

IHP news 687 : UNGA77: can we still avoid the worst?

(16 September 2022)

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

Dear Colleagues,

As Emmanuel “*I utter beautiful words for a living*” Macron [said](#) a few weeks ago, ‘**The age of abundance is over**’. Meaning, for France (and more in general, countries in Western Europe). And obviously, even that only pertained for the ones not belonging to the precariat (or worse), who have never really lived posh lives to begin with. What he – and most other leaders – are still not saying, is this: it’s not just that the middle class is now also under huge ‘cost of living’ pressure over here, mankind as a whole is heading for a climate destruction of unimaginable size, if we don’t change course very soon. In countries like Pakistan, they’re already seeing what this implies.

For the time being, though, most of our leaders still don’t give the impression of fully understanding (or wanting to understand, in some cases) the planetary predicament we’re in, in spite of [report](#) after [scientific paper](#) pointing out the scary prospects of tipping points about to be crossed, with some even being crossed as we speak. I’d add the likes of Bill Gates to this. While the Gates Foundation’s latest [Global Goalkeepers report](#) said some valid things about gender empowerment and equality, by and large, Bill still believes almost exclusively in “innovation” in his ToC, which in turn allows him to remain stubbornly “optimistic” about our future. (*On a side note, if you ask me, his ‘magic seeds’ sound like the wild dream of a teenager making a different connotation altogether 😊.*) More to the point, though, what he still fails to understand: the main ‘innovation’ we need, concerns the destructive logic and ‘values’ of the global capitalist system. Bar such a major transformation of our global economy in the coming years, I’m afraid [Kohei Saito](#) will be proven right, in his book ‘Capital in the Anthropocene’, when arguing that **the SDGs are ‘the new opium of the masses’**. (*#sensingathemeinthisweek’sintro*)

Not all is lost though, and so I was encouraged by the news that **WHO and almost 200 other health organisations are now [calling for a global fossil fuel non-proliferation treaty](#)**. But they’ll need the support of a billion ‘Global Citizens’ on the streets to actually make this happen. We have to believe it’s possible, though, within a relatively short time frame.

Against this ultra-dire global backdrop, **UNGA77** has started (with also the usual flurry of **reports**). In this newsletter, we also come back on the **formal launch of the FIF** (end of last week), cover the final days before the **Global Fund replenishment** (early next week), shed light on a new [Lancet Commission on the Covid-19 response](#), the **global monkeypox situation**, and much more. And oh yes, Tedros came with his most optimistic outlook yet on the Covid pandemic, in Wednesday’s media briefing, emphasizing “[The world has never been in a better position to end the COVID-19 pandemic](#)”.

In other words: “**The end is near**” (*in this case from a glass half full perspective 😊*).

Enjoy your reading.

Kristof Decoster

Featured Article

Dimensionality of criticality in HPSR and global health: Thoughts from 2022 Emerging Voices for Global Health Fellows

Kelly E. Perry, Farchanda Abdoel Wahid, Siddharth Srivastava, Zaida Orth, Mark Donald C. Reñosa, Oluwatosin Olusegun

Criticality in global health cannot be thought of without [questioning existing power relationships](#). Amidst growing global threats against health equity and the changing nature of health policy and systems research (HPSR), it is important to build critical practices in research to ensure that HPSR remains an innovative and relevant discipline that can adapt and contribute to rapidly changing contexts. In this light, six new EV '22 fellows share their thoughts, inspired by their thematic discussion on 'being critical in HPSR' during the EV distance learning phase.

What are the barriers/challenges to being critical in HPSR and global health?

Kelly: I think about these questions while sitting across from [Henry Fonseca's "The Maidu Creation Story"](#) at the United States' National Museum of the American Indian, which celebrates Fonseca's Maidu ancestors and the process of creation. Global health (and HPSR) lacks truth-telling around its own creation story and current processes of creation... knowledge is still defined, valued, produced, and shared by those with most privilege and power. The greatest barrier to being critical is ourselves, still tethered to fear of interrogating ourselves and our systems and institutions.

Farchanda: An important barrier to me, is [the lack of appropriate education in relation to criticality](#) in most education systems. This causes many who recognize the need to be and who also *want* to be critical, to not possess or have access to relevant and effective tools to develop critical thinking patterns. I believe that critical thinking should be incorporated into teaching programs, starting at primary school and continuing to higher levels of all disciplines.

Siddharth: To me, a lack of capacity-strengthening frameworks emphasizing a systematic, contextualized approach to HPSR constitutes an important barrier. Existing initiatives incorporating complexity-conscious methodologies (e.g., systems thinking) within HPSR, are [generally not calibrated well for existing stakeholder relationships between internal \(individual and organizational\) and external \(policy and socio-political\) environments](#). This further compounds [theory-practice gaps between researchers and policymakers](#) in this space.

Zaida: Much has been written and said about the importance of being critical in HPSR to tackle health inequalities, yet the impact of the Covid-19 pandemic has highlighted the vulnerabilities of health systems - with significant implications for progress towards the SDG goals. This points to a

serious disconnect between critical discourse and action - a major barrier. We need to protect against the misappropriation of critical discourses which are used as buzzwords to fit certain agendas.

Mark: Dehumanization, disempowerment, and decolonization have been the intersecting challenges that complicate the framing of our global health approaches. I believe that being human or being humane should be at the heart of global health. It is important to start the reflective dialogue about what values go into the concept of 'being critical'; if we do not do this, all of our leverages will only be mere optics, and remain theoretical and academic.

Oluwatosin: In the context of HPSR, a key role for academic criticism is perhaps to increase the understanding of the present reality, problems, and solutions thereby contributing to political action for change (Fairclough 2018). However, [Nigeria and other low and middle-income countries are constrained due to poor funding for HPSR demand generation and uptake of evidence](#). HPSR should be promoted to ensure a balance between academic research and reality.

What are possible leverage points for criticality to make HPSR and global health more equitable?

Kelly: An entry point toward health equity that I wish to unpack further is language and rhetoric - how these mechanisms are (bio)power in themselves. We falter at interrogating how the "rhetoric of modernity" continues to harm those most disenfranchised. [Mignolo's seminal "Delinking"](#) article analyzes this rhetoric; we should apply such modes of thought in global health and "development" (leaning into the critical language analysis tools as proposed by [Gasper \(2022\)](#)).

Farchanda: I think that [analyzing health systems](#) as a whole, from a critical thinking perspective, is one of the first steps towards more equitable HPSR and global health. Functioning of these systems, from decisions made at the top all the way to ground level, should be put under a critical lens to identify which aspects need to change. This needs to be done at local or national levels as well as (and perhaps especially) internationally.

Siddharth: Building a comprehensive framework for enhancing HPSR capacity might serve as a clarion call for equitable and sustainable action. [Mirzoev T et al. \(2022\)](#) recently proposed such a framework. This is important, not only for boosting HPSR capacity across *stakeholder groups* but also for identifying key values for criticality; recognizing the inherent power imbalances in *stakeholder relationships*. Such frameworks may also help funders engage with, and re-examine, broader global health priorities through a critical lens.

Zaida: Leveraging criticality in HPSR to ensure equitable health outcomes involves an understanding of the contextual factors that contribute to health inequalities. Feminist movements and civil society organisations have played an instrumental role in driving change around public health issues like HIV ([Horn, 2021](#)). We need to draw on the capacity, influence and expertise of these movements and improve collaboration among multiple actors, including policy makers, health workers etc. to strengthen partnerships and develop agreed upon best practices for critical action.

Mark: Letting those with lived experiences own their story is the first step of many. I felt that pursuing global research to understand the core of history, racism, politics, and power is paramount to creating an inclusive HPSR approach – that brings back relevant voices to the fora where they are needed. We should also begin to discuss the [relevance of reflexivity](#) in all aspects of our work to ensure that we recognize our position and view of the world.

Oluwatosin: [To increase demand generation and uptake of HPSR in low and middle-income countries, implementable advocacy strategies should be in place and HPSR activities included in national budgets. This will enable researchers to help drive the process, and policymakers to make policies & decisions based on research evidence/information.](#) Finally, it is important that implementing government agencies/organisations are identified to ensure effective implementation; they also need to be accountable for their mandate.

We look forward to unpacking these themes further during our (still ongoing) distance and in-person training in Colombia!

End note: *The structuring and format of this blog drew inspiration from the popular IHP article entitled "[Work-life balance and work-life joy in global health: Four regional perspectives and a Call to Action](#)" by Pragati Hebbar, Katri Bertram, Shahnaz Munshi and Guillermo Hegel (2019)*

Contact info authors:

Kelly E. Perry: kelly.e.perry@vanderbilt.edu

Farchanda Abdoel Wahid: farchfmew@gmail.com

Siddharth Srivastava: sunsid14@gmail.com

Zaida Orth: zaidaorth@gmail.com

Mark Donald C. Reñosa: drmarkdonaldrn@gmail.com

Oluwatosin Olusegun: mayodare@gmail.com

Highlights of the week

UNGA77 – kick off

UN Foundation - What to expect at UNGA 77

M Rabbitt; https://unfoundation.org/blog/post/what-to-expect-at-unga-77/?utm_source=Twitter&utm_medium=Organic&utm_campaign=UNF_blog

Short analysis ahead of UNGA 77. *“Here’s what experts across the UN Foundation will be watching for at this year’s UN General Assembly — and what’s at stake.”* Worth a quick read.

UN News - New UN General Assembly highlights ‘solidarity, sustainability and science’

<https://news.un.org/en/story/2022/09/1126561>

“The 77th session of the UN General Assembly opened on Tuesday with its new president urging world leaders to respond to humanity’s most pressing challenges, including the war in Ukraine, by working together and building bridges across what are “deep divides”.”

Link: [UN News - ‘Don’t flood the world today; don’t drown it tomorrow’, UN Chief implores leaders](#) On Guterres’ press briefing, ahead of UNGA77.

Some key reports (in the slipstream of #UNGA77 & others)

Devex - Dismal Gates Goalkeepers report centers on women's power, food security

<https://www.devex.com/news/dismal-gates-goalkeepers-report-centers-on-women-s-power-food-security-103938>

“The [Bill & Melinda Gates Foundation](#) is prioritizing funding for women’s economic empowerment and climate-resilient food production in Africa as it seeks to help the world regain ground on achieving the [United Nations Sustainable Development Goals](#) following a series of global shocks, including [COVID-19](#) and the war in Ukraine.”

*The Gates Foundation’s [sixth annual Goalkeepers report released Tuesday](#) showed **the world falling behind on nearly all of the SDGs**, which include ending world hunger and ensuring access to clean water and sanitation by 2030. **“As it stands now, we’d need to speed up the pace of our progress five times faster to meet most of our goals—and even that might be an underestimate, because some of the projections don’t yet account for the impact of the pandemic, let alone the war in Ukraine or the food crisis it kicked off in Africa,”** according to the Goalkeepers report....”*

- For the 2022 Goalkeepers report, see [The Future of Progress](#)
- More coverage via the Telegraph - [World will miss nearly all UN development goals without radical inventions](#)

“Game changers could include the rollout of genetically superior seeds for vital crops.”

- And FT - [Bill Gates warns Ukraine war is sapping Europe’s foreign aid budgets](#)

“Russia’s war in Ukraine is straining Europe’s commitment to international aid and climate action, Bill Gates has said...”

- And for a rather ‘gentle’ interview with Gates, see the Guardian - [The strain is the worst of my lifetime’: how Bill Gates is staying optimistic](#)

*“The world will miss nearly all of the UN development goals by 2030 without inventions as radical as the creation of HIV antiretrovirals, one of the world’s biggest philanthropic organisations has warned. In a report published on Tuesday, the Bill and Melinda Gates Foundation said that **all the 17 development goals set by world leaders in 2015 would be missed unless cutting-edge solutions emerged**. It said that without new innovation, some goals, such as gender equality, would not be hit until 2108 – three generations later than expected.”*

Lancet Commission on Covid-19 response

<https://www.thelancet.com/commissions/covid19>

J Sachs et al ; [The Lancet Commission on lessons for the future from the COVID-19 pandemic](#)

Via the press release:

“The Lancet: New report details “massive global failures” of COVID-19 response, calls for improved multilateral cooperation to end pandemic and effectively manage future global health threats

- ***New Lancet Commission critically considers the global response to the first two years of the COVID-19 pandemic, citing widespread failures of prevention, transparency, rationality, basic public health practice, and operational cooperation and international solidarity that resulted in an estimated 17.7 million deaths (including those not reported).***
- ***The report also finds that most national governments were unprepared and too slow in their response, paid too little attention to the most vulnerable groups in their societies, and were hampered by a lack of international cooperation and an epidemic of misinformation.***
- ***World-renowned expert authors provide practical steps to ensure COVID-19 is no longer a pandemic threat through a vaccination-plus strategy and call for actions to strengthen multilateralism, alongside actions to strengthen national health systems and preparedness***

plans to defend against future global health threats and achieve sustainable development. “

*“... The report warns that **achieving these goals hinges upon a strengthened multilateralism** that must centre around a reformed and bolstered World Health Organisation (WHO), as well as investments and refined planning for national pandemic preparedness and health system strengthening, with special attention to populations experiencing vulnerability. Crucial investments also include improved technology and knowledge transfers for health commodities and improved international health financing for resource limited countries and regions....”*

- Related Lancet Editorial - [COVID-19: the case for prosociality](#)

“.....The Commission proposes five pillars that are essential in fighting emerging infectious diseases: prevention, containment, health services, equity, and global innovation and diffusion. To achieve these pillars the Commission argues that governments, regulators, and institutions must be reoriented toward society as a whole, rather than the interests of individuals—a concept the Commissioners call prosociality. Without this shift, the world is vulnerable and unable to tackle effectively any global threat....”

PS: *“...The Commission began with a task force on the origins of the pandemic. But, regrettably, the divisive public discussion about the source of SARS-CoV-2 damaged the trust needed for the task force to complete its work. This Commission therefore has no additional new evidence to contribute to the ongoing investigation of the pandemic's origins. The recommendation to intensify the search for the source of the pandemic is an urgent plea for countries to strengthen cooperation to elucidate the causes of this catastrophe. This will aid the prevention of future pandemics.”*

PS: Personal comment: while I share many of the Commissioners' policy & governance proposals, I'm afraid many (certainly the more ambitious ones, at level 3 of their recommendations) also sound like 'pie in the sky', certainly in the current geopolitical circumstances. Eg: on a Global Health Fund as resourced and with the priorities they advocate for. But happy to be proven wrong in the years to come....

- Some coverage:

Via FT – [Governments and WHO acted too slowly to stem Covid pandemic, says report](#)

“Global health officials failed to quickly recommend travel restrictions and encourage use of face masks.”

“The WHO said it welcomed the report's “overarching recommendations” but said there were “several key omissions and misinterpretations”, including on the speed of its actions. “Many of the Commission's recommendations align with those received over the past two years from review bodies set up by WHO itself,” it said....”

And: *“.... “Our most basic recommendation is the strengthening of multilateralism in all crucial dimensions: political, cultural, institutional, and financial,” the authors said in the report. “We call*

for all countries, especially the richest and most powerful, to support, sustain, and bolster the work of the UN system.””

- BMJ News - [Covid-19: Commission describes “massive global failures” of pandemic response](#)

WHO responds to The Lancet COVID-19 Commission

<https://www.who.int/news/item/15-09-2022-who-responds-to-the-lancet-covid-19-commission>

Official statement WHO, in response: “...what we agree with, what they got wrong or omitted...”

The Telegraph – Major Covid report suggests virus could have leaked from a US lab

<https://www.telegraph.co.uk/global-health/science-and-disease/backlash-major-covid-origins-report-suggests-virus-could-have/>

*“The Lancet is facing a backlash after a major Covid-19 Commission report suggested the disease may have leaked from a laboratory in the United States. Published on Wednesday, the paper said it remains “feasible” that Sars-Cov-2 emerged from either a natural spillover or a laboratory incident, and called for the introduction of more safeguards to reduce the risk of either eventuality. But the report, the result of two years of work, also suggested American researchers could be culpable. As well as mentioning facilities in Wuhan, it noted that “independent researchers have not yet investigated” US labs, and said the National Institutes of Health has “resisted disclosing details” of its work. **The report comes as controversy swirls the commission chair, the economist Prof Jeffrey Sachs.** At a conference in Madrid earlier this year, he said he was “pretty convinced” that Sars-Cov-2 “came out of a US lab of biotechnology, not out of nature” – a claim that has since been widely promoted by Chinese diplomats.”*

Cfr tweet S Newey: *“The Lancet Commission's discussion of Covid origins (& how these conclusions were made) triggers backlash. **Some commissioners fear mention of US labs will “distract” from the rest of the report, which analyses the global pandemic response.**”*

Related: Foreign Policy - [Conspiracy Theories About COVID-19 Help Nobody](#) (by A Rasmussen et al)

“The continued pushing of a “lab-leak” theory is unsupported and dangerous.”

FIF formally launched (8-9 Sept)

WHO press release - New fund for pandemic prevention, preparedness and response formally established

<https://www.who.int/news/item/09-09-2022-new-fund-for-pandemic-prevention--preparedness-and-response-formally-established>

From end of last week. “Designed to reflect inclusive and effective governance and operating arrangements with high standards of transparency and accountability; hosted by the World Bank with technical leadership from WHO.”

“The new financial intermediary fund (FIF) for pandemic prevention, preparedness, and response (PPR) was officially established by the FIF Governing Board at its inaugural meeting from 8-9 September 2022. The fund will provide a dedicated stream of additional, long-term financing to strengthen PPR capabilities in low- and middle-income countries and address critical gaps through investments and technical support at the national, regional, and global levels. The fund will draw on the strengths and comparative advantages of key institutions engaged in PPR, provide complementary support, improve coordination among partners, incentivize increased country investments, serve as a platform for advocacy, and help focus and sustain much-needed, high-level attention on strengthening health systems. The first calls for proposals for investments to be funded by the FIF will open in November 2022.”

- See also HPW - [New Billion-Dollar Pandemic Fund Formally Established](#)

“...Its main purpose is to provide long-term financing that fills critical gaps mainly in low- and middle-income countries. It also will serve as a platform to advocate for stronger health systems.”

- And via the [World Bank’ press release](#) :

“The new fund is overseen by a Governing Board, which will set the overall work program and make funding decisions. The FIF’s Governing Board includes equal representation of sovereign donors and potential implementing country governments (co-investors), as well as representatives from foundations and civil society organizations (CSOs). The World Bank and WHO will intensify their work with the Governing Board in consultation with CSOs and other stakeholders, to help operationalize the fund and develop the FIF results framework and priorities in the run up to the first call for proposals.....”

“.... The FIF was developed with [broad support](#) from members of the G20 and beyond. Over US\$1.4 billion in financial commitments have already been announced and more are expected in the coming months. So far, commitments have been made by Australia, Canada, China, the European Commission, France, Germany, India, Indonesia, Italy, Japan, Republic of Korea, New Zealand, Norway, Singapore, South Africa, Spain, the United Arab Emirates, the United Kingdom, the United States, the Bill & Melinda Gates Foundation, the Rockefeller Foundation, and Wellcome Trust.....”

- Check out some related tweets:

Loyce Pace

“NEWS: @WorldBank officially launched a new pandemic fund, responding to calls from global stakeholders to end our cycle of crisis and complacency. Importantly, the fund has key roles for @WHO - chair of a technical advisory panel - as well as civil society stakeholders and LMICs.”

Sophie Harman

“Even by its own standards this is pretty phenomenal by the World Bank. 1. States can't apply or implement themselves. Imagine if this applied to the UK/US/Ger/Aus? (it wouldn't) But you know poor countries.... 2. World Bank creates fund to funnel money back to... the World Bank.”

Sophie was commenting on one of the **tweets by Nina Schwalbe** [part of a Twitter thread](#) :

“Countries can't apply on their own. Applications must be led by an "accredited implementing partner." Development banks, FAO, UNICEF, World Bank and WHO are accredited. Gavi, Global Fund and CEPI are under review. Others may also apply. Country eligibility is TBC.”

Project Syndicate- Failing the Pandemic Preparedness Test

M Mazzucato; [Project Syndicate](#),

*Analysis of the state of affairs now, re the FIF. “After significant advocacy by poorer countries and civil society, the G20’s pandemic-preparedness fund is being designed to embody a more equitable and balanced governance model. But **without adequate funding and much larger additional investments in health systems, the new fund will become just another burdensome distraction.**”*

*“...even if fundraising from short-sighted rich countries was not a problem, **the FIF is designed to target only a small part of global PPR financing needs. One major area that it misses is national health systems....”***

*“...The success of the FIF’s PPR efforts requires a massive increase in financing for health systems in low- and middle-income countries, going well beyond the relatively meager and narrowly targeted \$1.4 billion, and more comprehensive and creative approaches to expanding poorer countries’ fiscal space to invest in health. For example, under Prime Minister Mia Mottley’s dynamic leadership, Barbados is about to become the first country to include a “pandemic clause” in its sovereign bonds, allowing it to suspend debt repayments in the event of a pandemic.... **For its part, the International Monetary Fund needs to take the lead on developing a more ambitious “debt-to-health swaps” mechanism, so that countries don’t have to choose between buying essential medicines and repaying US and European hedge funds. And it should go without saying that the IMF must move away from its arbitrary and devastating austerity programs, which consistently force countries to cut public spending and keep money in reserves even when they are facing utterly destabilizing climate, health, and socioeconomic crises.**”*

Global Health Governance/Decolonize Global Health -key reads

Social Sciences - Can the Sick Speak? Global Health Governance and Health Subalternity

T Aloudat ; <https://www.mdpi.com/2076-0760/11/9/417/htm>

Very important read, among others, ahead of the World Health Summit in Berlin....

*“Global Health Governance (GHG) uses a set of financial, normative, and epistemic arguments to retain and amplify its influence. During the COVID-19 pandemic, the GHG regime used its own successes and failures to prescribe more of itself while demanding further resources. However, **the consistent failures of this form of governance and its appeasement to a dominant neoliberal ideology lead to the following question: Is the global health governance regime failing at its goal of improving health or succeeding at other political and ideological goals that necessitate such failures? Using concepts and ideas from social theory and post-colonial studies; I examine the definitions, epistemic basis, and drivers of GHG and propose certain conditions for the legitimacy of a global health governance system.** Examining historical and current cases, I find that the GHG regime currently fails to fulfil such conditions of legitimacy and instead creates spaces that limit rather than help many populations it purports to serve. Those spaces of sickness confine people and reduce them into a state of health subalternity. In being health subalterns, people’s voices are neither sought nor heard in formulating the policies that determine their health. Finally, I argue that research and policymaking on global health should not be confined to the current accepted frameworks that assumes legitimacy and benevolence of GHG, and propose steps to establish an alternative, emancipatory model of understanding and governing global health.”*

Politico/Welt (Special investigation) - How Bill Gates and his partners took over the global Covid response

<https://www.politico.com/news/2022/09/14/global-covid-pandemic-response-bill-gates-partners-00053969>

One of the must-reads of the week. **“Four health organizations, working closely together, spent almost \$10 billion on responding to Covid across the world. But they lacked the scrutiny of governments, and fell short of their own goals, a POLITICO and WELT investigation found.”**

*“...**The investigation**, which relied on more than four dozen interviews with U.S. and European officials and global health specialists, **charted the step-by-step journey through which much of the international response to the Covid pandemic passed from governments to a privately overseen global constituency of non-governmental experts.** It also detailed **the significant financial and political connections that enabled them to achieve such clout at the highest levels of the U.S. government, the European Commission and the WHO.....”***

*“**The four organizations had worked together in the past, and three of them shared a common history.** The largest and most powerful was **the Bill & Melinda Gates Foundation**, one of the largest philanthropies in the world. Then there was **Gavi, the global vaccine organization** that Gates helped to found to inoculate people in low-income nations, and **the Wellcome Trust**, a British research foundation with a multibillion dollar endowment that had worked with the Gates Foundation in previous years. Finally, there was **the Coalition for Epidemic Preparedness Innovations**, or CEPI, the international vaccine research and development group that Gates and Wellcome both helped to create in 2017.....”*

If you don’t have much time, here are the **key takeaways**:

“1 The four organizations have spent almost \$10 billion on Covid since 2020 – the same amount as the leading U.S. agency tasked with fighting Covid abroad. 2 The organizations collectively gave \$1.4 billion to the World Health Organization, where they helped create a critical initiative to distribute Covid-19 tools. That program failed to achieve its original benchmarks. 3 The organizations’ leaders

had unprecedented access to the highest levels of governments, spending at least \$8.3 million to lobby lawmakers and officials in the U.S. and Europe. 4 Officials from the U.S., EU and representatives from the WHO rotated through these four organizations as employees, helping them solidify their political and financial connections in Washington and Brussels. 5 The leaders of the four organizations pledged to bridge the equity gap. However, during the worst waves of the pandemic, low-income countries were left without life-saving vaccines. 6 Leaders of three of the four organizations maintained that lifting intellectual property protections was not needed to increase vaccine supplies – which activists believed would have helped save lives.”

And related, on the ‘Follow the Money’ methodology: [Politico- Behind the numbers: How we analyzed Gates' and partners' global influence](#)

“A team of journalists looked at how much four health organizations collectively raised, granted and invested for Covid and in preparation for the next pandemic.”

And six charts - [6 charts that show how money and influence shaped the world's Covid plan](#)

Final days ahead of the Global Fund’s Replenishment (19 Sept)

Global Fund - New Global Fund Report Shows 50 Million Lives Saved Over 20 Years in Fight Against HIV, TB and Malaria; Pandemic Investments Paying Off

<https://www.theglobalfund.org/en/news/2022/2022-09-12-new-global-fund-report-shows-50-million-lives-saved-over-20-years-in-fight-against-hiv-tb-malaria/>

“**Rebound of progress underway** following COVID-19 setbacks.”

Must-read coverage of the annual Global Fund report’s key messages via HPW: [TB, HIV, and Malaria Treatment Rebound to Near Pre-Pandemic Levels, But Still Off Course](#)

“The number of people on tuberculosis treatment rebounded to 5.3 million in 2021 and is nearing pre-pandemic levels of 5.5 million, according to a [new Global Fund report](#). That’s an encouraging sign of progress after treatment plummeted to just 4.5 million people in 2020, the report, released on Monday, notes. Overall, the new report shows the fight against HIV/AIDS and malaria, as well as tuberculosis, is rebuilding momentum since the pandemic-fueled sharp declines in diagnosis and treatment levels for the world’s three biggest infectious diseases.”

“... HIV program disruption ‘less than initially feared’ : The world missed every single global HIV target for 2020, including that of reducing deaths to fewer than 500,000 per year. But the report states that this “could have been much worse.” As a result of the Global Fund’s COVID-19 response mechanism (C19RM) for HIV programs, disruption to antiretroviral therapy was less than initially feared, the report states.”

“... Climate change and pandemic challenged malaria programs In 2020, malaria deaths rose by [12% compared with 2019](#), up to an estimated 627,000. Some 47,000 of the additional 69,000

deaths in 2020, or 68%, resulted from pandemic-caused service disruptions. Climate change disrupted malaria programs by affecting the geographical distribution of plasmodium-carrying mosquitoes, which can cause malaria.”

“... Swift Global Fund response helped blunt pandemic impacts: *The Global Fund says its swift response to COVID-19, providing more than \$4.4 billion to fight the pandemic and mitigate its impact on HIV, TB, and malaria control, helped blunt COVID-19’s impact overall by helping countries put more resources into prevention campaigns and buying personal protective equipment, diagnostics, treatments and medical supplies.* However, the Global Fund does not expect progress against the three diseases to fulfill the United Nations’ Sustainable Development Goals (SDGs) for 2030.”

Related link: Reuters - [Fight against AIDS, TB and malaria bounced back post-COVID - but not enough](#)

Politico – Queen’s death delays global health fundraising

Via Politico’s [Future Pulse](#):

First on the UK: “*The United Kingdom is one of the biggest contributors to the Global Fund to Fight AIDS, Tuberculosis and Malaria, but its pledge in the current round of fundraising is in question as the country’s economic woes have prompted it to pull back development aid. The Global Fund wants each of its donors to raise contributions by at least 30 percent to reach an ambitious \$18 billion target that will help bolster disease fighting in developing countries over the next three years.*”

“*The mourning period following Queen Elizabeth’s death put a decision on Britain’s contribution on hold and delayed the previously planned Sept. 19 announcement of pledges in New York. That conflicts with the queen’s funeral and the pledges will now most likely come a few days later....”*

Then a **General assessment of the state of affairs: “*Halfway there: Pledges already announced by the United States, Germany, Japan, Sweden, private foundations and businesses total \$8.7 billion. But other competing crises, from the famine in the Horn of Africa to the war in Ukraine, plus some of the top donor nations’ economic challenges, will make it hard for the fund to reach its goal....”***

HPW - Impetus is Growing for Global Fund’s Replenishment to Fight HIV, TB and Malaria

<https://healthpolicy-watch.news/impetus-is-growing-for-global-funds-replenishment-to-fight-hiv-tb-and-malaria/>

“As the push for adequate funds to address HIV, tuberculosis and malaria reaches its climax with next week’s replenishment meeting of the Global Fund, **the fund’s latest report reveals it has saved 50 million lives between 2002 and 2021. The Global Fund raises money in three-year cycles and seeks \$18 billion for its seventh replenishment, which culminates in a meeting on 19 September hosted by US president Joe Biden. This money would enable a further 20 million people to be saved....”**

More detail & analysis via Devex - [Global Fund replenishment: Pledges, expectations, and what's at stake](#)

“...But even if the Global Fund successfully reaches its funding goal next week, this won't be enough to support all critical programs tackling HIV, tuberculosis, and malaria. The overall resources needed for the three diseases total \$130.2 billion. Of that amount, \$18 billion is expected to come from the Global Fund, \$25.2 billion from other external funding sources, and \$58.6 billion from domestic funding. That leaves a gap of \$28.4 billion — and it's unclear where it will come from.....”

Lancet Global Health (Comment) - Securing Global Fund Replenishment to avoid another Cassandra moment

M Reid & E Goosby; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00392-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00392-8/fulltext)

*“... Unfortunately, despite persuasive data that additional Global Fund resources are necessary to consolidate investments in global HIV, tuberculosis, and malaria efforts over the past two decades, replenishment at the levels hoped for is far from secure. A slowing global economy, conflict in Ukraine, and competing donor priorities mean that **we could face another Cassandra moment**. Herein, **we outline why the global community should not ignore risks inherent in failing to replenish the global fund. There are compelling epidemiological, financial, and political reasons why a successful replenishment is crucial.....”***

Monkeypox

For more on monkeypox, see also the separate Monkeypox section further in this newsletter.

NYT - Monkeypox Shots, Treatments and Tests Are Unavailable in Much of the World

<https://www.nytimes.com/2022/09/12/health/monkeypox-vaccines-treatments-equity.html>

Must-read. *“High-income countries snapped up vaccines when the disease hit them, leaving none for countries that have battled the virus for years, in an echo of the Covid response.”*

*“The scramble for monkeypox vaccines and treatments has been centered in the United States and Europe, where supplies of shots have stretched thin or nearly run out. But **more than 100 countries are now reporting monkeypox cases, and a vast majority of those have had no vaccine or treatments at all**. They have been shut out by the prohibitive cost and by wealthy nations who bought up most of the available doses. The United States already controlled most of the vaccine, which was originally developed for smallpox, as part of its bioweapons strategy after the terrorist attacks of Sept. 11, 2001. **Some public health groups are also criticizing the W.H.O. for not doing more to ensure swift movement on equitable access to tests, treatments and vaccines, after it declared monkeypox a public health emergency of international concern on July 23. They say the***

issues echo those seen with Covid, but without any of the mechanisms that were developed to try to right the balance during the coronavirus pandemic.....”

A few key chunks:

*“Dr. Sylvie Briand, the director of the W.H.O.’s epidemic and pandemic preparedness and prevention department, said the **global response to monkeypox was complicated by the fact that most of the medical interventions lacked human clinical trial data, and did not have regulatory approval.....”***

*“.... **The role of smallpox as a potential bioweapons threat has complicated the global monkeypox response.** There are limits on transparency with data about vaccine and treatment stockpiles, which are considered national security issues, and access to the biomedical interventions is controlled by defense experts rather than public health ones. “It was a biodefense issue,” Dr. Briand said, “and so the lines of command and the decision-making processes that were established for that are different than for the kind of outbreaks we are currently seeing.” ...”*

*“**Mr. Krellenstein said he felt that not everyone in the research world shared the sense of urgency that pushed the W.H.O. director general, Dr. Tedros Adhanom Ghebreyesus, to declare the emergency.** “The reaction seems to be, ‘Nobody is dying so it’s not a security threat’ — and it’s gay people and trans people and Africans who are sick — so it seems very academic” to the national security decision makers who control access to the vaccine stockpile, he said.....”*

Public Citizen - Letter to Bavarian Nordic Urging Equitable Access

<https://www.citizen.org/article/letter-to-bavarian-nordic-urging-equitable-access/>

(12 Sept) Related tweet: “We sent a letter urging the manufacturer @BavarianNordic to step up in the global fight against this virus by allocating more Jynneos (MVA-BN) doses at not-for-profit prices to low-and-middle income countries.”

*“**The monkeypox vaccine manufacturer is charging countries an estimated ~\$100 per dose (!). The company told investors there is only one global price.** “We use the same approach for everyone.” MPX vaccines are unavailable in much of the world.”*

Nature (World view) - Monkeypox, COVID-19, AIDS: have we progressed so little?

G Gonsalves; <https://www.nature.com/articles/d41586-022-02917-z>

“Deaths and sufferings are not a failure of technology or knowledge, but a failure of will.”

Quote: “As scientists, as clinicians, as public-health experts, we do our jobs in our laboratories, at the bedside, at our laptops. We learn a tremendous amount about disease, and develop vaccines and treatments for the patients who arrive at our clinics. But perhaps we need to do more. Some might bristle at the idea that researchers need to be advocates, too. But the history of public health and medicine shows that some of our greatest achievements were not technological. They happened when we pushed for what was right: the sanitation campaigns of the nineteenth century, the fight for national health-care programmes throughout Europe in the twentieth century, the great social

programmes of the 1930s and 1960s in the United State that expanded our safety net, the fight for access to AIDS drugs in Africa in the twenty-first century. These accomplishments, in part, were thanks to us.”

Planetary health

Guardian - Health groups call for global fossil fuel non-proliferation treaty

<https://www.theguardian.com/environment/2022/sep/14/fossil-fuel-non-proliferation-treaty-who-environmental-vandalism>

“WHO and almost 200 other health associations urge governments around world to halt ‘environmental vandalism’.”

*“The **World Health Organization (WHO)** and almost 200 other health associations have made an unprecedented call for a global fossil fuel non-proliferation treaty. A **call to action** published on Wednesday, urges governments to agree a legally binding plan to phase out fossil fuel exploration and production, similar to the **framework convention on tobacco**, which was negotiated under the WHO’s auspices in 2003. “The modern addiction to fossil fuels is not just an act of environmental vandalism. From the health perspective, it is an act of self-sabotage,” said the WHO president, Dr Tedros Adhanom Ghebreyesus.....”*

“....Diarmid Campbell-Lendrum, the head of the WHO’s climate change department, said the letter was a watershed moment. “This is the first time the health sector has come together to issue such a statement explicitly about fossil fuels,” he told the Guardian.....”

See also HPW - [Call for Fossil Fuel ‘Nonproliferation’ Treaty Sets High Stakes for Climate Talks](#)

*“Among the treaty’s supporters is the World Health Organization (WHO), a significant step and an indicator of how urgent the climate question has become. But in the way of emulating the success of the FCTC — and to a lesser degree the 1970 Nuclear Nonproliferation Treaty, a cornerstone of global nonproliferation — stands a **significant obstacle: climate transition funding.**”*

PS: *“....Kevin Chika Urama, chief economist at the African Development Bank, told Reuters this week that **Africa faces a climate financing gap of about US\$108 billion each year.** “Climate finance structure today is actually biased against climate-vulnerable countries. The more vulnerable you are, the less climate finance you receive,” he said.....”*

Guardian - Extreme hunger soaring in world’s climate hotspots, says Oxfam

<https://www.theguardian.com/environment/2022/sep/16/extreme-hunger-soaring-in-worlds-climate-hotspots-says-oxfam>

*“Extreme hunger is closely linked to the climate crisis, with many areas of the world most affected by extreme weather experiencing severe food shortages, research has shown. The development charity **Oxfam** examined 10 of the world’s worst climate hotspots, afflicted by drought, floods, severe storms and other extreme weather, and found their rates of extreme hunger had more than*

doubled in the past six years. Within the countries studied, 48 million people are currently suffering from acute hunger, up from about 21 million people in 2016. Of these, about 18 million people are on the brink of starvation, [according to the Oxfam report](#) published on Thursday....”

End of Covid pandemic ‘in sight’, says World Health Organization

Guardian - [Global weekly deaths down to 11,118 on 5 September – the lowest level since March 2020](#)

“The end of the Covid-19 pandemic is “in sight”, the [World Health Organization](#) has declared, after revealing that weekly deaths from the virus around the world were at the lowest level since March 2020.” “The WHO also estimated that 19.8m deaths were averted in 2021 due to Covid-19 vaccines being administered and that 12bn doses had been given around the world. However, it cautioned that coronavirus still posed an “acute global emergency” and highlighted that during the first eight months of 2022 more than 1 million people died from Covid-19.”

Reuters - Africa CDC head: COVID still a threat given low vaccination rates

<https://www.reuters.com/world/africa/africa-cdc-head-covid-still-threat-given-low-vaccination-rates-2022-09-15/>

“The COVID-19 pandemic is still a threat on the African continent given low vaccination rates, the acting director of the Africa Centres for Disease Control and Prevention (Africa CDC) said on Thursday.”

“The Africa CDC director said just over 22% of Africa’s population was fully vaccinated against COVID and that his agency would continue pushing to raise that number. “The levels of protection are still relatively low,” he told reporters.”

“Ouma said the Africa CDC was focusing on getting as many people on the continent as possible fully vaccinated, not on procuring new vaccines targeting specific variants like Omicron.”

Devex - Little progress on COVID drugs agreement at WTO, civil society warns

A Green; <https://www.devex.com/news/little-progress-on-covid-drugs-agreement-at-wto-civil-society-warns-103990>

Must-read analysis. **“Halfway through the six-month period the World Trade Organization set itself to make a decision on easing access to COVID-19 therapeutics and tests, high-income member countries appear to be hardening in their opposition to any deal. Activists warn that an agreement is unlikely by the deadline, if it comes at all, even as low- and middle-income countries are demanding expanded access to COVID-19 treatment....”**

“...Meanwhile, efforts to take advantage of the agreement that was reached in June have so far been limited, despite WTO Director-General Ngozi Okonjo-Iweala’s pledge that its passage would

contribute “to ongoing efforts to deconcentrate and diversify vaccine manufacturing capacity, so that a crisis in one region does not leave others cut off.” “Countries are still getting their head around it,” Shashikant said. “At the national level, they are looking at how to utilize it.”....”

More on Covid in the special Covid section below.

Global health events

Africa CDC’s Africa Health Economics and Financing Capacity Building Forum (13-15 Sept, Addis)

Cfr tweet: “Attending **Africa Health Economics and Financing Capacity Building Forum organized by Africa CDC Health Economics Program, September 13 - 15, Addis Abeba, Ethiopia**. The workshop brought together Health Economists & Financing experts across the continent & global stakeholders.....”

Africa CDC - Inaugural Newsletter: Welcome to Africa Centres for Disease Control and Prevention’s Health Economics Programme

<https://africacdc.org/download/inaugural-newsletter-welcome-to-africa-centres-for-disease-control-and-preventions-health-economics-programme/>

“The **Africa CDC’s Health Economics Programme (HEP)** has been established to support Member States – and our internal offices – navigate difficult decisions by equipping them with strong health economics evidence. The HEP will also mobilize the broader health economics community to strengthen continental capacity for generating and leveraging evidence for policy and practice. ... This **inaugural newsletter of the HEP** is timely, as it shares evidence generated to support health sector prioritization mainly relating to the COVID-19 response.....”

Global health governance & governance of health

Devex - Gates no longer 'actively' looking for new board members

<https://www.devex.com/news/gates-no-longer-actively-looking-for-new-board-members-103967>

“The **Bill & Melinda Gates Foundation** is no longer “actively” seeking new members for its board of trustees, though it could eventually add one more person, CEO Mark Suzman told Devex.”

“The foundation **added two new members last month**: Spelman College President Helene D. Gayle and Convergence Foundation CEO Ashish Dhawan. They joined six other members, which include Suzman and foundation co-chairs Bill Gates and Melinda French Gates. Zimbabwean billionaire businessman and philanthropist Strive Masiyiwa, [London School of Economics](#) Director Minouche

Shafik, and [The Bridgespan Group](#)'s co-founder Thomas J. Tierney were the first batch of external members selected for the board in January...."

"... The board had its first in-person meeting at the foundation's headquarters in Seattle last month, Suzman said. "We had two days with the new board members and a really great set of discussions with Bill and Melinda, with our senior leadership around key priorities," he said...."

"... Food security was among those top priorities, ... Food security was also highlighted as an area ripe for innovation in the global effort to end world hunger in the Gates Foundation's latest annual Goalkeepers report...."

Think Global Health - The Global Fund, PEPFAR, and U.S. Foreign Policy

D Fidler; <https://www.thinkglobalhealth.org/article/global-fund-pepfar-and-us-foreign-policy>

"COVID-19 raises questions about these global health programs and U.S. national interests."

A few key chunks:

"PEPFAR and the Global Fund are global health successes wrapped in foreign policy failures inside a geopolitical crisis...."

".... the United States has been forced to change its strategy toward the region where PEPFAR has spent nearly all of its funds. In Africa, the United States has experienced balance-of-power and ideological setbacks vis-à-vis authoritarian powers uninterested in global health leadership. Even with PEPFAR, Africans suffered what Blinken called a "devastating blow" from COVID-19."

"COVID-sparked proposals to expand PEPFAR and the Global Fund into PPR reflect the need for U.S. foreign policy to protect the full range of national interests in global health. But that strategy and rationale differ from those that have defined the fund and PEPFAR. This difference generates questions about tasking these programs with PPR responsibilities.The addition of PPR responsibilities to the Global Fund and PEPFAR demonstrate that a strategic shift in U.S. foreign policy on global health is underway. The shift recognizes the need to invest in capabilities that protect U.S. national security and economic power from pathogenic threats. Potential synergies created by achieving stronger PPR and advancing the fight against HIV/AIDS, tuberculosis, and malaria offer possible ways to rebuild solidarity in global health that was damaged during COVID-19. Whether PEPFAR and the Global Fund can become capabilities that enhance U.S. security and global solidarity on public health remains to be seen. What is clear going forward is that the foreign policy importance of PEPFAR and the fund will be judged by PPR criteria anchored in U.S. vital interests in addition to the metrics traditionally used to assess these programs."

WHO Chief: War in Ukraine will 'Reverberate for Many Years to Come'

<https://healthpolicy-watch.news/who-war-in-ukraine-reverberate-many-years/>

"Russia's invasion of Ukraine will likely have long-lasting impacts on public health in Europe, both directly and in terms of global challenges related to food security and climate. That was among the key messages from the World Health Organization's Director-General Dr Tedros Adhanom

Ghebreyesus and Regional Director for Europe Hans Kluge at the opening of WHO's 72nd meeting of the Regional Committee for Europe, taking place for the first time in Israel.

PS: ".... At Monday's conference opening, Israel's President Isaac Herzog announced the **establishment of a new WHO center in Israel focused on digital health** – an arena in which Israel has proven to be a leader. "Israel is home to countless trailblazing med-tech and health-tech start-ups, pushing the bounds of human imagination," Herzog said. "Together with European and international institutions, we can develop the breakthroughs that will enable people to live healthier and longer lives," he said. **"Israel will be working with the WHO to establish a cutting-edge center for digital health, bringing top-quality and innovative care to every corner of the world."**

Politico Pro - EU stonewalls over von der Leyen's role in multibillion-euro Pfizer vaccine deal

<https://www.politico.eu/article/eu-stonewalls-over-von-der-leyens-role-in-multi-billion-euro-pfizer-jab-deal/>

"European Court of Auditors accuses Commission of refusing to release details of how the bloc's biggest vaccine contract was negotiated."

".... The budget watchdog found that the EU chief threw out the existing rulebook to hash out a preliminary deal with the U.S. multinational, paving the way for a contract for up to 1.8 billion coronavirus vaccine doses to be signed in May 2021. For all the other vaccine deals struck by the EU between 2020 and 2021, a joint team comprising officials from the Commission and seven member countries conducted exploratory talks. The outcome was then taken to a Vaccine Steering Board made up of representatives from all 27 EU member states who signed off on it....."

ACT-Accelerator: Quarterly Update Q2: 1 April – 30 June 2022

<https://www.who.int/publications/m/item/act-accelerator--quarterly-update-q2--1-april---30-june-2022>

"The Q2 Update charts progress achieved by ACTAccelerator partners between 1 April and 30 June 2022. The partners responded collectively to the global evolution of the pandemic and provided continued support to low- and middle-income countries with the development, procurement, and delivery of COVID-19 tests, treatments, personal protective equipment (PPE) and vaccines....."

BMJ Opinion - Reforming global health governance in the face of pandemics and war

Y Jiang, A Zhong et al ; <https://www.bmj.com/content/378/bmj.o2216>

With some concrete suggestions.

Global Policy - The age of fuzzy bifurcation: Lessons from the pandemic and the Ukraine War

R Higgott et al ; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.13141>

*“Academics, decision-makers and policy makers have suggested that COVID and the war in Ukraine represent an ‘inflection point’. The consequence will be ‘the end of globalisation’, ‘a bipolar Cold War 2.0’ and a return to Containment. In reality, the emerging world order is much messier. The logics of geoeconomics and geopolitics, largely aligned during the Cold War, are now in tension, ruptured by decades of globalisation, America's decline, and China's ascent. Consequently, US security allies now often wrestle with the fact that their economic ties link them to US rivals, notably China, or adversaries, like Russia. The pandemic and war have wrought geopolitical and economic adjustments, but any resemblance to Cold War blocs is superficial. **What is consolidating is an era best described as fuzzy bifurcation. Unlike the Cold War, alliances will be tenuous across policy domains. With this greater latitude, even small and medium-sized states may band-wagon on security but will balance, hedge and even pursue strategic autonomy in others. Terms like ‘allies’, ‘competitors’, ‘rivals’, and even ‘adversaries’ become contingent on the policy issue.....”***

Finally, via [Devex](#):

On the details of **USAID’s localization drive**: *“Last week, [USAID exclusively shared more information](#) about how it plans to define the word with my colleague Michael Igoe. **Crucially, it turns out that USAID is not committed to spending 25% of all its funding on local organizations. Instead, the target only applies to money which “presumably could go to local partners” and excludes contributions to U.N. agencies, direct support to other governments, and the agency’s own operating expenses, among other obligations. That only leaves around \$13 billion a year subject to the 25% promise — less than half of the agency’s total budget.....”***

See also [Devex - USAID struggles with localization and accountability](#)

Global health financing

COVID-19: Team Europe has delivered €47.7 billion to help its partners address the pandemic and its consequences

https://ec.europa.eu/commission/presscorner/detail/en/ip_22_5431

Press release.

As of 31 December 2021, the state-of-play of disbursements relative to commitments is as follows: *“Neighbourhood: €13.6 billion out of €15.6 billion; **Sub-Saharan Africa: €8.3 billion out of €9.0 billion**”*

Related (and important) **tweet Piotr Koczyński**:

“The €47.7 billion is significant. But to say the EU has “delivered on its solidarity with partner countries suffering from the pandemic” is grossly misleading. These financial contributions go hand in hand with political opposition to systemic change.”

UHC & PHC

Lancet World Report – Chile abolishes copayments in step towards UHC

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01776-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01776-7/fulltext)

“Public health experts have welcomed the Chilean Government's extension of free care to around 6 million people. Amy Booth reports.”

CGD (blog) - How to Build Trusted Priority-Setting Systems to Increase Value for Money in Health Care Decisions

A Mehndiratta et al ; <https://www.cgdev.org/blog/how-build-trusted-priority-setting-systems-increase-value-money-health-care-decisions>

*« **Priority setting through health technology assessment (HTA) is gaining traction** as a tool to guide decision makers to make evidence-informed choices. While HTA systems in different countries are influenced by [differences in local culture, history, politics and healthcare financing mechanisms](#), there are key elements common across countries that determine the success of an HTA system. To discuss these tried and tested global practices, **the government of India hosted an [international symposium](#) in New Delhi in collaboration with the International Decision Support Initiative (iDSI). HTA specialists from Australia, Colombia, India, Thailand, and the UK participated in the event along with senior Indian policymakers and experts from the World Health Organization. About 500 people joined in person or virtually to learn how [HTA is bridging the gap between research evidence and real-world policy](#). In this blog, we explore four key actions the speakers identified as central to successful HTA systems across multiple countries.....”***

And a link:

HP&P - [Policy space and pro-health equity national policymaking: A case study of Myanmar during political transition \(2006-2016\)](#) (by F Campbell et al)

Pandemic preparedness & response/ Global Health Security

WHO - COVAX: Key learnings for future pandemic preparedness and response

<https://www.who.int/publications/m/item/covax--key-learnings-for-future-pandemic-preparedness-and-response>

“This white paper outlines three key COVAX learnings for future pandemic preparedness and response. Drawing upon COVAX’s unique experience enabling an unprecedented global rollout at scale during a pandemic, it highlights challenges encountered and subsequent impact on equitable access to COVID-19 vaccines, the actions COVAX took in response and recommendations for the future.”

The lessons: “(1) equitable access requires an end-to-end solution that centres on public health, and the needs of the most vulnerable, at every step. (2) Hoarding, export restrictions and nationalism should be expected. (3) A successful global pandemic response involves taking risk. “

Global Health: Science and Practice - Learning From the Past: The Role of Social and Behavior Change Programming in Public Health Emergencies

<https://www.ghspjournal.org/content/10/4/e2200026>

“The contributions of social and behavior change research/programming in 6 recent epidemics highlight the importance of further integrating such expertise into outbreak response.”

WHO launches guide to safely unlock benefits of the life sciences

<https://www.who.int/news/item/13-09-2022-who-launches-guide-to-safely-unlock-benefits-of-the-life-sciences>

“Today, WHO issued the [Global guidance framework for the responsible use of the life sciences](#). The Framework calls on leaders and other stakeholders to mitigate biorisks and safely govern dual-use research, which has a clear benefit but can be misused to harm humans, other animals, agriculture and the environment. This is the first global, technical and normative framework for informing the development of national frameworks and approaches for mitigating biorisks and governing dual-use research. It aims to safely unlock the great promise for new and improved ways to improve global health offered by life sciences and related technologies.”

Stat - U.S. to spend more than \$2 billion to launch Biden’s biomanufacturing initiative

[Stat](#):

“The federal government is pledging more than \$2 billion to launch President Biden’s new national biomanufacturing initiative, funding efforts to build or expand drug manufacturing sites in the U.S. and readying the raw materials needed to respond to a new pandemic. The funding is linked to an executive order Biden signed Monday, laying out a goal of boosting the biotech supply chain and making the U.S. drug industry less reliant on foreign manufacturing....”

And a link:

- Working paper - [The WTO and vaccine supply chain resilience during a pandemic](#) (by Chad Bown (PIIE))

*“Cross-border supply chains and international trade enabled the manufacturing and delivery of billions of vaccine doses to inoculate the world against COVID-19. At the same time, **the pandemic revealed how the World Trade Organization (WTO) must change to become more useful in the face of a public health emergency.** This paper describes the market failures—especially on the supply side—justifying the domestic subsidies and contracting arrangements used to accelerate vaccine research and development and to increase the scale of vaccine production to save lives, livelihoods, and economic activity during a pandemic. It highlights tradeoffs associated with the US subsidies and the priority-rated contracts written through the Defense Production Act under Operation Warp Speed. This case study reveals a rich environment in which cross-border supply chains exacerbate input shortages in ways that constrain vaccine production, highlighting the need for the WTO to embrace new forms of international policy coordination for pandemic preparedness and response. **As part of a pandemic treaty, the paper proposes a plurilateral agreement on vaccine supply chain resilience that would include novel and enforceable disciplines for export restrictions, provisions to trigger coordinated subsidies across countries to jointly scale up vaccine output- and input-production capacity, and market surveillance initiatives on supply chain transparency.**”*

Planetary health

Guardian - World heading into ‘uncharted territory of destruction’, says climate report

https://www.theguardian.com/environment/2022/sep/13/world-heading-into-uncharted-territory-of-destruction-says-climate-report?CMP=share_btn_tw

“Governments and businesses failing to change fast enough, says United in Science report, as weather gets increasingly extreme.”

*“The world’s chances of avoiding the worst ravages of climate breakdown are diminishing rapidly, as we enter “uncharted territory of destruction” through our failure to cut greenhouse gas emissions and take the actions needed to stave off catastrophe, leading scientists have said. Despite intensifying warnings in recent years, governments and businesses have not been changing fast enough, according to **the United in Science report** published on Tuesday. The consequences are already being seen in increasingly extreme weather around the world, and we are in danger of provoking “tipping points” in the climate system that will mean more rapid and in some cases irreversible shifts.....”*

Nature (Comment) - How to stop cities and companies causing planetary harm

Xuemei Bai, J Rockström et al ; [Nature](#);

“Researchers must help to define science-based targets for water, nutrients, carbon emissions and more to avoid cascading effects and stave off tipping points in Earth’s systems.”

*“We must define science-based targets to ensure that we stay within the limits of what our planet can support, argue eight sustainability and policy researchers. **Next year, a global task force of natural and social scientists (including many of the authors) will issue its first report outlining these ‘Earth system boundaries’.** Here, they outline how researchers can help cities and companies*

to understand complex, interlinked systems — water, nutrients, carbon emissions and more — to avoid cascading effects and stave off tipping points in Earth’s systems.”

WB - The Global Health Cost of PM2.5 Air Pollution : A Case for Action Beyond 2021

<https://openknowledge.worldbank.org/handle/10986/36501>

Related tweet: ““This publication estimates that the **global cost of health damages associated with exposure to air pollution is \$8.1 trillion**, equivalent to 6.1 percent of global GDP”.

Development Today - Slow progress on USD 1.7 billion pledge triggers calls by indigenous leaders for transparency from donors

Ann Danaiya Usher; <https://www.development-today.com/archive/dt-2022/dt-6--2022/donors-struggle-to-meet-usd-1.7-billion-pledge-for-indigenous-peoples-forest-guardianship>

“At the **climate summit in Glasgow last year**, a handful of donors made a historic commitment to support indigenous peoples and local communities as guardians of tropical forests. **Now donors are struggling to show how much of their funding is going directly to communities rather than ending up with big NGOs, consultancies, and UN agencies**. Indigenous leaders want accountability and are asking: “Where is the money?””

Guardian - UN chief appeals for ‘massive’ help as flood-hit Pakistan puts losses at \$30bn

<https://www.theguardian.com/world/2022/sep/09/un-chief-appeals-for-massive-help-as-flood-hit-pakistan-puts-losses-at-30bn>

“Countries most responsible for climate crisis must ‘end war with nature’, says António Guterres.”

Ecological Economics - Reframing vulnerability and resilience to climate change through the lens of capability generation

<https://www.sciencedirect.com/science/article/pii/S092180092200218X>

“A **socio-ecological capability generation framework useful for climate change vulnerability-resilience analysis**. People’s “adaptive potential” is dependent on their capability space and agency. Sustainability encapsulated in the notion of “**bounded capability-functionings**”. Vulnerability-resilience is the ability or inability of a system to safeguard and generate sustainability-bounded, valuable capability and functionings.”

Guardian - A low-carbon chemical industry 'could create 29m jobs and double turnover'

<https://www.theguardian.com/environment/2022/sep/13/a-low-carbon-chemical-industry-could-create-29m-jobs-and-double-turnover>

"New report explains benefits of adopting more efficient technology and warns failure to do so could mean climate chaos."

Covid

UN News - The end of the COVID-19 pandemic is in sight: WHO

<https://news.un.org/en/story/2022/09/1126621>

See also the Highlights section. Here with some more detail on the media briefing on Wednesday.

*"We have never been in a better position to end the pandemic", [Tedros Adhanom Ghebreyesus](#) told journalists during his regular weekly press conference. The UN health agency's Director-General explained however, that the world is "not there yet". "A **marathon runner does not stop when the finish line comes into view. She runs harder, with all the energy she has left. So must we. We can see the finish line. We're in a winning position. But now is the worst time to stop running**", he underscored. **He also warned that if the world does not take the opportunity now, there is still a risk of more variants, deaths, disruption, and uncertainty.**"*

WHO also released 6 policy briefs: *"So, let's seize this opportunity", he urged, announcing that [WHO](#) is releasing six short policy briefs that outline the key actions that all governments must take now to "finish the race". The policy briefs are a summary, based on the evidence and experience of the last 32 months, outlining what works best to save lives, protect health systems, and avoid social and economic disruption. "[They] are an **urgent call for governments to take a hard look at their policies and strengthen them for COVID-19** and future pathogens with pandemic potential", Tedros explained. The documents, [which are available online](#), include recommendations regarding vaccination of most at-risk groups, continued testing and sequencing of the SARS-CoV-2 virus, and integrating effective treatment for COVID-19 into primary healthcare systems....."*

And via [Cidrap News](#) - [Global COVID-19 cases fall 28%; deaths drop 22%](#)

*"New COVID-19 cases worldwide fell 28% last week—marking a fifth straight week of declining cases—and COVID-related deaths dropped 22% from the previous week, the World Health Organization (WHO) said in its [weekly update](#) today. **Cases declined in all WHO regions, and deaths were down in all but Africa, where they rose 10%, the WHO said in the update....."***

Bloomberg - Moderna Shot Copied by WHO's Africa Hub May Be Made Globally

<https://www.bloomberg.com/news/articles/2022-09-13/who-s-africa-hub-aims-to-have-its-covid-19-vaccine-made-globally>

“Human trials of shot made by mRNA hub to start by May; Patents may complicate development of shots for other diseases.”

“Afrigen Biologics & Vaccines plans to start human trials of its Covid-19 vaccine candidate by May, part of a World Health Organization-backed plan to develop locally-made inoculations in the developing world. Afrigen, which is part of the WHO’s mRNA vaccine technology transfer hub in Cape Town, said in a joint statement the vaccine has shown “a strong immune response” in pre-clinical trials in mice. The vaccine was made by copying the publicly-available sequence of the Moderna Inc. shot provided by Stanford University. The next stage, the so-called phase 1, 2 trial, will involve about 150 people at sites near Cape Town with the aim of including both vaccinated and unvaccinated people and proving whether it can be used as an initial dose or a booster, said Petro Terblanche, Afrigen’s managing director.....”

“...The locally-developed shots could end up being made by at least 15 production facilities in low and middle income countries around the world. “

PS: **“...Health and legal advocacy groups this week sent a letter to South African President Cyril Ramaphosa this week asking him to take action against Moderna’s patents . “It is vital for the security of the mRNA hub that South Africa either revokes these patents or takes necessary executive actions to manage them,” the groups said in the letter distributed by the People’s Vaccine Alliance. “**

Reuters - Moderna open to supplying COVID vaccines to China, CEO says

[Reuters;](#)

“Moderna Inc (MRNA.O) has talked with the Chinese government about supplying COVID-19 vaccines, but no decision has been made, CEO Stephane Bancel said on Wednesday.”

““We are open, we have the capacity” Bancel said about supplying its mRNA-based shots to the country, declining to say whether Moderna had submitted its vaccine for approval there. Bancel, speaking in Tokyo, said Moderna is considering building facilities in Japan to produce mRNA-derived products.....”

Related – **Barrons : [Moderna Stock Is Surging. China Would Be a Big Market.](#)**

Reuters - WHO 'strongly advises against' use of two COVID treatments

[Reuters;](#)

“ Two COVID-19 antibody therapies are no longer recommended by the World Health Organization (WHO), on the basis that Omicron and the variant's latest offshoots have likely rendered them obsolete.....”

Nature News - Donated COVID drugs start flowing to poor nations — but can’t meet demand

<https://www.nature.com/articles/d41586-022-02939-7>

“Pilot schemes will explore test-and-treat logistics, amid efforts to bolster meagre supplies to low- and middle-income countries.”

Nature Communications Medicine - Mapping global acceptance and uptake of COVID-19 vaccination: A systematic review and meta-analysis

Q Wang et al; <https://www.nature.com/articles/s43856-022-00177-6>

Check out the findings.

Vizhub - new tool IHME

<https://vizhub.healthdata.org/covid-spending/>

“VizHub - COVID spending on vaccine delivery IHME’s new visualization tool illustrates the flow of COVID-19-specific development assistance money in 2020 and 2021.” “This tool highlights investments for COVID-19 vaccine delivery activities in 2020 and 2021. These estimates are meant to create transparency and inform policy and resource allocation.”

Wired - The Mystery of Why Some People Don’t Get Covid

<https://www.wired.com/story/the-mystery-of-why-some-people-dont-get-covid/>

“A small number of people appear naturally immune to the coronavirus. Scientists think they might hold the key to helping protect us all.”

Related – [NPR - So you haven't caught COVID yet. Does that mean you're a **superdodger**?](#)

Cidrap News - COVID vaccine may cut long-term symptoms up to 80%

<https://www.cidrap.umn.edu/news-perspective/2022/09/covid-vaccine-may-cut-long-term-symptoms-80>

“COVID-19 patients who had received two doses of the Pfizer/BioNTech vaccine reported 8 of the 10 most common long-COVID symptoms 50% to 80% less often than their unvaccinated counterparts, finds an ongoing Israeli [study](#) published in the Nature journal npj Vaccines.....”

BMJ (Feature) - Is covid-19 settling into a pattern?

<https://www.bmj.com/content/378/bmj.o2183>

*“SARS-CoV-2 is here to stay, with an increasing array of questions for science and medicine. In the first of a new series on Covid Unanswered Questions, **The BMJ** asks about our current understanding of waves and variants—and what they might mean for “living with the virus”.”*

Monkeypox

Science – Moving target

K Kupferschmidt; <https://www.science.org/content/article/will-monkeypox-virus-become-more-dangerous>

“The global monkeypox outbreak is giving the virus an unprecedented opportunity to adapt to humans. Will it change for the worse?”

Science (Perspective) – Monkeypox: The consequences of neglecting a disease, anywhere

O Tomori et al ; <https://www.science.org/doi/10.1126/science.add3668>

“A disease anywhere can spread everywhere, if neglected.”

HPW - 39,000 Test Kits for Africa – No Single Vaccine Dose, No Antiviral Treatment

<https://healthpolicy-watch.news/39000-test-kits-africa-no-vaccine-dose/>

Coverage of media briefing WHO Afro last week on Thursday. **“More than a month after declaring Monkeypox a public health emergency of international concern (PHEIC), WHO’s Africa Region has only received 39,000 test kits for the virus – while vaccines and treatments remain unavailable on the continent where the disease is endemic and often more deadly. That was the key message emerging out of a briefing by WHO’s African Regional Office [last week] on Thursday by senior WHO officials in the agency’s African Regional Office. “Except for a small cohort study in the Central African Republic (CAR), Monkeypox vaccines [and treatments] are not yet available on the continent,” said WHO Regional Director, Matshidiso Moeti. She was referring to the study of the anti-viral treatment Tecovirimat (TPOXX™), which has been ongoing amongst a small group of volunteers in CAR, under the direction of the University of Oxford, the Ministry of Health and SIGA, the drug manufacturer. Dr Fiona Braka, Team Lead, **Emergency Operations at WHO AFRO** told Health Policy Watch, that **in the absence of other tools the continent is relying more on non-pharmaceutical measures to control the spread of the disease”****

Cidrap News - Monkeypox vaccine-maker data show strong response

<https://www.cidrap.umn.edu/news-perspective/2022/09/monkeypox-vaccine-maker-data-show-strong-response>

“In contrast to a recent Dutch preprint that cast doubt on the efficacy of Bavarian Nordic’s Jynneos (modified vaccinia Ankara [MVA]) vaccine to produce significant neutralizing antibodies to monkeypox, the company has released its own preprint study showing that single and two-dose Jynneos vaccinations administered subcutaneously induced durable neutralizing antibody responses in healthy volunteers.....”

Nature - How deadly is monkeypox? What scientists know

https://www.nature.com/articles/d41586-022-02931-1?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1663085850

“Symptoms of severe disease differ from those seen during past outbreaks, causing researchers to re-evaluate their assumptions.”

Infectious diseases & NTDs

Science - Polio is back in rich countries, but it poses a far bigger threat to developing world

<https://www.science.org/content/article/polio-back-rich-countries-it-poses-far-bigger-threat-developing-world>

*“... Grassly and other polio experts stress that big outbreaks of paralytic polio cases remain highly unlikely in rich countries, thanks to high vaccination coverage and good sanitation. “There is a risk we will end up reporting one or two cases in London,” Grassly says. Mark Pallansch, a polio virologist who recently retired from the U.S. Centers for Disease Control and Prevention (CDC), thinks the same is true for New York state. **Both are far more concerned about similar outbreaks in low-income countries—which get far less press coverage but have already paralyzed almost 300 children this year, mostly in Yemen and Africa—and about a resurgence of the wild poliovirus in Africa....”***

“... Vaccine-derived polioviruses are not the only threat to the global eradication effort. Cases caused by the wild poliovirus are also up: Pakistan has already reported 17 this year, up from one in all of 2021. After being confined for years to Afghanistan and Pakistan, the wild virus leapt to Africa in 2021, where it was last seen 5 years ago. It has already paralyzed six children in Malawi and Mozambique. The risk of further spread is high, O’Leary says. Mozambique is also battling outbreaks of type 2 and type 3 vaccine-derived strains....”

BMJ - Asia’s “twindemic”: dengue fever cases rocket as covid-19 rages on

<https://www.bmj.com/content/378/bmj.o2090>

*“With the covid-19 pandemic ongoing, a devastating rise in dengue fever cases is putting severe pressure on Asia’s health systems, reports **Sonia Sarkar.**”*

HPW - COVID Threatens Meningitis Fight in Africa

<https://healthpolicy-watch.news/covid-threatens-meningitis-fight-in-africa/>

Coverage of an online briefing by WHO Afro last week.

“The COVID-19 pandemic delayed plans to vaccinate more than 50 million African children with doses of MenAfriVac, a vaccine designed for the African meningitis belt. That could undo the progress in controlling a lethal form of meningitis in Africa, the World Health Organization warns.

... Until 12 years ago, meningitis type A made up 90% of the meningitis cases and deaths in Africa. One particularly deadly outbreak in 1996 infected a quarter million people, and killed 25,000. After African health ministers pleaded for a solution, the MenAfriVac was developed through a partnership between WHO, the Bill and Melinda Gates Foundation and PATH. Starting in 2010, more than 350 million people in 24 high-risk nations received the single-dose vaccine. “The defeat of meningitis A is one of Africa’s biggest health success stories with not a single case being reported on the continent in the past five years,” says Dr Matshidiso Moeti, director of WHO’s regional office for Africa. Now, that progress is in jeopardy because “the COVID-19 pandemic has delayed [MenAfriVac] vaccination campaigns targeting more than 50 million children” under 12 years of age in Benin, Guinea, Guinea Bissau, Nigeria and Togo, she told reporters in an [online briefing](#).”

.... Ahead of the start of the next meningitis season in January 2023, WHO is launching a US\$1.5 billion [global strategy](#) to defeat bacterial meningitis in Africa by 2030. One of the priorities is to roll out a next-generation vaccine that has been shown in clinical trials to be safe and effective against multiple forms, Moeti [told](#) reporters on Thursday. “Following this example, the new framework aims to roll out the new vaccine to all 26 meningitis belt countries between 2023 and 2030 – aiming to achieve 90% coverage,” she said. “WHO is expected to prequalify the vaccine by the first quarter of next year.””

AMR

HPW - Less than 2% of Laboratories in 14 African Countries Can Test for Antimicrobial Resistance

<https://healthpolicy-watch.news/less-than-2-of-laboratories-in-14-african-countries-are-unable-to-test-for-antimicrobial-resistance/>

“Despite numerous announcements and plans to tackle [antimicrobial resistance \(AMR\)](#) in Africa, the basic requirements for testing for drug-resistant pathogens are unmet in most areas, according to a new study of 14 countries. Only 1.3% of the 50,000 medical laboratories in the participating countries were conducting [bacteriology testing](#). Of those, only a fraction are able to handle the scientific processes needed to evaluate AMR. Even where laboratories were testing for AMR resistance, only five out of the 15 antibiotic-resistant pathogens designated by the World Health Organization (WHO) as priority pathogens are being consistently tested, and there was high resistance to all five. The study reviewed about 820,000 AMR records from over 200 laboratories in Burkina Faso, Ghana, Nigeria, Senegal, Sierra Leone, Kenya, Tanzania, Uganda, Malawi, Eswatini, Zambia, Zimbabwe, Gabon, and Cameroon from 2016 to 2019.”

See also Cidrap News - [Report highlights limited capacity for tracking AMR in Africa](#)

NCDs

Lancet series - Sleep and sleep disorders

<https://www.thelancet.com/series/sleep-disorders>

*“Sleep is a crucial function, and its disruption can have multiple effects on health. **This Series covers cutting-edge evidence on the most common presentations of sleep disruption and debates the reasons why sleep contributes to health.** At the societal level, excessive daytime sleepiness, which is covered in the first paper, has a detrimental effect on work output, children’s education, and accidents, particularly road-traffic accidents. In addition, excessive daytime sleepiness can result from sleep deprivation, obstructive sleep apnoea, and other medical or psychiatric conditions, including restless legs syndrome, narcolepsy, and Kleine-Levin syndrome. Insomnia, which is covered in the second paper, can present alone or alongside medical and mental health disorders. Circadian rhythm sleep–wake disorders, which are covered in the third paper, are strongly associated with neuropsychiatric disorders, including brain injury, bipolar disorder, schizophrenia, Parkinson’s disease, and dementia. Studies of sleep in hunter-gatherer populations—which have reported low rates of insomnia compared with people living in modern industrial societies—and the evolution of sleep and the importance of rapid eye movement sleep, are discussed in the fourth paper.”*

Related Lancet Editorial – [Waking up to the importance of sleep](#)

*“The Lancet and The Lancet Neurology today publish a four-paper Series that systematically examines various sleep disorders, as well as reviewing the anthropology of sleep. Despite the diverse nature of sleep disorders, the **Series delivers four key messages.** First, sleep disorders are an underappreciated public health problem. Second, patients are being failed by the lack of effective treatment options. Third, in both hospital and primary care settings, physicians need to be aware of the chronic effects of poor sleep on general medical conditions such as hypertension, diabetes, and heart disease. Finally, rates of insufficient sleep and sleep disorders are highly likely to rise.”*

FT - Scientists discover how air pollution causes lung cancer

<https://www.ft.com/content/17016da0-f61a-4ecf-a9fd-7102a28bd2b4>

“New techniques to prevent and treat tumours could be developed after researchers identify role played by inflammation.”

*“An international team of scientists has made a breakthrough in identifying how air pollution causes lung cancer in people who have never smoked, a development that could help medical experts prevent and treat tumours. **Researchers found the fine particles in polluted air cause inflammation in the lungs, which activates pre-existing cancer genes that had been dormant.** It was previously believed that air pollution triggered genetic mutations that lead to cancer. The findings, based on research led by the Francis Crick Institute in London and funded by Cancer Research UK, were released at the European Society for Medical Oncology Congress in Paris on Saturday.....”*

The Conversation - Obesity costs South Africa billions. We did the sums

<https://theconversation.com/obesity-costs-south-africa-billions-we-did-the-sums-188768>

By M Boachie et al.

And a link:

- [Lancet GH - Cancer burden and status of cancer control measures in fragile states: a comparative analysis of 31 countries](#) (from the new Lancet GH October issue)

Social & commercial determinants of health

IJHPM - A World Beyond Trans-National Corporations: Meeting Human Rather Than Corporate Need; Comment on ““Part of the Solution:” Food Corporation Strategies for Regulatory Capture and Legitimacy”

Fran Baum et al ; http://www.ijhpm.com/article_4314.html

« This paper provides a commentary on Lacy-Nichols and Williams’ analysis of the emerging tactics of the ultra-processed food Transnationals Corporations (TNCs). Our paper provides an overview of the growth in power and influence of TNCs in the past three decades and considers how this change impacts on health and health equity. We examine how wealth inequities have increased dramatically and how many of the health harms are externalised to governments or individuals. We argue that human interests and corporate interests differ. The article concludes with a consideration of alternative ways of organising an economy that are more human centred and health promoting. We suggest five changes are required: improved measurement of economic outputs beyond GDP; improved regulation of finance and TNCs; development of localised economic models including co-operatives; reversal of privatisations; making the reduction of economic inequalities a goal of financial policy. We consider the barriers to these changes happening. »

Forthcoming book - The Commercial Determinants of Health

<https://global.oup.com/academic/product/the-commercial-determinants-of-health-9780197578759?cc=gb&lang=en&>

Edited by Nason Maani, Mark Petticrew, and Sandro Galea.

BMJ Feature - Stealing from the tobacco playbook, fossil fuel companies pour money into elite American universities

<https://www.bmj.com/content/378/bmj.o2095>

“**Paul Thacker** examines how oil and gas companies have funded research to try to weaken messages on climate change and protect their interests.”

WHO Special Initiative for Action on Social Determinants of Health for Advancing Health Equity (SDHE)

<https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/about>

“.... The WHO Special Initiative for Action on Social Determinants of Health for Advancing Health Equity (SDHE) builds on the 2021 World Health Day call to action for governments, international organizations and political leaders to work hand in hand with affected communities and individuals to address the root causes of inequities and to implement solutions. It aims to develop reliable strategies, models and practices that can be adopted by WHO offices, UN staff and country leaders to address SDHE. The goal of the Multi-Country stream of the special initiative is to demonstrate the effectiveness of these strategies, policies, models and practices through improving the social determinants of health for at least 20 million disadvantaged people in at least 12 countries by 2028, with an interim target of working with six countries/territories in the first four years. The WHO is supported by and working in a core international partnership with the Swiss Agency for Development and Cooperation (SDC), the University College London’s Institute of Health Equity (UCL-IHE) and the University of Lausanne (UNIL/UNISANTÉ)....”

Link :

- Globalization & Health - [Assessing the health impacts of transnational corporations: a case study of Carlton and United Breweries in Australia](#)

Sexual & Reproductive health rights

HP&P - Methodological reflections on health system oriented assessment of maternity care in 16 hospitals in sub-Saharan Africa: an embedded case study

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czac078/6695353?searchresult=1>

By Anteneh Assefa et al.

Global Health Action - Strengthening effectiveness evaluations through gender integration to improve programs for women, newborn, child, and adolescent health

<https://www.tandfonline.com/doi/full/10.1080/16549716.2021.2006420>

By R Morgan et al.

Plos Med (Perspective)– New research on the global prevalence of female genital mutilation/cutting: Research, clinical, and policy implications

K Stevenson et al; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004096>

Linked to the Plos Med study of a few weeks ago - [The global prevalence of female genital mutilation/cutting: A systematic review and meta-analysis of national, regional, facility, and school-based studies.](#)

And a link:

Plos GPH - [Systematic review of food insecurity and violence against women and girls: Mixed methods findings from low- and middle-income settings](#)

Neonatal and child health

Lancet Global Health - Divergent age patterns of under-5 mortality in south Asia and sub-Saharan Africa: a modelling study

A Verhulst et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00337-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00337-0/fulltext)

“The aim of this study is to detect age patterns of under-5 mortality that are specific to low-income and middle-income countries (LMICs).....”

FT - Infant inflection: zero growth warning for global milk formula market

<https://www.ft.com/content/ec401b29-7773-4037-b292-63f47d033112>

“Goldman Sachs predicts declining Chinese birth rates will drag down industry.”

Access to medicines & health technology

HPW - Fighting the Scourge of Fake Medicines: Global Fund Replenishment is Moment of Truth

<https://healthpolicy-watch.news/global-fund-financing-medicines/>

*“The upcoming **Global Fund Replenishment drive**, 19-21 September, will be critical to holding onto and advancing progress against infectious diseases in multiple ways – among them ensuring the flow of quality-assured medicines to low-income countries and fighting fake and substandard counterfeits that can comprise up to 70% of drugs on the market in some parts of Africa.....”*

“... Global Fund’s role fighting fake medicines is less well known: While the Global Fund’s work is familiar to many, perhaps less well known is its critical role in protecting patients from falsified and substandard medicines. Only quality-assured medicines may be procured with Global Fund financing – those cleared by stringent regulatory authorities, the World Health Organisation’s Prequalification Programme, or Global Fund’s Expert Review Panel. Malaria control is one of the therapeutic areas most affected by falsified and substandard medicines....”

“... [The estimated total financing need](#) for HIV, TB and malaria for the 2024-26 timeframe is US\$130.2 billion, of which at least US\$18 billion needs to be funded by the Global Fund. The minimum US\$18 billion replenishment is, therefore, of huge importance, especially because the Global Fund only procures quality-assured medicines and medicinal products for low-and middle-income countries. If the replenishment is not met in full, it increases the likelihood that countries will procure non-quality assured medicines. That raises the likelihood of substandard and falsified medicines reaching patients through formal or informal supply pathways....”

Link:

- Lancet Global Health (Comment) - [Access to essential respiratory medications remains elusive in LMICs](#)

Human resources for health

The Republic - Where Are the Medics?

<https://republic.com.ng/june-july-2022/scramble-africa-healthcare/>

“There is a global shortage of health workers, and the pandemic is making it worse. An ambitious programme in Rwanda seeks to help Africa in reversing this decline. What will they need to succeed?”

“Decades after African governments pledged to allocate at least 15 per cent of their annual budgets to the health sector, only Rwanda and South Africa have made progress to reach that target....”

Decolonize Global Health

Report Decolonising Economics/Tax Justice Net – Tax as a tool for racial justice

<https://decolonisingeconomics.org/2022/09/09/tax-as-a-tool-for-racial-justice-report/>

This report provides a chance to reflect on the colonial roots of our economics by proposing to use taxes as a tool for #racial #justice.

“This paper is intended to be a framework for future research, organising and campaigns for racial justice that imagine tax as a tool for racial justice - a tool that is designed to repair the harms of structural racism that are embedded into our economic system....”

Miscellaneous

Guardian - Fifty million people now trapped in modern slavery in a ‘surge of exploitation’

<https://www.theguardian.com/global-development/2022/sep/12/ten-million-more-people-now-trapped-in-slavery-report-says>

“New estimates say the past five years has seen 10m more people enslaved and millions more children forced into early marriage. Fifty million people around the world are trapped in modern slavery, either forced to work against their will or forced into a marriage, according to new global estimates, marking a significant rise over the past five years....”

*“The number of people trapped in forced labour, including sex trafficking, rose to 28 million, with a further 22 million trapped in forced marriage, says a **report published on Monday by the International Labour Organization, International Organization for Migration (IOM) and the anti-trafficking human rights group Walk Free.** The new estimates found that 10 million more people had fallen victim to forms of modern slavery in 2021 compared with 2016, with **women and children the most badly affected....”***

Stat - Alphabet spinout Verily raises \$1 billion as it looks to harness health data

<https://www.statnews.com/2022/09/09/alphabet-verily-funding-round-billion/>

“Alphabet’s life sciences offshoot Verily said Friday that it has raised \$1 billion to fuel its next stage of development — one that will be steered by a new corporate leader as CEO Andy Conrad plans to shift to an advisory role....”

Reuters - West weighs contentious anti-China move as U.N. rights council opens

<https://www.reuters.com/world/west-weighs-contentious-anti-china-move-un-rights-council-opens-2022-09-11/>

“Western countries face a dilemma as the U.N. Human Rights Council opens on Monday: confront China over human rights violations in its Xinjiang region and risk failing or miss the biggest opportunity to bring accountability in years.”

Devex Dish: The end of the Alliance for a Green Revolution in Africa

<https://www.devex.com/news/devex-dish-the-end-of-the-alliance-for-a-green-revolution-in-africa-103987>

“... The Alliance for a Green Revolution in Africa is no more — the organization will now be known only by its acronym, AGRA. My colleague Rumbi Chakamba brings us the latest on AGRA’s new five-year strategy, released last week at the organization’s buzzed-about gathering in Kigali....”

“... But critics of AGRA — which was found to have had a mixed impact on inclusive finance, output markets, and farmer outcomes in an independent evaluation released earlier this year — say the new strategy is just more of the same. Timothy Wise, a senior adviser at the Institute for Agriculture and Trade Policy, tells Rumbi that the fact that AGRA still supports the use of commercial seeds and synthetic fertilizer shows they remain committed to a “failed” Green Revolution approach. “At this point the name change means that AGRA now stands for nothing, literally and figuratively,” Wise says....”

And via [Devex](#) :

*“ The International Monetary Fund on Monday **began informal discussions at the board level on a food aid program** as countries reel from the weight of inflation. The **“food shock window”** is being **considered under IMF’s emergency financing arrangements**, spokesman Gerry Rice tells my colleague Shabtai Gold. This could allow countries in need to tap more funds than previously available. IMF, Rice says, is looking at “all options to enhance our toolkit.”....”*

Papers & reports

Lancet Global Health – October issue

[https://www.thelancet.com/issue/S2214-109X\(22\)X0011-9#](https://www.thelancet.com/issue/S2214-109X(22)X0011-9#)

Start with the **editorial** - [Amplifying the global issue of hearing loss](#)

Then check out the comments & research articles.

Health Research Policy & Systems - Saving millions of lives but some resources squandered: emerging lessons from health research system pandemic achievements and challenges

S Hanney et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-022-00883-6>

*“...We identified lessons from COVID-19 research responses by applying WHO’s framework for **research systems**. It has four functions—governance, securing finance, capacity-building, and production and use of research—and nine components. **Two linked questions focused the analysis. First, to what extent have achievements in knowledge production and evidence use built on existing structures and capacity in national health research systems? Second, did the features of such systems mitigate waste?** We collated evidence on seven countries, Australia, Brazil, Canada,*

Germany, New Zealand, the United Kingdom and the United States, to identify examples of achievements and challenges.....”

HP&P - Not for us, without us: examining horizontal coordination between the Ministry of Health and other sectors to advance health goals in Uganda

<https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czac079/6701584?redirectedFrom=fulltext>

By S Ssenyonjo, S van Belle et al.

Health Promotion International - Critical health literacy: reflection and action for health

<https://academic.oup.com/heapro/article/37/4/daac114/6680030?searchresult=1>

By T Abel et al.

IJHPM - Systemic Reflections on Knowledge Transfer; Comment on “Sustaining Knowledge Translation Practices: A Critical Interpretive Synthesis”

http://www.ijhpm.com/article_4312.html

by J Sturmberg.

Global Health Action - NGO perspectives on the challenges and opportunities for real-world evaluation: a qualitative study

T Sawadogo-Lewis et al ; <https://www.tandfonline.com/doi/full/10.1080/16549716.2022.2088083>

Results : « We found that despite flexibility from some donors, rigid reporting structures remain a barrier for NGOs to fully communicate the impact of their projects. While NGOs do utilize M&E findings, their use is limited by low staff capacity. The primary audience for the results remains the donor agency, and the primary motivation for M&E remains donor reporting. Reporting remains a burdensome affair, with ongoing limitations around streamlining results for donors. To reduce the burden of reporting for individual projects, the participants in our study suggested placing greater emphasis on process evaluations rather than impact evaluations. Participants also suggested increased data sharing between organizations working in the same regions and making better use of secondary data sources; in both cases to reduce the need for primary data collection.”

Report - Financing the UN System

<http://financingun.report/>

“New report on UN financing by @DagHammaraskjold @MPTFOffice provides the latest data & insights on #UNFinanceFacts & SDG financing.”

And a few links:

- **Global Health: Science & Practice** has a number of [new articles](#) you might want to look into.
- The New Humanitarian - [Key takeaways from the latest snapshot of the humanitarian system](#)

‘The system needs transformation, not tinkering at the edges.’

Blogs & op-eds

Social Europe - How can we build an international labour court?

W Pantland; <https://socialeurope.eu/how-can-we-build-an-international-labour-court>

“Multinationals dominate the economy but no international body exists to defend workers in supply chains.”

Project Syndicate - Investing in Africa’s Health

D Kaberuka; <https://www.project-syndicate.org/commentary/investing-in-african-health-is-investing-in-economic-recovery-by-donald-kaberuka-2022-09?barrier=accesspaylog>

Piece written ahead of the GF Replenishment. *“COVID-19 has reversed some of the progress made in the fight to eradicate AIDS, malaria, and tuberculosis in Africa. But, **despite high inflation and an uncertain economic outlook, African governments can take several steps to strengthen local health systems and bolster the continent’s defenses against future epidemics.**”*

*“ **Overseas aid remains vital.** If we are to reverse the losses created by the pandemic and continue to do lifesaving work, the Global Fund needs to meet its fundraising target of \$18 billion over the next three years. **But domestic investment is also crucial for securing health sustainability, especially given the impact of recent global shocks on both advanced and emerging economies. To this end, the Global Fund supports initiatives like the African Union’s African Leadership Meeting (ALM), which advocates for increased domestic resources for health.**”*

“... While there is no silver bullet, we have identified several actions that governments can take to promote investment in the health sector.....”

Tweets of the week

Virchow Prize

*“We are honoured to **announce @JNkengasong as the 2022 @virchowprize for Global Health Laureate.** Awarded for his unparalleled commitment in addressing complex global health challenges and making healthcare accessible to the world's most vulnerable #VirchowPrize2022.”*

Quote from Politico's Special investigation

<https://www.politico.com/news/2022/09/14/global-covid-pandemic-response-bill-gates-partners-00053969>

*"You need to have a reckoning on this. **The way the G-7, and the G-20, showed up in the pandemic was pretty disappointing, to put it mildly,**" said a person who works with one of the four organizations and requested to remain anonymous to speak more freely about the state of global health care. **"There was a complete lack of leadership. On this issue of equitable access, people made big statements, but they didn't follow through at all."***

Melissa Barber

Twitter thread re the same Politico story:

"One key revelation is Gates' high-level lobbying against the #TRIPSWaiver."

"It was previously known that Gates had lobbied Oxford University to enter its vaccine into an exclusive license w/AstraZeneca. <https://bloomberg.com/news/features/2020-07-15/oxford-s-covid-19-vaccine-is-the-coronavirus-front-runner...> Gates' strong pro-IP position and opposition to the #TRIPSWaiver was also widely known. (2/4)

"However, this is (to my knowledge) the 1st report that Gates had access to and personally lobbied Merkel & USTR rep Katherine Tai. The US (rather unexpectedly) ended up supporting a narrow waiver, while Germany was perhaps the most significant holdout against the waiver."

P Schellekens (quote from interview with Peter Hotez)

"Our Corbevax vaccine has gone into 80 million people, 70 million adolescents. The second version of our vaccine is going to be in Indonesia. Indovac is about to be approved. It's the first halal vaccine for Muslim majority countries."