble for humans .... A catastrophic decline of vulture populations in Africa and Asia is causing alarm among researchers, who fear that a “cascade” effect could lead to the spread of deadly old and new diseases, including plague, anthrax, and rabies.....**”*

## TRIPS (non-) waiver & other patent related issues

### Statement by the WHO Council on the Economics of Health for All: The new WTO decision on the TRIPS Agreement

<https://www.who.int/publications/m/item/the-new-wto-decision-on-the-trips-agreement>

Worth checking out. One-pager **position paper**.

*“... Together these deficiencies suggest that **the final agreement is far from being a waiver**; at best, it is a narrowly defined, time-bound and highly circumscribed exception to the rules. Compared to the ambition contained in the original TRIPS waiver proposal put forward by India and South Africa, and noting that it took Members 18 months to agree on a way forward despite an ongoing global health crisis, the approved deal is a cause for concern. **While the Council welcomes this decision as an important first step in the right direction, the next step should be to expand the scope of the decision to therapeutics and diagnostics within the next six months and to work towards a complete waiver for the indefinite future.....**”*

### TWN - WTO: DG's "push-back" against members' complaints on opaque MC12 process

R Kanth; [https://www.twn.my/title2/intellectual\\_property/info.service/2022/ip220702.htm](https://www.twn.my/title2/intellectual_property/info.service/2022/ip220702.htm)

*“In a member-driven and rules-based World Trade Organization, **the director-general Ms Ngozi Okonjo-Iweala has “pushed back” against complaints from dozens of WTO members over the lack of transparency and inclusivity in finalizing the decisions/declarations reached at the WTO's 12th ministerial conference (MC12) that concluded on 17 June, said people familiar with the development. At a heads of delegation (HoD) meeting held on 7 July to review the results from MC12, the DG urged members “to enjoy success”, instead of complaining about the controversial “green room” meetings that seemed to have contributed to much of the MC12 decisions/declarations, said people, who asked not to be quoted.....**”*

### The Atlantic - The Power Imbalance Undermining Global Health

V Krishnan; <https://www.theatlantic.com/international/archive/2022/07/covid-trips-agreement-vaccines-global-health/670551/>

*“A landmark deal between rich and poor countries was supposed to help end the pandemic. It has done nothing of the sort.”*

Excerpts:



***“.... one Indian delegate to the negotiations—who, like others I interviewed for this article, spoke on condition of anonymity to freely discuss the deliberations—told me that the WTO, by issuing only a five-year waiver, has made it unlikely that pharmaceutical companies in developing countries will have a long-term incentive to ramp up vaccine manufacturing.”***

***“The talks themselves, meanwhile, illustrated the power imbalance at play. Delegates whom I interviewed said that as talks dragged on from December 2021 to March 2022 among the so-called Quad group—the United States, the European Union, India, and South Africa—the WTO did not distribute the full text to member nations, and instead projected only the specific language being negotiated on a screen, making it difficult to see the whole picture. The text that became the final deal was officially proposed after several developing countries taking part in the talks, notably including India and South Africa, refused to sponsor it in protest over the watering-down of the original draft. Once this text was put up for formal debate, several prominent countries were not party to the “green-room meetings,” smaller gatherings involving the U.S., the EU, Britain, and Switzerland, in which much of the negotiations took place. India and South Africa participated, as proposers of the waiver, but other developing countries were excluded, except in narrow instances where they were allowed to make the case for their own amendments. Delegates from both India and South Africa told me that the opaque negotiating process and arbitrary rules about who got invited to meetings undermined efforts to collectively bargain over concerns that the developing nations shared. ....”***

## **Nature Biotechnology - The COVID-19 vaccine patent race**

<https://www.nature.com/articles/s41587-022-01376-1>

***“The seemingly simple modular technology for making new mRNA vaccines could make vaccine developers a victim of their own success.”***

## **Food security, looming (?) debt crisis & other mega-crises**

### **UN News - UN and partners meet to address ‘critical’ state of global food crisis**

<https://news.un.org/en/story/2022/07/1122762>

***“Scaling up climate resilience across food systems is among the actions needed to counter rising hunger and malnutrition, UN General Assembly President Abdulla Shahid said on Monday, at a special meeting to address the global food crisis.***

***“Factors including the COVID-19 pandemic, climate change and ongoing conflicts resulted in nearly a billion people going hungry last year, he said. Meanwhile, the World Bank has warned that the conflict in Ukraine will plunge an additional 95 million people into extreme poverty, and 50 million into severe hunger, this year. ....”***

### **Devex - USAID's Power unveils over \$1B for global food crisis, calls on others**

<https://www.devex.com/news/usaids-power-unveils-over-1b-for-global-food-crisis-calls-on-others-103663>



***“The head of the U.S. Agency for International Development has announced more than \$1 billion in new funding to address the global food security emergency, malnutrition, and agricultural development, while also criticizing Russia’s president for his role in the crisis and calling on China to step up. The agency will provide a “surge” of nearly \$1.2 billion “to meet the immediate needs faced by the people of Somalia, Kenya, and Ethiopia” — funding that is partly new money, with some coming from a drawdown of the Bill Emerson Humanitarian Trust — said Samantha Power during a lengthy speech in Washington on Monday. ....”***

## **Devex - Healthy diet costs are skyrocketing, reversing gains: World Bank**

<https://www.devex.com/news/healthy-diet-costs-are-skyrocketing-reversing-gains-world-bank-103652#.YtG5DLhEnBE.twitter>

***“The cost of a healthy diet is shooting up, with people in lower-income countries most at risk of being unable to afford proper nutrition, according to new data from the World Bank.”***

***“The cost of a healthy diet is estimated to be over 50% higher than the bank’s extreme poverty line,”*** Aart Kraay, a chief economist at the bank, said at a seminar on Thursday. ***“The fact that a person could be considered not poor, according to these poverty lines, but yet be far from able to afford a healthy diet, let alone other essentials, should give us pause.”***

PS: It amounts to a Trend reversal: ***“In 2020, the global average daily cost of a healthy diet was \$3.54, up from \$3.31 a year earlier, at purchasing power parity — while the extreme poverty line is \$1.90 a day. Nada Hamadeh, a manager at the bank’s development data group, said 112 million more people were unable to afford a healthy diet in 2020, taking the total to 3.1 billion, and “reversing the previous downward trend.” ....”***

## **Lancet Comment - From food price crisis to an equitable food system**

C Hawkes et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01348-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01348-4/fulltext)

***“.... The solutions to this crisis lie in addressing both its causes and its consequences. People experiencing food insecurity and malnutrition need support to survive through social safety nets and access to health-care services. Well designed emergency cash and food distribution, social safety nets, school food programmes, integrated packages of nutrition interventions, and universal health care can alleviate some of the consequences through improving outcomes such as food security, diet, gender equality, and climate change resilience. Yet if the world is to reduce vulnerabilities to continuing conflict, climate change, and economic turbulence, system-wide changes are needed to address the underlying cause: a deeply inequitable food system. The food system is characterised by multiple intersecting inequalities that undermine its resilience (panel). Addressing these pre-existing inequalities will take transformative actions across multiple sectors....”***

***“.... But there are many barriers to change, including entrenched power relations, short-term political imperatives, an economic system that incentivises “cheap” food, and fragmented governance. In the UK, for example, in May, 2022, the government delayed the implementation of one modest measure—restrictions on certain types of unhealthy in-store promotions—in the context of political and commercial pressures. Overcoming these barriers will require tackling the political***

*inequalities that lie at the heart of the unequal food system. Listening to, involving, and building collective agency of the people most affected by inequalities will help ensure meaningful decisions can be made over the issues that affect them. We highlight four ways to do so.....”*

## **Project Syndicate - Managing the Megacrisis of 2022**

<https://www.project-syndicate.org/commentary/g20-must-take-on-food-energy-debt-crises-by-jose-ramos-horta-et-al-2022-07?barrier=accesspaylog>

*“On top of the COVID-19 pandemic and the increasingly disruptive effects of climate change, countries around the world are experiencing dangerous levels of food and energy insecurity and debt distress. ... J Ramos-Horta et al urge the G20 to start organizing its response to food insecurity, debt distress and other growing problems. ....”*

## **Economist - The 53 fragile emerging economies**

<https://www.economist.com/finance-and-economics/2022/07/20/the-53-fragile-emerging-economies>

*“The contours of a debt crisis are starting to emerge.”*

*“...Taken together, then, 53 low- and middle-income countries are already experiencing debt troubles, or are at high risk of doing so. Their economic size is modest—their combined output amounts to 5% of world gdp—but they are home to 1.4bn people, or 18% of the world’s population .... And worryingly, there are few options available to ward off crisis. ....”*

## **Monkeypox**

### **UN News – Emergency Committee meets again as Monkeypox cases pass 14,000: WHO**

<https://news.un.org/en/story/2022/07/1122982>

*“The World Health Organization (WHO) on Thursday reconvened the Monkeypox Emergency Committee to assess the public health implications of the evolving multi-country outbreak, as global cases passed 14,000, with six countries reporting their first cases last week.”*

### **Reuters - WHO reports 14,000 cases of monkeypox globally, five deaths in Africa**

[Reuters](#) ;

Coverage of a WHO media briefing on Wednesday, ahead of the ‘PHEIC or not?’ meeting on Thursday. *“The World Health Organization (WHO) has confirmed 14,000 cases of monkeypox worldwide, with five deaths reported in Africa, Director General Tedros Adhanom Ghebreyesus said on Wednesday. Most of the cases reported thus far have been found in Europe, particularly*

among men who have sex with men, the WHO said, although all the deaths have occurred in Africa, the region where monkeypox outbreaks have historically been found.

*“...On Thursday, the WHO [will] convene the second meeting of a committee that will decide whether the outbreak is a public health emergency of international concern (PHEIC), its highest level of alert. “Regardless of the committee’s recommendation, WHO will continue to do everything we can to support countries to stop transmission and save lives,” Ghebreyesus said.*

See also [AP News](#): *“... African officials say they are already treating the continent’s epidemic as an emergency. But experts elsewhere say the mild version of monkeypox in Europe, North America and beyond makes an emergency declaration unnecessary even if the virus can’t be stopped. British officials recently downgraded their assessment of the disease, given its lack of severity....”*

### **Stat - With monkeypox spreading globally, many experts believe the virus can’t be contained**

<https://www.statnews.com/2022/07/19/monkeypox-spread-many-experts-believe-the-virus-cant-be-contained/>

Must-read. *“It has been a mere nine weeks since the United Kingdom announced it had detected four cases of monkeypox, a virus endemic only in West and Central Africa. In that time, the number of cases has mushroomed to nearly 13,000 in over 60 countries throughout Europe, North and South America, the Middle East, new parts of Africa, South Asia, and Australia. The growth in cases and the geographic spread has been rapid and relentless. **Now, even as global health officials race to curb spread of the virus, most experts polled by STAT said they don’t believe it will be possible to contain it.**”* For a number of reasons, actually. Check them out.

### **Science Editorial - Confronting 21st-century monkeypox**

M Osterholm et al; <https://www.science.org/doi/10.1126/science.add9651>

*“In this commentary, Michael T. Osterholm and Bruce Gellin, argue that while the WHO hasn’t called the current monkeypox outbreak a Public Health Emergency of International Concern (PHEIC), it is clearly an emerging pandemic. Although many tools are needed to control this unfolding pandemic, it’s clear that limiting ongoing spread will require a comprehensive international vaccination strategy and adequate supplies. Determining how vaccine will be allocated to countries and within countries to have the most impact on transmission is essential. Another critical step is to greatly reduce transmission of the virus from current rodent reservoirs and to prevent spillovers in areas of the world where monkeypox isn’t endemic. “*

Via Politico’s [Global Pulse](#) – *“...**Either way, countries are stocking up on vaccines and therapeutics for growing outbreaks.** The growing number of cases being reported around the world is fueling new orders for the vaccine and therapeutic to treat and prevent the spread of the virus. The U.K. is set to get 100,000 more doses of the vaccine later this month .... The EU announced this week that it signed a contract for more than 50,000 more doses. And another European country inked a deal for 1.5 million doses to be delivered next year, the manufacturer announced Tuesday. Bavarian Nordic, the maker of the vaccine, also said in a statement this week that multiple contracts with countries have been signed for more vaccines. That’s in addition to the 2.5 million doses the U.S. ordered on top of*

its earlier contracts — as well as the \$28 million in new orders from other countries for Tecovirimat, an antiviral believed to be helpful in treating the disease.....”

- Finally, some **tweets by Carlo Caduff** from earlier this week:

*“The WHO committee set the bar so high with their nine specific criteria for mpox to become a “public health emergency” that I doubt an official declaration will be made this coming week. The global governance of this epidemic post-Covid raises some interesting questions.”*

*[“Here’s the concrete and specified criteria that the WHO will now use to decide in the future whether mpox constitutes a „public health emergency of international concern.“ They go far beyond the vague and general criteria set out in the International Health Regulations. “](#)*

## Covid key news

### Cidrap News - Global COVID-19 cases plateau, but deaths rise

<https://www.cidrap.umn.edu/news-perspective/2022/07/global-covid-19-cases-plateau-deaths-rise>

**“Global COVID-19 activity stayed high and largely even last week, as deaths rose, the World Health Organization (WHO) said today in its latest weekly update on the pandemic.”**

**“.... After 5 weeks of increasing cases, the pace of new infections plateaued last week, the WHO said..... Different regions of the world reflect different patterns, with cases on the rise in the Western Pacific, the Americas, and Southeast Asia.... The WHO received reports of 11,000 deaths last week, with the global rise fueled by increases in three regions: Southeast Asia, the Eastern Mediterranean, and the Americas.....”**

**“Based on its monitoring of sequenced samples, the proportion of BA.5 Omicron subvariants continues to climb and makes up 53.6% of samples, as proportions of BA.2, BA.2.12.2, and BA.4 decline. BA.5 has now been detected in 100 countries.....”**

See also HPW – [WHO Issues Stiff Warnings as COVID Cases Double and Monkeypox Expands Reach](#)

*“WHO has issued stiff, dual warnings over a surging global rate of COVID infections alongside a still-expanding outbreak of Monkeypox.”*

PS: “ .... While saying that “current vaccines remain highly effective against severe disease and death,” the WHO Director General also acknowledged that “we will need more vaccines that are better at protecting against infection” from the Omicron variant and subvariants of the SARS-CoV2 virus. But he added that, “if and when we get those vaccines, we cannot afford the same horrific inequity that strained the rollout of vaccines last year.” His comments signaled a shift in WHO’s stance on COVID vaccine composition. Until very recently WHO had maintained that the existing vaccines, geared for the original SARS-CoV2 virus, should remain in place – for fear that retooling

those vaccines now could interrupt the distribution of supplies that only recently began to reach many low- and middle income countries.....”

### **NYT - The W.H.O. warns against ‘apathy’ in efforts to contain Covid in Africa.**

<https://www.nytimes.com/2022/07/14/world/africa/who-covid-africa.html?smid=url-share>

**“The W.H.O. warns against ‘apathy’ in efforts to contain Covid in Africa. The warning came two days after the W.H.O., a United Nations agency, declared that Covid-19 was still a global public health emergency that was not going anywhere. “**

*“With coronavirus case counts climbing and vaccination efforts lagging in some African nations, regional officials of the World Health Organization issued a warning [last week] on Thursday against lax enforcement of public health measures to curb the pandemic on the continent. Precautions like mask-wearing, hand-washing and social distancing have declined drastically in many countries as people become inured to the pandemic and government officials push for a return to normal life, Dr. Pamela Mitula, an epidemiologist and vaccine specialist with the W.H.O.’s regional office for Africa, said at a news conference. And many countries have eased Covid-19 policies in recent months, including fully reopening schools and universities, dropping mask mandates, permitting large election rallies and suspending test requirements for travelers arriving from abroad.”*

**“... The highly transmissible Omicron subvariants of the virus are driving a wave of infections across the continent, especially in North Africa, where new cases rose by 17 percent last week, according to Dr. Matshidiso Moeti, the W.H.O. Africa regional director. Dr. Moeti said she expected the upward trend in North Africa — concentrated so far in Morocco and Tunisia — to start to recede in the next few weeks, as happened recently in southern African nations like Namibia and Botswana, because of improved detection and response mechanisms. But the potential for more virus surges, she said, should push countries to vaccinate more of their populations, particularly older residents, medical workers and those with underlying health conditions. As of July 10, just 21.1 percent of Africa’s 1.2 billion population was fully vaccinated, according to the W.H.O.....”**

### **NPR - Africa is being left behind as wealthy nations push 4th COVID booster shots**

<https://www.npr.org/2022/07/17/1111767414/covid-vaccines-boosters-africa-global-health?t=1658145266940>

*“Institutional racism, greed, and a broken global health system are all working against African nations to ensure that people are dying from COVID in silence, according to a scathing assessment from the co-chair of the African Union's African Vaccine Delivery Alliance, Dr. Ayoade Alakija. More than two years into the COVID-19 pandemic, wealthy nations like the U.S. are preparing for yet another vaccination campaign. On the African continent, however, only one in every five people has received the initial two shots. In an interview with All Things Considered, Alakija said it was time to rebuild the global health architecture and address the systemic inequality.....”*

**“...we haven't had the cameras in hospital wards, because those wards do not exist. So people have died silently, people have died at home and they haven't even been able to be celebrated or memorialized.....”**

## Guardian - Covid vaccine figures lay bare global inequality as global target missed

<https://www.theguardian.com/global-development/2022/jul/21/covid-vaccine-figures-lay-bare-global-inequality-as-global-target-missed>

*“Only one in seven people in low-income countries are fully vaccinated with poorest pushed to the ‘back of the queue’.”*

*“The international target to **vaccinate 70% of the world’s population** against Covid by mid-2022 was missed because poorer countries were at the “back of the queue” when vaccines were rolled out, say campaigners. The latest figures from **Our World in Data** show huge inequalities in vaccination rates around the world, with just one in seven people in low-income countries fully vaccinated. By comparison, nearly three in four people in high-income nations have been vaccinated for around a year. Activists are calling for a renewed push to increase vaccine take-up globally to slow the spread of the virus and prevent future variants. ....”*

*“... According to Our World in Data figures, as of 10 July only 15.8% of people in low-income countries were fully vaccinated, compared with 55% in lower-middle income countries, 73.5% in high-income countries and 78.7% in upper-middle income countries.”*

PS: *“... The latest data from the **Duke Global Health Innovation Center**, which covers the period up to 9 June, shows that Canada, Australia and the UK have bought enough vaccine doses to vaccinate their populations several times over: 11.1, 9.9 and 7.6 doses per person, respectively. In contrast, **South Africa was able to buy the equivalent of 0.5 doses per person. The African Union’s purchase of 330m doses of Moderna and Janssen vaccines equated to just 0.2 doses a person across the bloc....”***

## Covid science

### Science - As Omicron rages on, scientists have no idea what comes next

K Kupferschmidt; <https://www.science.org/content/article/omicron-rages-scientists-have-no-idea-what-comes-next>

Recommended. *“A rapid succession of subvariants is the new normal—but a completely new variant could still emerge.”*

### Guardian - ‘The way it’s playing out is unexpected’: UK faces up to changing waves of Covid

[https://www.theguardian.com/world/2022/jul/17/unexpected-changing-waves-covid-seasonal?utm\\_source=dlvr.it&utm\\_medium=twitter](https://www.theguardian.com/world/2022/jul/17/unexpected-changing-waves-covid-seasonal?utm_source=dlvr.it&utm_medium=twitter)

*“As infections soar in the third major wave this year, experts say Covid may never settle into a seasonal cycle.”* Interesting read.



## Covid vaccines access, manufacturing market, ....

**Politico - To fight inequity, Africa wants to produce its own vaccines. First, it needs to find buyers.**

<https://www.politico.com/news/2022/07/20/to-fight-inequity-africa-wants-to-produce-its-own-vaccines-first-it-needs-to-find-buyers-00046550>

Important piece. **“Governments on the continent and international donors must be ready to pay higher prices for African-made shots, experts and pharma industry representatives said.”** Some excerpts:

**“... Africa aims to produce 1.5 billion vaccine doses by 2040 to meet 60 percent of the continent’s needs, compared to the less than 1 percent it meets today. The Africa Centres for Disease Control and Prevention estimates that the 20-year plan will cost \$30 billion. There are 20 initiatives to expand manufacturing, including plans by BioNTech and Moderna to build facilities in Kenya, Rwanda and Senegal. .... But, “if you default at first base, it doesn’t exactly inspire too much confidence going into the future,” Stavros Nicolaou, Aspen Pharmacare group senior executive for strategic trade development, told POLITICO.”**

**“... “If it’s an existing product that is already made in India and China, then the price points are going to be a stickler,” said Sai Prasad, the chair of the board at the Developing Countries Vaccine Manufacturers Network, which includes African members. .... That’s because the vaccines made in the two countries are produced in high volumes and can cost as low as \$1 per shot. African-based producers won’t be able to compete with those prices, at least at the beginning, because their production costs are higher, Prasad said. But buyers will pay a premium for vaccines manufactured in Africa if they’re new or not manufactured elsewhere, he added. That’s why selecting what to produce in Africa is so important, Prasad said.”**

**“... The inequity African countries faced in getting Covid-19 shots is behind the push for more vaccine manufacturing in Africa. But those aren’t the vaccines producers on the continent should focus on, according to an analysis by Gavi, the vaccine alliance, which negotiates vaccine prices for the poorest countries, many of them in Africa. More suppliers are needed for shots against measles, rubella, cholera and malaria, and for emergency stockpiles of yellow fever and Ebola vaccines, Gavi said. In the future, potential vaccines for diseases that affect Africa, such as dengue fever, chikungunya or Zika, could also be produced on the continent, it said.”**

**“Gavi has been under pressure from African leaders to buy African-made shots, including Covid vaccines for Africans. The global health organization said it will come up with a plan by December for how it could buy more African-made shots. Meanwhile, it warned that African countries eligible for Gavi support will also need to choose locally made vaccines that “meet quality and value-for-money criteria” when they become available through Gavi. .... One thing is clear: To get vaccine manufacturing off the ground, African governments will have to increasingly be able to pay for the shots themselves instead of relying on donor-supported organizations such as Gavi.”**



## NPR - A dire moment in the pandemic ... was the chance he'd been waiting for

<https://www.npr.org/sections/goatsandsoda/2022/07/18/1111985674/middle-income-countries-have-come-up-with-a-game-changing-plan-for-covid-vaccine>

On Brazil's mRNA vaccine manufacturing efforts, and related South-South collaboration.

Quote: *" For Sotiris Missailidis, early 2021 was one of the most disheartening moments of the pandemic: The most cutting-edge vaccines against COVID – the ones using mRNA – were still in short supply. The only two companies that make them – Moderna and Pfizer – were effectively only selling them to wealthy countries. Months earlier, Missailidis and colleagues at Brazil's premier agency for vaccines had approached the companies with what could have been a solution to head off this very scenario: They asked the companies to share their know-how so Brazil could make the vaccines in its own factories. He recalls: "Neither of them accepted." Yet, ironically, this episode, was also "a brilliant moment," says Missailidis with a wry smile. That's because it enabled Missailidis, who heads research and development at the agency, to finally convince Brazil's government to back a plan with world-changing potential. It's an unprecedented collaboration between scientists from middle-income countries to help each other break the lock that wealthy countries have on not just COVID vaccines but on the invention of new vaccines in general....."*

## Times of India – Hyderabad: Corbevax inches closer to WHO emergency use listing

<https://timesofindia.indiatimes.com/city/hyderabad/hyderabad-corbevax-inches-closer-to-who-emergency-use-listing/articleshow/92887750.cms>

WHO has accepted the expression of interest submitted by Biological E for its recombinant protein sub-unit vaccine Corbevax, and updated the assessment status on its website as 'ongoing'. Encouraging news.

## Wired - The Covid Virus Keeps Evolving. Why Haven't Vaccines?

<https://www.wired.com/story/the-covid-virus-keeps-evolving-why-havent-vaccines/>

*"Updating the shots to adapt to rapidly changing variants is easier said than done, even with new mRNA technology."* Some excerpts:

*"... Miller says it takes Moderna about four to six weeks from the time of generating a new variant's genome sequence to producing enough vaccine doses to begin human testing. Pfizer's process is similarly fast. "The design time to the actual production of the vaccine is still remarkably faster than other vaccines that we're talking about," says Michael Diamond, a viral immunologist at Washington University in St. Louis who has studied mRNA vaccines. "The variants are just coming faster than we anticipated."*

*"... While the process of updating an mRNA booster goes rather quickly, testing and manufacturing it at scale takes longer. Variant-specific vaccines still need to go through animal and human testing to make sure they're safe and generate an immune response. The FDA has said that vaccine makers can bypass large trials for updated Covid vaccines and instead test them in smaller groups of volunteers, similar to what's done for the annual flu vaccine. Then, companies need to study volunteers' blood to compare the immune response generated by the modified booster to*

*the one generated by the original vaccine. The whole process from start to finish takes Moderna about six months, says Miller. And that's not counting the time it takes for FDA authorization, to make the new formula, or to get it to pharmacies and doctor's offices. Miller says she hopes the timeline will get shorter once the first variant-specific booster is out of the gate....."*

## Covid treatment

**Nature - The hunt for drugs for mild COVID: scientists seek to treat those at lower risk**

[Nature News;](#)

*"People who are unlikely to develop severe COVID-19 have no widely approved medications to ease the illness."*

*"... Despite difficulties and setbacks, Naggie thinks that it is important to continue working to find drugs to treat mild COVID-19, both because of broad public-health benefits and because long quarantine periods disrupt many people's lives. "*

## Covid analysis

**Mail & Guardian - Beyond Covid-19: Strengthening Africa's health systems to address current and future health priorities**

<https://mg.co.za/special-reports/2022-07-15-beyond-covid-19-strengthening-africas-health-systems-to-address-current-and-future-health-priorities/>

*"As the Covid-19 pandemic develops, African countries' response strategies must shift from crisis response to long-term control strategies. The momentum of Covid-19 management must be integrated into broader health systems to achieve health equity and health security, while also ensuring that other health issues and deadly diseases are prioritised. The continent's leading health experts and policymakers discussed these issues in a webinar hosted by the Mail & Guardian and organised by The Conversation Africa and Global Health Strategies, with Devex as a media partner. "*

*"... Sara Jerving, Senior Reporter at Devex, who moderated the webinar, concluded that the future of health system strengthening in Africa should include expanded local vaccine manufacturing capacity, stronger public health institutions, integrated services, and stronger primary health services and universal health services. She also highlighted the importance of integrating Covid-19 management services into existing health services, and doubling down on managing the other epidemics and deadly diseases that have lost ground in recent years."*

## BMJ opinion - A seven point plan to suppress covid infections and reduce disruptions

Independent Sage; <https://www.bmj.com/content/378/bmj.o1793>

A view from the UK. They argue for:

*“1. Clear and consistent messaging concerning covid risk and risk mitigation, reinforced by public statements by those in positions of authority; 2. Increased efforts to promote vaccine uptake, among all age groups, and with particular emphasis on groups among whom uptake has been low, in particular ethnic minority communities. This should be coupled with a clear long term plan to address waning immunity and immune escape by new variants; 3. Installing and/or upgrading ventilation/air filtration in all public buildings, with schools an urgent priority over the summer holidays; 4. Provision of free lateral flow tests to enable everyone to follow existing public health guidelines; 5. Financial and other support for all workers to self-isolate if infected; 6. Systematic promotion of the use of FFP2/FFP3 masks in indoor public spaces and public transport when infection rates are high; 7. Increased support for the equitable global provision of vaccines and anti-virals.”*

## Critical Public Health (Commentary) - The publics of public health: learning from COVID-19

J Green et al ; <https://www.tandfonline.com/doi/full/10.1080/09581596.2022.2077701>

*“This commentary reflects on what has been learnt from government and public health responses to COVID-19, suggesting a tension between ‘business as usual’ forms of public health in the face of crisis, and the possibilities for a step-change towards a ‘healthy publics’ approach. We set out a range of ways that diverse, multiple publics have been implicated or brought into being during the COVID-19 pandemic, and we argue that these have generally been ignored or erased by agents or agencies of public health, keen to preserve certainty in their messaging and public confidence in their authority. We conclude with five principles for re-organising pandemic responses around a richer, more context-dependent and diverse account of ‘the public’.”*

## Global Policy - Stronger Democracies have seen Fewer Excess Deaths during COVID – New Research

V Jain; <https://www.globalpolicyjournal.com/blog/13/07/2022/stronger-democracies-have-seen-fewer-excess-deaths-during-covid-new-research>

*“Through the COVID-19 pandemic, it has become clear that an effective response to an emergency of this nature goes beyond the health system. While strengthening health infrastructure such as surveillance, testing and hospitals is key, we’ve also seen the use of [non-pharmaceutical interventions](#) like face masks, school closures and lockdowns. **Some of the most important public health interventions, such as [income protection schemes](#), have not come from the health sector at all.** So to prepare for and respond to pandemics, countries must be able to strengthen collaboration and investment across the [whole of government](#), and engage [all sections of society](#)...”*

**“To better understand the role of governance in pandemic response, we designed [a study](#) to investigate the link between the strength of democratic governance and excess death rates across**

countries. We found that, generally, countries with stronger democratic governance have seen fewer excess deaths during the pandemic.....”

### ORF – ‘Health Systems Resilience Index: A Sub-National Analysis of India’s Covid19 Response’.

<https://www.orfonline.org/research/health-systems-resilience-index/>

*“...This ORF report presents a sub-national analysis of India’s health system, which takes into account both the tangible and intangible assets at the state level against the backdrop of the pandemic. This pioneering Health Systems Resilience Index is composed of five sub-indices that use 33 indicators covering quantifiable aspects of the resources and governance mechanisms that were available to, and were wielded by India’s states and UTs. Utilising publicly available data from various government sources, this report gives a clear view of how the states and UTs fared during the 2020 and 2021 waves of COVID-19....”*

### Science - Thousands report unusual menstruation patterns after COVID-19 vaccination

<https://www.science.org/content/article/thousands-report-unusual-menstruation-patterns-after-covid-19-vaccination>

“Survey aims to document breakthrough bleeding and heavier-than-usual periods postvaccine.”

### WHO - Public financial management for effective response to health emergencies

Health Financing Team UHL; <https://www.who.int/publications/i/item/9789240052574>

*“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. ... .. To highlight the importance of PFM in health emergency contexts, this rapid review analyses various country PFM experiences and identifies early lessons emerging from the financing of the health response to COVID-19. The assessment is done by stages of the budget cycle: budget allocation, budget execution, and budget oversight. Identifying lessons from the varying PFM modalities used to finance the response to COVID-19 is fundamental both for health policy-makers and for finance authorities to prepare for future health emergencies.”*

### Economist - Why have new Omicron variants of covid not been given Greek names?

<https://www.economist.com/the-economist-explains/2022/07/18/why-have-new-omicron-variants-of-covid-not-been-given-greek-names>

“What lies behind the World Health Organisation’s conservative approach?” Excerpts:

*“When the World Health Organisation (who) decided in May 2021 to use the Greek alphabet to name “variants of concern” of sars-cov-2, it did so for reasons of simplicity. The first was Alpha, the second Beta, and so on (though the who skipped Nu and Xi because of the potential for homophonic confusion). But since Omicron became the dominant variant of the virus, new strains have been given names such as BA.4, BA.5 and BA.2.75. Why has none been given a Greek letter?”*

*“The who has multiple naming systems for different audiences. Pango, the naming system responsible for alphanumeric epithets such as BA.5, is meant for scientists. It distinguishes between a host of emerging variants to keep track of transmission at a granular level. **The public, on the other hand, needs information about those variants of concern.** If a strain is highly transmissible, causes severe illness or evades tests or vaccines, it will be labelled as such. That makes it eligible for a new Greek letter. .... .... **The subvariants that have emerged since Omicron do not make the cut, though they differ from the original strain. .... .... The who argues that, because none of the subvariants results in a disease significantly different from Omicron, they should be classed as “lineages under monitoring” for now. This foot-dragging is in contrast with March 2021, when the who seemed to designate new variants of concern nearly as quickly as the virus itself could replicate. In just over a week it renamed four lineages as Zeta, Eta, Theta and Iota. None remains in popular memory. There are trade-offs between naming a new lineage quickly and waiting to see how prevalent it becomes. Covid evolves far too quickly and spreads too unpredictably for anyone to be certain that a strain will become dominant. Prematurely assigning a variant the importance of a Greek letter risks confusing the public. And the Greek alphabet has only 24 letters; Omicron is the 15th.”***

## AMR

### Special Report FT Health: Future of Antibiotics

<https://www.ft.com/reports/future-antibiotics>

*“This report examines the causes and effects of an increasing global resistance to antibiotics: from the pressures doctors are under to prescribe them even for viral infections, to what new treatments are currently in the pipeline, as well as what role can the consumer play in reducing antibiotic use in the food chain.”*

With a few new contributions to this special report.

Among others: [War zones accentuate spread of drug-resistant bacteria](#)

*“Infected wounds are growing cause for concern in the Middle East, Ukraine and beyond.”*

## HIV/AIDS

### Guardian - A bright life ahead': Botswana on path to seeing no babies born with HIV

<https://www.theguardian.com/global-development/2022/jul/18/botswana-mother-baby-transmission-hiv-rates-fall-who>

*"Country may be Africa's first to stop mother-baby transmission as WHO hails 'groundbreaking' fall in rates from 40% to 1%."*

### Advocacy Letter - Accelerating the end of AIDS through access to game changing new health technologies

[https://www.unaids.org/sites/default/files/media\\_asset/Open-Letter-Accelerating-end-AIDS-through-access-to-game-changing-new-health-technologies\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/Open-Letter-Accelerating-end-AIDS-through-access-to-game-changing-new-health-technologies_en.pdf)

Letter to the company ViiVHC. See also [Call on Big Pharma ViiV to reduce prices and share technology of long-acting injectable ARVs](#).

See also the Guardian - [Leading figures urge drugs firm to lower price of 'game-changing' HIV prevention drug](#)

Cfr related tweet J Stiglitz: *" Important letter from Nobel winners, actors and artists, community leaders and business leaders on **making long-acting ARVs more affordable so that those who need them most might get them first, not last.**"*

And via M Kavanagh: *"New medicines could revolutionize HIV treatment and save millions of lives. @ViiVHC, please make them available to everyone who needs them, regardless of passport or income. #HIVmedsforall "*

Finally, a link **ahead of the Montreal AIDS conference**:

- Lancet Comment - [New HIV prevention approaches: promise, praxis, and pitfalls](#) (by K Mayer et al)

## UHC & PHC

### WHO - Call for feedback on the draft WHO Global Report on Health Equity for Persons with Disabilities

<https://www.who.int/news-room/events/detail/2022/07/18/default-calendar/call-for-feedback-on-the-draft-who-global-report-on-health-equity-for-persons-with-disabilities>

For the survey (which also gives you access to the draft report), see <https://www.research.net/r/WHOReportHealthEquityPWDs>

## WHO - Health financing and public financial management in decentralized settings

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

***“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:***

- 1. to analyze the implications of devolution for health financing, with a focus on government health spending; and*
- 2. 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.....”***

PS: See also **Health Systems & Reform – [Public Financial Management as an Enabler for Health Financing Reform: Evidence from Free Health Care Policies Implemented in Burkina Faso, Burundi, and Niger](#)** (as already flagged in an earlier IHP newsletter).

## Planetary Health

### Economist - A rising share of people are exposed to dangerously high temperatures

<https://www.economist.com/graphic-detail/2022/07/21/a-rising-share-of-people-are-exposed-to-dangerously-high-temperatures>

***“Climate change and population distribution are the cause”***. With a visualization (world map).

***“... To measure heat exposure, we combined two large data sets. The Universal Thermal Climate Index (utci) produced by the eu’s Earth-observation programme, Copernicus, measures heat at hourly intervals, dividing the world into 865,000 grid squares. The utci combines data on air temperature and solar radiation with humidity and wind into a single composite “feels like” temperature measured in Celsius. We then fused these data with the population living in each grid square.... .. utci above 38°C is categorised as causing “very strong” heat stress. Temperatures above 46°C cause “extreme” stress. Just 30 minutes of very strong heat stress can imperil lives, particularly among the old. Four-fifths of the world’s population have experienced at least one day of very strong heat stress—defined as at least three hours—in the past five years..... “***



*“Extreme heat above 46°C is remarkably common, too. On average, it occurs for three days per year for each person on Earth. But the incidence is much higher in Africa and parts of Asia, particularly the Indian subcontinent. An average person living in these two continents has recently experienced such heat for 4.9 days a year, a 30% rise compared with 1980 to 1984. High population growth in Africa and Asia means that heat stress is now affecting more people. The hottest countries have tended to grow the fastest since 1980. So the share of time that people have felt very strong heat stress has risen by 50%. Two-thirds of those who suffer extreme heat live in countries where average annual incomes are below \$2,000, meaning many cannot afford air-conditioning....”*

**Guardian - Humanity faces ‘collective suicide’ over climate crisis, warns UN chief**

<https://www.theguardian.com/environment/2022/jul/18/humanity-faces-collective-suicide-over-climate-crisis-warns-un-chief>

*“**Wildfires and heatwaves** wreaking havoc across swathes of the globe show humanity facing “collective suicide”, the UN secretary general [Guterres] has warned, as governments around the world scramble to protect people from the impacts of extreme heat. **António Guterres told ministers from 40 countries meeting to discuss the climate crisis on Monday:** “Half of humanity is in the danger zone, from floods, droughts, extreme storms and wildfires. No nation is immune. Yet we continue to feed our fossil fuel addiction.” ..... **Ministers meeting in Berlin for a two-day climate conference known as the Petersberg Climate Dialogue** will discuss the extreme weather, as well as soaring prices for fossil fuels and food, and the impacts of the climate crisis. The meeting, convened annually for the last 13 years by the German government, **marks one of the last opportunities to hammer out agreement among key countries before the Cop27 UN climate summit in Egypt this November.....”***

*“... **Prospects for Cop27 have dimmed considerably in recent months**, as energy and food price rises have engulfed governments in an inflationary cost-of-living crisis, prompted in part by the gradual emergence from the Covid-19 pandemic, and exacerbated by the war in Ukraine.....”*

*.... **Guterres also sharply criticised the “multilateral development banks”**, institutions including the World Bank that are funded by taxpayers in the rich world to provide assistance to poor countries. **He said they were not fit for purpose when it came to providing the funding needed for the climate crisis, and that they should be reformed.....”***

**Guardian - Revealed: oil sector’s ‘staggering’ \$3bn-a-day profits for last 50 years**

[https://www.theguardian.com/environment/2022/jul/21/revealed-oil-sectors-staggering-profits-last-50-years?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/environment/2022/jul/21/revealed-oil-sectors-staggering-profits-last-50-years?CMP=Share_iOSApp_Other)

*“**Vast sums provide power to ‘buy every politician’ and delay action on climate crisis, says expert.** “The oil and gas industry has delivered \$2.8bn (£2.3bn) a day in pure profit for the last 50 years, a new analysis has revealed.”*

*“The vast total captured by petrostates and fossil fuel companies since 1970 is \$52tn, providing the power to “buy every politician, every system” and delay action on the climate crisis, says **Prof Aviel Verbruggen, the author of the analysis.** The huge profits were inflated by cartels of countries artificially restricting supply. The **analysis, based on World Bank data**, assesses the “rent” secured by*

global oil and gas sales, which is the economic term for the unearned profit produced after the total cost of production has been deducted. **The study has yet to be published in an academic journal but three experts at University College London, the London School of Economics and the thinktank Carbon Tracker confirmed the analysis as accurate, with one calling the total a “staggering number”.** It appears to be the first long-term assessment of the sector’s total profits, with oil rents providing 86% of the total.....”

## The Blue Commons: Combating Rentier Capitalism in the Sea

G Standing; <https://progressiveeconomyforum.com/blog/the-blue-commons-combating-rentier-capitalism-in-the-sea/>

“Guy Standing writes on the disastrous privatisation of the world’s seas and how a **“blue commons”** can end marine rentier capitalism and restore the ecological balance”. Based on his new book.

## Social Europe -Achieving Earth for all

J Gosh; <https://socialeurope.eu/achieving-earth-for-all>

“Because the changes to achieve sustainable wellbeing for all are so big, they require determined social movements.”

“.... **The Limits to Growth** did not provide a single forecast. Rather, the authors explored several alternative paths based on different human strategies and **recent research by Gaya Herrington has shown that three of the four scenarios they outlined align quite closely with empirical data.** This is deeply worrying, because **two of these three scenarios suggest a major collapse by mid-century while the third entails a smaller decline.** Herrington argues that ‘humanity is on a path to having limits to growth imposed on itself rather than consciously choosing its own’.....”

“.... **But all is not lost: the fourth scenario, which involved significant economic and social transformations, allows for widespread increases in human welfare within Earth’s natural boundaries. This is the motivation behind Earth for All, a new report produced by the Club of Rome’s Transformational Economics Commission** (of which I am a member) and a team of computer modellers. .... **The report’s authors argue that achieving wellbeing for all on a (relatively) stable planet is still possible but will require major changes in economic organisation. In particular, it calls for five major initiatives to eliminate poverty, reduce inequality, empower women, transform food systems and overhaul energy systems by ‘electrifying everything’.** To flesh out these aspirations, the report advocates specific and interlinked strategies for achieving each one....”

## Devex - Opinion: The right to a healthy environment for everyone, everywhere

D Ganapin et al; <https://www.devex.com/news/opinion-the-right-to-a-healthy-environment-for-everyone-everywhere-103634>

“In the midst of compound environmental, socioeconomic, and security crises, **the United Nations General Assembly has the chance this month to make history — by recognizing the right to a clean, healthy, and sustainable environment.** This would not only fill a longstanding gap in the

international human rights framework but, around the world, trigger greater pursuit of environmental action that delivers real benefits for people and the planet, and lays the foundations for lasting peace and prosperity. **Momentum for universal recognition of the right by UNGA has been building for some time, and in June, the Core Group of States on Human Rights and the Environment, which comprises Costa Rica, Maldives, Morocco, Slovenia, and Switzerland, submitted a draft resolution on the right to all United Nations missions. While U.N. resolutions may not be legally binding, they signal clear political commitment and can deliver real-world improvements.** They can also provide a rallying call for positive action, including by children and young people who will continue to bear the brunt of the climate crisis.....”

## Guardian - Kigali summit to outline strategy for nature conservation in Africa

<https://www.theguardian.com/environment/2022/jul/17/africa-nature-conservation-apac-kigali-summit-aoe>

**“African leaders will gather in the Rwandan capital this week for the first continent-wide meeting to set out plans for the conservation of nature across Africa. The IUCN Africa Protected Areas Congress (Apac) in Kigali will attract close to 3,000 delegates, including protected area directors from the continent’s 54 countries, youth leaders and Indigenous and community representatives, to discuss the role of protected areas in conserving nature, promoting sustainable development, and safeguarding the continent’s wildlife. The meeting, led by the Rwandan president, Paul Kagame, will outline long-term strategies to halt and reverse the rapid loss of species and habitats in Africa’s more than 8,500 protected areas, covering 14% of land and 17% of its marine area. According to a UN report, 6,419 animal species and 3,148 plant species in Africa are threatened with extinction.....”**

## Science - In a paradox, cleaner air is now adding to global warming

<https://www.science.org/content/article/paradox-cleaner-air-now-adding-global-warming>

**“Satellites capture fall in pollution that helps cool the planet.”**

**“It’s one of the paradoxes of global warming. Burning coal or gasoline releases the greenhouse gases that drive climate change. But it also lofts pollution particles that reflect sunlight and cool the planet, offsetting a fraction of the warming. Now, however, as pollution-control technologies spread, both the noxious clouds and their silver lining are starting to dissipate. Using an array of satellite observations, researchers have found that the climatic influence of global air pollution has dropped by up to 30% from 2000 levels. Although this is welcome news for public health—airborne fine particles, or aerosols, are believed to kill several million people per year—it is bad news for global warming. The cleaner air has effectively boosted the total warming from carbon dioxide emitted over the same time by anywhere from 15% to 50%, estimates Johannes Quaas, a climate scientist at Leipzig University and lead author of the study. And as air pollution continues to be curbed, he says, “There is a lot more of this to come.” ...”**

PS, and an ominous warning on the need for geo-engineering : **“ Whatever the exact contribution, it is sure to grow as air quality continues to improve around the world. The answer isn’t to keep polluting, says Jan Cermak, a remote-sensing scientist at the Karlsruhe Institute of Technology. “Air pollution kills people. We need clean air. There is no question about that.” Instead, efforts to reduce greenhouse gases need to be redoubled, he says. But with Earth having warmed by some 1.2°C**

*since preindustrial times, Hansen thinks there's little hope of cutting emissions fast enough to meet the 1.5°C target he and other scientists have called for. And so the solution, he says, could come back to aerosols, this time ones spread deliberately through solar geoengineering—the controversial idea of lofting sulfate particles into the stratosphere and creating a global, reflective haze. “It will be necessary to take temporary corrective measures,” he says, “almost surely including temporary purposeful use of aerosols to avoid catastrophic implications.”*

## SRHR

**Lancet – Measuring contraceptive method mix, prevalence, and demand satisfied by age and marital status in 204 countries and territories, 1970–2019: a systematic analysis for the Global Burden of Disease Study 2019**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00936-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00936-9/fulltext)

Cfr the press release:

***“The Lancet: 160 million women worldwide have unmet contraception needs; new study reveals large differences in types of contraceptives used across regions and age groups***

- *Estimates suggest that more than 160 million women and adolescents who wanted to avoid pregnancy were not using contraceptives in 2019, despite significant progress in the use of modern contraceptives globally over the previous 50 years.*
- ***Major disparities in contraceptive use still exist between regions – with more than half the women with unmet need for contraception living in sub-Saharan Africa and south Asia.***
- ***Younger women had the highest levels of unmet need, despite being the group for whom the economic, and social benefits of contraceptive access are likely to be most substantial.***
- ***The authors found large differences between regions in the types of contraceptives used, with women in some regions relying substantially on permanent contraceptive methods.***
- ***The authors suggest that considering the contraceptive preferences of different groups and diversifying options to suit the needs of groups with unmet need is a key part of unlocking the social and economic benefits of contraception.***

*Published today in **The Lancet** journal by the Global Burden of Disease study, the most comprehensive assessment of worldwide contraceptive need and use estimated that over 160 million women and adolescents with need to prevent childbearing remained without contraception in 2019 – despite major increases in use at a global level since 1970. This study provides estimates of worldwide contraceptive use, need and type continuously from 1970 to 2019 by country, age group, and marital status.....”*

## World Hepatitis Day (28 July)

**Lancet Editorial – Viral hepatitis elimination: a challenge, but within reach**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01377-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01377-0/fulltext)

Concluding: “...**The health community has a golden opportunity to eliminate viral hepatitis.** Now is the time to seize the moment, expand efforts, formalise funding, and raise national and international attention. The 2030 targets are a challenge, but they are within reach. It is time to press for them.”

## Commercial determinants of health

**Tobacco control - 'To be honest, I'm really scared': perceptions and experiences of intimidation in the LMIC-based tobacco control community**

B K Mattes et al ; <https://tobaccocontrol.bmj.com/content/early/2022/07/11/tc-2022-057271>

« This study explores the experiences and perceptions of intimidation among members of the tobacco control community in low- and middle-income countries (LMICs).....”

## Human Resources for Health

**HRH- Stock-outs of essential medicines among community health workers (CHWs) in low- and middle-income countries (LMICs): a systematic literature review of the extent, reasons, and consequences**

<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-022-00755-8>

“This paper explores the extent of community-level stock-out of essential medicines among community health workers (CHWs) in low- and middle-income countries (LMICs) and identifies the reasons for and consequences of essential medicine stock-outs.....”

Among the conclusions: “**Community-level stock-out of essential medicines constitutes a serious threat to achieving universal health coverage and equitable improvement of health outcomes. This paper suggests stock-outs are getting worse, and that there are particular barriers at the last mile.....**”

## Decolonize Global Health

**The geographic journal - On an ethic of not going there**

A Guasco; <https://rgs-ibg.onlinelibrary.wiley.com/doi/full/10.1111/geoj.12462>

Must-read. “**Fieldwork – “going there” – is the presumed norm and baseline of geographical research.** In this commentary, I propose a framework for challenging the normative framing of fieldwork in geography and other fields (including those beyond academia): an ethic of not going there. **I argue that fieldwork, rather than a neutral rite of passage, is deeply entwined with some of the most entrenched issues in contemporary geography and research more broadly. Building on**

***a range of prior critiques and using the lens of “access”, I propose some ways for critiquing the presumptions inherent in geographical imaginaries of “fieldwork”. This ethical framework argues that doing geographical fieldwork should have to be justified to the same extent as not doing fieldwork is expected to be justified. I envision an ethic of not (always) going there as an alternative way of thinking about research (and researchers) within and beyond geography.”***

## **Journal of Global Health Economics and Policy - Epistemic indebtedness: Do we owe to epistemic enterprises?**

S R Mishra et al ; <https://joghep.scholasticahq.com/article/36869>

*« global health enterprises need to revitalize local epistemic enterprises to undo the historical and existing epistemic injustices »*

## **BMJ GH (blog) - Should Global Health institutions apply what they research, teach and advise on?**

S Boufkhed; [BMJ GH blog](#);

*« .... Do renowned institutions like LSHTM – which advises the government and other organisations on pandemic response and addressing social determinants of health – have a duty to apply the principles they preach in their own premises? I am a true believer that universities should be places of good practice and role models, applying the values that we preach. And I know I am not the only one, as illustrated by the open letter. What is at stake at LSHTM, in fact, seriously threatens the reputation of and public trust in our public health and academic community. Our Open Letter is a powerful statement that Academics are not in an Ivory Tower and care very much about what happens in our own institutions and society. We want the values we teach and research to be applied in our institutions. We call the London School of Hygiene & Tropical Medicine to annul the disproportionate actions faced by union members and negotiate with our colleagues, their essential workers.....”*

## **FP2P blog - Red Tape, Risk and Decolonization: how can the Aid Sector square the circle?**

D Green; <https://oxfamapps.org/fp2p/red-tape-risk-and-decolonization-how-can-the-aid-sector-square-the-circle/>

*“When discussing a bunch of Good Things in the aid sector – decolonization, adaptive management, thinking and working politically etc, a common complaint is that the procedures of the aid bureaucracy frustrate a lot of good intentions. On decolonization, the main culprit is seen as ‘compliance’ – a set of procedures to ensure that those receiving the money do not steal or do bad stuff with it. Given that we can’t just order a bonfire of all such safeguards, how can we find work-arounds that stop them becoming such a road block? So I was intrigued when Oxfam’s Sophie Walsh got in touch ‘to talk about the decolonising aid agenda and what this means for managing risk’. Her team do that very compliance that others criticise, but is leading a process to try and get away from what she calls ‘control-hungry’ approaches that ‘exacerbate imbalances of power’ between donors (in this case Oxfam) and partners. These include not being too onerous in our demands for form-filling, and ensuring more proportionate approaches that rework expectations that partners must ‘drop everything’ whenever there’s a compliance issue....”*



## Plos GPH - Telling our own story in global health–experience from Nigeria

C Ihekewazu et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000735>

Authors reflect on how national public health agencies in low & mid- income countries can lead in telling their own stories & shaping global health.

*“Much has been written about the inequalities that exist in the development and dissemination of scientific knowledge from low- and middle-income countries [LMICs. However, **less is known and shared about the responsibility of governments and institutions in LMICs in turning this tide.** While we agree with the notion that there are perverse incentive structures in the West that allow these inequalities to occur, **our experience in Nigeria shows that there is a role for LMICs to play in addressing these.**”*

The authors share their experience from the **Nigeria Centre for Disease Control** in this respect.

*“... through our work in NCDC, there are a few interventions that have enabled us to change this situation to some extent between 2016 and 2022– five of which we reflect on here.....”*

And a link:

- Annals of Global Health - [Reflections on ‘Decolonizing’ Big Data in Global Health](#) (by D Qato)

## Some other news of the week

### WHO Afro - Ghana declares first-ever outbreak of Marburg virus disease

<https://www.afro.who.int/countries/ghana/news/ghana-declares-first-ever-outbreak-marburg-virus-disease-0>

*“Ghana has announced the country’s first outbreak of Marburg virus disease, after a World Health Organization (WHO) Collaborating Centre laboratory confirmed earlier results.....”*

### Telegraph - Deadly mystery illness identified as ‘rat fever’

<https://www.telegraph.co.uk/global-health/climate-and-people/deadly-mystery-illness-identified-rat-fever/>

*“Authorities said the outbreak, which killed three people in southern Tanzania, is **caused by the bacterial disease leptospirosis.**”*

*“A mystery ‘nosebleed’ outbreak which killed at least three people in Tanzania has been diagnosed as leptospirosis or “rat fever”, according to the government. Last week, authorities scrambled a team of doctors and experts to find out what was behind a wave of unexplained infections in the southeastern region of Lindi. The victim’s symptoms included fever, headaches, fatigue and worryingly, nosebleeds. When the patients tested negative for Ebola and Marburg virus, there were fears that a new viral haemorrhagic fever could be spreading through the populous east African*

*nation. But now, health officials are breathing a sigh of relief. On Monday, the Tanzanian government said the victims were positive for leptospirosis. ....”*

**Reliefweb - South Sudan: The world's first vaccination campaign to control an outbreak of hepatitis E**

<https://reliefweb.int/report/south-sudan/south-sudan-worlds-first-vaccination-campaign-control-outbreak-hepatitis-e>

See also via Stat News: *“World’s first hepatitis E vaccine campaign underway: Doctors Without Borders and South Sudan’s health ministry are teaming up for the world’s first hepatitis E vaccine campaign in response to an outbreak of the virus in the East African nation....”*

## Some more final analysis of this year’s HLPF

**IISD - Summary report, 5–15 July 2022: High-Level Political Forum on Sustainable Development (HLPF 2022)**

<https://enb.iisd.org/high-level-political-forum-hlpf-2022-summary>

The usual overview report. Also containing this: *“ HLPF 2022 also began planning for the second “SDG Summit,” which will be convened in September 2023 during the UN General Assembly....”*

**IISD - Informal Debrief Unpacks HLPF Outcomes**

<http://sdg.iisd.org/news/informal-debrief-unpacks-hlpf-outcomes/>

*“Speakers highlighted the need to improve the quality of voluntary national reviews by switching to procedural, integrated, and systemic reporting, and to integrate different levels of reviews. Participants also considered ways to overcome data challenges and create monitoring tools; VLRs as a cities’ tool for “self-reflection”; the cultural dimension of sustainable development; and the Multidimensional Vulnerability Index as a metric that would recognize SIDS’ vulnerability to climate change when accessing financing.”*

And a few related links:

Global Policy Forum - [Financing for Development at the 2022 UN HLPF on Sustainable Development](#) (by Bodo Elmers)

*“The implementation of the 2030 Agenda has fallen massively behind. Insufficient development finance is a major reason for this, as the slowly subsiding COVID-19 crisis had led to a simultaneous collapse of all sources of finance. This year’s UN High Level Forum on Sustainable Development (HLPF) should have been dedicated to building back better after the crisis. The title did retain the “building back better.” De facto, however, the HLPF was overshadowed by a new wave of crises. Concrete solutions were mentioned in the dialogues, but concrete decisions were postponed to future*

*summits. Pressure is growing to convene a new International Conference on Financing for Development to scale up means of implementation for the Sustainable Development Goals. ....”*

See also Bretton Woods Project - [A new Bretton Woods for whom? Civil society calls for democratisation of global governance](#)

*“Growing geopolitical tensions amidst worsening economic outlook threaten current multilateral order; Calls for a new Bretton Woods to support status quo and failed economic policies have become mainstream; Civil society demands democratisation of world economic order.”*

Eg via **FfD4** – a forth UN Finance for Development Conference (FfD4) during 2023 ?

Global Policy Watch - [Building Back Better? Dubious Strategies to close the SDG Financing Gap](#)

*“.... While little can be done to combat the accountability problem of private investors, efforts have been made to stimulate private corporate actors to invest in sustainable development anyway through – the buzzword at this year’s .... HLPF: social impact bonds (SIBs)..... “*

## Papers and reports of the week

### CGD (brief ) - Leveraging Knowledge Generation for Policy Impact: Recommendations for the World Bank

A Glassman et al; <https://www.cgdev.org/publication/leveraging-knowledge-generation-policy-impact-recommendations-world-bank>

*“.... CGD launched the [Working Group on New Evidence Tools for Policy Impact](#) to develop a renewed agenda for the next generation of investments in impact evaluation and related evidence systems to enhance their value for real-world decision making. The group brought together policymakers and experts to review the progress and obstacles to the use and utility of evidence for global development. Its [final report](#) highlights how far the field has come in addressing critiques about the scale, generalizability, and policy utility of impact evaluation, and offers recommendations to the development community on “what and how to fund to deliver on the promise of impact evaluation and bolster the broader evidence ecosystem.” **The working group proposes five ways to improve impact evaluation funding and practice...**”*

*“.... This brief lays out how the **World Bank** can more systematically embed impact evaluation and related data and evidence functions into programming, implementation, and country support.....”*

- On the **final report of the Working Group**, see also the CGD brief – [Breakthrough to Policy Use: Reinvigorating Impact Evaluation for Global Development \(Brief\)](#) (by J Kaufman et al)

*“.... This brief summarizes the [final report of the working group](#). The report collates resources and insights on progress in implementing and using impact evaluations for decision making and **proposes five ways to improve impact evaluation funding and practice, directed to the development***

**community**—government policymakers; other multilateral, bilateral, and philanthropic funders; researchers, and NGOs...”

- Related CGD blog – [Reinvigorating Impact Evaluation for Global Development](#) (by J M Keller et al)
- And a link: [Investing in a New Era of Evidence-Informed Decision Making to Improve and Save Lives: Recommendations for Philanthropies](#) (with focus on recommendations for philanthropies)

## Some tweets of the week

Peter Kalmus

*“It's so, so good that climate urgency is finally going mainstream, though heartbreaking that it took this level of heat. Meanwhile world leaders are still idiotically prioritizing fossil fuel expansion and doing less than nothing to stop Earth breakdown. Keep pushing!”*

## Global governance of health

**Bloomberg - Indonesia as G-20 Host Pushes for African Union Representation**

<https://www.bloomberg.com/news/articles/2022-07-18/indonesia-as-g-20-host-pushes-for-african-union-representation>

*“Indonesia will push the Group of 20 as this year’s host to include the African Union to ensure the plight and concerns of the continent would be represented in key meetings.....”*

**European Commission - Team Europe's Official Development Assistance reaches €70.2 billion in 2021**

[https://ec.europa.eu/commission/presscorner/detail/en/ip\\_22\\_4532](https://ec.europa.eu/commission/presscorner/detail/en/ip_22_4532)

*“The EU and its 27 Member States continued increasing their Official Development Assistance (ODA) for partner countries around the world to €70.2 billion in 2021, as confirmed by the Annual Report to the European Council on EU Development Aid Targets approved by the Council today. This represents a 4.3% increase in nominal terms and the equivalent to 0.49% of collective Gross National Income (GNI), according to preliminary figures published by the Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC). **The EU and its Member States, working together as Team Europe, thereby confirm their position as the world's leading donor, providing 43% of global ODA. ....”***

## Global Policy -International organisations as ‘custodians’ of the sustainable development goals? Fragmentation and coordination in sustainability governance

M van Driel et al ; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.13114>

*“In this article, we offer new empirical evidence derived from the so-called custodianship arrangements in which numerous international organisations have been mandated to coordinate data collection and reporting for 231 indicators of the 17 Sustainable Development Goals (SDGs). These complex custodianship arrangements provide a fertile testing ground for theories on the relationship between fragmentation and coordination because the institutional arrangements for each of the 17 SDGs have emerged bottom–up with varying degrees of fragmentation. Through a comparative approach covering 44 custodian agencies and focusing on the most and least fragmented custodianship arrangements, **we make three key contributions**. First, we offer a novel operationalisation of institutional fragmentation and coordination. Second, we present empirical evidence in support of the claim that fragmentation negatively affects coordination. Third, we provide nuances to this claim by identifying factors that affect the strength of this relationship. **Based on our analysis, we suggest further steps that might facilitate coordination in global sustainability governance.**”*

Among others: *“To reduce fragmentation, we recommend designating an orchestrator with a clear mandate to steer the custodian agencies. Potential candidates include the Inter-Agency Expert Group on the SDGs, ECOSOC, the UN Statistical Commission, a UN Chief Statistician, and the High-level Political Forum on Sustainable Development.”*

### Devex - IFAD becomes only UN agency to issue bonds

<https://www.devex.com/news/ifad-becomes-only-un-agency-to-issue-bonds-103527>

*“With public funding failing to keep pace with skyrocketing food security needs, **the International Fund for Agricultural Development is jumping into the bond market** — becoming the first United Nations agency to do so. .... IFAD wants to raise between \$600 million and \$700 million of its 12th replenishment in private placements to meet its fundraising goal of \$3.5 billion by 2024.....”*

### Think Global Health – Changing Foreign Policy on Cyberspace: Lessons for U.S. Global Health Engagement

D Fidler; <https://www.thinkglobalhealth.org/article/changing-foreign-policy-cyberspace-lessons-us-global-health-engagement>

*“Proposals to transform U.S. cyber foreign policy can inform rethinking global health engagement.”*

*“Last week, an independent task force organized by the Council on Foreign Relations released a **report** on U.S. foreign policy and cyberspace. **The report argued that U.S. efforts to sustain a global, open internet that reflects American interests and values have failed. The task force asserted that the United States should acknowledge this reality and pursue a different strategy.** Although cyberspace and global health are different policy areas, the cyber report contains features important to rethinking U.S. global health engagement. **Cyberspace and global health have long been considered transnational challenges given the border-blurring nature of***

*internet communication and microbial transmission. The two issues gained foreign policy prominence after the Cold War and became associated with U.S. global leadership. But, in both realms, U.S. policymakers face a reckoning that demands new strategies adapted for a more divided and dangerous world. ....”*

*“....As experts have **argued**, U.S. foreign policy must navigate geopolitics by building coalitions of like-minded countries rather than rely on multilateralism at the World Health Organization (WHO). .... The WHO has never been the center of gravity for U.S. global health engagement, but **the change in the international distribution of power and U.S. behavior during COVID-19 have weakened the American ability to win "hearts and minds" in global health.** As seen at the recent **BRICS summit**, coalitions involving China and Russia are pledging to cooperate on health, which challenges the United States and its clubs (for example, the Group of Seven) and fuels geopolitical competition in global health. ....”*

*“....Deepening the imprint of national security thinking would elevate **pandemic preparedness and response as a vital interest and center global health endeavors around this priority.** Such a shift would connect with COVID-heightened interest in holding countries accountable by, for example, imposing higher costs for failing to report outbreaks, share pathogenic samples or genetic sequence data, and provide outbreak information in a timely manner. .... **In a geopolitical world, equity will not compete well in the setting of foreign policy priorities by countries focused on balance-of-power and ideological competition.** Basing solidarity on democratic ideology would fail given the rise of authoritarianism and the behavior of democracies during COVID-19. **U.S. foreign policy might be better served thinking about solidarity in global health as shared responsibility rather than as transnational equity.** “*

## **WB - Indermit Gill Appointed Chief Economist of the World Bank Group and Senior Vice President for Development Economics**

<https://www.worldbank.org/en/news/press-release/2022/07/21/indermit-gill-appointed-chief-economist-of-the-world-bank-group-and-senior-vice-president-for-development-economics>

Starting on Sept 1.

And a few links:

- [WHO - France and WHO commit to work further together to improve the global health architecture](#) (on a meeting between Tedros & Macron this week)
- [The case against international cooperation](#) (by Ian Hurd) (open access)

*“This paper highlights the methodological and substantive problems that follow from equating ‘global governance’ with ‘international cooperation’ and suggests an alternative. The traditional model applies liberal political theory to the study of international institutions and interprets global governance as the realization of shared interests. It deflects research away from questions about trade-offs and winners or losers. **In place of cooperation theory, I outline an overtly political methodology that assumes that governance – global or otherwise – necessarily favors some interests over others.**”*

## UHC

Link:

- IJHPM - [Assessment of Strategic Healthcare Purchasing Arrangements and Functions Towards Universal Coverage in Tanzania](#)

## Planetary health

**Guardian - Biden unveils extreme heat plan – but doesn't declare climate emergency**

<https://www.theguardian.com/us-news/2022/jul/20/joe-biden-extreme-heat-plan-climate-speech>

*“Initiatives are aimed at helping salvage the president’s tattered climate agenda after Joe Manchin delivered a major blow last week.”*

**Devex - Despite climate alarm, philanthropic dollars are slow to come: Report**

<https://www.devex.com/news/despite-climate-alarm-philanthropic-dollars-are-slow-to-come-report-103604>

*“Extreme weather events, including dangerous heat waves [sweeping through Europe](#) and [large swaths of the United States](#) this summer, have drawn more attention to the growing impacts of climate change, including among philanthropists..... But **while philanthropic foundations recognize the dire consequences of inaction on climate change, so far they have largely failed to meet the moment with more funding and resources, according to a [report from the Center for Effective Philanthropy](#), which provides data and other services aimed at helping donors give more effectively. The report recommends that funders begin taking more steps to address climate change, either by altering their programmatic focus areas or changing how they invest — specifically, by divesting from fossil fuels and other carbon emitters.....”***

## Infectious diseases & NTDs

**UNAIDS - African leaders launch the Education Plus initiative – a huge step forward for girls' education and empowerment in Africa**

[https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/july/20220717\\_continental-launch-education-plus-initiative](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/july/20220717_continental-launch-education-plus-initiative)

*“Leaders meeting at the Africa Union summit in Lusaka, Zambia, have pledged their support for the Education Plus initiative at its continental launch, **committing to take action to keep adolescent girls in school, which will dramatically reduce their vulnerability to HIV.**”*



## Global Public Health - A light touch intervention with a heavy lift – gender, space and risk in a global vaccination programme

<https://www.tandfonline.com/doi/full/10.1080/17441692.2022.2099930>

*“Frontline workers (FLWs) in the Global Polio Eradication Initiative go door-to-door delivering polio vaccine to children. They have played a pivotal role in eliminating wild polio from most countries on earth; at the same time, they face significant bodily risk. STRIPE, an international consortium, conducted a mixed-methods study exploring the knowledge and experiences of polio staff in seven countries (Afghanistan, Bangladesh, Democratic Republic of Congo, Ethiopia, India, Indonesia and Nigeria). .... Polio workers perform a different kind of body work than many other FLWs. Delivering a few drops of oral vaccine takes a light touch, but gendered spaces can make the work physically dangerous. Polio’s FLWs must bend or break gendered space norms as they move from house-to-house. Navigating male spaces carries risk for women, including lethal risk, particularly in conflict settings. ....”*

Links:

- NYT - [First polio case in nearly a decade is detected in New York state](#)
- JIAS - [Real-world use and outcomes of dolutegravir-containing antiretroviral therapy in HIV and tuberculosis co-infection: a site survey and cohort study in sub-Saharan Africa](#)

## Sexual & Reproductive / maternal, neonatal & child health

### The Conversation - Why sexual and reproductive law for east African countries is being resisted

<https://theconversation.com/why-sexual-and-reproductive-law-for-east-african-countries-is-being-resisted-186954>

*“Six of the countries of the East African Community – Burundi, Kenya, Rwanda, South Sudan, Uganda and Tanzania – recently concluded public hearings on a new sexual and reproductive health bill. Proponents of the bill argue that it will improve access to sexual and reproductive health which, in turn, will improve other public health and development indicators such as maternal mortality and HIV infection rates. But the bill has faced fierce opposition since it was first tabled in 2017. The Conversation Africa’s Ina Skosana spoke to researchers Anthony Ajayi and Nicholas Etyang to unpack what the bill covers and where the sticking points are.”*

Links:

- Plos GPH - [Individual, health facility and wider health system factors contributing to maternal deaths in Africa: A scoping review](#)

- BMJ GH – [Beyond abortion: impacts of the expanded global gag rule in Kenya, Madagascar and Nepal](#)

## Extra Covid section

### FT – EU considers rescheduling Covid vaccine deliveries to 2024

<https://www.ft.com/content/f2765c69-9e82-4b64-9654-3f95f6c4b2ec>

*“Member states, BioNTech/Pfizer edge closer to deal to delay jab deliveries amid oversupply and rising case numbers.”*

*“EU member states are close to agreeing with BioNTech/Pfizer that Covid-19 vaccine deliveries be stretched into 2024 amid a glut of shots, according to people familiar with the matter, even as health authorities broaden eligibility for boosters to tackle rising infections across the continent. The plan, which two of the people said had tentative backing from the European Commission and the companies, would see doses delivered after this year split between 2023 and 2024. Member states would still be free to order more next year. The drugmakers have already agreed to a similar move, shifting deliveries from early this year to later in 2022. The EU has a contract in place for up to 1.8bn doses of the shot, including for variant-adapted vaccines. In its current form, the contract only extends to 2023....”*

### SS&M - Political ideology predicts preventative behaviors and infections amid COVID-19 in democracies

H H Tung et al; <https://www.sciencedirect.com/science/article/pii/S0277953622005056>

*“Can one's political ideology predict his or her testing positive for COVID-19 and how? The present study leveraged a recent (April–May 2020) survey of 27,260 individuals across 27 democracies to investigate the associations between political ideology and coronavirus infections. ... .... We found a more right-leaning attitude to be associated with a higher probability of testing positive both directly and indirectly through conspiracy theory beliefs and physical distancing. Moreover, our cross-national investigation also found that becoming more right-leaning in ideology was associated with a higher level of perceived risk of COVID-19 infection, which made one less likely to test positive. Combined, we provide a more nuanced understanding of the role played by political ideology in the current pandemic, on which the design of a more effective risk communication strategy can be based.”*

### Nature (News) - Prior Omicron infection protects against BA.4 and BA.5 variants

<https://www.nature.com/articles/d41586-022-01950-2>

*“Catching an earlier version of SARS-CoV-2 — particularly Omicron — provides some immunity against the two fast-spreading lineages.”*