

IHP news 682 : “Preparing” for a Hothouse World?

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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,

In this week’s **Highlights section** we pay attention to the main [news](#) from the **AIDS conference in Montreal** and the - speeding up - [global monkeypox vaccine race](#) (*sadly, with a fair amount of déjà vu so far...*), among others. If you haven’t done so yet, do also check out a **key Decolonize Global Health [read](#)** in the Lancet **on medical education as a colonial institution**.

Before handing over the IHP shop to my colleague John de Maesschalck for a few weeks (*thanks John!*), though, I’d like to dwell briefly on the climate emergency. It’s downright frightening to see more and more experts not just discussing anymore climate change as a ‘risk multiplier’ but speculating (like this week in PNAS) on at least **the possibility of** - what they call - a “**climate endgame**”, featuring also “... **the “four horsemen” of the climate endgame: famine, extreme weather, war and disease.**” Aka ‘apocalyptic disaster’. If that’s not fodder for a late stage-capitalism Marvel franchise, then I don’t know. Another expert, Bill McGuire, even went a step further in a recent book, arguing a [a global climate meltdown cannot be stopped](#) (anymore). Arguing, “... **we need to adapt to the hothouse world that lies ahead and to start taking action to try to stop a bleak situation deteriorating even further.**” Even if he says this is actually a ‘call to action’, it’s easy to feel a bit powerless and desperate in the face of all this.

Others [argue](#), however, also not completely incorrectly, that in spite of the climate havoc we’re already seeing, and the fact that no doubt we will see more warming before things get better, “**the future is looking better than it did before.**” Among others referring to (much) higher awareness of the climate emergency, the fact that the global economic system (and parts of the private sector) are transitioning (*even if clearly not fast enough, and the current geopolitical situation doesn’t help much*), ...

In any case, whether you’re a glass half full or half empty person, not all is lost yet, and [change by catastrophe](#) “hasn’t fully substituted for ‘change by design’” - yet. Still, it seems more than likely that humanity will face at least a mix of the two in the decades ahead, in our more general quest to learn to live within planetary boundaries, as we missed our chance of ‘change by design’ in the past decades. Sadly.

As many have said before, however, **every .10 degrees counts**, and so we should give everything we can to avoid the worst scenarios - through market mechanisms if that makes sense, going far beyond a ‘market & growth’ logic in (many) other cases. I guess the same goes for our political strategies: trying to build a ‘Larger Us’ (see [Alex Evans](#)) and reaching across the political spectrum in all cases where that’s possible, while taking on and defeating ([Monbiot-style](#)) some of our “brothers & sisters” where a ‘Larger Us’ will always conflict with sheer greed. We’ve seen plenty of pandemic

profiteering over the past years, and now clearly [Big Fuel profiteers](#) think the example of Albert Bourla & co was – hmm - ‘inspiring’. These days, UN Secretary-General Guterres has [half a day job](#) denouncing so called "excesses" of global capitalism...

Final comment: if we do want to avoid societal collapse, **we better start beefing up the resilience of our “democracies” too** (*and not in Joe & Nancy’s silly manichean way*). Indeed, our (already flawed) democracies will come no doubt under even bigger pressure from populists and autocrats when climate chaos reality hits country after country. It’s by now blatantly [obvious](#) that **you can’t boost democratic resilience without tackling inequality at all levels**. So if there ever was an incentive for ‘global health power’ to drop its wicked “Davos penchant” (annex ‘*behind the scenes romance with Big Pharma*’) of the past 20 years, it’s now. In fact, it was yesterday.

Enjoy your reading.

Kristof Decoster

Featured Article

Reflections on AIDS 2022 and global health diplomacy

Okiki Olu Badejo (*PhD Student at the University of Antwerp and ITM Antwerp; EV 2018*)

If you followed the recently concluded AIDS 2022 Conference in Montreal, you will have heard several complaints about how, once again, [visa issues forced many registered participants to miss out on a forum](#) where decisions were to be made about a condition that disproportionately affects them in the first place, and their countries. This is not a new problem. We have known for a long time that the current educational model of knowledge production and dissemination in global health not only stifles equity, but also actively entrenches the imbalances created by supremacist and colonial origins.

However, it is also necessary to recognize that [\(global\) health is increasingly becoming inextricably linked to foreign policy, security policy, development strategies, trade agreements](#), To some extent, this has been the case for decades, of course, but in recent years this trend has only gained further momentum, it appears (with the “new geopolitical situation” due to the war in Ukraine as the latest spark). Against that backdrop, the Montreal conference served as a stark reminder that the current power balance is still centred on HICs’ security and economic interests. Decisions about [who is deserving](#) of entering certain spaces are currently based on the views and interests of powerful countries, rather than on principles of justice and knowledge redistribution for the benefit of the whole. If not addressed, this can have serious consequences for how less powerful individuals or organizations position themselves to be considered worthy of access. This can exacerbate what Seye Abimbola refers to as [the “gaze” problem](#) in global health.

In today’s global health environment (characterized among others by a new ‘pandemic era’ according to quite some experts), the ability of humanity to innovate and adapt faster and more efficiently than viruses and diseases is more important than ever. The AIDS conference certainly demonstrated that the world is not short on innovation and technological solutions. However, if we have learned anything

from COVID, it is that global health cannot be achieved solely by finding the right technical solutions, we also need to address issues of power imbalances within and between countries. Yet, as we have seen during the Covid pandemic, powerful parts of our world simply do not want to trade their advantages for greater equality of opportunity, despite the fact that technological solutions appear to be abundant. This is true in both rich and poor countries.

While there have been discussions and actions to address this in global health scholarship, such as diversifying editorial boards and increasing transparent and respectful collaboration with the global south, these efforts have yet to reach far enough into global (health) diplomatic spaces, where policies and resolutions continue to be driven by actors who are disconnected from the ground and warping the decision-making apparatus within global health governance.

As Southern countries raise their voices in support of more respectful relationships for global health representation, global health will require new skills in order to negotiate for equitable knowledge representation in the face of competing interests. Indeed, such discussions require (some) technical expertise but mainly political bargaining and solutions, as well as alliances with actors outside the global health sphere. Otherwise, discussions about how to understand and limit such inequalities will inevitably fall short.

So let's go for it. To paraphrase Peter Sands in Montreal, *'If not us, then who. If not now, then when?'*

Highlights of the week

Aids 2022 conference Montreal

With an overview of some of the main news, initiatives, reports & analysis from the AIDS conference. See also last week's IHP issue.

Devex Newswire: Canada gets called out on HIV leadership

<https://www.devex.com/news/devex-newswire-canada-gets-called-out-on-hiv-leadership-103758>

"From visa denials to high-level no-shows to missing funding pledges, the Canadian government is facing harsh criticism for dropping the ball as host of the world's largest conference on HIV/AIDS."

Excerpts:

"... On Sunday, the head of the International AIDS Society, Adeeba Kamarulzaman, extended a personal invitation to Canadian Prime Minister Justin Trudeau to address the closing ceremony of the International AIDS Conference, which Canada is currently hosting in Montreal. It's starting to look like it will take an appearance by Trudeau for the country to salvage its reputation as a global health leader. "Canada not only agreed to host the world's largest and most influential conference on HIV, but also committed to high-level government representation as part of the partnership. Minister Harjit S. Sajjan withdrew his participation on the eve of the conference opening," Kamarulzaman wrote, referring to Canada's minister of international development. Many expected the Canadian government would use this conference to announce its pledge for the Global Fund's seventh replenishment.

“... Advocates have called on the Canadian government to put forward 1.2 billion Canadian dollars — about \$1 billion — and some hoped Montreal might be the moment. No such luck. But some folks I’ve talked to in Montreal are seeing a silver lining in Canada’s decision not to announce a pledge right now....”

PS: as for the **view of Peter Sands on the GF Replenishment:** *“... I asked Sands — who signed on for a second four-year term in 2021 — what it’s like to go through this process every three years. “It seems like a very short window between one replenishment and another,” he told me. “On the other hand, if you go for a longer window, you run the risk of a kind of sticker shock problem. The amount you have to ask for — it’s already a very large sum of money.” Sands said his strategy this year is more of what he pushed three years ago — increasing the proportion of funding from middle-sized donors and the private sector in order to dial back the Global Fund’s overdependence on the Group of Seven major industrial nations.”*

HPW - AIDS Conference Activists Protest ‘Systemic Racism’ Behind Canadian Visa Denials to African Delegates

<https://healthpolicy-watch.news/aids-conference-protests-systemic-racism/>

“Activists took over the stage at the opening of the International AIDS conference in Montreal on Friday morning to protest Canada’s denial of visas to hundreds of delegates, primarily from Africa, and the inequality and lack of funding that is driving new HIV infections....”

“... Adeebe Kamarulzaman, president of the International AIDS Society and co-chair of this year’s conference, said that she was “deeply upset” about the visa denials that were a result of “global inequality and systemic racism”. “IAS is re-evaluating to ensure that future conferences remain inclusive events. Those most affected must be part of the conversation,” said Kamarulzaman.”

“Canada’s Minister of International Development, Harjit Sajjan, withdrew from speaking at the opening, apparently after hearing about the planned protest. Expressing her disappointment at the Canadian official’s no-show, UNAIDS executive director Winnie Byanyima paid tribute to the protestors, saying that no progress had ever been made in HIV without activism....”

See also **Toronto Star** - [Why these empty chairs at AIDS 2022 have Canada under fire](#)

On perhaps ‘the’ picture of the AIDS conference this year. With none of the supposed panellists present due to visa issues.

HPW - Human Rights is a ‘Battlefield’ as Global Discrimination Fuels New HIV Infections

<https://healthpolicy-watch.news/human-rights-is-a-battlefield-as-global-discrimination-fuels-new-hiv-infections/>

Excerpts:

*“... Global battles at UN forums: Yet growing political conservatism means that, despite the scientific tools, many governments operate according to prejudice rather than science, ensuring that HIV continues to flourish in the crevices of restrictive societies that chose not to recognise behaviours they find unacceptable. **These conservative forces are increasingly raising their voices at international forums to undermine proven methods to address HIV.** During the **United Nations High-Level Meeting on AIDS in June last year**, Russia refused to support the final political declaration as it opposed references to “rights”, the decriminalisation of sex work, and harm reduction in the context of the battle against HIV/AIDS. ...**This June, the World Health Assembly** – the highest decision-making body of the World Health Organization (WHO) – was delayed for hours as countries fought over terms in the body’s new strategy on HIV, hepatitis B and sexually transmitted infections. Member states primarily from North Africa and the Middle Eastern led the assault on the guide for including “sexual orientation”, “men who have sex with men” and “comprehensive sexuality education” (CSE) for school children. Eventually, an almost unprecedented vote was held and a watered-down version of the strategy was passed, but around 120 countries either abstained or were absent.....”*

“...Human rights backlash: UNAIDS executive director Winnie Byanyima acknowledged at the launch of the report that “today we see a huge backlash against certain human rights that some were won many years ago, for example, sexual and reproductive health and rights”. “We’re seeing countries that are pushing back against the human rights of LGBTQ people and we’re seeing further enforcement of punitive laws against people who inject drugs, sex workers, and LGBTQ people,” Byanyima said in response to a Health Policy Watch question.....”

PS: *“A partnership of civil society organisations led by the Global Network of People with HIV (GNP+) launched a “Not a Criminal” campaign over the weekend at the AIDS conference to decriminalise HIV non-disclosure, exposure and transmission; same-sex relationships; sex works and drug use. The goal of the campaign is to “mobilise a multifaceted community action to hold governments, law, and decision-makers accountable for their global political commitments to ensure access to health and respect human rights”.....”*

Global Fund Reports Significant Progress in Breaking Down Human Rights-Related Barriers to HIV and TB Services

<https://www.theglobalfund.org/en/news/2022/2022-07-31-global-fund-reports-significant-progress-in-breaking-down-human-rights-related-barriers-to-hiv-and-tb-services/>

*“A **new report** released by the **Global Fund** today at the 24th International AIDS Conference unveils key findings of the activities supported by the **Global Fund’s Breaking Down Barriers initiative**, a groundbreaking program launched in 2017 to provide intensive financial and technical support to **20 countries*** to address stigma and discrimination, criminalization and other human rights-related obstacles that continue to threaten progress against HIV, tuberculosis (TB), and malaria.”*

*“.... The key findings of the midterm assessments, which were conducted between 2019 and end 2021, reveal all countries involved in the Breaking Down Barriers initiative saw progress in removing human rights-related barriers to HIV services, with a mean increase of 0.9 points from baseline on the 0-5 scale. However, even the top five scoring countries (Ukraine 3.7, Jamaica 3.5, Botswana 3.3, Senegal 3.1 and Kenya 3.1) are falling short of the scores that would represent a comprehensive response at a national level (above 4.0). Sierra Leone (+1.7), Jamaica (+1.6), Cameroon (+1.3) and Mozambique (+1.3) showed the greatest increase in scores..... **However, the***

assessments also show that COVID-19 slowed the progress of the Breaking Down Barriers initiative in many countries. But they also chronicle the ways in which human rights-related work on HIV contributed to rights-based approaches to COVID-19. In a few countries, support was provided to community-based paralegals to address human rights violations that occurred during lockdowns. Many innovative measures were undertaken to ensure that key populations would continue to receive services despite lockdowns or quarantines. In several countries, community awareness-raising focused on prevention of gender-based violence during lockdown periods.....”

‘People Don’t Live in Siloes’: Appeal for HIV Services to Include Mental Health and Other Chronic Diseases

<https://healthpolicy-watch.news/people-dont-live-in-siloes-appeal-for-hiv-services-to-include-mental-health-and-other-chronic-diseases/>

“... Despite the growing realisation that NCDs have to be factored into HIV services, the AIDS conference offered few successful models – and only two sessions focused on NCDs and HIV....”

“In an [open letter](#) to the Global Fund issued shortly before the AIDS conference, the NCD Alliance (NCDA) called on the fund to “prioritize the inclusion of NCD interventions” in its 2023-2028 strategy.....”

WHO publishes new guidelines on HIV, hepatitis and STIs for key populations

<https://www.who.int/news/item/29-07-2022-who-publishes-new-guidelines-on-hiv--hepatitis-and-sti-for-key-populations>

*“... WHO published new [Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#). The guidelines are officially launched at the AIDS 2022 Conference in Montreal, Canada, in a satellite session entitled: Launching new WHO guidelines for key populations: Focus for impact. **The guidelines outline a public health response to HIV, viral hepatitis and sexually transmitted infections (STIs) for 5 key populations** (men who have sex with men, trans and gender diverse people, sex workers, people who inject drugs and people in prisons and other closed settings).”*

MSF Access - Following WHO recommendation, access to new game-changing HIV prevention drug needs to be accelerated

<https://msfaccess.org/following-who-recommendation-access-new-game-changing-hiv-prevention-drug-needs-be-accelerated>

*“As the World Health Organization (WHO) recommended long-acting injectable cabotegravir (CAB-LA) for HIV prevention, and the Medicines Patent Pool (MPP) and UK pharmaceutical corporation ViiV Healthcare announced an agreement to open up generic production and supply of CAB-LA in 90 countries, **Médecins Sans Frontières/Doctors Without Borders (MSF) called on governments in low- and middle-income countries (LMICs) to urgently include this drug in national HIV guidelines and accelerate its rollout to prevent HIV transmission.**”*

“... as detailed in a [new MSF report](#) released ahead of the 2022 International AIDS Conference, the lack of transparency around the pricing and plans for registration of the drug and implementation-science conditions for procurement, set by ViiV, may still pose as barriers to access to this medicine, particularly in LMICs....”

UNAIDS - It is time to end AIDS in children once and for all: Global Alliance launched

https://www.unaids.org/en/resources/presscentre/featurestories/2022/july/20220730_end-AIDS-in-children-global-alliance

*“On the sidelines of this year’s IAS conference in Montreal, UNAIDS, networks of people living with HIV, UNICEF and WHO, together with technical partners, PEPFAR and The Global Fund are launching a new **Global Alliance to End AIDS in children by 2030**.”*

For more, see UN News – [New global alliance launched to end AIDS in children by 2030](#)

*“While more than three quarters of all adults living with HIV are receiving some kind of treatment, **the number of children doing so, stands at only 52 per cent**. In response to this startling disparity, UN agencies UNAIDS, UNICEF, WHO, and others, have formed a **global alliance to prevent new HIV infections and ensure that by 2030 all HIV positive children can get access to lifesaving treatment**.”*

And HPW - [Ambitious New Alliance Pledges to End AIDS in Children by 2030](#)

*“**Twelve African nations have joined with the United Nations and other international organizations in forming a new alliance** that will work to prevent new infant HIV infections and to ensure no child living with HIV is denied treatment by the end of the decade.”*

*“... **The first phase includes Angola, Cameroon, Côte d’Ivoire, Democratic Republic of the Congo, Kenya, Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe.**”*

*“**Three UN agencies** — UNAIDS, UNICEF and the World Health Organization (WHO) — are behind it along with the **Global Network of People Living with HIV (GNP+), the Global Fund to Fight AIDS, Tuberculosis and Malaria and the U.S. President’s Emergency Plan For AIDS Relief (PEPFAR)**....”*

UNAIDS - As AIDS2022 closes, UNAIDS urges world leaders to act with courage to end AIDS

[UNAIDS](#)

Winnie Byanyima wraps up the conference with some **key messages**.

*“... **Important steps forward were taken in Montreal. This was a breakthrough conference for new long-acting ARVs to stop HIV. New research showed that injectable PrEP is among the most effective tools for preventing HIV available and that it works well in multiple populations. The World Health Organization released new guidelines and drugmaker ViiV has announced licenses for generic manufacturing of the drug in 90 countries. This could be a game changer if ViiV can***

provide an affordable price for low- and middle-income countries now, in the tens of dollars not hundreds of dollars, since it will be several years before generic production comes online and if generics are made available beyond these original 90 countries. The commitments made by African leaders and by international partners who have come together in the new global alliance to end AIDS in children could, if followed through, ensure that every child living with HIV is on antiretroviral medicine, and that no more children are infected with HIV....”

She also ended with a **call to action**:

*“We thank the ministers and other political leaders who took part in the Conference, appreciate PEPFAR and Global Fund for the commitment demonstrated here, and call upon the many leaders who did not attend to take seriously the findings of this conference. **In particular, we call upon governments to urgently increase funding for the Global Fund and for the UN Joint Programme to enable the findings of this conference to turn into reality on the ground.** As UNAIDS new report, *In Danger*, highlighted, courageous political leadership is essential to end AIDS and save millions of lives.”....”*

And some links:

- **Economist** - [Despite setbacks, HIV can be beaten](#) The Economist’s final assessment of the 24th AIDS conference. “ *But it will take patience and money*”.

“...The slogan du jour, though, is “u=u”, dreamed up by the Prevention Access Campaign, a group of activists. This is not a mathematical identity. The two us stand for different things: “undetectable” and “untransmittable” respectively. But it is this equation, above all, which makes attempts to stop hiv spreading realistic—for the idea it encapsulates is that someone for whom art has suppressed viral load to the point that it is undetectable cannot then pass the virus on....”

- **Guardian** - [The HIV prevention drug that could save millions of people – if they can afford it](#) (By Sarah Boseley).

PS: *“....The Montreal conference this year had none of the heat of two decades ago, not least because it was partly online. But there was much talk of apathy – not among HIV advocates, but in the world in general. There was a sense that much of the world thinks Aids is a problem of the past....”*

- **Science** - [Single-cell studies offer new view of how HIV infections persist—and might be cured](#)

Global monkeypox vaccine race?

Here we focus on the monkeypox vaccine race that is heating up. In the section on ‘monkeypox’ below, you find all other monkeypox related updates.

Global monkeypox vaccine race sparks fears that poorer nations will lose out

https://www.theguardian.com/global-development/2022/aug/01/global-monkeypox-vaccine-race-sparks-fears-that-poorer-nations-will-lose-out?CMP=share_btn_tw

“A scramble for *monkeypox vaccines* is under way, with 35 countries vying for access to the 16.4m doses that exist so far, according to the World Health Organization (WHO), and a risk that low-income countries may lose out.”

“Meg Doherty, WHO’s director of Global HIV, Hepatitis and Sexually Transmitted Infections Programmes, said there was “quite a possible risk” that the countries bidding for supplies would be high-income countries. Doherty was speaking at the [International Aids conference in Montreal, Canada](#), where **Prof Chris Beyrer from Johns Hopkins University said on Friday that monkeypox was another preventable pandemic, and the warning signs were there five years ago.** “It turns out that monkeypox emerged out of its central African endemic zone into west Africa in 2017, five years ago, and that outbreak has been ongoing for five years with no urgency, no response, no WHO engagement around vaccines in those countries,” said Beyrer, a member of an ongoing Lancet Commission on health and human rights. He added: “Now that it has gone from six endemic countries to 76, and is the new emerging global health threat in the wealthy world, we have this *sense of urgency.*”....”

HPW – Closure of World’s Only Manufacturing Plant for Monkeypox Vaccine Raises Questions About World’s Ability to Meet Rising Demand

<https://healthpolicy-watch.news/exclusive-china-monkeypox-bavarian-nordics/>

Absolute must-read. Excerpts:

“Bavarian Nordic, the manufacturer of the world’s only vaccine approved against Monkeypox, MVA-BN, has issued its only third party license to date to Shanghai-based company Nuance Pharmaceuticals to produce and distribute its vaccine widely in the Asian market. With only 16.4 million doses of the MVA-BN vaccine available worldwide, and Bavarian Nordic’s European manufacturing plant shuttered until late 2022, the Chinese company currently holds the only set of keys to any larger scale-up of the vaccine’s production to meet the Monkeypox global health emergency, recently declared by the World Health Organization. “

“According to an investor document dated 9 May 2022, the Bavarian Nordic deal grants Nuance the “rights to commercialize MVA-BN RSV in Chinese Mainland, Hong Kong, Macau, Taiwan, South Korea and Southeast Asia”. **The revelations come as Bavarian Nordic’s own ability to rapidly respond to any new or increased demands for its vaccine following the WHO’s public health emergency of international concern (PHEIC) declaration remain an open question among global health officials in light of the closure of the company’s European production line.”**

“.... **With the rights to the manufacture and distribution of the vaccine outside of China solely in Bavarian Nordic’s hands, and more than a dozen countries inquiring about doses, it is the US government that will be in possession of, or contracted to receive, the overwhelming majority of MVA-BN doses due to be delivered in 2022.....”** The US Defence Department, through the Biomedical Advanced Research and Development Authority (BARDA), financed key elements of the vaccine’s development with contracts amounting to nearly \$2 billion between 2003 and 2020, a

review of those contracts by Health Policy Watch shows. **The net result means that, either via donations, or by persuasion of Bavarian Nordic to scale up its production, Washington, once more, will be called upon to take the lead in ensuring equitable access to monkeypox treatments outside of Asia, where China will be a dominant player through the manufacturing and distribution license it holds.**"

PS: **"...European plant shuttered – production won't restart until 2023:** Bavarian Nordic's European vaccine production line, key to its generation of new volumes of the MVA-BN vaccine, was closed in March and will not be reopened until the third quarter of 2022, according to the 9 May investor report. **Once re-opened, the company will only begin producing new volumes of the vaccine in early 2023,** global health sources in Geneva told Health Policy Watch. "

PS: **"Of the roughly 16 million doses of MVA-BN vaccine said to be available now, most – about 15 million – are still in bulk form,** according to statements this week by WHO. Most of the available 1-1.4 million finished and delivered doses are held in the strategic stockpile of the US, which heavily financed the development of the vaccine, according to the global health forecasting firm Airfinity. **Virtually all of the 15 million remaining vaccine doses, stored in bulk formulation, are already promised to a tiny handful of high-income customers, including the United States, Canada, The United Kingdom and the European Union.** ... Company executives have so far remained silent in the face of offers by the WHO, as well as individual pharma firms, to support more production scale-up, or more rapid "fill-and-finish" of the 15 million vaccines available right now in bulk at a critical point for the global response to the spread of monkeypox. ..." **"... Approached by Health Policy Watch, Bavarian Nordic's spokesperson Thomas Duschek declined to provide further details of the company's vaccine production and distribution plans – or whether the company would negotiate with Gavi to sell Monkeypox vaccines in bulk for low- and middle-income countries.** "

"... Another COVID replay: WHO and Gavi urge rich countries to donate vaccines: While vaccine demands are spread among 77 countries now reporting cases, only a handful of nations, primarily the United States, hold the keys to available supplies that could be used right away to stem the pandemic tide, at least outside of Asia. **This has left the WHO and its associates asking for vaccine donations, another striking replay of the early days of the COVID vaccine rollout.** "We urge countries with stockpiles – or supplies on order – to be generous and flexible in releasing doses to countries with cases that do not have access to ensure equality," a spokesperson for the Vaccine Alliance (GAVI) told Health Policy Watch. ..."

DGH read - Lancet Perspective:- How medical education holds back health equity

T Naidu & S Abimbola ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01423-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01423-4/fulltext)

One of the must-reads of the week. The authors analyse Medication Education as a colonial institution — inspired by Frantz Fanon and the early history of (Seye's) alma mater, @OAUUniversity.

A few excerpts:

*“... In many countries previously and currently colonised by European settlers, medical education as a colonial institution is based on western systems of health, knowledge, and social organisation. By universalising what is European, this colonial institution erases and subsumes other epistemologies. The western zero-point epistemology places western perspectives as the ideal, standard, and universal. It creates shackles that previously colonised countries, such as Nigeria and South Africa, and Indigenous communities in settler colonies such as Australia and the USA have been struggling to remove. It costs lives by failing to serve local needs. By obliterating ways of knowing and interpreting experiences that predate colonial invasions, it causes epistemicide. **Much of what happens in the world of medicine is shaped by an educational system that socialises students into a hierarchical system dominated by the western biomedical model.** This dominant model of health is insensitive to the experiences of most of the world's people. The denial of majority world's epistemologies by medical schools remains deliberately or by default obscure to students. Doctors in the majority world are trained to fit into a dominant system that is discordant with their contexts and trains them to support and replicate it; they can sometimes end up blaming themselves, their patients, their culture, and their context for the failings of this dominant system.”*

*“... The concept of the “good doctor” was described by US educationist Abraham Flexner in 1910 and is firmly rooted in western epistemology and infused with the characteristics and socialisation of white, western, able-bodied males. Flexner's work led to the closure of most rural and African American medical schools in the USA. **This idealised concept of the “good doctor” is what is tacitly sought and cultivated in medical education.** The “good doctor” is revered for characteristics such as professionalism, founded in western ideals, morals, and ethical and socially desirable traits...”*

“... medical education in many settings is a capitalist production line that typically produces professionals who maintain existing hierarchies. Globally, students of privileged backgrounds are the most likely to enter medical schools. The allure of high social status and income are powerful incentives to enter and sustain hierarchies. As the Ife experience showed, it is not enough that one medical school changes; entire national curricula and ways of thinking must change. If only western actors would acknowledge that they have had their foot on the neck of medical education in the majority world for far too long.”

Global health events

World Breastfeeding week

UN News - Breastfeeding: ‘More critical than ever’ start to life

<https://news.un.org/en/story/2022/08/1123732>

“It’s more critical than ever to begin life as a newborn being breastfed, according to the head of the World Health Organization (WHO) and the Executive Director of UN Children’s Fund UNICEF. Tedros Adhanom Ghebreyesus and UNICEF chief Catherine Russell, issued a joint statement on Monday, marking the start of World Breastfeeding Week, and pointed out that global crises, supply chain shocks and insecurity threaten the health and nutrition of millions of babies and children like never before.”

*“This **World Breastfeeding Week**, under its theme **Step up for breastfeeding: Educate and Support**, UNICEF and WHO are calling on governments to allocate increased resources to protect, promote, and support breastfeeding policies and programmes, especially for the most vulnerable families living in emergency settings.”*

Related: [Joint statement by UNICEF Executive Director Catherine Russell and WHO Director-General Dr Tedros Adhanom Ghebreyesus on the occasion of World Breastfeeding Week](#)

*“... breastfeeding is one of the most effective ways to ensure child health and survival. However, **nearly two out of three infants are not exclusively breastfed for the recommended six months—a rate that has not improved in two decades.** Fewer than half of all newborn babies are breastfed in the first hour of life, leaving them more vulnerable to disease and death. And **only 44 percent of infants are exclusively breastfed in the first six months of life, short of the World Health Assembly target of 50 percent by 2025,**” WHO Director-General Dr. Tedros Adhanom Ghebreyesus [stated](#) on Tuesday.*

More African countries fight unethical marketing of breast-milk substitutes

[UN Sustainable Development Group](#) .

“A growing number of African countries are fighting back against the unethical marketing of breast-milk substitutes by tightening laws to protect the health of mothers and children from misleading marketing practices, the 2022 report on the International Code of Marketing of Breast-Milk Substitutes finds. Over the past two years, six African countries have adopted or reinforced measures against inappropriate marketing of breast-milk substitutes. This brings to 34 the number of countries in the region that have adopted legal measures to implement at least some of the provisions of the Code.....”

HPW – Increasing Global Support for Breastfeeding Can Save 515,000 Lives and \$1.5 Billion Daily

<https://healthpolicy-watch.news/increasing-global-support-breastfeeding/>

*“Nearly \$575 million in global economic and human capital is lost every year due to insufficient government promotion of, and support for, breastfeeding, according to data from the latest report on [The Cost of Not Breastfeeding](#). The 2022 report, released for [World Breastfeeding Week](#) (1 August – 7 August) finds that these losses are the result of increased child and maternal mortality and other healthcare costs, and account for an average 0.7% of a nation’s gross national income. However, **increasing country-level support for breastfeeding could save not only 515,000 lives each year, it could also save the global economy \$1.5 billion each day, according to the report by the Alive and Thrive initiative and Nutrition International.**”*

Global health governance & governance of health

Lancet Comment - Monkeypox as a PHEIC: implications for global health governance

C Wenham & M Eccleston-Turner; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01437-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01437-4/fulltext)

“... During all six previous PHEICs declared (the 2009 H1N1 influenza pandemic, poliovirus in 2014, Ebola virus disease in west Africa in 2014, Zika virus disease in 2016, Ebola virus disease in the Democratic Republic of the Congo in 2019, and COVID-19 in 2020), the WHO Director-General has followed the advice of the EC, even when that advice has deviated from the strict legal criteria for declaring a PHEIC within the IHR. This history of decision making has raised questions about the role of the WHO Director-General in the process as simply certifying the EC assessment, and the extent to which a decision as important as the PHEIC declaration was actually being taken by an unaccountable technocratic body. The declaration of a PHEIC for monkeypox was the first time that the WHO Director-General has departed from the assessment of the EC in declaring a PHEIC. This development in PHEIC decision making is important for how we understand contemporary disease control, the role of WHO, and global health governance in four crucial areas.....” Check out what these four are.

PNAS - International treaties have mostly failed to produce their intended effects

S Hoffman et al ; <https://www.pnas.org/doi/full/10.1073/pnas.2122854119>

“International treaties have mostly failed to produce their intended effects except for international trade and financial laws and treaties with enforcement mechanisms. These results are unexpected because they challenge conventional wisdom about treaties, which are widely considered as the apex mechanism for countries to make commitments to each other. Not only do our findings question the usefulness of the more than 250,000 existing treaties that have been negotiated to date but they should directly inform how national governments and international institutions facilitate global cooperation on the myriad challenges we face and how future international treaties can be better designed for greater impact.”

See also the Abstract: *“There are over 250,000 international treaties that aim to foster global cooperation. But are treaties actually helpful for addressing global challenges? ... finds treaties have mostly failed to produce their intended effects. The only exceptions are treaties governing international trade and finance, which consistently produced intended effects. We also found evidence that impactful treaties achieve their effects through socialization and normative processes rather than longer-term legal processes and that enforcement mechanisms are the only modifiable treaty design choice with the potential to improve the effectiveness of treaties governing environmental, human rights, humanitarian, maritime, and security policy domains. This evidence synthesis raises doubts about the value of international treaties that neither regulate trade or finance nor contain enforcement mechanisms.”*

BMJ GH (Commentary) - WHO and digital agencies: how to effectively tackle COVID-19 misinformation online

F Germani et al ; <https://gh.bmj.com/content/7/8/e009483>

“WHO convened the Tech Task Force (TTF) on COVID-19, with companies in the social media and tech industry from around the world to identify strategies to limit the circulation of fake news and harmful contents. WHO has worked with Google to ensure that people who search information related to COVID-19 are exposed to evidence-based information. WHO has been actively promoting evidence-based messages, has worked with tech companies to pull down misinformation from the Internet, and with the support of digital agencies – has created tools, applications, and new channels to amplify the reach of trustworthy health information.... Joint efforts between WHO and the private sector can promote health and keep the world safe.”

TGH - Visibly Invisible: Taiwan and Global Health

T L Lee et al; <https://www.thinkglobalhealth.org/article/visibly-invisible-taiwan-and-global-health>

“The legacy of the past and practices of the present, dictate whose voices are heard.” With a historical overview.

Concluding, by even making a link with the DGH movement: *“Taiwan and its history of infectious disease control reveals complicated social relations and power dynamics with the WHO and China, where the management and prevention of emerging—and the reemergence of—pathogens go beyond merely preventing vector transmission. More generally, the global political economy shapes how infectious diseases are managed and controlled. Strikingly, Taiwan's current exclusion from the WHO calls to mind the movement of decolonizing global health—where the legacy of the past influences the practices of the present, and where political economy shapes and dictates whose voices are heard. “*

Should ACDC go global?

M Sheel & J Negin; <https://intouchpublichealth.net.au/should-acdc-go-global/>

*“The new government’s [proposed Australian Centre for Disease Control \(and Prevention\)](#) faces a daunting task coordinating across eight states and territories and providing national leadership. And yet, there is an important discussion required about adding a further, extremely complicated element of scope to the initiative: global health. **Should the ACDC have a global health division and remit? We think yes – and this is a timely opportunity to consider what a global health division would look like and do....”** With some suggestions.*

PS: the Aussies win the contest for ‘most rock ‘n roll’ acronym for their CDC, hands down.

Politico - Monkeypox threat forces EU to rip up vaccine rules to buy more, faster

<https://www.politico.eu/article/monkeypox-covid-19-eu-to-review-how-to-speed-up-vaccine-drug-deals-in-health-emergencies/>

Re HERA. *“Health emergencies authority isn’t agile enough, according to companies and countries.”*

See also Politico - [Brussels Playbook: Vaccine vexation, the sequel](#)

Incl this line: “ HERA, the Commission’s brand-new health emergency authority that was created amid the COVID pandemic for exactly these types of urgent purchases, has only ordered [a ridiculously small, almost homeopathic amount](#) of vaccines for the entire EU.”

Global health financing

Politico - Rich countries put billions into global Covid responses. Low-income countries wish they could spend it on bigger problems.

<https://www.politico.com/news/2022/08/04/low-income-countries-aids-covid-malaria-tb-spending-00049684>

“Those who work on AIDS, malaria, tuberculosis and other plagues say progress is in danger of reversing.”

“...health leaders in many lower-income countries see the coronavirus differently, as just one of many out-of-control contagions — and often not the deadliest one in their borders. They are increasingly questioning Western donors who want them to put Covid-19 at the top of their priority lists, arguing that the donors’ money would be better spent on a holistic approach to disease. They’re also frustrated with the pace of vaccine and therapeutic development for Covid-19, expressing resentment about how long they’ve waited for effective treatments for other diseases prevalent in low-income countries but not rich ones.....”

With the views of L Ditiu (Stop TB Partnership), Peter Sands, Atul Gawande, Choub Sok Chamreun...

“Concerns about priorities aren’t only coming from health leaders in developing countries....”

PS: **“Donors to developing countries said that much of the Covid-19 response funding to developing countries was distributed separately — and in addition to — existing funding. And some donors, like Sands’ Global Fund, said they specifically directed resources not just to Covid-19, but also to knock-on effects of the pandemic, like reduced preventative care. Countries have started using more of the money for secondary effects than direct Covid-19 responses, Sands said. At the same time, Covid-19 was, from the outset, a novel disease, and the extent of the threat it posed is still unknown. ...”**

Devex - A surprising US Senate foreign affairs budget bill

<https://www.devex.com/news/a-surprising-us-senate-foreign-affairs-budget-bill-103744>

*“U.S. Senate Democrats on the Appropriations Committee released their [foreign affairs funding bill](#) Thursday with **one big surprise: \$5 billion in emergency spending for global COVID-19 response**, cash that will help prevent, prepare for, and respond to the pandemic. There was a second emergency funding request attached to the bill too: \$950 million for global health security, including support for a new global health security financial intermediary fund to help low- and middle-income countries [prepare for future pandemics](#). Global health experts highlighted other wins. The*

bill [supports](#) the Global Health Worker Initiative and directs the [U.S. Agency for International Development](#) administrator to increase funding to expand the health workforce worldwide. It also includes a requirement that health units implementing programs across multiple areas must spend at least 10% to strengthen health systems.....” The article also has a rundown of some of the key numbers and policies in the bill.

PS: “**While House and Senate bills that are very close on funding figures — as these are — usually mean the final bill will resemble the original legislation, that hasn’t been the case lately and certainly not last year.....**”

African Journal of AIDS research - A pandemic triad: HIV, COVID-19 and debt in low- and middle-income countries

C Birungi et al ; <https://www.tandfonline.com/doi/abs/10.2989/16085906.2022.2104168>

“This article assesses the impact of the HIV and COVID-19 pandemics and debt dynamics on health, HIV and pandemic preparedness and response-related financing in developing countries.”

*“We found an inadequate multilateral response with the ensuing gaps allowing both pandemics to thrive. The G20 Debt Service Suspension Initiative and the Common Framework only covered countries with a third of the global population of people living with HIV. Rising and unsustainable debt levels are limiting the capacity of governments to protect the health of their populations. **Government spending is already falling in response to high debt payments. Specifically, debt servicing is crowding out lifesaving investments. In 2020, for every USD 5 available, USD 4 was spent on debt servicing. Only USD 1 was invested in health.** This is a binding constraint on countries’ efforts to control COVID-19. Even with a gargantuan effort to increase health expenditure, the outlook for health financing remains negative. **Fiscal consolidation, with a heavy emphasis on expenditure cuts, is expected to take place across 139 countries in the coming years.** These findings suggest that **fiscal policymakers should be concerned about the crowding-out and constraining effects of public debt.** To this end, pragmatic recommendations are made to treat and cancel debt as a critical policy lever to accelerate the end of the HIV and COVID-19 pandemics in developing countries as a key condition to addressing the growing inequalities and to ensure debt can be a benefit, not a burden.”*

HP&P - The Impacts of Donor Transitions on Health Systems in Middle-Income Countries: A Scoping Review

H E Huffstettler al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czac063/6651686?searchresult=1>

Among the results: “Most of this evidence examines transitions related to HIV/AIDS (n=45, 50%) and immunization programs (n=14, 16%), with a focus on donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (n=26, 29%), and Gavi, the Vaccine Alliance (n=15, 17%). Donor transitions are influenced by the actions of both donors and country governments, with impacts on every component of the health system. **Successful transition experiences show that leadership, planning, and pre-transition investments in a country’s financial, technical, and logistical capacity are vital to ensuring smooth transition.** In the absence of such measures, shortages in financial resources, medical product and supply stockouts, service disruptions, and shortages in human resources were

common, with resulting implications not only for program continuation, but also for population health....”

FT - China agrees landmark debt relief deal for Zambia

<https://www.ft.com/content/45521cfc-0eb3-4f11-be31-4ac08ac98a8c>

“Agreement between official creditors paves way for IMF bailout and sets precedent for other troubled economies.”

“Zambia’s official creditors led by China have agreed to provide debt relief to the southern African nation, paving the way for an IMF bailout and setting a precedent for how Beijing could work with other lenders to tackle the threat of a wave of defaults across emerging markets. A committee of creditors co-chaired by China and France said on Saturday that they were “committed to negotiate with the Republic of Zambia terms of a restructuring” under a G20 framework to co-ordinate debt relief. Kristalina Georgieva, the IMF’s managing director, said that she was “very pleased to welcome” the commitment by the creditors, which will unlock a \$1.3bn IMF loan to revive Zambia’s finances. Zambia still has to negotiate exact terms of the relief and reach a similar deal with private creditors.”

“... The deal is an early sign that China is prepared to co-ordinate with other official creditors on restructuring the debts of low-income countries, rather than deal with defaults on its own loans behind closed doors. Zambia has become a test case for countries that also turned to Beijing for financing in recent years, such Sri Lanka, which has already defaulted, and Pakistan.....”

Devex - Inside India's invite-only club for megadonors

<https://www.devex.com/news/inside-india-s-invite-only-club-for-megadonors-103734>

(gated) **“Dasra venture philanthropy fund and several prominent Indian families will soon launch a network for funders expected to raise \$1 billion per year for India's social sector.” “Ultra-wealthy Indian families join a Gates-backed NGO to launch a giving network expected to raise \$1 billion annually by 2030....”**

UHC & PHC

UN News - Healthy life expectancy in Africa grows by nearly 10 years

<https://news.un.org/en/story/2022/08/1123972>

“Healthy life expectancy among Africans living in mainly high and upper middle-income countries on the continent, has increased by almost 10 years, the UN health agency, WHO, [said on Thursday](#). “ WHO Afro, that is.

“The World Health Organization announced the good news after examining life expectancy data among the 47 countries that make up the [WHO](#) African Region from 2000 to 2019, as part of a

continent-wide report into progress on healthcare access for all - a key [SDG](#) target. **“This rise is greater than in any other region of the world during the same period,”** the WHO said, before warning that the negative impact of the [COVID-19](#) pandemic could threaten “these huge gains”.

“According to the **UN agency’s report, [Tracking Universal Health Coverage in the WHO African Region 2022](#), life-expectancy on the continent has increased to 56 years, compared with 46 at the turn of the century. “While still well below the global average of 64, over the same period, global healthy life expectancy increased by only five years,”** it explained.”

“... In particular, the continent has benefited from better access to essential health services – up from 24 per cent in 2000 to 46 per cent in 2019 – along with gains in reproductive, maternal, newborn and child health. Considerable progress against infectious diseases has also contributed to longer life expectancy, WHO said, pointing to the rapid scale-up of HIV, tuberculosis, and malaria control measures from 2005. Despite these welcome initiatives in preventing and treating infectious diseases, the UN agency cautioned that these gains had been offset by a “dramatic” rise in hypertension, diabetes and other noncommunicable diseases, in addition to the lack of health services targeting these diseases.”

“... “It is crucial for governments to step up public health financing,” WHO insisted, adding that most governments in Africa fund less than 50 per cent of their national health budgets, resulting in large funding gaps. “Only Algeria, Botswana, Cabo Verde, Eswatini, Gabon, Seychelles and South Africa” fund more than half of their health expenditure, it noted....”

Health Affairs - Health Insurance Coverage In Low- And Middle-Income Countries Remains Far From The Goal Of Universal Coverage

S Chen et al;

<https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2021.00951?journalCode=hlthaff>

“This study aimed to determine levels of health insurance coverage in low- and middle-income countries and how coverage varies by people’s sociodemographic characteristics. Based on nationally representative household surveys in fifty-six countries during the period 2006–18. One in five people (20.3 percent) across the fifty-six countries in our study had health insurance. Health insurance coverage exceeded 50 percent in only seven countries and 70 percent in only three countries. Substantially more people had public health insurance than private health insurance (71.4 percent versus 28.6 percent). We found that men and older, more educated, and wealthier people were more likely to have health insurance; these sociodemographic gradients in health insurance coverage were strongest in sub-Saharan Africa and followed traditional lines of privilege. ...”

Health Research Policy & Systems - Financial risk protection from out-of-pocket health spending in low- and middle-income countries: a scoping review of the literature

T Rahman et al; https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-022-00886-3?utm_source=dlvr.it&utm_medium=twitter

« Financial risk protection (FRP), defined as households’ access to needed healthcare services without experiencing undue financial hardship, is a critical health systems target, particularly in low- and

middle-income countries (LMICs). Given the remarkable growth in FRP literature in recent times, we conducted a scoping review of the literature on FRP from out-of-pocket (OOP) health spending in LMICs. The objective was to review current knowledge, identify evidence gaps and propose future research directions.....”

And a few links:

- IJHPM - [**Challenges and Opportunities for Deliberative Processes for Health Care Decision-Making; Comment on “Evidence-Informed Deliberative Processes for Health Benefit Package Design – Part II: A Practical Guide”**](#)

The name is Bond. Kenneth Bond.

- APO - [**Digital health and universal health coverage: opportunities and policy considerations for Pacific Island health authorities**](#)

Pandemic preparedness & response/ Global Health Security

Pandemic Treaty discussions & analysis

TWN - WHO: Developed countries oppose CBDR inclusion in new pandemic instrument

<https://www.twn.my/title2/health.info/2022/hi220702.htm>

“Developed countries have opposed the inclusion of the principle of common but differentiated responsibilities (CBDR) in the working draft for a new pandemic instrument being negotiated at the World Health Organization. An Intergovernmental Negotiating Body (INB) has been mandated by the World Health Assembly to develop a WHO convention, agreement, or other international instrument for pandemic prevention, preparedness and response (pandemic instrument). Many developed country Member States argued that the objectives of the CBDR principle can be incorporated into operative paragraphs of the new pandemic instrument or can be achieved through other means without explicitly mentioning CBDR. However, developing countries are not convinced with this approach....”

And a link:

- TWN - [**WHO: Health Assembly to finalize nature of new pandemic instrument**](#)

“The 2nd Session of the Intergovernmental Negotiating Body (INB2) entrusted the World Health Assembly (WHA) to decide on the legal nature of the pandemic instrument to be adopted....”
“Statements of regional groups showed no consensus regarding the identification of the constitutional provision under which the new instrument is to be adopted....”

Stat (op-ed) - Inching closer to an essential global pandemic treaty

L Gostin et al ; <https://www.statnews.com/2022/08/03/inching-closer-to-an-essential-global-pandemic-treaty/>

While acknowledging that indeed, **the real work begins now**. Put differently, the ‘honeymoon period’ is indeed over.

With a number of suggestions. On inclusiveness, accountability mechanisms, credible commitments, prevention, ... and more.

Devex - Opinion: How to eradicate ‘vaxtortion’ ahead of the next pandemic

J Cushing; <https://www.devex.com/news/opinion-how-to-eradicate-vaxtortion-ahead-of-the-next-pandemic-103730>

A few excerpts:

*“Representatives from WHO member states met last month to begin a two-year drafting process for a new global agreement on how to prepare for future pandemics. Whoever holds the pen in follow-up summits would do well to take heed of the **ongoing “vaxtortion” — corruption-related barriers to health care — now being documented in many of the world’s low-income nations**. The slow rate of vaccine distribution to lower-income nations throughout the pandemic [is well known and justly lamented](#). Less discussed has been **vaxtortion, which impacts ordinary citizens around the world, entrenching poverty and inequity — both between and within countries — and compromising health outcomes.**”*

“Take Uganda as one example. [Recent research](#) undertaken by [Transparency International](#) found that almost 1 in 10 Ugandans had paid bribes to access COVID-19 vaccines. Meanwhile more than 1 in 5 reported leaning on personal connections to get their jabs. “

*“The [Pandemic] accord may well earn historic status when its final drafting concludes in 2024, but **only if the foundations of anti-corrupt practice are embedded within the document — namely transparency and accountability**. Reflecting on the insights established by whistleblowing hotlines during COVID-19, **the new accord must commit to empowering independent civil society organizations to support the monitoring of health emergency responses. This must apply at the global, regional, national, and subnational levels**. Mechanisms must be put in place which safeguard a minimum threshold of involvement of CSOs in all countries. **It's also essential that best practice around transparency is applied earlier in the development, sale, and distribution of vaccines and other medical products**. Doing this will prevent a similar situation as when South Africa was forced to pay [more than double the European Union price](#) for Oxford-AstraZeneca COVID-19 vaccine doses. We believe harmful [“vaccine apartheid”](#) could be avoided in future pandemics through **the establishment of a WHO medicine pricing database.....”***

Other pandemic preparedness & response reads & analysis

Lancet (Review) – Global pandemic perspectives: public health, mental health, and lessons for the future

M Moeti et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01328-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01328-9/fulltext)

Interesting read. The COVID-19 pandemic has been the world's wake-up call to invest in equity and preparedness for sustainable development. Read how the authors suggest to do this.

Includes also this quote: “... ***Instead of being a black swan event (ie, a rare and unforeseeable event), the outbreak of COVID-19 is more likely to be a grey rhino event (ie, a slowly emerging and obvious threat that is ignored or minimised by decision makers).***”

IDS - Pandemic perspectives: Why different voices and views matter

P Taylor et al; <https://www.ids.ac.uk/opinions/pandemic-perspectives-why-different-voices-and-views-matter/>

“... ***A previous IDS Bulletin – “[Building a Better World: the Crisis and Opportunity of Covid-19](#)” – explored possible strategies and approaches to address short and mid-term needs and challenges, and the potential for a genuine transformation of idea, policies, programmes, practices and systems. As the pandemic continued, we realised that the actual ways in which research is carried out were also transforming. This realisation gave rise to an invitation to a group of social science researchers, and to those who support them, to share their experiences of how research was itself transforming during the Covid-19 pandemic. This has been the source of material for a new IDS Bulletin launched in July 2022, entitled “[Pandemic Perspectives: Why Different Voices and Views Matter](#).” This Bulletin draws on experiences from social science research projects around the world which form part of the [Covid Collective](#), supported by the UK government’s Foreign, Commonwealth & Development Office (FCDO). The Covid Collective brings together the expertise of UK- and Southern-based research partner organisations to offer a rapid social science research response to inform decision-making on some of the most pressing Covid-19-related development challenges. It provides concrete examples of how researchers have demonstrated agility and adaptation in a range of contexts; offers insights and lessons for research, conceptually and practically; and provides potential directions for policy and decision-making around research prioritisation, funding, and support.***”

Planetary health

Guardian - Climate endgame: risk of human extinction ‘dangerously underexplored’

<https://www.theguardian.com/environment/2022/aug/01/climate-endgame-risk-human-extinction-scientists-global-heating-catastrophe>

“Scientists say there are ample reasons to suspect global heating could lead to catastrophe.”
“The risk of global societal collapse or human extinction has been “dangerously underexplored”, climate scientists have warned in an analysis. They call such a catastrophe the “climate endgame”. Though it had a small chance of occurring, given the uncertainties in future emissions and the climate system, cataclysmic scenarios could not be ruled out, they said.”

“The international team of experts argue the world needs to start preparing for the possibility of the climate endgame. “Analysing the mechanisms for these extreme consequences could help galvanise action, improve resilience, and inform policy,” they said. The analysis proposes a research agenda, including what they call the “four horsemen” of the climate endgame: famine, extreme weather, war and disease.”

They also called for the Intergovernmental Panel on Climate Change to produce a special report on the issue. The IPCC report on the impacts of just 1.5C of heating drove a “groundswell of public concern”, they said. **“There are plenty of reasons to believe climate change could become catastrophic, even at modest levels of warming,”** said Dr Luke Kemp at the **University of Cambridge’s Centre for the Study of Existential Risk**, who led the analysis.

“... The analysis is published in the journal [Proceedings of the National Academy of Sciences](#) and was reviewed by a dozen scientists. It argues that the consequences of global heating beyond 3C have been underexamined, with few quantitative estimates of the total impacts. “We know least about the scenarios that matter most,” Kemp said....”

Guardian - African nations expected to make case for big rise in fossil fuel output

<https://www.theguardian.com/world/2022/aug/01/african-nations-set-to-make-the-case-for-big-rise-in-fossil-fuel-output>

“Exclusive: leaders expected to say at Cop27 they need access to their oil and gas reserves despite effect on global heating.”

“Leaders of African countries are likely to use the next UN climate summit in November to push for massive new investment in fossil fuels in [Africa](#), according to documents seen by the Guardian. New [exploration for gas](#), and the exploitation of Africa’s vast reserves of oil, would make it close to impossible for the world to limit global heating to 1.5C above pre-industrial levels.... However, soaring gas prices have made the prospect of African supplies even more attractive, and developed countries, including EU members, have indicated they would support such developments in the current gas shortage.”

“... The Guardian has seen a technical document prepared by the African Union, comprising most of Africa’s states, for the “second extraordinary session of the specialised technical committee on transport, transcontinental and interregional infrastructure and energy committee”, a meeting of energy ministers that took place by video conference from 14 to 16 June....”

“... Gas in Africa is set to become of the flashpoints of the Cop27 climate talks. The EU has indicated it would support the production of gas in Africa, as it urgently seeks new sources of gas following Vladimir Putin’s invasion of Ukraine and subsequent threats to gas exports from Russia....”

And via Devex – [Not up to COP:](#)

*“My colleague Sara Jerving reports on a meeting of African Union members in Addis Ababa, Ethiopia, this week to **finalize demands they will present to the summit**, dubbed by many the **“African COP.”** Negotiators will focus on mitigation, equitable energy transition, adaptation, loss and damage, climate finance, and carbon trading. Financing goals set at last year’s summit in Glasgow weren’t up to snuff, according to **Jean-Paul Adam of the U.N. Economic Commission for Africa**. The \$100 billion commitment target was already insufficient, he says, and **African negotiators want a starting point closer to \$1.3 trillion a year.....”***

Science - Surprise climate bill will meet ambitious goal of 40% cut in U.S. emissions, energy models predict

<https://www.science.org/content/article/surprise-climate-bill-will-meet-ambitious-goal-40-cut-us-emissions-energy-models>

“But more action is needed to reach Biden’s pledge to halve emissions by 2030.”

Devex - OECD report reveals little progress on climate funding

<https://www.devex.com/news/oecd-report-reveals-little-progress-on-climate-funding-103749>

*“Climate finance increased only slightly in real terms in 2020, according to a **report** released Friday by the **Organisation for Economic Co-operation and Development**. The figures confirm, as expected, that a commitment among high-income nations to provide \$100 billion in annual climate funding to low- and middle-income countries by 2020 had not been met....”*

*“... Now, that annual total is not **expected** to be achieved before 2023. But because the \$100 billion figure is not adjusted for inflation, the new schedule waters down Brown’s original proposal considerably. Data in **Friday’s report, titled Aggregate Trends of Climate Finance Provided and Mobilised by Developed Countries in 2013-2020**, was gathered from OECD member countries and shows that **funding increased in nominal terms from \$80.4 billion in 2019 to \$83.3 billion in 2020**. However the **real-terms increase in funding is far smaller**. While funding nominally increased by 3.6% in 2020, that was almost canceled out by that year’s global inflation of **3.2%**. “*

*“**Sources of funding also changed**. While private finance fell from \$14.4 billion in 2019 to \$13.1 billion in 2020, and export credits declined from \$2.6 billion to \$1.9 billion, multilateral spending increased from \$34.7 billion to \$36.9 billion, and bilateral spending rose from \$28.7 billion to \$31.4 billion. ... **Spending on mitigation fell for the second year in a row, from \$51.4 billion to \$48.6 billion, while spending on adaptation rose from \$20.3 billion to \$28.6 billion**. The majority of public funding, drawn from a combination of bilateral and multilateral sources, was in the form of loans, worth \$48.6 billion, compared with \$17.9 billion in grants and \$1.6 billion in equity....”*

Health Promotion International - Planetary health benefits from strengthening health workforce education on the social determinants of health

N Valentine et al ; <https://academic.oup.com/heapro/article/37/3/daac086/6651173?login=false>

New paper articulating how planetary health can benefit from the strengthening of health workforce education and training on the social determinants of health.

WP - High temperatures linked to child malnutrition in West Africa

<https://www.washingtonpost.com/health/2022/08/01/heat-malnutrition-children-west-africa/>

*“... a study draws connections between high temperatures and childhood malnutrition. As temperatures continue to rise, researchers warn, malnutrition in low-income countries will, too — potentially undoing decades of progress. Published in the **Journal of Environmental Economics and Management**, the paper draws on weather information and data from health surveys collected on over 32,000 3- to 36-month-olds in Benin, Burkina Faso, Ivory Coast, Ghana and Togo between 1993 and 2014....”*

FT Big Read – Why famine in Madagascar is an alarm bell for the planet

[FT](#);

“The UN says it is the first famine caused by climate change. Those caught up in it describe a desperate fight to survive.”

Guardian - Big oil is wringing humanity dry. We need a fossil fuel non-proliferation treaty

T Berman ; <https://www.theguardian.com/commentisfree/2022/aug/03/big-oil-fossil-fuel-non-proliferation-treaty>

“As the climate crisis escalates, oil companies are posting record profits. We must end the expansion of oil, gas and coal and accelerate a fair energy transition.”

*“...there is an urgent need for a **Fossil Fuel Non-Proliferation Treaty** to end the expansion of oil, gas and coal, phase out existing production to limit warming to manageable levels and accelerate a fair energy transition where wealthy, fossil fuel-producing nations lead and support other countries so there is affordable, clean energy from sun, wind and water for everyone.”*

Lancet Planetary Health – August issue

[https://www.thelancet.com/issue/S2542-5196\(22\)X0008-9](https://www.thelancet.com/issue/S2542-5196(22)X0008-9)

- Start with the **Editorial - [Reaching a balance with wild species](#)**

*“The global biodiversity crisis is one of the great threats to planetary health. Healthy and diverse ecosystems are vital in supporting human life and wellbeing through indirect ecosystem services like crop pollination, maintaining soil fertility, and sequestering carbon—and as a new report from the **Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES) documents, the use of wild species directly supports the lives and livelihoods of billions of people worldwide.** The IPBES report estimates that humans rely on around 50 000 wild species to meet their health, economic, and cultural needs. More than 10 000 of these species directly support human nutrition. Wild tree species still provide most of the material for wooden products and they provide fuel wood for more than 2 billion people globally. More than 4 billion people use natural medicines as a large part of their healthcare, and wild species are an important source of drug discovery for*

modern medicines. Wild species are also integral to the lifeways and cultures of many indigenous groups. **Collapses in the populations of wild species would have a devastating direct impact on humanity's ability to survive and thrive; not least for the 3.5 billion people living in rural parts of lower and middle-income countries who rely on wild species to meet their daily nutritional and economic needs.** “

“... The release of this IPBES report comes at an important time ahead of the next United Nations Conference of the Parties to the Convention on Biological Diversity meeting—which is to happen in late 2022 and aims to agree a new global biodiversity framework for the next decade. Achieving sustainable use across wild species is a difficult challenge that will require step changes in economic and cultural thinking. What the IPBES assessment offers to future framework setting is a way to quantify the social, economic, and cultural values of nature and biodiversity.”

- Another must-read - [Climate negotiations: time to implement planetary health promises](#)

“Six months on from the Glasgow climate talks, countries are struggling to deliver on their Paris Agreement promises.” Policy brief on recent Bonn climate meeting.

“In June of 2022, diplomats from 197 countries gathered at the headquarters of UN climate change in Bonn, Germany. Under the fretful eye of thousands of climate experts and activists, they spent two weeks laying the groundwork for the next Conference of the Parties (COP) of the UN framework convention on climate change (UNFCCC) later this year; COP27 in Sharm el-Sheikh, Egypt. a lot can change in six months, and the diplomats gathered in Bonn have had to navigate the technical climate talks in the background of a deadly cocktail of unfolding events in the real world, including: the invasion of Ukraine; escalating food and energy crises; continuing pandemic reverberations; and a constant barrage of climate change-fuelled extreme weather events in the first half of 2022.”

“Six months on from COP26, governments struggled to keep the Glasgow legacy alive. The Bonn climate talks failed to reflect a sense of urgency, says Charles Hamilton, a diplomatic coordinator for the Alliance of Small Island States (AOSIS): “Bonn was low success on all fronts, much work remains to be done.” The agenda in Bonn included how to cut emissions faster, how to help people and communities adapt to a changing climate, how to provide climate finance and other means of support, and how to deal with the effects of climate change that are already happening. This policy brief provides an overview of recent developments at the Bonn climate talks and explores their relevance to health, and the signals about what we might expect at COP27.....”

PS: check out also the rest of the issue, eg [Putting multidimensional inequalities in human wellbeing at the centre of transitions](#) (by C Zimm et al)

Lancet Editorial – 2022 heatwaves: a failure to proactively manage the risks

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01480-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01480-5/fulltext)

“Human-induced climate change has made extreme heatwaves, wildfires, and flash floods substantially more likely and more severe. Yet, health impacts are widely underestimated. Most countries have failed to adequately plan, adapt, and use evidence-based information to protect their populations. For some countries, this is a dangerous failure of action, but others lack the adequate human and financial resources to respond.....”

Infectious diseases & NTDs

Plos GPH - Technical efficiency of national HIV/AIDS spending in 78 countries between 2010 and 2018: A data envelopment analysis

K Allel et al ; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000463>

Among the findings: “ **Average technical efficiency was 66.9% between 2010 and 2018, in other words 33.1% more outputs could have been produced relative to existing levels for the same amount of spending. The technical efficiency of HIV investments has improved over time, enabling more people to benefit from HIV programmes.**”

Telegraph - Bird flu outbreak worsening cost of living crisis

<https://www.telegraph.co.uk/global-health/science-and-disease/unprecedented-bird-flu-outbreak-exacerbating-food-insecurity/>

“**Worldwide 94.2m farmed poultry have been culled, compared to 54.4m last season, according to data shared exclusively with the Telegraph.**”

“**An unprecedented bird flu outbreak has exacerbated the cost of living crisis, experts have warned, as the number of poultry culled has almost doubled since last season. More than 22 million cases have been reported in wild birds and poultry so far this season in 68 countries, according to figures from the World Organisation for Animal Health (WOAH) shared exclusively with the Telegraph. This figure is double the 11m recorded between October 2020 and September 2021, itself an all-time high. In an effort to curb the outbreak, 94.2m farmed poultry have been killed and disposed of, compared to 54.4m last season. Before 2020, the number of birds culled to stem the spread of avian flu worldwide has only topped 15m twice. Experts say the surge – which comes amid a cost of living crisis and mounting food insecurity, triggered by war in Ukraine and extreme weather – has further disrupted supply chains, contributing to higher prices.**”

“**... Internationally, other diseases are also threatening food security. African swine fever, a highly contagious viral disease that has devastated the pork trade in China, is continuing to spread worldwide. According to the WOAH, close to 80,000 cases have been detected in farmed and wild pigs since January. Meanwhile a new foot and mouth disease outbreak has hit Indonesia, with more than 55,000 livestock in 23 of the archipelago’s 37 provinces infected with the disease as of Tuesday, according to government data. ...**”

Finally, via Politico’s [Global Pulse](#):

- “**BioNTech is working on a malaria vaccine based on its mRNA platform. Human trials are planned for later this year, a spokesperson told Global Pulse. The move comes after the company’s plan to expand mRNA vaccine manufacturing worldwide with small, mobile factories — including in regions that see a significant amount of malaria.....**”

And a link:

- Lancet Comment - [Epidemiological approach to ending tuberculosis in high-burden countries](#)

“The burden of tuberculosis is extraordinarily unequal between countries. Incidence rates range from below 10 per 100 000 population in many mainly high-income countries to greater than 300 per 100 000 population in many other mainly low-income and middle-income countries. the high burden of tuberculosis in some countries today is not an immutable feature of the epidemiology, but rather represents a stage in disease control strategies.....”

“...We propose that substantial progress towards ending tuberculosis in high-burden settings will require a focus on community-wide active case finding for tuberculosis with symptom-agnostic tests, followed by effective treatment to stop endemic transmission.....”

Monkeypox

With more monkeypox related news & analysis. In the HL section we already paid attention to the monkeypox vaccine race.

Cidrap News - WHO: US has biggest jump in monkeypox cases

<https://www.cidrap.umn.edu/news-perspective/2022/08/who-us-has-biggest-jump-monkeypox-cases>

*“Yesterday, in an **updated report** on global monkeypox trends, the World Health Organization (WHO) noted that cases rose 18.7% last week, with Europe and the Americas reporting the bulk of cases over the past month. In the last week of July, the United States saw the largest spike in cases, the WHO said.....”*

UN News - Monkeypox concern heightened after becoming a ‘northern’ disease, says WHO

<https://news.un.org/en/story/2022/08/1123802>

“Countries need to work more together to stop the rapidly spreading outbreak of monkeypox, “no matter the nationality, skin colour or religion of the affected population,” the World Health Organization (WHO) said on Tuesday. Speaking from Dakar, Senegal, WHO Assistant Director-General for Emergencies Ibrahima Soce Fall said that “we have been working on monkeypox in Africa for several years, but nobody was interested”. Once referred to as a “neglected tropical disease,” he said that WHO had been working on Monkeypox with very few resources. However, once northern countries began getting affected by the disease “the world reacted”. “It was the same with the Zika virus and we have to stop this discrimination,” said Dr. Fall.....”

HPW - High Income Countries Cast Wide Net In Monkeypox Vaccination – As Researchers Scramble for Real-Life Data on Efficacy

<https://healthpolicy-watch.news/high-income-countries-cast-wide-net-in-monkeypox-vaccination-as-researchers-scramble-for-real-life-data-on-efficacy/>

Coverage of a WHO-sponsored symposium on monkeypox research that took place on Tuesday. Some excerpts:

“High income countries like the United States and Canada are casting a wide net in their vaccine strategy for monkeypox, vaccinating people exposed to an infected case and groups at risk of exposure while scrambling to study the results in terms of efficacy. That was the upshot of a WHO-sponsored symposium on [monkeypox research](#) involving some 40 panelists and over 1,100 participants from around the world that coincided with the closing day of the [24th International AIDS Conference](#).....”

“... However, with preemptive campaigns being carried out among those at risk, it remains even more uncertain how far limited monkeypox vaccine supplies can really extend beyond countries that have bought or stockpiled doses recently. Meanwhile, the shuttering of Bavarian Nordic’s main manufacturing plant until late 2022 highlights the constraints to global supplies, meaning that outside of a few rich countries, other nations seeing significant cases may not have the option of vaccinating high-risk groups for some time to come. ”

“... Researchers at the symposium expressed hopes that a few other vaccines now in early or late-stage R&D could eventually be approved for monkeypox. Those could range from [KM Biologics’](#) smallpox vaccine to a potential mRNA vaccine for monkeypox, which Moderna recently said it is exploring at a “preclinical level.”....”

“... The urgency of vaccine deployment is already influencing the design of studies, many of which are “retrospective” or “observational studies” of people or groups who received the vaccine or are getting it now. This is in contrast to the “randomized controlled trials” (RCTs) that involve the deliberate administration of a vaccine and placebo to different groups of people at risk, which is typically the gold standard for research trials.”

Cidrap News - Non-endemic countries record first monkeypox deaths

<https://www.cidrap.umn.edu/news-perspective/2022/08/non-endemic-countries-record-first-monkeypox-deaths>

“Over the weekend, Brazil, Spain, and India all recorded the first monkeypox deaths outside of endemic countries in Central and West Africa. Spain recorded two deaths, with Brazil and India each recording a single death. So far in the current outbreak, there have been 10 deaths from the poxvirus. Six deaths have been recorded in Nigeria (5), and Ghana (1). Historically, the West African clade of the monkeypox virus carries with it a low case-fatality rate of 1%, and non-endemic countries had thus far avoided fatal cases of the disease.....”

Reuters - African monkeypox cases not concentrated among gay men, experts say

Reuters;

“Monkeypox outbreaks in Africa are not concentrated among gay men, unlike in other parts of the world, experts from the World Health Organization (WHO) and the Africa CDC said on Thursday.”

“... “Currently 60% of the cases that we have - the 350 - 60% are men, 40% are women,” said epidemiologist Dr Otim Patrick Ramadan, who was answering questions on monkeypox at a media briefing organised by the WHO's regional office in Africa, and who was referring to the continent's number of current cases. He said that more than 80% of cases in Africa were in countries where transmission had happened before, and that typically people were initially exposed to the virus through contact with animals carrying it, before passing it to household members. He added that women typically took care of sick people at home, which was one of the factors in the spread among women.”

“Dr Ahmed Omgwell Ouma, acting director of the Africa Centres for Disease Control and Prevention (CDC), told a separate media briefing there was no evidence that transmission among gay men was a specific factor in African outbreaks...”

Stat - The campaign to rename monkeypox gets complicated

<https://www.statnews.com/2022/08/01/the-campaign-to-rename-monkeypox-gets-complicated/>

“Since the earliest days of the current global monkeypox outbreak, scientists and public health authorities have been calling for the disease to be renamed, arguing that it has racist overtones and carries a stigma that will hinder efforts to stop its spread. In mid-June, World Health Organization Director-General Tedros Adhanom Ghebreyesus said his agency agreed, and would be working with partners to rename the virus itself, the disease it causes, and the two clades or strains of the virus, each named after the parts of Africa where they are found. Nearly seven weeks later, none of that has happened yet. It’s very likely some of it may not happen at all...”

*“It turns out renaming viruses and the diseases they cause is not an easy thing to do. It raises concerns about the continuity of the scientific literature. It can be difficult to find an alternative that doesn’t offend. And something that works in one language or culture may not work in another. Furthermore, responsibility for naming or renaming viruses, clades of viruses, and the disease those viruses cause rests in different sectors of the scientific stratosphere. **What follows is an exploration of why the process of renaming has been so complex in this case and why it may take longer than anyone would have hoped, if the changes are made at all....”***

WHO Monkeypox Research - What study designs can be used to address the remaining knowledge gaps for monkeypox vaccines?

WHO

Took place on August 2. *“The WHO R&D Blueprint is organizing a consultation to discuss knowledge gaps and priority research questions for monkeypox vaccine research. ...”*

AP - If monkeypox spreads through sexual contact, is it an STD?

<https://apnews.com/article/science-health-public-united-nations-epidemics-159051644b78feb782b885b0a83cd259>

“For most of the six decades that monkeypox has been known to affect people, it was not known as a disease that spreads through sex. Now that has changed. The current outbreak is by far the biggest involving the virus, and it’s been designated a global emergency. So far, officials say, all evidence indicates that the disease has spread mainly through networks of men who have sex with men.....”

““It clearly is spreading as an STI (sexually transmitted infection) at this point,” said Dr. Tom Inglesby, director of the Johns Hopkins Center for Health Security. ... “

MIT Technology Review - Everything you need to know about the monkeypox vaccines

<https://www.technologyreview.com/2022/08/03/1056649/everything-know-monkeypox-vaccines/>

“Three vaccines might help tackle the global outbreak. But can we rely on them—or even get hold of them?”

Science - Science leaders ask publishers for access to monkeypox research

<https://www.science.org/content/article/science-leaders-ask-publishers-access-monkeypox-research>

“Open access would help the public health response to the spreading virus, officials argue.”

*“The White House Office of Science and Technology Policy (OSTP) and science leaders from around the world are calling on scientific publishers to **immediately make any monkeypox-related research** and data their journals publish freely available to help contain the spread of the virus.....”*

And a few links:

- Plos One - [The 2017 human monkeypox outbreak in Nigeria—Report of outbreak experience and response in the Niger Delta University Teaching Hospital, Bayelsa State, Nigeria](#)

The early warning by Nigerian doctor D Ogoina. His message was ignored.

- Stat - [With monkeypox vaccine in high demand, NIH to test approaches to stretch supplies](#)

*“Scientists at the National Institutes of Health are getting ready to explore a possible work-around. They are putting the finishing touches on the design of a clinical trial to assess two methods of stretching available doses of Jynneos, the only vaccine in the United States approved for vaccination against monkeypox. **They plan to test whether fractional dosing — using one-fifth of the regular amount of vaccine per person — would provide as much protection as the current regimen of two***

full doses of the vaccine given 28 days apart. They will also test whether using a single dose might be enough to protect against infection.....”

- FT - [US declares public health emergency over rapid spread of monkeypox](#) See also Stat - [U.S. declares monkeypox outbreak a public health emergency](#)

And HPW - [After Declaring Emergency – US Weighs Intradermal Monkeypox Vaccine Injections to Stretch One Dose into Five](#)

Covid

Covid key news

Cidrap News - Global COVID cases trend down, with surges in Japan, Korea

<https://www.cidrap.umn.edu/news-perspective/2022/08/global-covid-cases-trend-down-surges-japan-korea>

*“Global COVID-19 cases dropped again last week, as the BA.5-fueled disease burden shifts to some Asian nations, including Japan and South Korea, the World Health Organization (WHO) said in its latest **weekly update.**”*

*“... After global cases rose through June, COVID activity appears to be declining, with a 9% drop last week compared to the week before, the WHO said. **Two regions, however, reported increases, the Western Pacific, where cases rose 20%, and Africa, where illnesses were up 5%. Deaths were stable last week after rising the previous week, with about 14,000 reported to the WHO, with the United States reporting the most. The proportions of more transmissible BA.4 and BA.5 Omicron subvariants continue to increase. BA.5 prevalence rose from 63.8% to 69.6%, and BA.4 levels rose slightly, from 10.9% to 11.8%. “***

Covid science

Nature (News) - Heart disease after COVID: what the data say

[Nature](#);

“Some studies suggest that the risk of cardiovascular problems, such as a heart attack or stroke, remains high even many months after a SARS-CoV-2 infection clears up. Researchers are starting to pin down the frequency of these issues and what is causing the damage.”

Preprint - The Efficacy of Facemasks in the Prevention of COVID-19: A Systematic Review

B Alihsan et al ; <https://www.medrxiv.org/content/10.1101/2022.07.28.22278153v1>

*“This systematic review sought to **analyze the efficacy of facemasks, regardless of type**, on the prevention of SARS-CoV-2 transmission in both healthcare and community settings”*

*“... Based on these results, **we determined that across healthcare and community settings, those who wore masks were less likely to contract COVID-19**. Future investigations are warranted as more information becomes available.”*

Finally, a new study in the Lancet on long Covid:

[Persistence of somatic symptoms after COVID-19 in the Netherlands: an observational cohort study](#)

Press release: The Lancet: **Most reliable estimates to date suggest one in eight COVID-19 patients develop long COVID symptoms**

*“**Dutch study reports on prevalence of long-term COVID symptoms in adults**. The researchers compared the frequency of new or severely increased symptoms across an uninfected population with people who have been diagnosed with COVID-19, enabling a more reliable estimate for the prevalence of long COVID than in previous studies. **Of adults who had COVID-19, 21.4% experienced at least one new or severely increased symptom three to five months post-infection compared to before infection, compared to 8.7% of uninfected people followed in the same time period, suggesting one in eight COVID-19 patients (12.7%) in the general population experience long term symptoms due to COVID-19**. The study also looked at individual’s symptoms both before and after SARS-CoV-2 infection. This allowed identification of **core symptoms of long COVID: chest pain, difficulties breathing, pain when breathing, painful muscles, loss of taste and smell, tingling extremities, lump in throat, feeling hot and cold, heavy arms and/or legs, and general tiredness.**”*

Covid vaccines

Let’s start with a **tweet by Ted Chaiban**, referring to a [NYT update on global vaccination](#)

*“**More than 5.3 billion people worldwide have received a dose of a COVID-19 vaccine, equal to about 69.1 percent of the world population**. This map from [shows the stark gap between vaccination programs in different countries](#).” SSA still looks quite different, in terms of vaccination status ‘colour’, from other continents....*

The Rockefeller Foundation Launches the Vaccination Action Network to Strengthen Health Systems and Scale Up Covid-19 Vaccinations in sub-Saharan Africa

[PR Newswire](#);

“Amref Health Africa selected as implementing partner to provide technical assistance for the new peer-to-peer learning network.”

“The Rockefeller Foundation announces the launch of the Vaccination Action Network (VAN), a USD\$7.4 million locally-led, peer-to-peer learning initiative designed to engage public health decision-makers across sub-Saharan Africa and bolster their efforts to strengthen health systems while scaling up Covid-19 vaccine demand strategies. Sabin Vaccine Institute and Dalberg are the secretariat for the network, while Amref Health Africa (Amref) is playing a key role to guide and administer subgrants to local organizations in participating countries so that they can implement vaccine demand generation strategies discussed during the learning sessions....”

Reuters - Moderna maintains vaccine sales view on lower COVAX orders

[Reuters](#);

“Moderna Inc (MRNA.O) on Wednesday retained its full-year sales outlook for COVID-19 shot at \$21 billion due to a decrease in orders from low- and middle-income countries through the COVAX international vaccine-sharing program.”

Reuters - Moderna signs \$1.74 bln deal with U.S. govt for Omicron-adapted vaccine

[Reuters](#);

“Moderna Inc (MRNA.O) said [last week] on Friday it has signed an agreement with the U.S. government worth as much as \$1.74 billion, under which it will supply 66 million initial doses of its Omicron-adapted vaccine. The initial doses will be delivered this year and the government also has the option to purchase an additional 234 million doses. The bivalent booster candidate, mRNA-1273.222, contains the fast-spreading Omicron BA.4/5 strains, which are the most prevalent variants of concern in the U.S.....”

“... Pfizer Inc (PFE.N) and partner BioNTech SE (22UAY.DE) in June got a \$3.2 billion order from the U.S. government for 105 million doses of their COVID-19 vaccine, which included supplies of a tweaked Omicron-adapted vaccine, pending regulatory clearance.....”

Reuters - If you're high risk, do not wait for updated COVID vaccines, experts say

[If you're high risk, do not wait for updated COVID vaccines, experts say | Reuters](#)

“People at high risk of severe disease who have yet to get a second COVID-19 booster should not wait for next-generation, Omicron-targeted vaccines expected in the fall, five vaccine experts told Reuters.”

Covid analysis

HPW - Pandemic Eroded Vaccine Coverage; Now Signs of Recovery Emerging, but Not Enough

<https://healthpolicy-watch.news/gavi-analysis-vaccine-coverage-global/>

*“Two years of the COVID-19 pandemic led to a cumulative 5% decline in basic vaccine coverage and disrupted routine immunizations globally from 2020 – 2021, reports a new analysis of the state of routine immunizations across 57 lower-income countries.” “The analysis, by **Gavi, the Vaccine Alliance**, indicates that **signs of recovery are beginning to emerge in some countries, such as Pakistan, although in other countries such as the Democratic Republic of Congo, the setbacks persist.”***

*““Even though more than half of countries have increased or maintained their campaigns, we can still see that we are not getting ourselves out of the woods when it comes to the pandemic,” declared Thabani Maphosa, Gavi Managing Director of Country Programmes, at a press briefing just before the report’s release. **The analysis used data from the recently published [WHO/UNICEF Estimates of National Immunization Coverage \(WUENIC\)](#) to examine the state of immunization in 57 lower-income countries supported by Gavi for bulk procurement and rollout of basic vaccines, mostly to children.** Basic vaccine coverage in lower-income countries dropped by one percentage to 77% in 2021, after a four-percentage point fall in 2020, the first year of the pandemic, the report found. Basic vaccine coverage is defined as receiving three doses of a diphtheria, tetanus, pertussis shot (DTP3). The number of zero-dose children – those who have not received a single routine vaccine shot – rose for the second year running to 12.5 million.....”*

*“... **On the brighter side, however, one-third, or 19 of the 57 countries included in the analysis, increased vaccine coverage in 2021. Two-thirds of African countries brought coverage back up to pre-pandemic levels or close to that marker.”***

Lancet Letter - COVID-19 and microbiome diversity in sub-Saharan Africa

W van Damme et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01333-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01333-2/fulltext)

*“**We suspect that, besides a higher prevalence of obesity, hypertension, and diabetes among wealthier people, immunological factors are at play.** Several studies associate chronic parasitic infection (more prevalent among people living in poverty with a less westernised lifestyle) with less severe clinical presentation of COVID-19. Such findings are consistent with the importance of a diverse microbiome and chronic immune stimulation in maintaining a well trained immune system that is less likely to cause hyperinflammation, which is critical in severe COVID-19. **It is vital to deepen our understanding of microbiome diversity and linked immunological factors in the severity of COVID-19, and account for this when modelling COVID-19 infection–fatality ratios.”***

Check out also the author's reply – [COVID-19 and microbiome diversity in sub-Saharan Africa – Author's reply](#) (by R Sorensen et al) They seem to agree with the main thrust of the Correspondence by Van Damme et al.

BMJ (Analysis) - Long covid and disability: a brave new world

<https://www.bmj.com/content/378/bmj-2021-069868>

“Nicholas Evans and colleagues argue that long covid needs to be better recognised, understood, and supported, and should stimulate a rethink of our approach to disability.”

Related link: **The Conversation - [Long COVID should make us rethink disability – and the way we offer support to those with ‘invisible conditions’](#)**

Reuters - 'Living with COVID': Where the pandemic could go next

<https://www.reuters.com/world/the-great-reboot/living-with-covid-where-pandemic-could-go-next-2022-08-01/>

“As the third winter of the coronavirus pandemic looms in the northern hemisphere, scientists are warning weary governments and populations alike to brace for more waves of COVID-19.

.... However, while cases may surge again in the coming months, deaths and hospitalizations are unlikely to rise with the same intensity, the experts said, helped by vaccination and booster drives, previous infection, milder variants and the availability of highly effective COVID treatments.”

“... These forecasts raise new questions about when countries will move out of the COVID emergency phase and into a state of endemic disease, where communities with high vaccination rates see smaller outbreaks, possibly on a seasonal basis. Many experts had predicted that transition would begin in early 2022, but the arrival of the highly mutated Omicron variant of coronavirus disrupted those expectations...”

““We need to set aside the idea of 'is the pandemic over?'” said Adam Kucharski, an epidemiologist at the London School of Hygiene and Tropical Medicine. He and others see COVID morphing into an endemic threat that still causes a high burden of disease.”

“... The potential wild card remains whether a new variant will emerge that out-competes currently dominant Omicron subvariants. If that variant also causes more severe disease and is better able to evade prior immunity, that would be the “worst-case scenario,” according to a recent World Health Organization (WHO) Europe report.....”

Social & commercial determinants of health

Journal of Law, Medicine & Ethics - Commercial Speech and Commercial Determinants of Health

<https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/latest-issue>

Special issue. *“In this issue, we continue the **celebration around the Journal of Law, Medicine & Ethics’ 50th anniversary with the publication of the symposium “Commercial Speech and Commercial Determinants of Health,” guest-edited by Amandine Garde and Oscar A. Cabrera. In this collection, the editors make the case that while “states around the globe have sought to implement legal and policy measures to restrict or prohibit the marketing and advertising of tobacco, alcohol, and unhealthy food and beverages, corporate actors have developed a wide range of tactics to delay and defer the creation and implementation of such measures.” In other words, the editors and their team of international authors, spanning a wide array of nations, nationalities, and backgrounds, explore the tensions between creating a healthy society and issues around freedom of expression and speech....”***

Start with the Introduction: [Commercial Speech and the Commercial Determinants of Health](#)

*“This article introduces a symposium that aims to identify and critically assess **the legal strategies of the tobacco, alcohol, and food and beverage industries which rest on freedom of expression arguments.**”*

And a link:

- BMJ GH Commentary - [Babies before business: protecting the integrity of health professionals from institutional conflict of interest](#) (by G E Becker et al)

Sexual & Reproductive / maternal, neonatal & child health

SRHM (Commentary) - Reproductive power matters: aligning actions with values in global family planning

C Galavotti et al ; <https://www.tandfonline.com/doi/full/10.1080/26410397.2022.2082353>

« To protect and accelerate progress, now is the time for a value-driven evolution in global FP work. The reproductive justice movement points the way.”

*« The emergence of these concepts in the broader global health discourse is exciting: the time is right for the global FP community to rethink how we do what we do, what we truly value, and how we might more fully imagine the future. **We have an opportunity to collectively articulate a new value-based framing for our work with clear guiding principles, language, and metrics, to drive transformational progress.** In hopes of advancing this conversation about the values, goals,*

principles, and focus of our global FP work, **we offer the Family Planning Ecosystem Framework**, described below, as one step in that direction.

It's underpinned by three key principles: people, power, and connection.

Nature (Editorial) - Get childhood immunizations back on track after COVID

<https://www.nature.com/articles/d41586-022-02087-y>

*"The effects of the pandemic mean childhood vaccination rates are the lowest for a generation. **There is a risk of preventable diseases resurging unless governments treat this as a priority.**"*

Nature reviews immunology - Will anti-vaccine activism in the USA reverse global goals?

P Hotez; <https://www.nature.com/articles/s41577-022-00770-9>

"In the time of the COVID-19 pandemic, anti-vaccine activism in the USA accelerated, amplified and formed an alliance with political groups and even extremists. An organized, well-funded and empowered anti-science movement now threatens to spill over and threaten all childhood immunizations in the USA and globally."

".... The fear is that globalizing anti-vaccine activism might reverse these trends. A successful vaccine ecosystem led by Gavi, the Vaccine Alliance, and its United Nations partners, the World Health Organization (WHO) and UNICEF, is under threat...."

And a link:

- SRHR - [Impacts of COVID-19 on contraceptive and abortion services in low- and middle-income countries: a scoping review](#) Review article.

Access to medicines & health technology

Devex - New agreements cut price for short-course TB treatments to under \$20

<https://www.devex.com/news/new-agreements-cut-price-for-short-course-tb-treatments-to-under-20-103774>

"Organizations working in global health are hoping two new agreements announced this week will lead more countries to roll out shorter course treatments for tuberculosis prevention."

*"On Monday, **Unitaid, the Clinton Health Access Initiative, and the Stop TB Partnership, through the Global Drug Facility, negotiated an agreement with Indian drugmaker Lupin to make a fixed-dose combination of rifapentine and isoniazid, taken once a week for three months under a regimen called 3HP, and available at \$14.25 for a full-course treatment. The same ceiling pricing for this***

treatment regimen will also be available from Indian generics manufacturer Macleods. The company has a volume guarantee agreement with MedAccess, a social finance company making volume and procurement guarantees to bring down drug prices. Lupin will also make available 300mg single tablets of the drug rifapentine for \$33.90 per 100 tablets. Based on this pricing, a full course treatment of 300mg rifapentine and 300mg isoniazid tablets, taken once daily for one month, under a regimen called 1HP, would cost about \$19.50 under the Global Drug Facility.”

... The new prices will be available in 138 countries.....”

Geneva Health Files - No Mandate on Extending WTO TRIPS Agreement Decision to Medicines & Tests: The U.S.

P Patnaik; <https://genevahealthfiles.substack.com/p/no-mandate-on-extending-wto-trips>

Last week’s in-depth analysis.

“... brief update from the WTO General Council meeting in Geneva this week. It seems the US is set to throw a spanner in the works on extending the recent ministerial decision to therapeutics and diagnostics.”

“... The US articulates its reservations on extending waiver decision to medicines and tests: The US has expressed its reservations on extending the June Ministerial Decision on the TRIPS Agreement to medicines and tests, going beyond vaccines. At the General Council meeting this week, the US reportedly has said that WTO does not have a mandate and that the decision is limited to whether or not to extend the new rules to medicines and tests. But other countries are keen on discussing ways to adapt and negotiate an outcome so as to include medicines and tests in the scope of the new clarifications.....”

WHO Bulletin (Editorial) - Innovation in diagnostics: addressing gaps in low- and middle-income countries

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9306385/>

Claudia Chamas et al. summarize recent initiatives to address diagnostic technology gaps in low- and middle-income countries.

Chatham House (Expert Comment) – Now is the moment to launch an African vaccine industry

<https://www.chathamhouse.org/publications/the-world-today/2022-08/now-moment-launch-african-vaccine-industry>

*“The continent plans to make 60 per cent of its vaccines by 2040. After the failure of the world to help in the pandemic, it’s high time, says **Ngozi Erundu.**”*

“...With a pandemic treaty embedding equity in prevention, preparedness and response some way off, and given the limitations surrounding the recent World Trade Organization compromise on the

TRIPS waiver – which temporarily waives Covid-19 vaccine patent protections for poorer countries – it is doubly important for Africa to build up its own pharmaceutical industry and emergency systems....”

Reuters - Merck avoided billions in U.S. tax by offshoring Keytruda profits - senator

<https://www.reuters.com/business/healthcare-pharmaceuticals/merck-avoided-billions-us-tax-by-offshoring-keytruda-profits-senator-2022-07-27/>

“Drugmaker Merck & Co (MRK.N) avoided billions of dollars of U.S. taxes in recent years on its top-selling cancer drug Keytruda by booking all the profits from the treatment outside of the United States, according to an ongoing investigation by Democrats on the Senate Finance Committee.....”

Guardian - Pain-relief shortage in poorer countries ‘due to stigma of US opioids crisis’

<https://www.theguardian.com/global-development/2022/aug/04/pain-relief-drugs-shortage-poorer-countries-us-opioids-crisis-acc>

*“Patients suffering chronic pain are being denied treatment in low-income countries because of restrictive laws and concerns about opioid addiction, which have been fuelled by the crisis engulfing the US. Palliative doctors, who say there is a huge unmet need for pain-relief drugs in poorer countries, have **called for laws to be relaxed and for the stigma around opioids to be addressed**. Only 17% of the morphine produced worldwide in 2020 for medical purposes was consumed in low- and middle-income countries, despite them being home to close to 83% of the global population, according to the latest figures from the International Narcotics Control Board, which monitors drug use. It said the imbalance in usage has barely changed in 20 years.....”*

Science (Policy Forum) - Transparency practices at the FDA: A barrier to global health

M Lumpkin et al ; <https://www.science.org/doi/10.1126/science.abq4981>

“Data sharing among regulators must be “business as usual”.”

*“During the COVID-19 pandemic, scientists at the US Food and Drug Administration (FDA) have reviewed large numbers of pandemic-related tests, medications, and vaccines. However, **long-standing confidentiality practices have kept FDA from sharing many of these analyses and the data behind them with the regulatory agencies of other nations, especially those in low- and middle-income countries (LMICs)**. With FDA not sharing key information, the primary source of dependable COVID-19 product regulatory documentation and information for resource-constrained countries has been the World Health Organization (WHO) in coordination with leading European regulators. These efforts are commendable, but in many cases FDA’s assessments will be some of the most sought after and scientifically robust in the world—and should be shared with the widest possible regulatory audience. FDA must demonstrate similar leadership and commitment to global health by reforming its outdated, restrictive practices on information sharing.”*

Human resources for health

Some papers from this week:

Plos GPH - Knowledge and experience of physicians during the COVID-19 Pandemic: A global cross-sectional study

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000639>

By R Mansour et al.

Human resources for Health - The development of task sharing policy and guidelines in Kenya

<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-022-00751-y>

By R Kinuthia et al.

Decolonize Global Health

Tweets Ben Phillips on a hard-hitting speech by Madhukar Pai at the AIDS conference in Montreal

Tweets [Ben Phillips](#) :

*“Madhu’s speech at the International AIDS Conference just shook global health at the core. **Three excerpts here.***

1) Global health structures are racist; and this is not a bug, it is a feature.”

2) Decolonisation is not discourse, it is power - including the power to produce medicines.

3) Privileged people, of every kind, are not called only to acknowledge. They are called to be active allies. That is how we remake a true global health.”

Critical Public Health - On epidemiology as racial-capitalist (re)colonization and epistemic violence

R Petteway; <https://www.tandfonline.com/doi/full/10.1080/09581596.2022.2107486>

“This commentary reflects upon power-knowledge dynamics and matters of epistemic, procedural, and distributive justice that undergird epidemiological knowledge production related to racial health inequities in the U.S. Grounded in Foucault’s power-knowledge concepts—“objects”, “ritual”, and “the privileged”—and guided by Black feminist philosopher Kristie Dotson’s conceptualization of

*epistemic violence, it critiques the dominant positivist, reductionist, and extractivist paradigm of epidemiology, interrogating the settler-colonial and racial-capitalist nature of the knowledge production/curation enterprise. **The commentary challenges epidemiology’s affinity for epistemological, procedural, and methodological norms that effectively silence/erase community knowledge(s) and nuance in favor of reductionist empirical representations/re-presentations produced by researchers who, often, have never stepped foot inside the communities they aver to model. It also expressly names the structurally racist reality of a “colorblind” knowledge production/curation system controlled by White scholars working from/for an invisibilized White scientific gaze. In this spirit, this commentary engages the public health critical race praxis principle of “disciplinary self-critique”...***

And a link:

- Speaking of Medicine (blog) - [How not to become a global health expert](#) (by C P Ojiako)

Miscellaneous

WHO launches appeal to respond to urgent health needs in the greater Horn of Africa

<https://www.who.int/news/item/02-08-2022-who-launches-appeal-to-respond-to-urgent-health-needs-in-the-greater-horn-of-africa>

*“Millions of lives are in peril, including children. **US\$ 123.7 million is needed for the health agency’s response until December 2022.**” “Over 80 million people in the 7 countries spanning the region – Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda — are estimated to be food insecure, with upwards of 37.5 million people classified as being in IPC phase 3, a stage of crisis where people have to sell their possessions in order to feed themselves and their families, and where malnutrition is rife.....”*

See also UN News - [Horn of Africa faces most ‘catastrophic’ food insecurity in decades, warns WHO](#)

CARE - CARE Analysis : 150 million more women than men were hungry in 2021

<https://www.care.org/news-and-stories/press-releases/care-analysis-150-million-more-women-than-men-were-hungry-in-2021/>

*“**An analysis by humanitarian organisation CARE highlights, for the first time, a global link between gender inequality and food insecurity.** Analysing data from 2021, the report shows that across 109 countries, as gender inequality goes up, food security goes down.”*

Lancet World Report – Health at stake in Kenya elections

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01477-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01477-5/fulltext)

“On Aug 9, Kenya will go to the polls in a general election. Muniyaradzi Makoni reports on the parties’ pledges on health.”

FP2P blog - Never Heard of ‘Human Rights Economics’? You have now.

<https://frompoverty.oxfam.org.uk/never-heard-of-human-rights-economics-you-have-now/>

Duncan Green blogs on an “*interesting new paper by Caroline Dommen, with an ambitious purpose – to brand and describe a new branch of economics – Human Rights Economics (HRE).*”

“**Her starting point:** ‘in many ways economic thought and practice currently disregard human rights. HRE is of the view that the world needs an economic system that is fairer for people and the planet, that promotes social and economic justice, that integrates a plurality of views and traditions and that is consistent with human rights in both its processes and outcomes.’ She argues that ‘human rights can help us challenge some of the assumptions that cause economics to be out of step with some of today’s key challenges, such as overconsumption of natural resources or growing inequalities.’....”

Devex - World Bank data shows where food inflation is hitting hardest

<https://www.devex.com/news/world-bank-data-shows-where-food-inflation-is-hitting-hardest-103759>

“**Food price hikes are far exceeding overall inflation, with low- and middle-income countries getting hit hardest** — though prices are high across the globe, **the World Bank said Monday in a new food security update that included a list of nations seeing the worst price increases....”**

“Lebanon topped the ranking with 122% food inflation in real terms, compared with the same period last year. This was followed by Zimbabwe with 23%. A wide range of countries defined as middle-income also made the list, such as Sri Lanka, Turkey, and Iran. **The bank said that seven countries face a particular risk of overlapping food and debt crises — including Afghanistan, Mauritania, Somalia, Tajikistan, and Yemen — highlighting how the dual concern is affecting multiple regions....”**

Papers & reports

BMJ GH (Editorial) - Whole of government and whole of society approaches: call for further research to improve population health and health equity

F Ortenzi, R Marten, A Kwamie et al ; <https://gh.bmj.com/content/7/7/e009972>

« **what do WoG and WoS approaches mean in theory and in practice? How widely shared is their understanding, and how are these concepts implemented? Which factors facilitate or hinder implementation? What do these approaches add to the existing discourses on multisectoral action for health? And how might researchers advance conceptual clarity and assess implementation? The purpose of this commentary is to provide insights as to how WoG and WoS approaches are understood and implemented, and to identify potential barriers and areas for further research....”**

BMJ GH - Conceptual framework for systemic capacity strengthening for health policy and systems research

T Mirzoev et al ; <https://gh.bmj.com/content/7/8/e009764>

This article is authored by the members of the Capacity Strengthening Working Group of the Board of Directors of Health Systems Global (HSG).

*“This paper proposes a comprehensive framework for systemic capacity strengthening for HPSR, uniquely drawing attention to the blurred boundaries and amplification potential for synergistic capacity strengthening efforts across the individual, organisational and network levels. Further, it identifies guiding values and principles that consciously acknowledge and manage the power dynamics inherent to capacity strengthening work. **The framework was developed drawing on available literature and was peer-reviewed by the Board and Thematic Working Groups of Health Systems Global.** While the framework focuses on HPSR, it may provide a useful heuristic for systemic approaches to capacity strengthening more generally; facilitate its mainstreaming within organisations and networks and help maintain a focused approach to, and structure repositories of resources on, capacity strengthening.”*

HP&P - How to do (or not to do)...Using Causal Loop Diagrams for Health System Research in Low- and Middle-Income Settings

R Cassidy, K Blanchet et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czac064/6654776?searchresult=1>

« **Causal loop diagrams (CLDs) are a systems thinking method that can be used to visualise and unpack complex health system behaviour.** They can be employed prospectively or retrospectively to identify the mechanisms and consequences of policies or interventions designed to strengthen health systems and inform discussion with policymakers and stakeholders on actions that may alleviate sub-optimal outcomes. Whilst the use of CLDs in health systems research has generally increased, there is still limited use in low- and middle-income settings. In addition to their suitability for evaluating complex systems, CLDs can be developed where opportunities for primary data collection may be limited (such as in humanitarian or conflict settings) and instead be formulated using secondary data, published or grey literature, health surveys/reports and policy documents. **The purpose of this paper is to provide a step-by-step guide for designing a health system research study that uses CLDs as their chosen research method, with particular attention to issues of relevance to research in low- and middle-income countries (LMICs).** The guidance draws on examples from the LMIC literature and authors’ own experience of using CLDs in this research area. This paper guides researchers in addressing the following four questions in the study design process; (1) What is the scope of this research? (2) What data do I need to collect or source? (3) What is my chosen method for CLD development? (4) How will I validate the CLD? In providing supporting information to readers on avenues for addressing these key design questions, authors hope to promote CLDs for wider use by health system researchers working in LMICs. »

BMJ GH –National learning systems to sustain and scale up delivery of quality healthcare: a conceptual framework

S R Latoff et al; <https://gh.bmj.com/content/7/8/e008664>

“All around the world, health systems fail to provide good quality of care (QoC). By developing learning systems, health systems are able to better identify good practices and to explain how to sustain and scale these good practices. To facilitate the operationalisation of national learning systems, the Network for Improving Quality of Care for Maternal Newborn and Child Health (the Network) developed a conceptual framework for national learning systems to support QoC at scale.....”

Lancet Healthy Longevity - Factors shaping the global political priority of addressing elder abuse: a qualitative policy analysis

C Mikton et al ; [https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568\(22\)00143-X/fulltext](https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(22)00143-X/fulltext)

Authors aimed to identify the factors accounting for the low global political priority of elder abuse.

“.... The main factors identified were related to the nature of the issue (the inherent complexity of elder abuse, pervasive ageism, insufficient awareness and doubts about prevalence estimates, and the intractability of the issue), the policy environment (the restricted ability in the field of elder abuse to capitalise on policy windows and processes), and the capabilities of the proponents of prevention of elder abuse (disagreements over the nature of the problem and solutions, challenges in individual and organisational leadership, and an absence of alliances with other issues).”

Related Comment in the Lancet Healthy Longevity - [Do unto others: what we do about elder abuse will be our legacy](#) *“The current UN Decade of Health Ageing provides a prolonged opportunity to capitalise on the public awareness and media presence of elder abuse in order to make meaningful progress and instigate lasting change.....”*

And a link:

- Health Research Policy & Systems - [Assessing the scalability of a health management-strengthening intervention at the district level: a qualitative study in Ghana, Malawi and Uganda](#)

Blogs & op-eds

Global Policy Journal - Why We Need to Build a Larger Us

<https://www.globalpolicyjournal.com/blog/03/08/2022/why-we-need-build-larger-us>

“Alex Evans summarizes a new report with five questions for change-makers.”

“In Building a larger us, a new guide for change-makers, we explore five key questions for change-makers who want to pursue this kind of change, each of which involves crucial psychological questions:

- *How can we build belonging through our work?*

- *How can we bridge divides?*
- *How can we appeal to love not fear, especially when we feel threatened?*
- *How can we help communities to navigate times of crisis?*
- *And how can we tell the kind of stories that bring people together?....”*

For the report: <http://www.larger.us/guide/>

Tweets of the week

Fifa Rahman reacts to an earlier tweet from **Mohga Kamal-Yanni**

“It’s not the same model. @ACTAccelerator has CSOs (@ACTA_CSOREps) in every pillar with accountability. @WorldBank FIF has no CSOs.”

Re **M Kamal-Yanni’s** tweet: *“Responding to COVID19: a bunch of donors +Gates create Act-A to deliver to developing countries without govts or CS involvement. ACT A and COVAX failed Africa. @worldbank : use same model creating funding where mandate, policies, design...is decided by some donors +Gates”*

M Pai

“A health minister of an African nation could not attend #AIDS2022 @AIDS_conference because of Canada’s restrictive visa policies Health minister! From Africa, the most impacted region in the world for AIDS!!

Tulio de Oliveira

« A wake up call for polio with recent detection in Europe, USA, Africa and Asia. ‘That makes the recent spate of cases a canary in a coalmine, say experts – warning that the paralyzing disease eliminated in most of the world could come back, especially in densely populated regions’”