

IHP news 689 : The commercial determinants of health era

(30 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,

We have a fairly lengthy Featured article this week, and my booster vaccine from Tuesday made me feel rather lousy for a couple of days (*Clearly my body doesn't enjoy an intruder 'made by Albert Bourla'* 😊), so I'm sure you won't mind a short intro this week.

So let me just draw your attention to this lovely **BMJ Global Health Editorial**, "[The feudal structure of global health and its implications for decolonisation](#)" in which, among others, the authors discuss the global health version of '**The Crown**'. In the Editorial, 'The Crown' stands for a small group of multilateral entities and HIC universities who (still) control the global health knowledge and practice ecosystem. Like the Netflix series, very much recommended! And let's hope various readers and stakeholders will get the message.

Although not from the UK, we also quite agree with Nason Maani and Martin McKee, in their BMJ Opinion, "[The commercial determinants of health: The mini-budget is a consequence of foundational forces medicine must bear witness to](#)" in which they conclude: "**...Be it in the context of this mini-budget, covid-19, or the climate crisis, we are in the era of the commercial determinants of health. The question is, will we rise to the challenge?**"

It's a good question.

Enjoy your reading.

Kristof Decoster

Featured Article

Primary Health Care in Kerala: a social determinants policy discourse *sans* the 'social'

Sreenidhi Sreekumar

The concept of 'social determinants' of health is defined by the [World Health Organisation](#) as "The non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems." This article argues that caste continues to remain one of the crucial societal forces within Indian settings that dictate and shape health outcomes between various caste groups. Despite its importance as a social determinant of health, caste is also one of the most ignored within existing health care policy discourse. The arguments presented here are drawn from the author's own doctoral research on primary health care in Kerala.

The state of Kerala introduced a slew of health care reforms under the moniker of 'Aardram' mission, which loosely translates as 'gentle'. The reforms were initiated by the government in 2016 and gradually came into implementation by 2018. The mission sought to revamp the existing health care services in the state through revamping of infrastructure, human resources, better timing of services and above all through interventions in 'social determinants' of health. These changes were aimed at the larger goal of achieving sustainable development goals and thereby improving the health outcomes for the population. Addressing 'social determinants' was therefore one of the core strategies of the mission. A cursory look at the policy document suggests that 'social determinants' is one of the most frequently used concepts within the policy. The word 'Social determinants' appears 32 times within the whole document which is 140 pages long (Comprehensive Primary Health Care Through Family Health Centres, 2019).

Despite its frequent usage, a closer look at the policy and its narrative on 'social determinants' quickly reveals the chinks in its armour. Though the document nowhere defines the concept of social determinants, its implied meaning could be discerned through the ways in which it appears within the document. For instance;

"...as these deal with various social determinants of health like education, safe drinking water, sanitation or safe disposal of waste."

"The social determinants of health (safe drinking water, environment, cleanliness, sanitation etc) being crucial to the health of a community"

"FHC [Family Health Centres] also include[s] services required for improving the social determinants of health proper housing, safe water supply, sanitation, waste management, means of livelihood and accessible health care services."

To the untrained eyes, these sentences seem inclusive and may not invite scrutiny, yet they hint at a rather narrow understanding of the concept. These sentences point to the idea that social determinants equal education, safe drinking water, sanitation, proper housing, means of livelihood and access to health services. When interviewed, similar perspectives were also found reflected within the spoken narratives of senior staff who influence policy setting in the State.

“Then there is something we call social determinants of health. So, when we consider the health of society it depends on a lot of non-medical reasons. Like the availability of safe water supply, good sanitary latrines, environmental sanitation and of course nutrition.” (Senior Policymaker, Department of Health, Government of Kerala)

A pertinent question that deserves to be posed is, do these narrow definitions necessarily constitute ‘social determinants’ or just ‘immediate’ or ‘basic’ determinants of health?

Albeit subtle, these narrow distinctions create a world of difference when used within a policy discourse. More so in the context of low-income countries like India where social locations of people like caste and ethnicity determine their living conditions including housing, access to livelihood, education and consequently their health too. This is evident in the case of underprivileged caste groups in India, namely Dalits. To date, Dalits remain one of the most marginalised and vulnerable social groups in India as well as in Kerala. [Studies on Dalit land ownership in Kerala](#) suggest that close to 60% of Dalits still live in congested settlements called ‘colonies’. Today these [colonies in Kerala](#) are sites of abject poverty with limited or no access to water or sanitation. They are characterised by their high rates of unemployment, low income, and low [educational achievements](#), specifically among Dalit youths. Women from these settlements mostly depend on the subsistence income drawn from employment guarantee schemes or domestic work.

An obvious corollary is that Dalits continue to experience relatively poor health outcomes when compared to non-Dalit communities. This is also reflected through [multiple studies from Kerala and across India](#) that suggest poor utilisation of health care and poor health outcomes among Dalits and [Adivasis](#). For example, today a Dalit woman in India lives 15 years less compared to her non-Dalit counterpart. Anaemia is also more prevalent among them, and they show a lower uptake of antenatal care, among others.

So, how do these policy narratives about social determinants make a difference to the Dalits and their health care in Kerala? This could only be discerned by examining whether these narratives capture the links between the caste locations of communities and their access to basic determinants like drinking water, education or sanitation. The answer is that these narratives on social determinants do not in any way capture how social locations of different communities, shape differential and inequitable access to drinking water, sanitation, education or livelihood. First, the policy narrowly defines social determinants as access to the basic livelihood requirements for populations in general. The result is an erroneous vision of ‘social determinants’ equalised with that of access to ‘basic’ requirements like water and sanitation amongst others. Secondly, through such a narrow definition, the policy becomes separated from the larger goals of equity. It does so by being blind to disparities in the distribution of health determinants across social gradients within communities. As a result, the crucial link between caste identities and access to various basic determinants of health is lost.

This is made further evident in the way caste is problematised within the ‘Aardram’ mission policy document. In the whole 140-page document, only once does it mention scheduled castes (SC), in the context of priority areas to be visited by the field health staff. Here too scheduled caste colonies are mentioned among a list of areas that are prone to diseases like correction homes, old age homes, sewage treatment plants, and public toilets amongst others. As a result, the document proposes a rather curious way of perceiving Dalit colonies as mere health and hygiene hazards that require priority visits. Apart from this, nowhere else does the policy attempt to connect the idea of social determinants and the role of caste in shaping differential health outcomes within the state.

Similar neglect of the idea of caste was also observed in the way it appears within the spoken narratives on health by senior health staff in the state.

“Suppose if we have to think of a new health project, never can we think of it from the perspective of caste or any specific sex. Nor can we think of health projects specific to any small community. Normally it becomes a problem after implementation, where some groups will complain that they did not get fair representation. So, ideally, such issues shall never challenge health initiatives.” (District Program Manager, Dept of Health, Government of Kerala)

“When we think of health, there is no difference based on the caste and creed of individuals. Health is above such differences and is purely biological.” (Senior Policymaker, Dept of Health, Government of Kerala)

These narratives tend to consider caste as, either a challenge to new health care programs or from a perspective where health is purely biological. By locating caste as a challenge and by separating health from its societal context(s) it creates an idea of health that is socially blind, inequitable and unfair.

In summary, the social determinants discourse in Kerala is *sans* the ‘social’. In the context of the WHO definition of ‘social determinants’ of health, caste can be considered a larger societal level force that creates differential access to basic determinants and thereby shapes disparate health outcomes. However, by ignoring caste and narrowing ‘social determinants’ to the idea of basic determinants, these policy discourses in Kerala stand to further widen the health divides between communities. By failing to acknowledge caste, the powerful policy discourses shape an idea of health care that shall be equal to all sections despite the existing social gradients within communities. By doing so these discourses remain deeply unfair and oppressive to the underprivileged and create further marginalisation of Dalit communities in the State.

References

Comprehensive Primary Health Care Through Family Health Centres (2019). Policy document, Kerala.

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On the author:

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Highlights of the week

End of Covid (as a global health emergency at least) ?

UN News - Build momentum to 'finish the job' and end COVID-19 pandemic, Guterres urges

<https://news.un.org/en/story/2022/09/1127801>

Coverage of a High-level event at #UNGA77 last week on Friday. *“Senior UN officials, including Secretary-General António Guterres, took part in a **High-Level event at UN Headquarters in New York on Friday**, noting the encouraging progress that has been made towards ending the COVID-19 pandemic, while acknowledging that work still needs to be done to ensure the most vulnerable are protected....”*

*“... **Tedros Adhanom Ghebreyesus**, the head of UN health agency [WHO](#), has had to deliver many downbeat remarks since the beginning of the pandemic but, **at Friday’s event, he was able to send a remarkably positive message**. With so many people vaccinated, and reported deaths from the virus at the lowest levels since the beginning of the pandemic, **the international community, he said, has “never been in a better position to end COVID-19 as a global health emergency”.**”*

*“However, Tedros echoed the concerns raised by Mr. Guterres, and referred to a report, issued on Thursday by the [WHO Access to COVID-19 Tools \(ACT\) Accelerator Council](#), which revealed that **most low and middle-income countries have virtually no access to new antivirals**. Whilst the Accelerator is making progress, providing almost 1.5 billion vaccine doses, and supporting 68 new countries to reach vaccination coverage of at least 40 per cent, much more needs to be done, said Tedros: “we’re not there yet, but the end is in sight”....”*

But see also this broad-ranging [interview of dr Tedros with The Washington Post](#)

Among others: *“... **Yet he disagrees with those who say the pandemic is over. “We’re still in the middle of a big war,”** he said....”*

*“He sat down with The Washington Post last month for a **wide-ranging discussion about the coronavirus and his ideas for change**, in what WHO officials said was his most substantial one-on-one interview since the pandemic began....”*

Reuters - 'Blood on your hands' if world steps back on tackling COVID now - WHO official

[Reuters](#)

Important interview with Bruce Aylward, also end of last week.

“If rich nations think the pandemic is over, they should help lower-income countries reach that point too, a senior World Health Organization official told Reuters. In an interview, WHO senior

adviser Bruce Aylward warned that richer nations must not step back from tackling COVID-19 as a global problem now, ahead of future potential waves of infection....”

“...Aylward said that the group he co-ordinates, which focuses on equitable access to COVID-19 vaccines, treatments and tests worldwide, is not yet ready to move out of the emergency phase of tackling the pandemic and that countries need to be ready and have treatments in place for any further waves of infection. Aylward co-ordinates the ACT-Accelerator, a partnership between WHO and other global health bodies to help poorer countries access COVID-19 tools. ... There had been some speculation that the effort may wind up this autumn, but Aylward said it was simply changing its focus as the pandemic changes.”

“Over the next six months, the partnership will aim particularly at delivering vaccines to the roughly one quarter of the world's health care workers and elderly who have still not had a shot, as well as on improving access to test-and-treat, particularly with pfizer's paxlovid, he said. It will also look to the future as COVID is "here to stay", and unless systems are put in place, support will collapse once other industrialised nations also think the pandemic is over, said Aylward. The initiative already has an \$11 billion gap in its budget, with most of its available \$5.7 billion in funding pledged towards vaccines rather than tests or treatments....”

Science - Big COVID-19 waves may be coming, new Omicron strains suggest

<https://www.science.org/content/article/big-covid-19-waves-may-be-coming-new-omicron-strains-suggest#.YzPfcTyBkTY.twitter>

“Emerging subvariants have hit on a combination of mutations that makes them more immune evasive than ever.” Somewhat ominous state of affairs, meanwhile....

More UNGA 77 news & analysis

WP - What coronavirus? At U.N. General

A Taylor; <https://www.washingtonpost.com/world/2022/09/23/unga-pandemic-biden/>

Nice overall analysis of UNGA77. A few chunks:

“... The topics of discussion had changed, too: Just last year, covid-19 dominated the conversation, with Biden himself hosting a concurrent summit on global vaccination efforts and committing to a goal of immunizing 70 percent of the world's 8 billion people within the next year. But this year, things are different, although not necessarily in a positive way. The international community has moved on from the pandemic — but to war and general chaos....”

“...The pandemic was all but forgotten at the United Nations — and last year's pledges had gone unfulfilled. When Biden spoke at the General Assembly last year, he said the words “covid-19” 10 times and “pandemic” six times. This year, he focused instead on countering Russia and other authoritarian states, saying “covid-19” just three times and mentioning “pandemic” only once. Biden missed his own stated target on global vaccination. Advocacy groups said that less than 1 in 5

people of low-income countries was fully vaccinated, while 56 percent of people in lower-middle income countries had reached the target.”

*“...Soumya Swaminathan, chief scientist at the WHO, admitted that the [mRNA] hubs may fail to make a significant impact on the covid-19 pandemic — Afrigen’s vaccine could still be years away from hitting the market — but that the system needed to be put in place now for the future. “The only way to solve this problem is to take a longer-term view, not a quick fix view,” she said. **The problem is that governments around the world are not always good at taking the longer view....”***

“...Meanwhile, South Korean President Yoon Suk-yeol caused a minor diplomatic scandal when he spoke an undiplomatic truth at the Biden event: the U.S. president’s pledge of \$6 billion in funding for AIDs, tuberculosis and malaria may not get past Congress....”

*“...But even without Congress as an obstacle, the United States has yet to provide funding for the mRNA hubs project, which has the potential to make a major impact with a modest price tag. Instead, it supports the hub through technical assistance. **The hub in South Africa expects it will need about \$100 million in funding over the next four years, with just \$67 million raised so far....”***

Devex - UNGA cast a spotlight on split between global north and south

C Lynch; <https://www.devex.com/news/unga-cast-a-spotlight-on-split-between-global-north-and-south-104067>

Another overall analysis of UNGA77.

“While U.S. President Joe Biden and his European colleagues sought to focus the world’s attention on Russia’s invasion of Ukraine, leaders from the global south had other things on their mind. [The Pakistani leader] Sharif was one of many world leaders from lower-income countries who veered away from the U.S. script and instead expressed a growing resentment toward their wealthy northern neighbors that are seeking solidarity from the south in Ukraine’s defensive war against Russia, but which they feel have again and again fallen short on their promises to address a range of disasters that are existential to them....”

*“A **perfect storm of crises** — including a deadly pandemic, climate-induced drought and famine, Russia’s war in Ukraine that has jacked up prices of food and fuel around the world, and supercharged global inflation rates — **has exacerbated traditional tensions between the global north and global south. It has also all but stalled progress on the U.N. Sustainable Development Goals**, a list of 17 targets the international community established in 2015 to improve the quality of life for the world’s neediest. **Halfway to 2030, the effort to achieve those goals has largely stalled.”***

*“.... **the disconnect between high-income and low-income countries has fueled an increasing sense of alienation from the north among lower-income countries that have seen a raft of commitments** — from climate adaptation funds to ending poverty, hunger and a host of other Sustainable Development Goals, to making vaccines available equitably around the world — **fall well short of expectations.”***

Global Policy Forum - New impetus for Agenda 2030: Why a fourth International Conference on Financing for Development is overdue

B Ellmers ; <https://www.globalpolicy.org/en/publication/new-impetus-agenda-2030>

“As Agenda 2030 passes its mid-way point, ambitious reforms will be required during its second phase if the Sustainable Development Goals (SDGs) are still to be achieved. A lack of financial resources is one of the main reasons why their implementation has fallen so far behind. The UN’s latest Financing for Sustainable Development Report has identified the “financial divide”, i.e. the lack of access to funds at favourable interest rates for countries of the Global South, as a key problem. It means that affluent countries have recovered comparatively quickly from the shock of the coronavirus crisis and are able to invest in sustainable development, whereas many low-income countries are now trailing even further behind.....”

“.... The UN has therefore established a series of negotiating formats with a view to generating fresh political momentum [for the SDGs]. The series will start in 2023 with the SDG Summit and the Summit of the Future and end with the World Social Summit in 2025. However, there is little point in talking about political objectives if the means to achieve them are largely lacking. There is, therefore, growing pressure to convene a new International Conference on Financing for Development to complement the formats already mentioned. This would be the fourth of its kind, after preceding events in Monterrey (2002), Doha (2008) and Addis Ababa (2015). The UN General Assembly is due to negotiate a mandate for the conference in October this year (2022).....”

The People’s Vaccine – US government committed to decentralized mRNA vaccine manufacturing

<https://peoplesvaccine.org/resources/media-releases/us-government-committed-to-decentralized-mrna-vaccine-manufacturing/>

(23 Sept) Coverage of an event on the mRNA hub.

“The US government is “committed to” decentralised mRNA vaccine manufacturing, assistant US health and human services secretary Loyce Pace said today at an event promoting a World Health Organization (WHO) initiative to share mRNA vaccine technology with low and middle-income countries. The mRNA Technology Transfer Hub, based in South African company Afrigen, will share mRNA vaccine technology with producers in Brazil, Egypt, Kenya, Nigeria, Senegal, Tunisia, Bangladesh, Indonesia, India, Pakistan, Serbia, South Africa, Ukraine, and Vietnam.”

“....comments were made at an event at the Yale Club in New York during the United Nations General Assembly (UNGA) hosted by the People’s Vaccine Alliance, Public Citizen, UNAIDS, Global Citizen, Medicines Patent Pool, Afrigen, and the Republic of South Africa’s Health Department....”

Planetary Health

BMJ Opinion - The human right to a healthy environment—time for the public health community to take urgent action

K Buse et al ; <https://www.bmj.com/content/378/bmj.o2313>

“The public health community should urgently leverage the human right to a healthy environment to protect planetary health, argue Kent Buse and colleagues.”

“... despite this landmark agreement, the resolution cannot be seen as the end of the fight for environmental health. It must be implemented by national governments. In supporting urgent action by governments, it is imperative that the public health community join with the human rights community on a common five-point agenda.” I.e: “Gov'ts incorporate provisions; Public to know this right & demand action ; Mobilise rights machinery ; Work through multilaterals; Link to climate action.”

Thomson Reuters -Why climate-change 'loss and damage' will be a hot topic at COP27

<https://news.trust.org/item/20220923113759-lwghb/>

*“ As large parts of the planet struggle with climate-inflicted woes, from floods in Pakistan to forest fires in the United States, **the thorny issue of how to address "loss and damage" driven by global warming has risen up the political agenda.....”***

Related: **Carbon brief** - [COP27: Why is addressing 'loss and damage' crucial for climate justice?](#)

Guardian - Thousands call for 'climate reparations and justice' in global protests

<https://www.theguardian.com/environment/2022/sep/23/thousands-call-for-climate-reparations-and-justice-in-global-protests>

*“Fridays for Future ‘strikes’ in about 450 places **demanded rich countries pay for damage from global heating.**”*

*“The protests take place six weeks before the Cop27 climate summit, **where developing countries plan to push for compensation for climate-related destruction to homes, infrastructure and livelihoods.**”*

Climate Change News - Gap to 1.5C yawns, as most governments miss UN deadline to improve climate plans

<https://climatechangenews.com/2022/09/26/gap-to-1-5c-yawns-as-most-governments-miss-un-deadline-to-improve-climate-plans/>

“Almost all the world’s governments have failed to improve their climate plans this year, breaking a promise made at last year’s climate summit in Glasgow, UK.”

*“At Cop26, all countries agreed to “revisit and strengthen” their 2030 climate plans, to close the gap between national action and the temperature goals of the Paris Agreement. **23 September was the cut-off date for inclusion in a UN Climate Change progress report** and was highlighted as a deadline by Cop26 president Alok Sharma. As that date passed, **just 23 of the nearly 200 countries which signed the Glasgow agreement had submitted updated 2030 climate plans. Of these, most offered more policy detail rather than strengthening headline targets....”***

#HealthToo

HPW - Call for Women Health Workers to Share Experiences of Sexual Harassment and Violence

<https://healthpolicy-watch.news/women-hcw-experiences-of-sexual-harassment/>

“A significant number of women health care workers are being driven from the professional because of sexual harassment, and Women in Global Health (WGH) collecting their testimonies. There are no laws against sexual harassment at workplace in over 50 countries, and WGH has called for a ‘change at all levels’ of the ecosystem. The organisation recently announced their research project, “HealthToo”, to document testimonies of sexual exploitation, abuse and harassment (SEAH) experienced by women health care workers across the globe. WGH will be [accepting testimonies](#) from women healthcare workers till 30 November, and intends to publish the data and findings by December.”

“The intention of the project is to address the gap in the data of SEAH across the world and draw attention to the issue that has caused several women to leave the workforce... ...Pointing to the International Labour Organization (ILO)’s [convention on violence and harassment](#), referred to as C190, the researchers said that the end goal is to get as many countries as possible to sign up to the convention. The convention, which has been ratified by 20 countries and is in force in eight, defines violence and harassment at the workplace and encourages countries to set up their own legislative framework to address SEAH at the workplace.”

Global austerity?

Oxfam - 85% of the world's population will live in the grip of stringent austerity measures by next year

<https://www.oxfam.org/fr/node/21056>

“Despite millions of people being pushed into hunger and poverty, 143 countries — including 94 developing nations — are implementing policy measures that undermine governments’ capacity to provide healthcare, education and social protection. A new report titled [End Austerity: A Global Report on Budget Cuts and Harmful Social Reforms in 2022-25](#) shows that 85 percent of the world’s

population will live in the grip of austerity measures by 2023. This trend is likely to continue until at least 2025, when 75 percent of the global population (129 countries) could still be living under these conditions.”

“... Civil society organizations from across the world are launching the #EndAusterity campaign today to fight back against the wave of austerity that is sweeping across the world, supercharging inequality and compounding the effects of the cost-of-living crisis and climate breakdown.”

“... Additional analysis published today by the Financial Transparency Coalition and its partners shows that one-third less COVID-19 recovery money was spent last year compared to 2020, falling from 3.9 percent of GDP to 2.5 percent of GDP. The report [“Recovery at a Crossroads: How Countries Spent COVID-19 Funds”](#) also found that only 37 percent of COVID-19 recovery funds in 21 developing countries were invested in social protection. Meanwhile, 39 percent of these funds went to big corporations — this does not take into account tax waivers, corporate loans, and credit lines where they are not accounted for in the budgets. Smaller businesses got 20 percent of recovery funds, and informal workers 4 percent. Women have been particularly affected, since despite being hard hit by the pandemic, they only received half as much support as men.....”

Ebola outbreak in Uganda

Telegraph - Fast-moving Ebola outbreak sparks security alerts at Uganda’s borders

<https://www.telegraph.co.uk/global-health/science-and-disease/uganda-ebola-outbreak-sparks-security-alerts-countrys-borders/>

« The country's Ministry of Health confirms 36 cases and 23 probable deaths since the outbreak was first declared. East Africa is on high alert as the number of Ebola cases in Uganda begins to soar, with a healthcare worker among the latest fatalities.....”

« On Monday, there were a total of 36 cases and 23 confirmed and probable deaths, according to the Ministry of Health. This is a staggering increase from the mere seven reported cases last Tuesday, when the outbreak was first declared. The highly contagious hemorrhagic fever is currently ripping through rural communities along a key road, which leads from the capital Kampala to the Democratic Republic of Congo. The outbreak has now spread to three rural districts around Mubende town in central Uganda. The fear is that the outbreak will reach Kampala, a bustling east African metropolis of about 3.5m people with trade links across the region.....”

WHO says Ebola outbreak in Uganda poses ‘high’ risk

<https://bnonews.com/index.php/2022/09/who-says-ebola-outbreak-in-uganda-poses-high-risk/>

“The Ebola outbreak in central Uganda, which involves a rare strain for which there’s no vaccine, poses a “high” risk on the national level, according to the World Health Organization. It added that international spread cannot be ruled out.”

“WHO said in a statement on Monday that it assessed the risk on the national level as “high” because no vaccine has been approved against Sudan ebolavirus, the outbreak may have started three weeks before the first case was found, several transmission chains have not yet been tracked and the victims were buried with large gathering ceremonies...”

And the latest update, via **Cidrap News** - [Uganda Ebola cases jump to 50, with 1 more death](#) (WHO Afro figures)

HPW - Uganda Prepares New Ebola Vaccine Clinical Trial as Cases Rise to 7

<https://healthpolicy-watch.news/uganda-prepares-new-ebola-vaccine-clinical-trial-as-cases-rise-to-7/>

From end of last week. *“In a matter of weeks, a clinical trial for an Ebola vaccine candidate that could protect against the Sudan strain of the Ebola virus could get underway in central Uganda where the number of confirmed cases in the country’s ongoing outbreak has risen to seven.....”*

See also **Stat News** - [Ebola experimental vaccine trial may begin soon in Uganda.](#)

*“... A clinical trial of one or perhaps two experimental vaccines designed to protect against the Ebola Sudan virus could soon begin in Uganda, as long as the country agrees to allow the research to take place, an **official of the World Health Organization** said Wednesday. **The trial could get underway within a couple of weeks and definitely before the end of October, said Ana Maria Henao-Restrepo, who heads WHO’s R&D Blueprint effort to develop drugs, diagnostics, and vaccines to respond to outbreaks of rare and dangerous pathogens.** Henao-Restrepo and her team in WHO’s Health Emergencies Program have been meeting since last week to try to determine if any of the vaccines in development are far enough along to warrant testing in the fast-growing Ebola Sudan outbreak, which was first recognized early last week.”*

And **Science** - [Scientists race to test vaccines for Uganda’s Ebola outbreak](#)

“As deaths climb, researchers once again scramble to launch trials during a crisis.” With all the detail, including on potential vaccine candidates.

And a link:

Devex - [Rapid tests not effective against rare Ebola strain in Uganda](#)

Global Health Governance

Devex - **'ACT-Accelerator has to change': WHO's Bruce Aylward lays out plans**

<https://www.devex.com/news/act-accelerator-has-to-change-who-s-bruce-aylward-lays-out-plans-104073>

ACT-A is not ending, it's transitioning.

“As the pandemic evolves, a key global effort to tackle the pandemic worldwide is also evolving and hopes to have a transition plan in place next month to continue its lifesaving work — rather than end it, as some have speculated for months. The plan for the Access to COVID-19 Tools Accelerator, or ACT-A, a multilateral initiative launched during the [COVID-19](#) pandemic, would identify what the initiative wants to do more of and less of as the world moves further away from an emergency response to the pandemic.”

“... This means **ACT-A**, which was set up to accelerate the development of lifesaving tools such as vaccines and ensure they are accessible to all countries, **is consolidating its work**, he said, rather than ending it — [a narrative](#) that has surrounded the initiative for months. **Aylward said the work of ACT-A remains important, including on research and development**, especially as the virus continues to evolve. **There remains a “steady demand” for vaccines, he said, and it will continue to be a key part of ACT-A’s work. But the initiative also plans to increase procurement of and improve access to treatments.....”**

“... Devex spoke with Aylward about ACT-A’s future, why its work remains vital, and the risks the multilateral partnership faces in the coming months.....”

WHO - Joint statement of the United States of America and the World Health Organization on the U.S.-WHO strategic dialogue

<https://www.who.int/news/item/27-09-2022-joint-statement-of-the-united-states-of-america-and-the-world-health-organization-on-the-u.s.-who-strategic-dialogue>

“U.S. Department of Health and Human Services Secretary Xavier Becerra and World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyesus held the first U.S.-WHO Strategic Dialogue. Convened under the Biden-Harris Administration, the U.S.-WHO Strategic Dialogue provides **a platform to maximize the longstanding U.S. government-WHO partnership**, and to protect and promote the health of all people around the globe, including the American people. Representatives from across the United States Government and WHO leadership **discussed several priority global public health issues and areas of collaboration and partnership, including ongoing WHO strengthening efforts. The U.S. and WHO welcomed the creation of the historic new financial intermediary fund for pandemic prevention, preparedness, and response, and called on countries to help ensure it is sustainably financed and supported.....”**

HPW - EU to Release Communication on Second Global Health Strategy Plan by December

<https://healthpolicy-watch.news/eu-second-global-health-plan-communication/>

“It was in 2003 that global health first became a part of the EU’s health strategy,” Kickbusch recalled. “But then it disappeared, only to come back in 2010 as the first global health strategy, and now we are working on a second one.” Two decades down the road, **with public consultations formally closed last week, the European Union (EU) is set to release its second Global Health Strategy before Christmas this year....”**

*“... While the previous EU global health strategy was crafted in European capitals, the new consultative approach has placed an emphasis on the inclusion of partners from across the Global South. This inclusion of the views of stakeholders in low and middle-income countries (LMICs) in the drafting process is key to the new plan’s legitimacy, and to many, represents a watershed moment for the **transition from charity dynamics to those of partnership.** ...”*

Europe’s role in Global Health: What to expect from a new strategy?

I Kickbusch & M Kökeny; <https://apps.who.int/iris/bitstream/handle/10665/362207/Eurohealth-28-3-43-46-eng.pdf?sequence=1&isAllowed=y>

Four-pager. *“The timeliness of the initiative for a **new European Union (EU) global health strategy** is justified by the radically changed geopolitical circumstances and emerging public health challenges, as well as the lessons learned from the COVID-19 pandemic. It is expected that the new strategy will also reflect the evolution of the European Health Union, a gradually broadening common health policy framework. In an interconnected global political environment, particular attention should be paid to the smart choice of priorities, consistency with UN and WHO objectives, coherence with Member States’ existing national global health strategies and the involvement of non-governmental actors. But the strategy must also be ambitious and address the big transformations impacting on health, especially where the EU has already shown leadership, such as digitalisation.”*

Pandemic treaty: 2nd round public hearings

HPW - From the Equity to Conspiracies, People Say What They Want From a Pandemic Treaty

<https://healthpolicy-watch.news/from-the-equity-to-conspiracies-people-say-what-they-want-from-a-pandemic-treaty/>

*“From bedrooms in China to boardrooms in Geneva, people offered their views on how to protect the world against future pandemics during **the second round of public hearings called by the World Health Organization (WHO).** ... **The call for comments elicited over 250 video submissions**, some of which were aired on Thursday [via the WHO’s website](#) with the rest due to be released on Friday.*

*“... **Equitable access to medicines and protective equipment, more support for health workers and an end to pandemic profiteering had wide support for inclusion in a future pandemic accord.** Meanwhile, a flotilla of conspiracy theorists also submitted the comments, condemning COVID-19 vaccines (“gene genocide”, according to one), WHO “global domination”, masks and social distancing...”*

Also with the views of the People’s Vaccine, IFPMA, Third World Network, and others.

A few key papers, reports, Commissions, supplements,

Lancet Global Health - Pandemic preparedness and response: exploring the role of universal health coverage within the global health security architecture

Arush Lal et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00341-2/fulltext#.YzPhAKpAmUs.twitter](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00341-2/fulltext#.YzPhAKpAmUs.twitter)

The read of the week.

Lancet GH - Announcing the *Lancet Global Health Commission on medical oxygen security*

F Kitutu et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00407-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00407-7/fulltext)

« ... *The Lancet Global Health Commission on medical oxygen security aims to: (1) address major gaps in oxygen research, (2) mobilise a broad coalition to promote best practices in addressing the gaps in medical oxygen delivery systems, facilitating and conducting the relevant research to inform implementation, and (3) accelerate impact towards strong oxygen systems and reduced mortality and morbidity globally. **Four research themes will guide the Commission report and will be applied across four cross-cutting pillars addressing all levels of health care, patient populations, relevant indications for oxygen therapy, and a variety of health systems issues ...***”

« ... *The Commission is co-chaired by scholars from Makerere University, Kampala, Uganda; the International Centre for Diarrhoeal Disease Research, Dhaka, Bangladesh; and the University of Melbourne and the Murdoch Children's Research Institute, Melbourne, VIC, Australia, with support from the Every Breath Counts Coalition, New York, NY, USA. Together these organisations comprise the Executive Committee. **A multidisciplinary team of academic leaders will act as Commissioners, supported by an Advisory Group and a global network of Oxygen Access Collaborators, with strong LMIC representation and including non-academic experts. The Commission plans to publish its report on World Lung Day 2024, together with policy briefs translated into multiple languages summarising the major recommendations for national, regional, and global health decision makers....***”

BMJ GH (Supplement) - Learning Health Systems

K Sheikh et al; https://gh.bmj.com/content/7/Suppl_7

Do start with the Editorial [Learning is a means to progress and empowerment for health systems](#)

“ ... *In September 2021, the Alliance for Health Policy and Systems Research published its flagship report: ‘Learning health systems: pathways to progress’. This report, building on the body of existing theories and frameworks of learning organisations, was informed by experiential cases from 14 countries and guidance from an advisory group of country policy-makers and health system experts, and reflects a concerted attempt to develop the learning health systems concept. In **this editorial, we, the editors and members of the advisory group for the report, summarise some of***

these key advances and their wider significance. Together with the other articles in this special series on learning health systems, we are hopeful that the ideas in this editorial will serve as a useful guide for further thought, and for actions and investments in learning to strengthen health systems worldwide.....”

Global health events

CGD - Development Leaders Conference 2022: Weathering the Long Storm

M Gavvas et al; <https://www.cgdev.org/blog/development-leaders-conference-2022-weathering-long-storm>

*« Development leaders from official bilateral and multilateral organisations, and development finance institutions, met in Paris in earlier this month for CGD’s annual Development Leaders Conference against a backdrop of a world facing down geopolitical, economic, and existential insecurity. Today’s leaders are dealing with a once-in-a-century public health crisis; a major geopolitical crisis which has not happened in a generation; and a global climate crisis which has no precedent in human history at all. **The questions on everyone’s mind: What does this perfect storm mean for development cooperation and how should official development agencies and development finance institutions weather the long and perfect storm?....”***

A few excerpts:

« Development cooperation providers are operating in a world in which shocks and crises are growing ever more frequent and costly; where past gains in poverty reduction and human development are in reverse; where global challenges are growing in urgency, scale, and complexity; and where unmet financing needs for the SDGs are ballooning. Development cooperation providers must now consider how they respond to and straddle structural global challenges on the one hand, and poverty and vulnerability challenges at country level, on the other, alongside strengthening contingency finance and stabilization capacity to keep crises from worsening and spreading.

« ODA is now under intense pressure to firefight shocks and crises : Within development agencies’ arsenal, it is official development assistance (ODA) that is being deployed to address these challenges, from firefighting shocks that spill over into developed countries, to tackling existential borderless threats, to dealing with poverty, inequality and vulnerability. ...”

« Despite the rollercoaster of crises that keeps derailing development progress, a crisis of confidence is engulfing the international development system. Trust in development cooperation and institutions is now at an all-time low after limited assistance for COVID-19 response, including for funding vaccination programmes, failure to act on the problem of unsustainable debt—despite increasingly articulate warnings of impending crisis—and broken promises on climate finance pledges.....”

Global health governance & governance of health

PAHO - Dr. Jarbas Barbosa da Silva Jr. of Brazil is Elected PAHO Director

<https://www.paho.org/en/news/28-9-2022-dr-jarbas-barbosa-da-silva-jr-brazil-elected-paho-director>

“Dr. Barbosa da Silva Jr., a national of Brazil, will be the new Director of the Pan American Health Organization (PAHO). He was elected today by PAHO Member States during the 30th Pan American Sanitary Conference. Dr. Barbosa da Silva Jr will begin his five-year term on 1 February 2023, succeeding Dr. Carissa F. Etienne of Dominica, who has led PAHO since 2012.....”

HPW - Africa’s New Medicine Agency Needs Support From Continent’s Powerhouses

<https://healthpolicy-watch.news/africas-new-medicine-agency-needs-support-from-continents-powerhouses/>

*“Africa’s most powerful countries need to ratify the [African Medicines Agency \(AMA\)](#) to ensure its credibility – and civil society organisations can lobby them to do so , said Dr Michel Sidibe, the African Union’s (AU) Special Representative on the AMA. “It is important to have countries like South Africa, Nigeria, Kenya, Ethiopia, the DRC, and other countries on the continent ratifying the treaty. It is important to continue for the credibility of the AMA to drive the ratification agenda, and it is very important to not lose momentum,” Sidibe told a **webinar organised by the African Medicines Agency Treaty Alliance (AMATA)**, a civil society network that supports AMA’s formation.....”*

“.... Sidibe said that he expected the AMA office in Rwanda to become operational “soon”, but outlined six processes to ensure that the agency is fully functional....”

“.... Stressing that these six points were his personal views, Sidibe called for the launch of “the first replenishment for an African-based health institution” to secure money for AMA’s future.....”

Twitter thread: Nina Schwalbe (re the 1st IFC (by the INB) on legal matters)

<https://twitter.com/nschwalbe/status/1573258400435011584>

Worth a read, after the 1st IFC meeting from last week. “The Intergovernmental Negotiating Body (INB), drawing up a WHO Convention on Pandemics, held the first “informal, focused consultation” (IFC) yesterday on legal matters. 10 expert interventions, followed by Q+A with Member States and relevant stakeholders.....”

CGD (blog) - Effective Altruists Should Be Working Here

C Kenny; <https://www.cgdev.org/blog/effective-altruists-should-be-working-here>

Starting by looking at GAVI from an effective altruism angle.

“..... In terms of effective altruism, I would argue the Gates Foundation’s work in creating and funding Gavi, the Vaccine Alliance, was probably one of the very smartest uses of philanthropic resources to save lives. I think the history of Gavi has lessons for effective altruism. ...”

“...big players in the Effective Altruism movement years ago moved towards policy and politics— financing campaigns and advocacy. I’d argue that once you’ve looked at policy as a source of societal progress and regress, especially over the long term, it is hard to look at anything else.”

See related **tweet Amanda Glassman**: *“Effective altruists have tens of billions, but world’s governments spend that amount every four hours-\$23 trillion in a normal year (27% of \$85 tn global economy). **Why policy & its effectiveness matter for scale and impact .”***

TWN - Trade: G7 seeks to turn WTO into an "us and them" organization

R Kanth; <https://twn.my/title2/wto.info/2022/ti220906.htm>

*“The statement issued by the trade ministers of the Group of Seven (G7) industrialized countries from Neuhardenberg, Germany on 15 September aims to reform the World Trade Organization as well as modernize its rule-book, including ratcheting up pressure on the allegedly illegal Joint Statement Initiatives (JSIs) and other plurilateral agreements. **The G7**, comprising the United States, Canada, Germany, France, Italy, the United Kingdom, and Japan, **seem determined to target China under the pretext of "leveling the playing field and addressing economic coercion"**, notwithstanding the economic coercion that is currently being applied on the developing countries through economic sanctions imposed by the US and other members of this so-called elite club....”*

Development Today - Norway joins World Bank’s pandemic prevention fund

<https://www.development-today.com/archive/dt-2022/dt-6--2022/in-brief-two-danish-ministers-to-rwanda-for-asylum-discussions>

(13 Sept) “Norway is the sole Nordic country to be a founding donor of the new pandemic prevention fund, established by the World Bank.”

The WHO global infodemic manager community of practice is growing and tackling COVID-19, monkeypox and other outbreaks

<https://www.who.int/news/item/26-09-2022-the-who-global-infodemic-manager-community-of-practice-is-growing-and-tackling-COVID-19-monkeypox-and-other-outbreaks>

“The WHO-trained infodemic managers, over 1300 of them from 142 countries, are already making great strides in Member States and together around the globe as a global community of practice.....”

“...To date, the community has conducted three global infodemic manager trainings, several country-level trainings, and a comprehensive training to support COVID-19 vaccination uptake.....”

Plos GPH - Rethinking malaria: Governance lessons from other disease programs

K Ohiri et al ; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000966>

“... The paper first reviews malaria program governance challenges at the global, national, and sub-national levels. We then conducted a literature review of governance factors that affected four major global disease elimination programs; (1) the global smallpox eradication program; (2) polio eradication efforts (focus on Latin America); (3) the onchocerciasis eradication program; and (4) global COVID-19 pandemic control efforts. Based on this review, we identified eight comment governance themes that impact disease elimination programs. These include 1) International support and coordination; 2) Financing; 3) Data use for engagement and decision making, 4) Country ownership; 5) National program structure and management, 6) Community support/engagement; 7) Multisectoral engagement; and 8) Technology and innovation....”

Internationale Politik Quarterly - Time for a Fair Foreign Policy

E A Rahman & J Bump; <https://ip-quarterly.com/en/time-fair-foreign-policy>

*“The concept of **feminist foreign policy** is flawed and needs to be broadened. **Fair foreign policy** is an alternative approach that could be less polarizing and achieve better outcomes.”*

CGD (blog) - WHO is responsible for tracking country pandemic responses ?

Victoria Fan; <https://www.cgdev.org/blog/who-responsible-tracking-country-pandemic-responses>

The title already seems to give a hint :)

Global health financing

Lancet Editorial - Polio eradication: falling at the final hurdle?

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01875-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01875-X/fulltext)

Looking ahead at the **GPEI replenishment at the World Health Summit in Berlin**, among others. (Worrying) state of affairs re polio eradication.

*“**Polio has returned to many parts of the world, and the upcoming replenishment to fund the eradication initiative comes amid geopolitical crises and global economic difficulties. The final stages of eradication have long been stuttering. Will 2022 be the year it finally slips away?**”*

*“**The epidemiological situation is concerning..... GPEI's immediate concern is money. At a pledging event in October in Germany, it will ask for US\$4.8 billion from partners and donor countries, and for political commitment to eradicate polio by 2026. The strategy for 2022–26, if funded, will see the vaccination of 370 million children annually and continued surveillance for polio and other diseases in 50 countries. But will donors be willing? Among economic instability, cost-of-living crises, and concerns over fragmentation of global health financing, governments might not see polio as important. As outlined in a World Report, the Global Fund to Fight AIDS, Tuberculosis and***

*Malaria failed to reach its recent fundraising target. **Traditional global health entities are seemingly no longer the political priorities they once were.***

*“... **In fact, the fundamental aims of the eradication programme have been questioned.** Writing in *The Lancet Global Health*, Konstantin Chumakov and colleagues argued that GPEI should refocus on eradicating poliomyelitis as a disease, rather than eradicating the virus itself. Others have urged the programme to consider the eradication goal unobtainable and focus instead on sustained control of cases.”*

Lancet World Report -Global Fund secures \$14.3 billion from donors

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01876-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01876-1/fulltext)

“The Global Fund fell short of the US\$18 billion target it hoped to receive from donors. The Lancet's North American Executive Editor, Miriam Lewis Sabin, reports from New York.”

Neat overall analysis of the Replenishment. Includes Sophie Harman's take on the UK & Italy's lacking pledges. Also on the GF & pandemic preparedness & response.

Politico Pro - New resolution calls on U.S. to spend \$100 billion more a year on global health

<https://subscriber.politicopro.com/article/2022/09/new-resolution-calls-on-u-s-to-spend-100-billion-more-a-year-on-global-health-00057383>

In the category 'fairytales resolutions', I guess. *“Lawmakers on Capitol Hill are touting new legislation as a “21st-century global health solidarity strategy”— a resolution that calls on the U.S. to spend more than \$100 billion more a year to help strengthen health systems and save lives across the world. **The resolution, expected to be introduced this week, is based on the work of Paul Farmer, an American physician who worked to provide medical care in low-income countries who died in February. It pushes for the federal government to spend \$125 billion a year to help low-income countries access the technology, supplies, infrastructure and workforce needed to develop their health systems, according to a draft obtained by POLITICO.** The legislation will be introduced by Rep. [Jan Schakowsky](#) (D-Ill.), Rep. [Raul Ruiz](#) (D-Calif.) and Rep. [Barbara Lee](#) (D-Calif).....”*

Global Policy Watch (Briefing paper) - New Release: Interest rate turnaround. A turning point for development finance?

B Ellmers; <https://www.globalpolicywatch.org/blog/2022/09/26/new-release-interest-rate-turnaround-a-turning-point-for-development-finance/>

“Since the adoption of the 2030 Agenda on Sustainable Development, development finance has operated under conditions of low interest rates and high liquidity in global financial markets. This has changed with the recent turnaround in interest rates. The briefing paper [Interest rate turnaround. A turning point for development finance?](#) by Bodo Ellmers, describes the current trends, analyzes the implications for financing sustainable development in the Global South, and formulates

policy recommendations on how countries in the Global South and their financing partners in the North can respond to the interest rate increases.”

Global Polio Watch (Briefing paper) - Injuring the Care Economy with Private Finance

By Marina Durano, Ph.D.

https://www.globalpolicywatch.org/wp-content/uploads/2022/09/GPW37_2022_0926-Injuring-Care-Economy-with-Private-Finance.pdf

With some suggestions on the way forward: “...The best policy option for financing care economies will be strengthened domestic resource mobilization, especially in the use of progressive taxation and in establishing a fairer global tax regime. At the global level, recommendations from the Independent Commission for the Reform of International Corporate Taxation are worth implementing....”

“... A care economy will need a financial system that embodies the ethics of care. Its material base is founded upon a policy regime with a triad of taxation, regulation, and finance that all have to come together in ways to support and secure care provision, paving the way to more caring societies.”

ODI (Working paper) - Understanding the institutions of domestic health financing decisions: insights from immunisation services in three low- and middle-income countries

R Archer et al ; <https://odi.org/en/publications/understanding-the-institutions-of-domestic-health-financing-decisions-insights-from-immunisation-services-in-three-low-and-middle-income-countries/>

“...In this paper, profiles of Laos, Liberia and Kenya illustrate the different challenges countries were facing in 2019 and the complex institutional landscapes involved in health financing decisions. We identify three key domains where more targeted attention could be directed when developing donor transition strategies, when strengthening national decision-making processes, and in future research. These are the interfaces between (1) domestic and international financing, (2) national planning and budgeting, and (3) central and subnational levels of government....”

Finally, via ONE's Aftershocks newsletter:

*“Shrinking pot: Meanwhile, the impact of the economic, political, and health crises in rich countries has resulted in **reduced development budgets**. In other words: at a time of multiple crises and greater need, there's less help. Russia's war in Ukraine has been a key driver, drastically increasing the need for refugee assistance inside Europe. **Some European countries (most notably the UK) are drawing from their development budgets to support Ukrainian refugees.** ONE's estimates show that in-donor refugee costs for Ukraine **could exceed \$45 billion**, which is more than a quarter of total global aid spent in 2021. Unless rich countries increase their ODA budgets to support the development needs of lower-income countries and support in-country refugees, the results could be disastrous....”*

UHC & PHC

UHC 2030 - Investing in Health Systems Strengthening for Universal Health Coverage Through a Primary Health-Care Oriented Approach

<https://www.uhc2030.org/news-and-stories/news/highlights-from-the-third-annual-ministerial-meeting-on-universal-health-coverage-555667/>

Coverage of this High-Level session at UNGA77. *“On September 21, the Co-chairs of [the Group of Friends of Universal Health Coverage and Global Health](#) (Permanent Missions of Georgia, Japan and Thailand to the United Nations), the World Health Organization and UHC2030, on the margins of the 77th Session of the UN General Assembly hosted the third annual Ministerial Meeting on Universal Health Coverage, “Investing in Health Systems Strengthening for Universal Health Coverage Through a Primary Health-Care Oriented Approach.”....”*

Related:

UHC 2030 - [The UHC2030 UN HLM Task Force held its first meeting to start updating the Key Asks from the UHC Movement ahead of the UN High-Level Meeting on UHC in 2023](#)

“The United Nations General Assembly will hold a one-day High-Level Meeting (UN HLM) on UHC in New York in September 2023. Reflecting on the impact of its advocacy efforts in 2019, UHC2030 is gearing up again to convene a powerful movement of diverse voices around a set of Key Asks from the UHC Movement to feed into the 2023 Political Declaration (UHC Key Asks 2.0). The UHC2030 UN HLM Task Force is leading the charge.”

Health Systems & Reform - Introduction to the Special Issue on Making Progress on Strategic Health Purchasing in Africa

A Gatome-Munyua & C Cashin;

<https://www.tandfonline.com/doi/full/10.1080/23288604.2022.2129026>

“This special issue of Health Systems and Reform, sponsored by the Strategic Purchasing Africa Resource Center (SPARC), provides an in-depth look at the current state of strategic health purchasing in Africa... The papers in this issue offer evidence, lessons, and insights for unlocking the potential of strategic purchasing to advance universal health coverage (UHC) in Africa, and they can be taken as a call to action for the global community to commit to consolidating fragmented funding streams, strengthening domestic health financing systems, and investing in the institutions, policies, and processes that will allow strategic purchasing to achieve significant impact in Africa....”

With an overview of the special issue.

SS&M - Global, regional, and national progress in financial risk protection towards universal health coverage, 2000–2030

S Rahman et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953622006736>

“We estimate global, regional, and country-level Catastrophic Health Expenditure and impoverishment during 2000–2030.....” Check out the findings;

Lancet Comment - Afghanistan's health system under the Taliban: key challenges

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01806-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01806-2/fulltext)

By N Safi et al.

Some links:

- Plos GPH – [High impact health service interventions for attainment of UHC in Africa: A systematic review](#)
- Plos GPH - [Investments for effective functionality of health systems towards Universal Health Coverage in Africa: A scoping review](#)

Both articles are by H C Karamagi et al.

- Health Systems & Reform - [The Political Economy of the Design of the Basic Health Care Provision Fund \(BHCPF\) in Nigeria: A Retrospective Analysis for Prospective Action](#) (by G Alawode et al)
- Health Research Policy & Systems - [A theory-based evaluation of the Leadership for Universal Health Coverage Programme: insights for multisectoral leadership development in global health](#) (by S Witter et al)

Pandemic preparedness & response/ Global Health Security

New international instrument on pandemic prevention, preparedness and response: contributing to the second round of public hearings: Statement by the WHO Council on the Economics of Health for All

<https://www.who.int/publications/m/item/new-international-instrument-on-pandemic-prevention--preparedness-and-response--contributing-to-the-second-round-of-public-hearings>

(Short) position paper.

Nature - Japan's \$2-billion initiative to prep pandemic vaccines in 100 days

[Nature](#);

*“After recognizing that Japan was slow to develop vaccines for COVID-19, **its government has pledged to invest US\$2 billion in a vaccine-research initiative to ensure that the country can respond promptly to future epidemics.** The **Strategic Center of Biomedical Advanced Vaccine Research and Development for Preparedness and Response (SCARDA)** will initially invest in vaccine research for **eight pathogens**, including coronaviruses, monkeypox, dengue virus and Zika virus, using a range of vaccine-delivery options, such as mRNA technology, viral vectors and recombinant proteins. SCARDA’s aim will be to produce diagnostic tests, treatments and vaccines ready for large-scale production within the first 100 days of a pathogen with pandemic potential being identified. “*

Planetary health

Guardian - Vanuatu makes bold call for global treaty to phase out fossil fuels

<https://www.theguardian.com/world/2022/sep/24/vanuatu-makes-bold-call-for-global-treaty-to-phase-out-fossil-fuels>

“The Pacific island of Vanuatu has called for a first-of-its-kind global treaty to phase out the use of fossil fuels in a bold public call at the UN general assembly. Speaking in New York on Saturday, Nikenike Vurobaravu, the Vanuatuan president, urged countries to join his country’s call for a fossil fuel nonproliferation treaty. “We call for the development of a fossil fuel nonproliferation treaty to phase down coal, oil and gas production in line with 1.5C and enable a global just transition for every worker, community and nation with fossil fuel dependence,” he said.....”

Project Syndicate - Preparing for the Next Global Catastrophe

J M Barroso; [Preparing for the Next Global Catastrophe by José Manuel Barroso - Project Syndicate \(project-syndicate.org\)](https://www.project-syndicate.org/preparing-for-the-next-global-catastrophe-by-josé-manuel-barroso)

The usual bla bla from José M Barroso on the many blessings of COVAX. Except perhaps this paragraph that drew my attention:

*“... Even though the COVAX model is not a one-size-fits-all solution for future calamities, it does offer useful lessons that could apply to crises beyond public health. For example, private-sector actors, led by Stripe, Alphabet, Shopify, Meta, and McKinsey, are **exploring a Climate Advance Market Commitment that would promote and invest in climate solutions, based on COVAX’s innovative financing mechanism.....”** Now, that would be the ‘Next Global Catastrophe’ indeed.*

Guardian - ‘A powerful solution’: activists push to make ecocide an international crime

<https://www.theguardian.com/environment/2022/sep/26/activists-push-make-ecocide-international-crime>

“The Stop Ecocide Movement aims to make the mass damage and destruction of ecosystems a prosecutable, international crime against peace.” First target: Bolsonaro?

*“... topping the group’s list of demands was **for countries across the world to recognize ecocide as an offense against peace – carrying fines and even prison time – through the UN’s international criminal court.** Jackson was quick to point out recently that Stop Ecocide doesn’t want to see every day, working class car drivers or frequent airline passengers be charged as international criminals and hauled into the same court which prosecutes genocide and wartime atrocities. They just want an ecocide charge to be an arrow in the quiver of those trying to rein in government-level policymakers whose agendas are exacerbating the climate crisis.”*

*“..... **There are hurdles, including procedural ones, for the movement to overcome.** Two-thirds of the countries recognizing the UN’s international criminal court would need to approve adding ecocide as an offense. That translates to a total of more than 80 countries whose approval is required, and even then nations opposed to ratifying it could limit its enforcement over their territories and citizens. Nonetheless, Jackson estimates **about two dozen countries at this point have expressed a recorded interest in the concept of classifying ecocide as an international crime,** including the United Kingdom, Spain, Iceland, France, Mexico and Chile*”

Nature (News) - Troubled biodiversity plan gets billion-dollar funding boost

[Nature \(News\);](#)

*“Germany has breathed new life into a beleaguered global biodiversity deal by **[bumping up its commitment to €1.5 billion \(US\\$1.49 billion\) a year – an increase of €0.87 billion.](#)** The nation made the announcement **at a meeting to rally support for a pivotal United Nations biodiversity summit in Montreal, Canada, in December.** Concerns over insufficient financing have stalled negotiations in advance of the 15th meeting of the Conference of the Parties (COP15) to the UN’s Convention on Biological Diversity....”*

BMJ Opinion - Unfettered economic growth will destroy us: we need an alternative

R Smith; <https://www.bmj.com/content/378/bmj.o2326>

*“... I found myself wondering, as I walked on Clapham Common, **if we could build an economy—or rather an acceptable way of living—based around Maslow’s hierarchy.**”*

Global Development Policy center - V20 Debt Review: An Account of Debt in the Vulnerable Group of Twenty

<https://www.bu.edu/gdp/2022/09/16/v20-debt-review-an-account-of-debt-in-the-vulnerable-group-twenty/>

*“The **[Vulnerable Twenty \(V20\) Group of Finance Ministers,](#)** a dedicated initiative of 55 climate vulnerable economies, is at the epicenter of looming debt and climate crises which are threatening their ability to build resilient and low-carbon economies. When scarce public finances are mostly spent on debt service rather than on investments to build a more resilient economy, countries will be locked into a cycle of unsustainable debt further fueled by climate impacts....”*

“What trends characterize the V20’s debt portfolio? Who are the biggest creditors, and when are the biggest payments coming due? And how can debt relief be linked to climate and development goals for a green and inclusive recovery? In partnership with the V20, a [new policy brief](#) by [Luma Ramos](#), [Rishikesh R. Bhandary](#), [Kevin P. Gallagher](#) and [Rebecca Ray](#) provides a detailed look at the scale, composition and distribution of the V20’s debt portfolio by creditors, finding that the majority of the \$686.3 billion is owed to private creditors and multilateral development banks (MDBs), followed by Paris Club countries and China. Understanding these components of the V20’s debt profile is crucial to devising a global debt workout and coordinated policy response that places climate change and vulnerable nations at the center....”

Guardian - Huge expansion of oil pipelines endangering climate, says report

https://www.theguardian.com/environment/2022/sep/27/huge-expansion-oil-pipelines-endangering-climate-says-report?CMP=share_btn_tw

*“More than 24,000km of pipelines planned around world, showing ‘an almost deliberate failure to meet climate goals’.” “More than 24,000km of new oil pipelines are under development around the world, a distance equivalent to almost twice the Earth’s diameter, a report has revealed. **The projects, led by the US, Russia, China and India, are “dramatically at odds with plans to limit global warming to 1.5C or 2C”, the researchers said....**” The report was produced by analysts at [Global Energy Monitor \(GEM\)](#).*

Guardian - More than 1,700 environmental activists murdered in the past decade – report

<https://www.theguardian.com/environment/2022/sep/29/global-witness-report-1700-activists-murdered-past-decade-aoe>

*“Figures likely to be an underestimate, says **Global Witness**, as land defenders are killed by hitmen, crime groups and governments.”*

BMJ - Global environmental climate change, covid-19, and conflict threaten food security and nutrition

<https://www.bmj.com/content/378/bmj-2022-071534>

“Sheryl L Hendriks and colleagues describe the global risks and vulnerabilities associated with health, food security, and nutrition.”

*“September 2021 saw the United Nations Food Systems Summit (UNFSS) take place in New York. It focused on **the “three Cs” that are driving disruption to food systems and threatening recent progress in mitigating hunger, malnutrition, and undernutrition: global environmental climate change, covid-19 disease, and conflict.** The three Cs interact on five mediators (“five Fs”) upon which food systems depend: the geopolitics of our global food, fertilizer, finance, fodder, and fuel systems (fig 1). Our global food supply system is fragile and vulnerable to the impacts of each driver or mediator. However, all can interact to amplify the downstream effects on people, their health, and diets....”*

Covid

Covid key news

Cidrap News - WHO: COVID-19 cases, deaths drop globally

<https://www.cidrap.umn.edu/news-perspective/2022/09/who-covid-19-cases-deaths-drop-globally>

*“Today the **World Health Organization (WHO)** said global **COVID-19 cases were down 11% in the week ending on Sep 25, and deaths were down 18% compared to the previous week.** In a weekly update on the pandemic, the WHO said new cases of the virus dropped or remained relatively stable across all six WHO regions, with the **biggest decrease in Africa (-33%),** and the smallest decrease in Europe (-1%).”*

“... Omicron is still the main variant of concern, representing 99.9% of cases reported globally in the past week. According to the WHO, BA.5 Omicron descendent lineages continue to account for 81.2% of sequences, which is up from 76.6% in last week's report. Those are followed by BA.4 descendent lineages (including BA.4.6) which account for 8.1%, and BA.2 descendent lineages (including BA.2.75), which account for 2.9% of sequences....”

WHO warns ability to identify new Covid variants is diminishing as testing declines

<https://www.cnn.com/2022/09/22/who-warns-ability-to-identify-new-covid-variants-is-diminishing-as-testing-declines-.html>

*“The World Health Organization [last week] on Thursday warned that it is struggling to identify and track new Covid variants as governments roll back testing and surveillance, threatening the progress made in the fight against the virus. **Maria Van Kerkhove,** the WHO's Covid-19 technical lead, said the virus is still circulating at an “incredibly intense level” around the world. **The WHO is “deeply concerned” that it is evolving at a time when there is no longer robust testing in place to help rapidly identify new variants, Van Kerkhove said.....”***

Fortune - New COVID variants may evade current treatments—or render them entirely ineffective, experts say

<https://fortune.com/well/2022/09/22/new-covid-variants-subvariants-may-evade-treatments-eliminate-bebtelovimab-paxlovid-omicron-mono-clonal-antibodies-vaccine-immune-evasion/>

“Future COVID variants are expected to be more transmissible and perhaps better at evading the immune system. And they might even render treatments for patients like monoclonal antibodies “less effective,” the World Health Organization's pandemic lead said Thursday. “We're still at risk for future variants, and we don't know what the character” of those variants will be, Dr. Maria Van Kerkhove, the WHO's technical lead for COVID-19, said at a news conference....”

“Van Kerkhove said that the WHO is keeping an eye on Omicron variants BA.5—currently dominant globally—and its descendents, in addition to BA.2.75, also known as “Centaurus,” and its spawn, BA.2.75.2, among others. The international health organization is tracking about 200 Omicron subvariants, she said, adding that the virus “continues to circulate at an incredibly intense level around the world.” Already a handful of those variants have been flagged by experts as having the potential to cause, or at least contribute to, a COVID wave this fall and winter. And one—BA.2.75.2—is particularly concerning for its potential to thwart the last monoclonal antibody treatment left in the COVID arsenal: Bebtelovimab.....”

USAID announces countries for Test-to-Treat and oxygen programming as part of the US Covid-19 response

<https://www.usaid.gov/news-information/press-releases/sep-23-2022-usaid-announces-countries-test-treat-and-oxygen-programming-covid-19>

(23 Sept) “Today, at the Global Action Plan (GAP) Ministerial on the margins of the 77th United Nations General Assembly, the U.S. Ambassador to the United Nations Linda Thomas-Greenfield announced that USAID has advanced its programming in two important areas across twenty lower- and middle-income countries. The first supports the introduction of “test-to-treat programming” for populations at high-risk of severe illness from COVID-19. The ten countries announced today include: Bangladesh, Botswana, Côte d’Ivoire, El Salvador, Ghana, Lesotho, Malawi, Mozambique, Rwanda, and Senegal. The second initiative will expand access to lifesaving oxygen supplies in more than a dozen countries. These have been identified as Côte d’Ivoire, Democratic Republic of Congo, Eswatini, Ghana, Jamaica, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Papua New Guinea, South Africa, Tanzania, Vietnam, and Zambia.....”

Link: [UNICEF Executive Director Catherine Russell's remarks at the event on ending the COVID-19 pandemic through equitable access to vaccines, tests, and treatments](#)

“.... last month, UNICEF shipped more than 20,000 units of the COVID-19 antiviral drug, molnupiravir to Cambodia, which was the first shipment of a novel antiviral by ACT-A partners.”

Devex - Pfizer, Global Fund agree on Paxlovid supply

<https://www.devex.com/news/pfizer-global-fund-agree-on-paxlovid-supply-104051>

With some more detail on the deal from last week.

Reuters - Merck agrees to allow Sinopharm to sell molnupiravir COVID drug in China

[Reuters:](#)

“Drugmaker Merck & Co (MRK.N) said on Wednesday that it agreed to allow China's Sinopharm (1099.HK) to distribute and import its COVID-19 antiviral molnupiravir in China if the drug is approved for use there. The drugmaker said in a statement that it reached a cooperation

framework agreement with Sinopharm that grants the Chinese company distribution and exclusive import rights of the medicine in the China mainland market.....”

Reuters - China Walvax's mRNA COVID vaccine obtains first approval overseas

[Reuters](#);

“The Indonesian food and drugs agency (BPOM) said on Thursday it has approved the emergency use of an mRNA COVID-19 vaccine developed by China’s Walvax Biotechnology (300142.SZ). It is the first authorisation for a China-developed COVID shot based on the novel mRNA technology, which Pfizer/BioNTech and Moderna also use in their COVID vaccines, after more than two years of development. The AWcorn shot, which is designed based on the original strain of the coronavirus, has yet to generate efficacy readings from large trials to show how well it can reduce the risk of COVID cases and deaths from the disease....”

Covid research & analysis

Atlantic - The ‘End’ of COVID Is Still Far Worse Than We Imagined

S Zhang; https://www.theatlantic.com/health/archive/2022/09/covid-pandemic-end-worse-than-flu/671514/?utm_source=instagram&utm_medium=social&utm_campaign=ReaderFaves0922&utm_content=edit-promo

“The coronavirus is still killing three times as many people as the flu.” With focus on the US.

WP - Five things about covid we still don’t understand at our peril

<https://www.washingtonpost.com/health/2022/09/26/covid-questions-variants-long-covid/>

“Unlocking these secrets might arm us with strategies to protect ourselves and stop the next pandemic.”

The Atlantic - Long COVID Has Forced a Reckoning for One of Medicine’s Most Neglected Diseases

E Yong; https://www.theatlantic.com/health/archive/2022/09/mecfs-chronic-fatigue-syndrome-doctors-long-covid/671518/?utm_source=twitter&utm_medium=social&utm_campaign=share

“Only a couple dozen doctors specialize in chronic fatigue syndrome (ME/CFS). Now their knowledge could be crucial to treating millions more patients.”

Cidrap News - Report: COVID-19 has lowered lifespan across the Americas

<https://www.cidrap.umn.edu/news-perspective/2022/09/report-covid-19-has-lowered-lifespan-across-americas>

“A report today from the Pan American Health Organization (PAHO) shows that COVID-19 reduced life expectancy across the Americas while amplifying economic inequities and existing health disparities. The publication, “Health in the Americas 2022,” assessed the health status of the region 2 years after the pandemic began.....”

“...Health expectancy across the region fell to levels not seen since 2004. Life expectancy in Latin America and the Caribbean decreased from 75.1 years in 2019 to 72.2 in 2021, a decline of 2.9 years. In North America, expected lifespan dropped from 79.5 years in 2019 to 77.7 in 2021, or by 1.8 years. In addition to declining life expectancy, both routine childhood immunization levels and mental health diagnoses have suffered under the veil of COVID-19....”

Guardian - Covid might have changed people’s personalities, study suggests

<https://www.theguardian.com/world/2022/sep/28/covid-might-have-changed-peoples-personalities-study-suggests>

“Younger adults became more prone to stress and less trusting, say US researchers.”

Monkeypox

Cidrap News - Global monkeypox cases drop 22%

<https://www.cidrap.umn.edu/news-perspective/2022/09/global-monkeypox-cases-drop-22>

State of affairs from last week.

*“**Steady drops** in new monkeypox cases continue in North America and Europe, resulting in a 22% overall decline in cases reported in the last week, according to a new situation report from the World Health Organization (WHO).....”*

See also [Politico’s Future Pulse](#):

*“And **that’s coming at a time when disease surveillance has increased**. More than 97 percent of the known cases are among men, with a median age of 35, according to the WHO. Nearly 91 percent of cases are among men who have sex with men. The WHO said the same percentage of cases are connected to sexual activity.....”*

***What’s happening:** Cases are falling most quickly in regions that have reported the most cases during the current outbreak, **the Americas (down 42 percent) and Europe (down 81 percent)**. **Why:** It’s impossible to say for sure why the outbreak is slowing, but the downward trend coincides with a massive vaccination campaign. Experts believe changes in behavior may also be playing a role.”*

Lancet Correspondence - Evolutionary consequences of delaying intervention for monkeypox

P Johnson et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01789-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01789-5/fulltext)

*“Since May, 2022, clusters of monkeypox infections have caused global concern. At present, this concern has been tempered by the fact that, even when uncontrolled, the number of infections is growing slowly, indicating a reproductive number (R) not much larger than unity. However, the effect of R on the probability of evolution might not be obvious. **We suggest that, compared with zoonotic pathogens with large R values, those pathogens with R values just above 1, such as monkeypox virus, have a higher probability of evolution during the timeframe in which the number of cases remains low.** Waiting until the number of cases is high would give monkeypox virus—or any emerging pathogen—the opportunity to adapt substantially to humans....”*

Related: CBC - [Why wiping out monkeypox could be impossible, with more outbreaks expected in the years ahead](#)

“More cases could give virus ‘opportunity to adapt substantially to humans,’ scientists warn.”

ABC News - Unvaccinated are 14 times more likely to get monkeypox, data from eligible shot recipients shows

<https://abcnews.go.com/Health/unvaccinated-14-times-monkeypox-data-eligible-shot-recipients/story?id=90648004>

“The CDC has released the first U.S. data on the vaccine’s effectiveness.”

“New -- though limited -- data released on Wednesday morning from the Centers for Disease Control and Prevention found that people who haven’t been vaccinated against monkeypox were 14 times more likely to get infected than vaccinated people....”

*“...There are still outstanding questions about the full breadth of JYNNEOS’ protection. For example, **the new efficacy rate of the vaccine was based on data gathered two weeks after the first vaccine, not after a full course of two shots, 28 days apart.***

Infectious diseases & NTDs

NYT -A new shot guards against HIV but access for Africans is uncertain

<https://www.nytimes.com/2022/09/27/health/injectable-prep-hiv-africa.html>

Good state of affairs re (pricing and patenting issues of) Cabotegravir, a long-acting PrEP injection.

Plos Med (Policy Forum) - HIV prevention for the next decade: Appropriate, person-centred, prioritised, effective, combination prevention

By Peter Godfrey-Faussett et al (on behalf of the 2025 prevention targets working group); <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004102>

“UNAIDS and a broad range of partners have collaborated to establish a new set of HIV prevention targets to be achieved by 2025 as an intermediate step towards the sustainable development target for 2030. ... A range of exciting new HIV prevention technologies have become available or are in the pipeline but will only have an impact if they are accessible and affordable and delivered within systems that take full account of the social and political context in which most infections occur. Most new infections occur in populations that are marginalised or discriminated against due to structural, legal, and cultural barriers. The new targets imply a new approach to HIV prevention that emphasises appropriate, person-centred, prioritised, effective, combination HIV prevention within a framework that reduces existing barriers to services and acknowledges heterogeneity, autonomy, and choice.”

Scitech Daily - Endemic Area of Deadly Lassa Virus May Expand Dramatically in Coming Decades

<https://scitechdaily.com/endemic-area-of-deadly-lassa-virus-may-expand-dramatically-in-coming-decades/>

“A new analysis finds that deadly Lassa fever could soon become a much bigger public health problem in Africa due to climate change and other factors. The study, by scientists at Scripps Research and the University of Brussels, will be published today (September 27) in the journal Nature Communications....”

Link:

- The Conversation - [Dengue in France: tropical diseases in Europe may not be that rare for much longer](#)

AMR

CGD (blog) - Why We Need a New Grand Bargain for How the World Buys Antibiotics

K Klemperer et al; <https://www.cgdev.org/blog/why-we-need-new-grand-bargain-how-world-buys-antibiotics>

“....We need to find a new and better equilibrium for global antibiotic development, purchasing, and use that works for all of us, but especially for LMICs. We think it’s time for a new “grand bargain” between wealthy countries, LMICs, and antimicrobial developers to address this challenge head-on. The bargain would allow all countries to secure access to existing and future antimicrobials; in exchange, they must meet minimum stewardship standards and contribute to

global antimicrobial R&D at a level commensurate with their means (except for the poorest countries)."

*".... Yet this global conversation about better antimicrobial purchasing has largely neglected LMIC needs and priorities. **Our [landscape review](#) found very limited analysis on policy options specific to LMIC contexts**—for example whether delinked systems could work; how to reduce incentives for overuse in the private sector; or how to approach the access/stewardship tension in systems with inadequate access to quality healthcare and diagnostics. And while subscription models are in part designed to prompt new antimicrobial development, there may be insufficient incentive for the kinds of drugs specifically needed in LMICs. We still need better strategies to ensure inclusive innovation—and LMICs themselves may need to be part of that solution. **CGD's [working group on antimicrobial procurement](#) wants to find better policy options that work for LMIC systems—improving access and prompting LMIC-specific innovation while simultaneously addressing the stewardship elephant in the room. We hope to give two types of recommendations at the end of this project. ..."***

And a link:

- IDS Opinion (by Gerry Bloom) - [Pressing for global action on antimicrobial resistance](#)

NCDs

Links: HPW - [As NCDs Increase in Poorer Countries, Innovative Partnerships Have Become Essential](#)

Guardian - [Switch from smoking to vaping cuts health risks substantially, report finds](#)

"Review of 400 published studies stresses vaping is not risk-free and urges action to reduce teenage use."

Mental health & psycho-social wellbeing

HPW - Permanent Uptake of COVID-era Flexi-Work Models Could Improve Mental Health: WHO

<https://healthpolicy-watch.news/covid-flexible-work-could-alleviate-mental-health-stress/>

*"Practices implemented during the COVID-19 pandemic, such as flexible working arrangements and teleworking, could help to reduce work-related mental health challenges, according to a **first-ever set of [Guidelines on Mental Health at Work](#) released Wednesday by the World Health Organization (WHO)...."***

WHO - [Guidelines on mental health at work](#)

Social & commercial determinants of health

BMJ - The commercial determinants of health: The mini-budget is a consequence of foundational forces medicine must bear witness to

Nason Maani et al; <https://www.bmj.com/content/378/bmj.o2327>

With focus on the UK, but broader relevance. Concluding: *“Be it in the context of this mini-budget, covid-19, or the climate crisis, we are in the era of the commercial determinants of health. The question is, will we rise to the challenge?”*

Sexual & Reproductive health rights

HPW - African Teen Pregnancies Skyrocketed During COVID Lockdowns – But Prevention is Possible

<https://healthpolicy-watch.news/african-teen-pregnancies-skyrocketed-during-covid-lockdowns-but-prevention-is-possible/>

Coverage of a **webinar convened by Clinton Health Access Initiative (CHAI) and Health Systems Trust to discuss how to address teen pregnancy in South Africa.**

“... a systematic review of the predictors of teen pregnancies in sub-Saharan Africa found that the most common causes were sexual coercion, low or incorrect use of contraceptives, lack of parental communication and support, low socio-economic status and school dropout. ...”

“... Many African countries experienced a surge in teen pregnancies during COVID-19 lockdowns and school closures, and concerned health policymakers are struggling to implement effective strategies to curb teen pregnancies.....”

*“... UNFPA is spearheading a four-year programme in 10 countries in east and southern Africa called **2gether 4SRHR**, with the involvement of UNAIDS UNICEF and the World Health Organization (WHO). Supported by the Swedish International Development Cooperation Agency (SIDA), it aims to improve sexual and reproductive health (SRH) services in the region. “This includes scaling up client-centred, quality-assured, integrated and sustainable services in SRH, HIV and sexual and gender-based violence, and empowering young people to exercise their SRH rights,” according to UNFPA.....”*

Global Health Action - Enablers of sexual and reproductive health and rights interventions in low- and middle-income countries. Insights from capacity development projects implemented in 13 countries in Africa and Asia

<https://www.tandfonline.com/doi/full/10.1080/16549716.2022.2114148>

By G Tumwine et al.

Link:

- Global Public Health - [Reflecting on our good intentions: A critical discourse analysis of women's health and empowerment discourses in sexual and gender-based violence policies relevant to southern Africa](#)

Neonatal and child health

Bill & Melinda Gates Foundation Announces New Commitments for Vaccine Candidates With the Potential to Reduce Newborn and Infant Deaths in Lower-Income Countries

<https://www.gatesfoundation.org/ideas/media-center/press-releases/2022/09/gates-foundation-announces-grants-to-reduce-infant-mortality>

*“Today, the **Bill & Melinda Gates Foundation** announced grants totaling nearly **US\$128 million** to support the development and accessibility of maternal vaccines for **Group B Streptococcus (GBS) and Respiratory Syncytial Virus (RSV)**, two of the leading causes of death for newborns and young infants in lower-income countries.....”*

GAVI - Amid challenges, signs of recovery in routine immunisation as countries administer record volumes of vaccines in 2021

<https://www.gavi.org/news/media-room/amid-challenges-signs-recovery-routine-immunisation-countries-administer-record>

“Routine immunisation coverage fell for a second consecutive year in 2021 across 57 Gavi-supported countries, although preliminary data shows signs of improvement in early 2022.”

*“Despite the drop in coverage, the 57 countries reached 65 million children through routine immunisation and administered more than 2 billion COVID-19 vaccines, according to **Gavi's 2021 Annual Progress Report**. From Gavi's founding in 2000 to the end of 2021, over 981 million children were reached via routine programmes; excluding COVID-19, more than 1.4 billion vaccinations have been administered through campaigns and more than 16.2 million future deaths have been averted.”*

Access to medicines & health technology

Reuters - WTO can reach deals on 'difficult' topics by early 2024 - WTO chief

[WTO can reach deals on 'difficult' topics by early 2024 - WTO chief | Reuters](#)

“The head of the World Trade Organization said on Tuesday the 164-member body can negotiate more ambitious deals, such as on agriculture, climate change and internal reform by its next major meeting, after concluding a series of trade deals in June....”

"... Delegates say one of the toughest areas of future negotiations will be the extension of a hard-won deal on a partial waiver of intellectual property rights for COVID-19 vaccines to drugs and tests as sought by India and others. "What I'm sensing is its going to be difficult but we do have a deadline to deliver and we are working hard," she said....."

PS: Check out also this **Twitter thread by Balasubramaniam**, quoting some parts from a Politico article:

"The World Trade Organization's secretariat struck an optimistic note about the possibility of the TRIPS decision on COVID-19 vaccines actually being implemented."

"The agreement has been criticized by access to medicines organizations that believe it will not help to increase vaccine production,"

"but the WTO's IP guru Antony Taubman told a WTO Public Forum discussion on Wednesday that countries had already started to informally approach the secretariat to understand how they could implement it."

"Road to success: Taubman put special emphasis on what he sees as possibly the best option to ensure the deal leads to more vaccines: regional collaboration."

"Taubman specifically mentioned the example of the possibility for the deal to increase mRNA vaccine production capacity."

Guardian - First Covid, now monkeypox – India's role is key in the scramble for jabs

<https://www.theguardian.com/global-development/2022/sep/26/first-covid-now-monkeypox-indias-role-is-key-in-the-scramble-for-jabs>

"As the west buys early doses, India's vaccine preparedness matters not just at home but for other developing nations dependent on its shots." With some info on the current monkeypox R&D in India, and the (difficult) market.

Lancet Global Health – Cancer medicines on the WHO Model List of Essential Medicines: processes, challenges, and a way forward

K Jenei et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00376-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00376-X/fulltext)

"The selection of cancer medicines for national procurement requires deliberate evaluation of population benefit, budget impact, sustainability, and health system capacity. However, this process is complicated by numerous challenges, including the large volume and rapid pace of newly developed therapies offering marginal gains at prohibitively high prices. The WHO Model List of Essential Medicines (EML) and Model List of Essential Medicines for Children (EMLc) have undergone a series of evidence-based updates to ensure recommended cancer medicines offer meaningful

clinical benefit. This Health Policy paper describes how cancer medicines are listed on the EML and EMLc, including two updated WHO processes: (1) the formation of the Cancer Medicines Working Group, and (2) additional selection principles for recommending cancer medicines, including a minimum overall survival benefit of 4–6 months with improvement to quality of life compared with standard treatment. These updates, along with proposals to include formal price considerations, additional selection criteria, and multisectoral collaboration (eg, voluntary licensing) promote procurement of high-value essential cancer medicines on national formularies in the context of supporting sustainable health systems to achieve universal health coverage.”

And a link:

- TMIH - [Availability and affordability of essential medicines and diagnostic tests for diabetes mellitus in Africa](#)

Human resources for health

Human resources for health - [A global overview of healthcare workers’ turnover intention amid COVID-19 pandemic: a systematic review with future directions](#)

Decolonize Global Health

BMJ GH (Editorial) - The feudal structure of global health and its implications for decolonisation

V Keshri et al ; <https://gh.bmj.com/content/7/9/e010603>

See also this week’s intro. “Calls to reform global health institutions, global health education, agenda setting, resource allocation, the problem in ‘gaze’ and equitable institutional partnerships have been made. Unfortunately, diversity, equity and inclusion (DEI) remains a dominant framing of ongoing discussions on decolonising global health. Efforts around DEI are indeed necessary—as a part of anti-racism and other social movements promoting inclusiveness of all forms of minorities in decision-making; but they do not effectively address the structural imbalance of power between high-income countries (HICs) and low/middle-income countries (LMICs).”

« To undo the persistence of colonialism in global health, it is necessary to understand how feudal structures helped imperial forces to sustain political colonisation. In this editorial, we highlight the similarities of those feudal structures to the current global health ecosystem, and why DEI efforts alone may only strengthen this feudal structure. Moving forward, dismantling the feudal structure of global health should be a target for efforts to decolonise global health.....”

Journal of Human Rights Practice - Power and the International Human Rights Imaginary: A Critique of Practice

L E Fletcher; <https://academic.oup.com/jhrp/advance-article-abstract/doi/10.1093/jhuman/huac051/6723639?redirectedFrom=fulltext&login=false>

“The international human rights movement is undergoing an internal reckoning. The legitimacy of the human rights project is being questioned within the movement. These internal critiques render more visible and contestable the influence of human rights movement actors in the Global North over the international human rights agenda. Yet these critiques are incomplete. Grounded in decades of experience as an international human rights practitioner, this article uses the concept of the international human rights imaginary to explain why and how the technologies of traditional international human rights practice (practice forms) embed colonizing tendencies to supplant local knowledge and priorities. It argues that the harms of practice forms can be mitigated if international practitioners incorporate a principle of solidarity with local human rights struggles.”

*“The common understandings of what human rights are and how they should be defended are advanced by international nongovernmental organizations based in western Europe and the United States with access to international decision makers, institutions, and funding. These are the actors who exercise power to set the priorities for the international human rights movement. The human rights practice forms commonly used by dominant NGOs are integral to the political economy of the international human rights movement. These dynamics are illustrated through the three quintessential practices of statement advocacy, human rights reporting, and standard setting advocacy. Their study exposes how the imaginary operates in practice. **North-based human rights actors need to reimagine human rights to be relevant to a multi-polar, pluralistic, and global—rather than to a merely North-based, western, and international—human rights movement.”***

Public Health Ethics - Realizing Ubuntu in Global Health: An African Approach to Global Health Justice

N Jecker et al ; <https://academic.oup.com/phe/advance-article-abstract/doi/10.1093/phe/phac022/6702674?redirectedFrom=fulltext&login=false>

*« The COVID-19 pandemic has highlighted the question, ‘What do we owe each other as members of a global community during a global health crisis?’ In tandem, it has raised underlying concerns about how we should prepare for the next infectious disease outbreak and what we owe to people in other countries during normal times. While the prevailing bioethics literature addresses these questions drawing on values and concepts prominent in the global north, this paper articulates responses prominent in sub-Saharan Africa. **The paper first introduces a figurative ‘global health village’ to orient readers to African traditional thought. Next, it considers ethical requirements for governing a global health village, drawing on the ethic of ubuntu to formulate African renderings of solidarity, relational justice and sufficiency. The final section of the paper uses these values to critique current approaches, including COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) accelerator, and a proposed international Pandemic Treaty. It proposes a path forward that better realizes ubuntu in global health. »***

And via Devex: [Giving what for](#)

*“Philanthropists were berated during an event hosted by the Council on Foundations, the Hilton Foundation, and WINGS this week. The discussion, moderated by our Editor-in-Chief Raj Kumar, centered on **why philanthropy drags its heels on funding organizations in the global south. Why are they not doing enough to support the localization movement?** Just 13% of U.S. global grants went directly to local organizations between 2016 and 2019. “Sad” but not surprising, is how Degan Ali, executive director of Kenya-based humanitarian nonprofit Adeso, described it. In an ever-louder*

assessment, she, and others, want to see aid “decolonized” away from Western decision-makers to nonwhite and local leaders in the global south. **Some in the audience chimed in and asked whether colonial thinking is perpetuated by philanthropists not seeking local advice**, my colleague Stephanie Beasley writes. We should “humble ourselves,” said one. “

For more, see Devex - [Philanthropy can better support the localization agenda, experts say](#) .

Miscellaneous

Politico - Pfizer CEO pulls out of testifying to EU Parliament COVID panel

<https://www.politico.eu/article/pfizer-ceo-albert-bourla-pulls-out-of-testifying-to-eu-parliament-covid-panel/>

“High-level contacts between Albert Bourla and European Commission President Ursula von der Leyen before multibillion-euro vaccine deal are under scrutiny....”

Tax Justice - UN Secretary General signals support for UN tax convention

<https://taxjustice.net/press/un-secretary-general-signals-support-for-un-tax-convention/>

*“The UN Secretary General António Guterres announced his readiness today to support a UN convention on tax that would overhaul century-old global tax rules. The backing from the UN’s highest ranking officer **kicks open the door for negotiations among members states to begin following two years of rapidly growing momentum among governments, international bodies and rights campaigners for a UN tax convention.** Economists and campaigners from around the world have welcomed the news, saying the intervention “couldn’t come at a more urgent time””*

ODI - Fiscal policy and income inequality: the role of taxes and social spending

<https://odi.org/en/publications/fiscal-policy-and-income-inequality-the-role-of-taxes-and-social-spending/>

“This report provides a comprehensive and updated survey of the available evidence on the combined impact of taxes and social spending (cash transfers and health and education in-kind transfers) on within-country income inequality and poverty. It also looks at studies of individual fiscal instruments across countries with different income levels....”

Book chapter- Reporting in the Global South

Esther Nakazi; <https://academic.oup.com/book/44157/chapter-abstract/372348100?login=false>

“In this chapter, Ugandan health and science reporter Esther Nakkazi discusses the promise, perils, and challenges of doing reporting on science in less economically developed countries. Nakkazi points aspiring science journalists in the Global South to training and mentoring resources that can

help them sharpen fundamental skills and hone their reporter's intuition. Nakkazi also shares tips for finding and vetting local science experts; **discusses pitfalls of the "philanthrojournalism" model** and how to avoid them; and argues for the important role of solutions journalism in the Global South. As Nakkazi writes, homegrown journalism that links science to people's everyday lives is becoming increasingly important in Africa, South Asia, and other parts of the Global South. And a diverse new generation of journalists and publications is answering the call."

Chapter in the book, 'Reporting in the Global South In: A Tactical Guide to Science Journalism.'

ITUC response to the World Bank's Social Protection and Jobs Compass

<https://www.ituc-csi.org/World-Bank-Social-Protection-and-Jobs-Compass?lang=en>

"The ITUC has welcomed a much-anticipated publication by the World Bank on universal social protection, but has some major reservations about some of its policy messages and the rigor of its analysis."

'Charting a Course Towards Universal Social Protection: Resilience, Equity and Opportunity for All', also known as the Social Protection and Jobs (SPJ) Compass, published 29 September, sets out the Bank's position on how social protection systems should be reformed and extended and outlines the priorities for the Bank's work in this area in the coming years...."

For the new WB report, see [Charting a Course Towards Universal Social Protection : Resilience, Equity, and Opportunity for All](#)

Papers & reports

BMJ GH - A perspective on urban health systems and research for equitable healthcare in Africa

Ibukun-Oluwa O Abejirinde et al ; <https://gh.bmj.com/content/7/9/e010333>

"Urbanisation in Africa poses complex challenges for health due to ill-informed planning and governance, worsening gaps in the built environment and the quadruple burden of disease. Achieving equitable urban (health) benefits requires a framework for understanding how urban health systems are conceptualised, planned and governed. Five approaches and frameworks for analysing or implementing urban health strategies in sub-Saharan Africa were identified, but there is limited evidence on their use and effectiveness for informing equitable urban health systems. Participatory research and theory building can inform contextual adaptation of frameworks which are effective in other settings, contributing to closing gaps in differential outcomes."

EBM Analysis - Responsible dissemination of health and medical research: some guidance points

R Ravinetto et al ; <https://ebm.bmj.com/content/early/2022/09/01/bmjebm-2022-111967>

“Ravinetto and Singh argue that better practices can be implemented when disseminating research findings through abstracts, preprints, peer-reviewed publications, press releases and social media.”

Cambridge paper - Any lessons to learn? Pathways and impasses towards health system resilience in post-pandemic times

B Ewert et al ; [Cambridge](#) ;

“...This paper investigates six bottlenecks, including overburdened public health agencies, neglected nursing homes and insufficient testing capacities that have been encountered in the health systems of Germany, Sweden and the Netherlands during the pandemic. Based on empirical findings we identify and critically discuss preliminary lessons in terms of health system resilience, an increasingly popular theoretical concept that frames crises as an opportunity for health system renewal. We argue that in practice health system resilience is hindered by path dependencies of national health systems and, owed to the crisis, interim policies that lack ambition for broader reforms.....”

Book – Everything you always wanted to know about European Union health policies but were afraid to ask

https://www.euro.who.int/_data/assets/pdf_file/0008/259955/Everything-you-always-wanted-to-know-about-European-Union-health-policies-but-were-afraid-to-ask.pdf

By Scott Greer et al.

Lancet Offline: Women, life, freedom—and Twitter

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01879-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01879-7/fulltext)

Among others, on the pros & cons of Twitter.

“Twitter can be a valuable way to forge human connections when an event provokes the need for a sense of community, reflection, and social action..... Twitter remains the closest one can get to a global conversation about science and medicine, health equity, and social justice. It connects countries, communities, and generations. But Twitter has also evolved into a playground for acts of strangely performative narcissism. It has swollen the egos of some already privileged individuals who have become infatuated by their own myth-making..... Growing numbers of research reports are describing the pathological effects of Twitter. Social media have accelerated the spread of racism. Anti-Asian hate speech was disturbingly common in western countries during the COVID-19 pandemic. This fact should be a serious concern for medicine. Racism is a troublingly neglected determinant of health....”

“... Perversely, medical and public health communities continue to underestimate the harmful effects of social media on human health and wellbeing.”

Blogs & op-eds

TGH - South Africa's Health-Care Whistleblowers Are Under Threat

R Mwareya; <https://www.thinkglobalhealth.org/article/south-africas-health-care-whistleblowers-are-under-threat>

“Employees who flag nefarious efforts to fleece public health coffers put their jobs, families, and lives at risk.”

TGH - The Quest for Social Connection and Well-Being

A H Mokdad et al; <https://www.thinkglobalhealth.org/article/quest-social-connection-and-well-being>

*“Scientists have been slow at developing strategies that measure and promote **well-being within communities.**”*

Tweets of the week

Bjørn H Amland

“Almost USD 2b out of a US pledge of \$6b for the @GlobalFund will not be released unless other donors step up and provide more \$. US can provide max. 1/3 of GF's resources. Currently, GF has a \$ 5.6b funding gap. [#globalhealth http://development-today.com](https://www.globalhealthdevelopmenttoday.com)”

Jamie Uhrig

*“Agree a paradigm shift is needed and good to see @DrTedros call for one. And all five *men* quoted in this WaPo article had nice things to say about him. [https://www.washingtonpost.com/world/2022/09/26/who-tedros-covid-19-pandemic/...](https://www.washingtonpost.com/world/2022/09/26/who-tedros-covid-19-pandemic/) Is WHO able to manage a shift to #NCD prevention that focuses on determinants? #SDoH #CDoH “*

Commenting on this earlier **tweet from Kent Buse:**

“Kudos to @DrTedros calling for a paradigm shift - a pivot to prevention and addressing the the drivers of ill-health - we must turn off the tap of disease! #HealthierSocieties. @Unni_Gopinathan @stefanswartpet @PeterASinger @sudhvir @HelenClarkNZ @MBoccoz @NordstrmAnders [twitter.com/DrTedros/statu...](https://twitter.com/DrTedros/status...)”

Fatima Hassan

“Well @wto based in Geneva decided suddenly no VIRTUAL presence, preventing global south voices/critiques for upcoming PUBLIC FORUM. Everyone hybrids these days esp. because it is crazy to travel for 1 hour session, plus visa debacles with South passports! Not fit for purpose.”

Ashley Furlong

Quote from a Politico Pro article: “ **Global vaccine procurement needs a complete overhaul**, says Aspen's Stavros Nicolaou. **“Africa should be remembered for African elephants, not white elephants.”** **If global vax & pharma procurement isn't reformed, the only legacy will be the latter, he says.”**