

IHP news 699 : Kicking off a busy December month

(2 December 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're kicking off the month December with a newsletter issue that focuses among others on the **new EU Global Health Strategy** ([launched](#) on Wednesday), **World AIDS Day** (including a worrying **UNAIDS report**, which argues that "[Inequalities are blocking the end of the AIDS pandemic](#)"), the "anniversary" of **One year Omicron**, the **Preventing Sexual Violence in Conflict Initiative (PSVI) conference** in London, WHO aiming to "[phase out](#)" the term **monkeypox** (and trade it for **mpox**), a **new CEPI report** on the nuts and bolts of getting to pandemic vaccines in 100 days, the **start of India's G20 presidency**, promoting mankind's "universal sense of one-ness" under the theme "[One Earth, One Family, One Future](#)" ([#darkgrin](#)),

A few things on the new **EU Global Health Strategy**, perhaps, Europe's agenda for health action for the next 10 years. For the time being, it's only a European Commission Communication, clearly, but it's nevertheless obvious that the EU wants to **step up its leadership on global health**, and help "**shape the emerging new Global Health Order**" (*their words - mine would probably have been 'try to do something about the current Global and Planetary Health Disorder, which we partly helped co-create'*). The new strategy **aligns quite well with WHO's triple billion agenda** (but also expects something in return). Joseph Borrell put it like this, earlier this week: "**health is a geopolitical issue now**". Let's hope the EU global health strategy (and its vision of a new Global Health Order) also aligns reasonably well with [Africa's vision of a New Public Health Order](#). That seems to be the case, at least "on paper" ([#ugh](#)). Wonder whether Ursula already had a look at it.

All five pillars of this New Public Health Order will be discussed at the **upcoming 2nd [International Conference on Public Health in Africa](#) (December 13-15) in Kigali, Rwanda**. Also coming up in December: this afternoon's **launch of the [WHO Global Report on Health Equity for Persons with Disabilities](#) (2 Dec)**; next week's (3rd) **[INB meeting](#) in Geneva (5-7 December)**, where the negotiations on the 'Pandemic Accord' will truly kick off; a **[Global Health Expenditure Report 2022 release event](#)** (on 8 Dec); **UHC Day** (12 Dec) (*to get in the mood, watch this short movie via the [Economist Films website](#)*), ...

We also already want to flag here the **launch of a new Lancet Series on racism, xenophobia, discrimination and the determination of health** (on 9 December). You can register [here](#) in person (for a launch event supported by the Wellcome Trust), or follow [online](#). The launch event is somewhat linked to **Human Rights Day** on December 10.

Speaking of human rights, when you have a more or less broad (and universal) understanding of human rights, it's next to impossible to be fully "consequent" as an individual in these interconnected times of ours, as pretty much all our actions have some impact on human rights of

people, somewhere on the globe. Whether it's through flying or meat consumption (planetary health), watching the World Cup football or Olympics (*which, more often than not, are being [organized in authoritarian regimes nowadays](#) ... with which our own politicians routinely "wheel and deal" moreover, in many cases*), one's transport and energy use, buying clothes, staying on Twitter - now run by an arrogant billionaire with a toxic leadership style and a few more flaws - or not... (or less importantly, "ageist" ranting when watching certain football players stroll at the World Cup 😊), every action you take (or refrain from) has some consequences, which often fail to be in line with your own values and/or lens to look at the world. 'We are all hypocrites now', to a certain extent.

In sum, the "moral high ground" is not possible, and neither is it necessary, I think, for fallible human beings (which we all are). We can't all be Greta, after all 😊. But I do think a bit of 'walking the talk' should be our aim, nevertheless, even if we often fail miserably. As when hundreds of millions try at least to 'walk the talk', chances are our systems will change more easily as well. For the better, I believe. And also, because in so many countries around the world, it's incredibly brave to go on the streets (or even on social media) to fight for (their) human rights. While we might not have too much impact on their battles, there are plenty of things we can do in our own lives to make this a fairer and more sustainable world.

Moreover, with both Belgium and Germany now out of the World Cup Football, you have plenty of time too 😊.

Enjoy your reading.

Kristof Decoster

Featured Article

Spotlighting the role of courts in health policy processes: The role of the Delhi High Court in COVID-19 policy formulation

Utkarsh Khare & Veena Sriram

Courtrooms are not the first place our minds go when thinking about venues for "routine" policy engagement in the health sector. And yet, a growing body of work suggests that courts are tied up in a vast number of threads in health policy in low- and middle-income countries (LMICs), in some cases building on [foundational judgments](#) in many contexts regarding the right to health, and engaging in a range of critical policy topics from [medical education](#) to [tobacco policy](#) to [grievance redressal](#) between providers and patients.

This has been undoubtedly true (and perhaps even amplified in some contexts) during the COVID-19 crisis. Courts were crucial in shaping health policy in India since the start of the pandemic lockdowns in March 2020. During the deadly second wave of COVID-19 that began around April 2021, the ambit of courts in India had expanded well beyond testing policies into decisions on treatment price caps, oxygen supply management and vaccinations. In this article, we share emerging findings from our ongoing research examining the role of courts during COVID-19 in New Delhi, and suggest that the

involvement of the courts reflects growing concerns about governance and accountability in the health sector and beyond.

By January of 2021, India had been reporting its lowest caseload since the start of the pandemic. Bolstered by the trend, authorities indicated that pandemic strategies had largely been a success and began to turn attention towards other matters. This premature declaration of victory would prove to be deadly. By April 2021 Indians witnessed a complete collapse in healthcare from an overwhelming surge of COVID-19 cases. Exact death tolls and case counts continue to be disputed, but [some analysts](#) suggest that millions of lives were lost in what was likely one of the country's starkest humanitarian crises in recent history.

In the national capital of Delhi, [hospitals ran out of oxygen](#) and medication while crematoriums reported an acute shortage of firewood. Desperate healthcare providers began to approach the Delhi High Court for assistance.

The Court, to its credit, took immediate cognizance of the issue and leapt into action. In a unique approach to pandemic management, the Court enjoined multiple petitions into a single case and began the arduous task of coordinating a highly decentralized and disparate policy response. The Court notified the Central Government, the National Centre for Disease Control, private oxygen suppliers along with the Government of Delhi as parties to the suit. The Court appointed an [amicus curiae](#) to assist with deliberations and ordered the Delhi government to produce daily Status Reports on how multiple aspects of pandemic management were faring. Issues flagged by the *amicus* in Status Reports were taken up by the Court in almost daily hearings, and deadlines for the resolution of bottlenecks were set. It cut through red tape and coordinated between stakeholders across levels of government and markets to enable and increase access to lifesaving medicines, oxygen and vaccines.

There is no doubt that these measures prevented an even greater loss of life and spurred systems to action. At the same time, this trend appears to raise critical questions about governance during the pandemic and how we can address these gaps during future health emergencies and in health systems more broadly.

For example, while the Serum Institute of India is one of the world's largest vaccine producers, the Central Government's insistence to run a digital registration platform meant that nobody without a smartphone or internet access could sign up for vaccines. The digital registration platform (COWIN) was itself prone to malfunction, which meant that even people with internet access were unable to register for a dose. One of the facilitators for improvements was an order from [the Delhi High Court](#) for the Central Government to take cognizance of the issue and implement corrective measures. In another instance, there were massive bottlenecks in oxygen delivery caused by uneven distribution of manufacturing and major disruptions to interstate transport where the court(s) had to intervene.

These cases also raise questions about where the court's role begins and ends. Our early explorations into this topic suggest that the Delhi High Court had to thread this needle carefully, attempting to strike a balance between judicial activism and necessary intervention. In doing so, the Court in this instance appeared to more effectively undertake the role of a facilitator in a policy environment with multiple stakeholders who held diffused levels of responsibility. That said, questions arise about expertise on the ability of the courts to issue decisions on price caps or market mechanisms to control black marketing of medication.

The reliance on the court to facilitate policy outcomes in the case of COVID-19 policy in India ultimately points to the fact that India needs a stronger health system and improved disaster preparedness and response structures, more empowered healthcare regulators and disaster management intervention. It is crucial to remember that the Third Estate should always be a last resort, rather than a first emergency response.

Acknowledgements: Our thanks to Riddhi Dsouza for her feedback and suggestions on this piece.

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Highlights of the week

World AIDS day (1 Dec)

UNAIDS - Inequalities are blocking the end of the AIDS pandemic, say UN

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/november/20221129_dangerous-inequalities

Press release on the new UNAIDS report, which argues – not for the first time - for a holistic approach. ***“Analysis by the UN ahead of World AIDS Day reveals that inequalities are obstructing the end of AIDS. On current trends the world will not meet agreed global targets on AIDS. But the new UNAIDS report, Dangerous Inequalities, shows that urgent action to tackle inequalities can get the AIDS response on track....”***

“.... Dangerous Inequalities unpacks the impact on the AIDS response of gender inequalities, of inequalities faced by key populations, and of inequalities between children and adults. It sets out how worsening financial constraints are making it more difficult to address those inequalities. The report shows how gender inequalities and harmful gender norms are holding back the end of the AIDS pandemic....”

“...The new report shows donor funding is helping catalyse increased domestic funding: increases in external HIV funding for countries from PEPFAR and the Global Fund during 2018-2021 were correlated with increases in domestic funding from a majority of national governments. New investments to address HIV-related inequalities are urgently needed. At a moment when international solidarity and a surge of funding is most needed, too many high-income countries are cutting back aid for global health. In 2021, funding available for HIV programmes in low- and middle-income countries was US\$ 8 billion short. Increasing donor support is vital to getting the AIDS response back on track....”

Telegraph - Discrimination and domestic violence push Aids fight 'badly off track', UN warns

<https://www.telegraph.co.uk/global-health/women-and-girls/discrimination-domestic-violence-push-hivaids-fight-badly-track/>

Coverage of the new UNAIDS report.

“Discrimination and domestic violence have helped push the global fight against Aids “badly off track”, according to the United Nations. In a report published on Tuesday, UNAIDS found that inequalities have obstructed efforts to tackle Aids, with the world unlikely to hit targets to end the deadly disease as a “public health threat” by 2030.....”

“The analysis warned that young women are three times more likely to contract HIV – the virus that causes Aids – than their male counterparts in sub-Saharan Africa, as are women who have experienced domestic violence in the last year.”

“Meanwhile, the discrimination experienced by men who have sex with men has hampered efforts to stamp out the disease in this group. Although HIV prevalence has fallen by an average of around 60 per cent among all adults in sub-Saharan Africa, it has barely dropped among gay and bisexual men in this region. “These inequalities aren’t merely harmful to individuals: they are impeding progress against Aids, reducing the returns on HIV investments and putting millions of people in danger,” UNAIDS said..... The report also found that the global response has sidelined children. Some 60 per cent of those aged five to 14 years old who have HIV are not currently receiving treatment – equal to around 800,000 children globally – indicating that they were diagnosed late.....”

“Global response ‘wholly inadequate’: The analysis, published ahead of World Aids Day on Thursday, warned that combating the disease is reliant on addressing these inequalities. It suggests strategies including decriminalising homosexuality, enabling girls to stay in school, and expanding access to contraception would help reduce the threat of HIV/Aids.....”

HPW - Patriarchy, Stigma and Inequality Are Slowing Down AIDS Response

<https://healthpolicy-watch.news/patriarchy-stigma-and-inequality-are-slowing-down-aids-response/>

HPW coverage of the report.

“The world is not on track to end AIDS by 2030 due to patriarchy, stigma against vulnerable communities and inequality, according to UNAIDS in its [2022 World AIDS Report](#). The report, titled “Dangerous Inequalities”, points out that unequal power dynamics between men and women and norms that prevent girls and women from exercising their bodily autonomy are major reasons behind the slowdown in HIV response. The criminalisation of gay relationships and discrimination against key populations like gay men, men who have sex with men and transgender persons are also major stumbling blocks in the global HIV response. ...”

PS: Allocation to key populations must increase: *“In 2021, low and middle-income countries channelled only 3% of their total HIV spending towards prevention and societal enabler*

programmes for key populations. UNAIDS said that this **share has to increase to 21% by 2025** for the HIV response to be on the right track. Pointing out that increases in bilateral investment in HIV response in low and middle-income countries are usually met with similar increases in domestic investments in HIV response, UNAIDS said that donor and development partner investments into this cause must expand. Similarly, **the agency also called for focussed investments towards programmes that benefit young women and girls.** “

Plos GPH - Equalizing the response to AIDS and other pandemics

W Byanyima & M Kavanagh;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0001370>

“Tackling inequalities requires more than recognizing disparities and those “left behind.” It necessitates identifying and addressing power ... **There is ample opportunity to take action to shrink inequalities at the local, national, and international level. Here we give four examples....”**

UN News - Three years of flatlined progress on HIV treatment and prevention affect 2.7 million youth

<https://news.un.org/en/story/2022/11/1131092>

“Some 110,00 youth under age 19 died last year from AIDS-related causes, the UN Children’s Fund (UNICEF) said [last week] on Friday, noting that coupled with 310,000 newly infected, the total number of young people living with HIV stands at 2.7 million. Three years of flatlined progress on HIV treatment and prevention affect 2.7 million youth”

“Ahead of World AIDS Day on Thursday, UNICEF warned in its latest global snapshot on children, HIV and AIDS that progress in HIV prevention and treatment has nearly flatlined over the past three years, with many regions still not at pre-pandemic service coverage.”

Reliefweb - Pharmaceutical corporation ViiV must make ground-breaking HIV prevention injection affordable and available

<https://reliefweb.int/report/world/pharmaceutical-corporation-viiv-must-make-ground-breaking-hiv-prevention-injection-affordable-and-available>

(29 Nov) **“Doctors Without Borders/Médecins Sans Frontières (MSF) today called on pharmaceutical corporation ViiV to urgently dismantle the barriers hindering broad access to the most effective form of HIV pre-exposure prophylaxis (PrEP) that exists, long-acting cabotegravir (CAB-LA), which could turn the tide against new HIV infections globally. CAB-LA is administered as an injection every two months and has shown to be more effective than once-daily oral PrEP pills, but ViiV is not making the drug affordable or available in places where it is urgently needed.....”**

Related: [HIV injection can be made affordable if licences given to African producers](#)

“ Local medicines manufacturer Aspen Pharmacare says that licences should be given to African producers so that cabotegravir can be made more affordable and accessible.....”

And a few links:

- LinkedIn- [World AIDS Day: the tools exist but work remains](#) (by the Lancet HIV Editor-in-Chief)
- Lancet HIV - [The effects of intimate partner violence on women's risk of HIV acquisition and engagement in the HIV treatment and care cascade: a pooled analysis of nationally representative surveys in sub-Saharan Africa](#)

EU Global Health Strategy

Euractiv - LEAK: Commission's global health strategy to expand EU's role worldwide

<https://www.euractiv.com/section/health-consumers/news/leak-commissions-global-health-strategy-to-expand-eus-role-worldwide/>

This article leaked out, ahead of the launch on Wednesday, and was mostly correct. ***“The European Commission wants EU member states to play the same decisive role they had in the global response to the COVID-19 pandemic by replicating the leadership role of the EU in future health challenges. People’s health, health systems, and health threats are at the core of the new EU global health strategy communication that the EU executive is expected to unveil on Wednesday (30 November). The strategy aims at ensuring the EU’s central role in the global health debate and follows a communication that dates back to 2010.”***

“The main message of this strategy is that the EU intends to reassert its responsibility and deepen its leadership in the interest of the highest attainable standards of health, based on fundamental values, such as solidarity and equity, and the respect of human rights,” the Commission wrote in a recent draft of the strategy, seen by EURACTIV. With the COVID-19 pandemic, emerging antimicrobial resistance threat and the ongoing war in the European continent, ***there is a need to address the “significant changes in global health and geopolitics” and “strengthen EU leadership in this area”***, the Commission said.”

“...To ensure the central role, the Commission is focusing on three “interrelated priorities” until 2030 which are delivering better health and well-being of people, strengthening health systems and advancing universal health coverage and combating health threats by applying an interdisciplinary One-Health approach.”

EU Global Health Strategy to improve global health security and deliver better health for all

https://ec.europa.eu/commission/presscorner/detail/en/ip_22_7153

The EC press release on November 30.

“Today, the Commission adopted a new EU Global Health Strategy to improve global health security and deliver better health for all in a changing world. With the Strategy, the EU deepens its

leadership and reasserts its responsibility for tackling key global challenges and health inequalities head-on: the unfinished agenda in global health and combatting health threats in the age of pandemics. **The Strategy positions global health as an essential pillar of EU external policy, a critical sector geopolitically and central to EU strategic autonomy. It promotes sustainable, meaningful partnerships of equals drawing on the Global Gateway. As the external dimension of the European Health Union, the strategy is designed to guide EU action for ensuring better preparedness and response to health threats in a seamlessly way....”**

“... The Strategy puts forward three key interrelated priorities in dealing with global health challenges: deliver better health and well-being of people across the life course; strengthen health systems and advance universal health coverage; prevent and combat health threats, including pandemics, applying a One Health approach.”

The new EC Communication - EU Global Health Strategy: Better Health for All in a Changing World

https://health.ec.europa.eu/publications/eu-global-health-strategy-better-health-all-changing-world_en

Worth to read in full. 25 p.

“... The strategy offers an agenda leading up to 2030. It sets three policy priorities, provides for twenty guiding principles to shape global health, makes concrete lines of action that operationalise those principles, and creates a new monitoring framework to assess effectiveness and impact of EU policies and funding.”

HPW – European Union’s New Global Health Strategy Stresses Better Governance and Partnerships

<https://healthpolicy-watch.news/european-unions-new-global-health-strategy-stresses-better-global-governance/>

Coverage with some quotes from the launch on Wednesday. A few chunks:

“Stronger international rules and cooperation mechanisms on health are at the heart of the European Union’s new [global health strategy](#), which was launched on Wednesday.

.... “This is a strategy which is rooted in equity. It’s rooted in solidarity, in human rights and in partnership. But what really fuels it is our determination to strengthen good global governance,” said European Commissioner Stella Kyriakides. The strategy – the first in 12 years – also means that the EU is “stepping up its leadership on global health”, said Commissioner Jutta Urpilainen. Urpilainen said that the EU would “ramp up investments in health systems with innovative financial instruments”, including supporting the African Union to achieve its goal of producing 60% of the continent’s vaccines by 2040....”

“... The EU wanted to fill any gaps in global health governance and financing through a “strong and responsive multilateral system” with the WHO at the core. However, the EU also indicated that it wanted a seat at the decision-making table, based on its large investment in global health.”

PS: “...Alan Dangour, the Wellcome Trust’s director of climate and health, was critical of the lack of “clearly defined deliverables” about how to address climate change.....”

See also Euractiv - [EU Global Health Strategy lacks ambition on climate change, says expert](#).

On a side note: I want Alan’s lovely curly hair.

More on Global Health Governance

HPW – WHO’s Director General Announces Five New Appointments to WHO Senior Team

[WHO’s Director General Announces Five New Appointments to WHO Senior Team](#)

“WHO’s Director General Dr Tedros Adhanom Ghebreyesus has announced the “interim” appointment of five new senior leaders to replace outgoing members of his senior team, whose departure was announced internally just last week, Health Policy Watch has learned. The new appointments were also revealed in a second internal email sent by Tedros to WHO staff on Wednesday, and seen by Health Policy Watch. “

“Strikingly all of the new appointees have been drawn from within WHO’s internal ranks – a significant departure from Tedros’ previous pattern of making high-profile appointments of professionals drawn largely from outside WHO’s direct ranks, when he first took office in 2017, and during the last major shakeup in 2019. In contrast, the five new appointees are longstanding WHO directors and known quantities. Notably, however, all of the appointees have been named as “interim” heads of WHO’s major divisions – leaving questions over whether Tedros still intends to eventually replace them with other, outside, candidates, or to merely test the performance of the acting leaders, more thoroughly, prior to deciding whether to make the appointments permanent. ...”

“Additionally, no replacements were announced at all for three outgoing staff members. That may be a signal that Tedros was finally bending to pressures from donor states, including the United States, to cut unnecessary frills at WHO’s top echelons where the salary and pension benefits of one senior staff can effectively pay for two mid-level professionals. So far, however, Tedros has not made any public announcements about the staff changes – only communicated through internal staff emails. Outside speculation was that he might wait until January’s WHO’s Executive Board meeting to communicate his long term intentions more fully. “

Devex - Scoop: Tedros asks deputy to delay retirement, fills posts temporarily

<https://www.devex.com/news/scoop-tedros-asks-deputy-to-delay-retirement-fills-posts-temporarily-104560>

With some more info.

“World Health Organization Director-General Tedros Adhanom Ghebreyesus has asked his deputy to delay her retirement, while naming several officials to temporarily fill in the roles left by departing senior management. “

“In an email sent to staff and seen by Devex, Tedros requested Dr. Zsuzsanna Jakab to continue as his deputy director-general and officer in charge of the regional office for Western Pacific “for some more time.””

“... Meanwhile, Tedros has announced who will be filling in vacant posts in his senior management team in the ad interim. According to some sources, it may take a few months to find permanent candidates for some of the positions.....”

Among others:

“Dr. Bruce Aylward, his special adviser and who has led the implementation of WHO’s transformation agenda since 2017, will temporarily be leading the Division of External Relations and Governance previously led by Jane Ellison.

Dr. María Neira, who leads the Department of Climate Change and Health, will lead the Division of Universal Health Coverage/Healthier Populations previously led by Dr. Naoko Yamamoto.”

Global Health Now - Africa’s New Approach to Public Health

A O Ouma (acting director African CDC) et al ; <https://globalhealthnow.org/2022-11/africas-new-approach-public-health>

“Africa’s vision of a New Public Health Order, first proposed in 2017, is actively tackling health challenges and planning for the future, shaped by local leadership and regional solutions. It aims to ensure that effective health systems exist before a crisis and remain resilient during and post-crisis.”

“To achieve this vision, the Africa Centres for Disease Control and Prevention is working closely with African Union Member States and strategic partners focusing on the 5 pillars of the New Public Health Order—all of which will be discussed at the upcoming 2nd International Conference on Public Health in Africa December 13-15 in Kigali, Rwanda.

“How do we create this New Public Health Order?...”

The WHO Council on the Economics of Health for All: One year overview

<https://www.who.int/publications/m/item/one-year-overview>

“The WHO Council on the Economics of Health for All has issued a report on its activities at the one-year mark, half-way through its mandate. The Council set out to rethink economic systems in a way that would move the world towards Health for All and the Report highlights how, with this in mind, through the first year, the main activity has been to issue four foundational briefs that assess the ability of the current global and national health architecture to deliver health for all across four key pillars -- what we value and measure, how we finance (or not) what we value, the approach to catalyze innovation and who reaps (or not) its benefits, and the importance of in-house state capacity in delivering common goods.”

ACT-A (Transition)

<https://www.act-a.org/transition>

The Transition webpage has been updated.

As a reminder: “... **the partnership has launched a [six-month transition plan](#), running from 1 October 2022 to 31 March 2022. The plan outlines changes to ACT-A’s set-up and ways of working, to ensure countries continue to have access to COVID-19 tools in the longer term, while maintaining the coalition’s readiness to help address future disease surges.”**

INB meeting (re Pandemic Accord) (5-7 Dec) & IHR amendments process

The next (**third**) meeting of the Intergovernmental Body is coming up. And this week, the IHR Review Committee also met in Geneva (28 Nov-Dec 2) (its fourth meeting).

Preparatory documents for the INB meeting: https://apps.who.int/gb/inb/e/e_inb-3.html

With among others, the ‘**Conceptual zero draft** for the consideration of the Intergovernmental Negotiating Body at its third meeting’.

Some related analysis:

Geneva Health Files - Safeguarding Article 21 Of The WHO Constitution For Future Global Health Governance [Guest Essay]

https://genevahealthfiles.substack.com/p/safeguarding-article-21-of-the-who?utm_source=substack&utm_medium=email

“.... a guest essay by global health law scholars Alexandra Phelan and Nithin Ramakrishnan, who use a historical perspective to help us understand the context of [IHR] rules. They also point out, that the access question is indeed embedded in the IHR. As the Intergovernmental Negotiating Body for the Pandemic Accord meets next week, the authors call on countries to pay attention to the utility and scope of Article 21 of the WHO constitution that underpins the IHR, in order to “safeguard the future of global health governance”.”

As a reminder: “... **At the second meeting of the Intergovernmental Negotiating Body (INB) held in the month of July, WHO Member States met to determine, inter alia, the form of a WHO convention or international instrument for pandemic preparedness and response (pandemic treaty). After discussions, countries have affirmed their preference for an instrument under Article 19 of the WHO Constitution – the classic opt-in treaty-making power – without prejudice to potentially using Article 21 – the constitution’s relatively unusual opt-out regulations power.”**

The authors **conclude** their guest essay like this: “**While the latest iteration of regulations made under Article 21 have been relatively unamended since their adoption more than a decade and a**

half ago, we should not forget the unique law-making powers deliberately embedded into the WHO Constitution. The agility of an opt-out instrument must be kept in mind as the challenges we face and scientific advancements evolve faster than legal instruments. While Article 19 of the WHO Constitution provides scope to address all the matters under the competence of WHO, Article 21 empowers WHO and Member States to address specific subject matters that require globally harmonised processes and regular updates, without fragmenting regulatory jurisdictional reach and application. While Member States may prefer Article 19 for the present negotiations and instrument being developed in the INB, they should not hamstring future global health law-making by inadvertently narrowing the scope of Article 21.”

Report of the third meeting of the Review Committee regarding amendments to the International Health Regulations (2005) (IHR)

https://cdn.who.int/media/docs/default-source/documents/ihr/draft-report-of-the-third-rc-meeting_221128.pdf?sfvrsn=87daafc3_1&download=true

Report of an earlier (3rd) meeting of this Committee. **“The Review Committee regarding amendments to the International Health Regulations (2005) (hereafter, the Review Committee, Committee, or RC) met virtually for its third meeting from 16 to 17 November 2022 At the conclusion of the meeting on 17 November 2022, it was decided that that the session would be prolonged for two additional days on 22 and 23 November 2022, The provisional agenda and list of Committee’s Members are presented as annexes 1 and 2 at the end of this report. The WHO Secretariat opened the meeting to welcome the Committee Members and handed the floor to the Legal Counsel and the representative of the Office of Compliance, Risk Management and Ethics, for administrative and legal matters. The meeting was then handed over to the **Rapporteur and Acting Chair, Dr Clare Wenham**, who chaired the meeting as the Chair and Co-Chair were only able to connect at set times. **The main objective of the meeting was to continue and complete the systematic review of the proposed amendments to Articles and Annexes of the IHR.**”**

CEPI blueprint

FT - Epidemic coalition sets out plan to develop vaccine in 100 days

<https://www.ft.com/content/1a03fb0a-21aa-493f-bc75-0cc01f110db7>

“Cepi releases blueprint to move three times faster against a new virus than during Covid pandemic.”

*“A practical blueprint to develop a vaccine against a new virus within 100 days — less than a third of the time taken to produce Covid-19 vaccines in 2020 — [will be] released on Wednesday by an international organisation charged with protecting against future pandemics. **Cepi, a global partnership between governments, charities and industry set up in 2017, aims to raise \$3.5bn for a five-year programme that would enable the world to supercharge the development and manufacturing of vaccines against any emerging virus with pandemic potential.** “We have pledges of \$1.6bn-\$1.7bn towards the \$3.5bn and we have line of sight on maybe another \$800mn to \$1bn in potential commitments that have not yet been announced publicly,” said Hatchett....”*

“The target is to have a vaccine that has gone through initial clinical trials and been approved for emergency use within 100 days of a virus being recognised as a pandemic threat by the scientific community and its genetic sequence released.....”

“... Cegi envisages five main areas of innovation that will be required for the 100-days mission to succeed: creating libraries of prototype vaccines for the virus families most likely to cause a pandemic; preparing clinical trial networks to be mobilised very rapidly when needed; finding biological markers to give an early indication of immune response to a vaccine; establishing biomanufacturing facilities around the world that can switch quickly to making the pandemic product; and strengthening global disease surveillance.....”

For the report: CEPI - [Delivering vaccines in 100 days: What will it take?](#)

One year Omicron

WHO - One year since the emergence of COVID-19 virus variant Omicron

<https://www.who.int/news-room/feature-stories/detail/one-year-since-the-emergence-of-omicron>

“What has changed, and why there hasn’t been a new variant of concern.”

AMR

Quadripartite welcomes new political commitments in fight against antimicrobial resistance

<https://www.who.int/news/item/25-11-2022-quadripartite-welcomes-new-political-commitments-in-fight-against-antimicrobial-resistance>

On last week’s meeting in Oman. *“The [Third Global High-Level Ministerial Conference on Antimicrobial Resistance](#), hosted in Muscat, Oman, concluded [today], where targets to address the global antimicrobial resistance (AMR) challenge were discussed for the first time. The conference and its numerical targets for antimicrobial use in the human and animal sectors will pave the way for bold political commitments at the forthcoming UN General Assembly High-Level Meeting on AMR in 2024.”*

“The conference agreed the [Muscat Ministerial Manifesto](#), which sets out the three global targets:

- *Reduce the total amount of antimicrobials used in agrifood systems by at least 30-50% by 2030, galvanizing national and global efforts;*
- *Preserve critically important antimicrobials for human medicine, ending the use of medically important antimicrobials for growth promotion in animals;*
- *Ensure [‘Access’ group antibiotics](#) (a category of antibiotics that are affordable, safe and have a low AMR risk) represent at least 60% of overall antibiotic consumption in humans by 2030.*

*Globally agreed targets will be key to protecting the efficacy of antimicrobials and curbing the development of AMR worldwide, as well as reducing environmental pollution, in turn lowering the spread of AMR. **Countries also made commitments to implement National Action Plans for AMR and strengthen surveillance through improved data reporting and management, private sector engagement and implementation of evidence-based practices.....***

Mpox

WHO recommends new name for monkeypox disease

<https://www.who.int/news/item/28-11-2022-who-recommends-new-name-for-monkeypox-disease>

*“Following a series of consultations with global experts, WHO will begin using a new preferred term “mpox” as a synonym for monkeypox. **Both names will be used simultaneously for one year while “monkeypox” is phased out.....**”*

Check out WHO’s rationale for promoting the new name. With a mix of reasons.

Coverage via the Guardian - [Monkeypox to be renamed mpox to avoid stigma, says WHO](#)

And via Stat – [WHO to phase out the name ‘monkeypox’ for ‘mpox’](#)

With some more background, including on the **difference between the ICD’s & ICTV’s purview**, as well as the “**process**” for naming viral clades.

*“**The WHO has the authority to name and on occasion rename diseases under the International Classification of Diseases, which is in effect the global bible of diseases. In the ICD, each disease is assigned a code that countries around the world use for health billing purposes and to collect and research health data. The WHO will likely satisfy some critics of the term monkeypox, but it will not drive the word from the scientific literature. That’s because the name of the virus itself does not appear to be changing. Authority to change the name of a virus is the purview of the International Committee on Taxonomy of Viruses, which to date has expressed unwillingness to drop the term monkeypox, citing a fear that the continuity of the scientific literature could be compromised by giving the virus a new name. The ICTV is in the process of revising the names of viruses to make them correspond to the binomial naming protocol for other species. But the chairman of the committee responsible for renaming poxviruses told STAT in August that monkeypox will likely become Orthopoxvirus monkeypox. “***

PS: *“**...In June, an international group of scientists, led by several prominent researchers from Africa, called for a renaming of the clades of the virus, which are known by the geographic names Congo Basin and West African, after the parts of Africa where they were first identified. The WHO has a protocol for the naming of diseases that stipulates, among other things, that they should not be named after places or people. The scientists proposed calling the clades by neutral names, clade 1 for Congo Basin and clade 2 for West Africa. Neither the ICTV nor the WHO are responsible for naming viral clades; that is a far less formal process. Clades are known, in essence, by what***

scientists call them in scientific papers. And since the call to rename the clades was issued, there has been widespread adoption of the names clade 1 and clade 2.”

The Republic of Korea to Donate First Batch of Mpox Vaccine to Africa

<https://africacdc.org/news-item/the-republic-of-korea-to-donate-first-batch-of-mpox-vaccine-to-africa/>

“The government of the Republic of Korea, through Korea Disease Control and Prevention Agency (KDCA), will donate the first batch of the Mpox vaccine to Africa through the Africa Centres for Disease Control and Prevention (Africa CDC). The donation was announced during a bilateral meeting between the Acting Director General of Africa CDC, Dr Ahmed Ogwel Ouma, and KDCA Commissioner PECK Kyong Ran on the margins of the 7th Global Health Security Agenda Ministerial Meeting held in the Republic of Korea in Seoul from 28-30 November 2022.”

See also Cidrap News - [Africa to receive its first mpox vaccine doses](#)

Ebola outbreak Uganda

Seems to be going in the right direction...

HPW - Uganda Extends Lockdowns in Bid to End Ebola Outbreak

<https://healthpolicy-watch.news/uganda-extends-lockdowns-in-bid-to-end-ebola-outbreak/>

“Uganda’s President Yoweri Museveni has extended quarantine measures in the two districts at the epicentre of the country’s Ebola epidemic for another 21 days, citing the need to protect gains in the fight against the virus. This marks the third renewal of lockdowns in Kassanda and Mubende, and authorities are hopeful it will be the last. Movement in and out of the districts was first restricted on 15 October, and renewed for another 21 days on 5 November. The measures include a curfew and the closure of social spaces like churches, bars and markets. “It may be too early to celebrate success, but overall, I have been briefed that the picture is good,” Museveni said in a televised address delivered by vice-president Jessica Alupo. While the situation is “still fragile”, Museveni said Ugandan health authorities are “very optimistic” that the outbreak will end “in the coming month.”

“The government’s optimism is buoyed by Uganda’s continued progress in stamping out the outbreak. Three districts have completed over 42 days since the last case of Ebola was detected, while six districts – including the epicentres of Kassanda and Mubende as well as the capital, Kampala – remain in “follow-up” protocols.....”

PS: the threat of urban transmission seems avoided, and vaccine trials are underway.

Preventing Sexual Violence in Conflict Initiative (PSVI) conference in London (28-29 November)

Link: UK (press release) - [UK leads global action to tackle sexual violence in conflict](#)

Foreign Secretary James Cleverly [hosted] an international conference in London to strengthen urgent action against the use of sexual violence in conflict. Ten years after the launch of PSVI.

Some coverage via **the Telegraph**:

Telegraph - Rape as a weapon of war will trigger UK sanctions, says James Cleverly

[Telegraph](#);

“The UK is set to impose sanctions on those who use rape as a weapon of war from December, the Foreign Secretary has announced....”

*“... Meanwhile, **Dr Denis Mukwege**, also a Nobel laureate and famed for treating tens of thousands of war rape survivors in the Democratic Republic of Congo, **called for the establishment of international tribunals and an international convention for the elimination of sexual violence in war.** “The suffering of victims is universal, and it is absolutely essential we ensure justice is also universal,” Dr Mukwege said....”*

*“The UK used the conference, which has been ten years in the making and cancelled three times because of a general election and Covid, to **announce the initiative’s three-year strategy.** The strategy will see **£12.5 million of new funding invested into the global response of tackling sexual violence in conflict....**” “...Mr Cleverly also announced that £3.45 million in separate funding will be delivered to tackle gender-based violence in Ukraine for the UN Population Fund, on top of £2.5 million to prosecute atrocities....”*

“Representatives from 70 countries, including more than 50 ministers, are attending the conference.”

Telegraph - War rapists evading justice due to ‘lack of political will’

<https://www.telegraph.co.uk/global-health/terror-and-security/war-rapists-evading-justice-due-lack-political-will/>

“Activists call on countries to repatriate Isis fighters to trial them for war crimes at home.”

*“Foreign Secretary James Cleverly used his speech to announce £12.5 million of funding for tackling sexual violence in conflict, and a new strategy of sanctioning those guilty of such crimes. **More than 50 countries and the UN also signed a UK-led declaration to end the scourge of sexual violence in conflict.** But while there was **much talk of bringing perpetrators to justice, there was also an***

acknowledgement that little progress had been made since launching the initiative ten years earlier....”

Related:

- Guardian - [Angelina Jolie criticises governments over inaction on wartime sexual violence](#)

Ahead of the summit. *“Angelina Jolie has decried the lack of action by governments to support survivors of wartime rape as “deeply painful and frustrating”. The actor and UN special envoy for refugees, who launched the **Preventing Sexual Violence in Conflict Initiative (PSVI)** with the then foreign secretary William Hague in 2012, said there had not been “nearly enough” progress on bringing perpetrators to justice, prioritising survivors’ needs or ending impunity....”*

PS: *“... In 2020, a **damning report** by the aid watchdog said PSVI had “not fully delivered on its ambitions and is at risk of letting survivors down”.....”*

Sleeping sickness

The Lancet Infectious Diseases: New single-dose treatment for sleeping sickness could help eliminate transmission of the disease by 2030

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00660-0/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00660-0/fulltext)

Cfr the press release:

“New study finds that a single oral dose of the drug acoziborole is 95% effective 18 months after treatment in treating sleeping sickness in adults and adolescents, regardless of disease stage. Acoziborole, unlike current treatments for sleeping sickness, does not require multiple days of treatment, hospitalisation or highly skilled health personnel. The authors argue that **acoziborole could be a breakthrough in efforts to reach the WHO goal of the elimination of transmission of sleeping sickness by 2030.**”

“A new, single-dose, oral treatment for sleeping sickness is as effective as current treatments and could be a key factor in eliminating disease transmission by 2030, suggests a new study published in The Lancet Infectious Diseases.....”

Related:

Lancet Infectious Diseases (Comment) - [Sleeping sickness: time for dreaming](#)

Coverage via **the Telegraph** : [New cure for sleeping sickness could eliminate ‘nightmare disease’](#)

Planetary Health

Guardian - Giving up on 1.5C climate target would be gift to carbon boosters, says IEA head

<https://www.theguardian.com/environment/2022/nov/30/giving-up-on-15c-climate-target-would-be-gift-to-carbon-boosters-says-iea-head>

“The world can still limit global heating to 1.5C, and to claim that the target is now out of reach is to play into the hands of fossil fuel proponents, the world’s leading energy economist has warned. Fatih Birol, executive director of the International Energy Agency, the global authority on energy, slammed scientists and activists who have claimed that the recent Cop27 UN climate summit killed off hopes for the crucial 1.5C limit. “It is factually incorrect, and politically it is very wrong,” said Birol. “The fact is that the chances of 1.5C are narrowing, but it is still achievable.””

*“Birol said that the claims that **the 1.5C limit was dead were coming from an “unusual coalition” of scientists, activists and fossil fuel industry “incumbents”**. “I find the emerging chorus of this unusual coalition of people saying 1.5C is dead factually and politically wrong,” he told the Guardian. “They are jumping to conclusions that are not borne out by the data.” He **added that the claims were “unhelpful” to efforts to shift the global economy to a low-carbon footing. “They are making a mistake. Proponents of the existing energy systems will be the beneficiaries if the obituary of 1.5C is written,**” he warned. Investors and financial institutions could be put off by a chorus of claims that 1.5C was dead, he added. “They will react with lower ambition,” he warned....”*

TGH - COP27 Produced a Triple Burden for Climate Policy—And That's Bad News for Global Health

D Fidler; <https://www.thinkglobalhealth.org/article/cop27-produced-triple-burden-climate-policy-and-thats-bad-news-global-health>

“The conference created a “loss and damage” fund but failed on mitigation and adaptation.”

*“The agreement to establish a loss-and-damage fund was hailed as a diplomatic breakthrough and a victory for **climate justice**. However, this decision adds compensation to the climate policy imperatives of mitigation and adaptation. The Economist **noted** that countries have not “worked out how to do all three simultaneously.” But the situation is worse. Nations have not figured out how to do any of them adequately. **COP27 demonstrated—again—that governments still have not addressed mitigation or adaptation at the speed, scale, and sustainability needed despite ever more **evidence** about the perils that climate change produces. The fund creates a new, largely undefined responsibility.”***

ODI - Who should provide climate finance? Answering a hard question with some hard numbers

S Colenbrander et al; <https://odi.org/en/insights/who-should-provide-climate-finance-answering-a-hard-question-with-some-hard-numbers/>

“...the negotiations were largely based on geopolitical tensions, not empirical data. This blog fills that gap, enabling a more evidence-based discussion about how to expand the climate finance contributor base. Our analysis is not necessarily intended to encourage new donors to help meet the longstanding \$100 billion commitment. Rather, it is intended to support negotiations around the **New Collective Quantified Goal, (NCQG), which replaces the \$100 billion target from 2025, as well as the loss and damage fund that will be finalised over COP28 and COP29.** We attribute each country’s ‘fair share’ of climate finance based on (1) Gross National Income and (2) cumulative territorial emissions since 1990.....” Check out the findings.

Remarkably, “... **China does not qualify as a climate finance provider under our proposed criteria.** Both its per capita income and its per capita territorial cumulative emissions since the 1990s fall below any Annex II countries.....”

Guardian - Air pollution linked to almost a million stillbirths a year

<https://www.theguardian.com/environment/2022/nov/29/air-pollution-million-stillbirths-study>

“First global analysis follows discovery of toxic pollution particles in lungs and brains of fetuses.”

“**Almost a million stillbirths a year can be attributed to air pollution, according to the first global study.** The research estimated that almost half of stillbirths could be linked to exposure to pollution particles smaller than 2.5 microns (PM2.5), mostly produced from the burning of fossil fuels. The study covered 137 countries in Asia, [Africa](#) and Latin America, where 98% of stillbirths occur.....”

...The **research, published in Nature Communications,** used data on stillbirths and air pollution between 1998 and 2016 from 54 low- and middle-income countries (LMIC), including Pakistan, India and Nigeria. This was used to estimate the number of stillbirths attributable to PM2.5 exposure across the 137 LMIC countries, taking into account the fact that the impact of dirty air was greater on older mothers.....”

Global Health Hub Germany - Results of our Catalyst Dialogue on Health and Climate Change

<https://www.globalhealthhub.de/en/news/detail/results-of-our-catalyst-dialogue-on-health-and-climate-action>

[Global Health Hub Germany](#), together with Healthy DEvelopments, organized a **Catalyst Dialogue** with seven renowned experts from development cooperation, international organizations, youth, foundations, science and civil society.

“In several debates and individual interviews that took place in the third quarter of 2022, the experts debated the question “**How can a holistic understanding of health guide a holistic response to the climate crisis?**”. We compiled their arguments in a **policy brief and formulated six recommendations for policymakers.**”

Some reports, book chapters & papers of the week

WHO urges more effective prevention of injuries and violence causing 1 in 12 deaths worldwide

<https://www.who.int/news/item/29-11-2022-who-urges-more-effective-prevention-of-injuries-and-violence--causing-1-in-12-deaths-worldwide>

*“Injuries and violence take the lives of some 12 000 people around the world each day. As reflected in a new World Health Organization report, [Preventing injuries and violence: an overview](#), 3 of the top 5 causes of death among people aged 5–29 years are injury related, namely road traffic injuries, homicide and suicide. In addition to those, injury related killers are **drowning, falls, burns and poisoning**, among others. Of the 4.4 million annual injury related deaths, roughly 1 in 3 of these deaths result from road traffic crashes, 1 in 6 from suicide, 1 in 9 from homicide and 1 in 61 from war and conflict.....”*

“... The WHO report is being released during the 14th World Conference on Injury Prevention and Safety Promotion, currently taking place in Adelaide, Australia. This event provides an opportunity for the world’s leading injury and violence prevention researchers and practitioners to continue to advocate for evidence-based measures to prevent injuries and violence. This report also highlighted the prevention measures and available WHO technical guidance that can support decisions for scaling up prevention efforts.....”

Coverage via UN News - [Accelerated action needed to save 12,000 lives a day due to injury, violence](#)

HPW - Africa’s Progress Against Maternal and Infant Mortality Has ‘Flatlined’

<https://healthpolicy-watch.news/africas-progress-against-maternal-and-infant-mortality-has-flatlined/>

*“In the past decade, Africa’s progress against maternal and infant mortality has flatlined, and it will need to reduce maternal deaths by a massive 86%, and more than halve the deaths of babies to reach global targets by 2030. This is according to the **Atlas of African Health Statistics 2022** released by the World Health Organization’s (WHO) Africa region on Thursday.”*

*“The atlas assessed the nine targets related to the Sustainable Development Goal (SDG) on health, and estimates that **390 women will die in childbirth for every 100 000 live births by 2030 in sub-Saharan Africa, based on the current rate of progress**. This is over five times higher than the 2030 SDG target of fewer than 70 maternal deaths per 100 000 live births, and exponentially higher than the average of 13 deaths per 100 000 live births witnessed in Europe in 2017. **The region’s infant mortality rate is 72 per 1000 live births, with a slow annual decline of 3.1%. At this rate, there will be 54 deaths per 1000 live births by 2030, more than double the target of fewer than 25 per 1000....”***

HPW - South Korea Becomes First Country to Achieve Highest Level in WHO's Medicine And Vaccine Regulatory Assessment

<https://healthpolicy-watch.news/south-korea-ml4-drugs-vaccine-assessment/>

“South Korea became the first country in the world to achieve the highest level, “maturity level 4” (ML4), in regulating medicines and vaccines. The Ministry of Food and Drug Safety (MFDS) in the Republic of Korea is the only national regulatory authority to be recognised by the World Health Organization (WHO) to have advanced oversight on locally produced and imported medicines and vaccines. **The WHO had assessed 33 countries in total, of which only South Korea earned the highest accolade.** WHO’s benchmarking on regulatory authorities offer a reference point on drug and vaccine regulation to countries that do not have the internal capacity to do so. Currently, only around 30% of the regulatory authorities across the world have the capacity to ensure that the medical products (drugs and vaccines) they produce meet the required standards, work as intended and do not cause harm in patients, the WHO said.....”

Book chapter Building Back Worse? The Prognosis for Health Equity in the Post-pandemic World

Ted Schrecker; https://link.springer.com/chapter/10.1007/978-3-031-14425-7_2

Arguing that a **decline in the political salience of health (in)equity will characterize the post-pandemic world.** (focus in this article on Europe)

BMJ GH – Beyond political will: unpacking the drivers of (non) health reforms in sub-Saharan Africa

A T Mhazo et al ; <https://gh.bmj.com/content/7/12/e010228>

« **Lack of political will** is frequently invoked as a rhetorical tool to explain the gap between commitment and action for health reforms in sub-Saharan Africa (SSA). However, the concept remains vague, ill defined and risks being used as a scapegoat to actually examine what shapes reforms in a given context, and what to do about it. **This study sought to go beyond the rhetoric of political will to gain a deeper understanding of what drives health reforms in SSA.** »

« **We found that health reforms in SSA are influenced by six; often interconnected drivers** namely (1) the distribution of costs and benefits arising from policy reforms; (2) the form and expression of power among actors; (3) the desire to win or stay in government; (4) political ideologies; (5) elite interests and (6) policy diffusion....”

Eurodad - History RePPeated II - Why Public-Private Partnerships are not the solution

https://www.eurodad.org/historyrepppeated2?utm_campaign=newsletter_1_12_2022&utm_medium=email&utm_source=eurodad

“This is the second in a series of reports providing an in-depth analysis of various kinds of PPP projects through seven case studies across different sectors, such as education, health, transport and water, and in countries like Liberia, Scotland, Spain, India, Mexico, Peru and Nepal. It also analyses emerging trends, particularly in light of the Covid-19 pandemic and the multiple crises facing the world.”

Lancet Global Health - The use of imagery in global health: an analysis of infectious disease documents and a framework to guide practice

E Charani et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00465-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00465-X/fulltext)

*“We report an empirical analysis of the use of imagery by the key actors in global health who set policy and strategy, and we provide a comprehensive overview, particularly related to images used in reports on vaccination and antimicrobial resistance. The narrative currently depicted in imagery is one of power imbalances, depicting women and children from low-income and middle-income countries (LMICs) with less dignity, respect, and power than those from high-income countries. The absence of any evidence of consent for using intrusive and out-of-context images, particularly of children in LMICs, is concerning. **The framework we have developed provides a platform for global health actors to redefine their intentions and recommission appropriate images that are relevant to the topic, respect the integrity of all individuals depicted, are accompanied by evidence of consent, and are equitable in representation.** Adhering to these standards will help to avoid inherent biases that lead to insensitive content and misrepresentation, stigmatisation, and racial stereotyping.”*

Global health events

HPW - Parliamentarians Seek to Address Post-COVID ‘Tsunami’ of Health System Problems

<https://healthpolicy-watch.news/parliamentarians-seek-to-address-post-covid-tsunami/>

*““There is this tsunami that is happening after the earthquake that was COVID-19 that is now coming to shore and hitting health systems across the world,” said **Ricardo Baptista Leite, president and founder of UNITE, a global network of parliamentarians committed to addressing global health challenges.** “The pandemic also led to a huge economic crisis and even poor countries in the global South, who might have been less affected by the pandemic, are going to pay a very severe price due to economic consequences that will lead to challenges in responding to the health needs of those countries,” he said. **A week before his organization brings together hundreds of parliamentarians from around the world to discuss the most pressing issues in public health at a global summit, the Portuguese MP, who collaborates closely with the World Health Organization (WHO), warned Health Policy Watch of the need to take swift and collective action before the next pandemic.**”*

*“... **From 5-7 December, UNITE will host its global summit in Lisbon, bringing together its parliamentarians and leaders from the global health community to expand and forge new partnerships. Members of the lawmaking, civil society, medical and academic communities will meet to talk about what they feel are the most pressing issues on the global health agenda. Another***

priority that UNITE is bringing to the forefront of the parliamentary agenda is the use of digital health to promote universal health coverage.”

Global health governance & governance of health

Clingendael – Dutch vision and strategy on Global Health

L van Schaik & R van de Pas; <https://www.clingendael.org/nl/node/15240>

Review of the Dutch Global Health strategy.

“Last month, the first-ever Dutch Global Health Strategy (DGHS) was released. Developed jointly by the Ministry of Foreign Affairs (MFA) and Ministry of Health (MoH), the strategy will be implemented by both ministries and in cooperation with others. While we welcome this collaborative integrated government approach, which we have long argued for, there are several considerations relevant to the actual implementation of the DGHS. In this article, we will begin to unpack the strategy by positioning the policy within a wider context, and looking at its role and significance for our country’s foreign and domestic health policy. We will address the main topics and approaches, and focus on three elements that require greater scrutiny: The support to further privatisation of health services; The role of the Netherlands in ensuring policy coherence for development objectives; and the focus on health security and One Health policies. In the final section, we provide recommendations on how to take this strategy forward, considering good governance and democratic legitimacy.”

Devex Newswire: The good news and bad news on Germany’s aid budget

<https://www.devex.com/news/devex-newswire-the-good-news-and-bad-news-on-germany-s-aid-budget-104506>

“... the latest from Berlin on the 2023 budget for the world’s second-largest donor of official development assistance.....”

*“Germany’s development budget for 2023 will drop €190 million (\$199 million) compared to this year’s amount — but things could have been much worse. That’s the takeaway from Devex contributor Andrew Green’s story for Devex Pro members. A possible €1.3 billion in cuts proposed over the summer has been averted, but it’s interesting to see where the final reductions fell. **Core funding for multilaterals and some other development ministry priorities is down**, but there is a clear focus on situations such as the global hunger crisis, Andrew reports.*

*“... It’s all a bit reminiscent of events in Sweden and Norway this year: As the war in Ukraine puts pressure on aid budgets, **United Nations agencies are often among the first to see their funding cut....”***

Global health financing

Global Fund - India Makes Strong Commitment to Global Fund

<https://www.theglobalfund.org/en/news/2022/2022-11-28-india-makes-strong-commitment-to-global-fund/>

*“The Government of India has announced an **increased commitment of US\$25 million** to the Global Fund for the next three years, highlighting India’s leadership in global efforts to end AIDS, TB and malaria and to build stronger health systems....”*

Stat (Op-ed)- Excise taxes on tobacco, alcohol, and sugary beverages benefit health and public budgets

M Cardenas & C Purisima ; <https://www.statnews.com/2022/11/30/excise-taxes-on-tobacco-alcohol-and-sugary-beverages-benefit-health-and-public-budgets/>

*“....**This is the moment for policymakers, supported by the International Monetary Fund (IMF) and the World Bank, to raise excise taxes on tobacco, alcohol, and sugary beverages** — policies passed in recent years in our countries, **Colombia (M.C.) and the Philippines (C.P.)** — to boost their coffers for the herculean rebuilding efforts to come....”*

Pandemic preparedness & response/ Global Health Security

BMJ - Three big questions facing the World Bank’s new pandemic fund

K Kennedy & G Yamey; <https://www.bmj.com/content/379/bmj.o2857>

*“.... **Low and middle income governments and regional bodies (such as Africa Centres for Disease Control and Prevention) will be able to apply to the new Pandemic Fund for grant funding to strengthen their PPR capacities. They will be required to partner in some way with one of 13 pre-accredited implementing agencies, which include the African and Asian Development Banks, the World Health Organization, Unicef, the Global Fund, and Gavi, the Vaccine Alliance—though details of the partnership arrangements are scant.**”*

*“The fund has not yet put out its first call for proposals, although it is expected to do so in late 2022 or early 2023. In the meantime, **we think there are three big questions facing the new fund that will determine how successful it will be....”***

Where will the money come from? Who will call the shots? What and who will it prioritise?

Stat Op-ed - Rushing into the World Bank’s Pandemic Fund is a bad idea

V Gupta; <https://www.statnews.com/2022/11/29/world-bank-pandemic-fund-rushing-bad-idea/>

“...As a physician, human rights advocate, and global health equity expert, I can unequivocally state that the formation of this new fund, christened as [The Pandemic Fund](#) in early November, is fundamentally backward. However well-intentioned it may be, the speed, approach, and structure raise more concerns than solutions.....”

“...What’s the issue? For starters, the breakneck speed at which The Pandemic Fund was established leaves little to no room to analyze and implement what’s working with existing mechanisms to ensure proper structures and processes for effectively making grants. first calls for grant proposals for spending this money are expected to start this month.”

“Seven weeks from the official establishment of the fund to accepting grant proposals is an unrealistic timeline for civil society organizations to come back with a proper review of the proposal requirements and the process. In addition, the mechanisms for giving away this money are not fully established. A dollars first, proposals second, civil society engaged ... maybe last approach to rolling out this fund means huge issues when it comes to ensuring this money will effectively go to empowering lower- and middle-income countries for pandemic preparedness....”

The author concludes: *“...With rushed timelines for civil society feedback, an expedited process for selecting civil society representatives, and a failure to learn from successful global health mechanisms like the [Global Fund to Fight AIDS, Tuberculosis, and Malaria](#), the World Bank has not done nearly enough to make The Pandemic Fund all that it hopes to be.*

Devex - Opinion: Ready African vaccine manufacturers for the next pandemic

L Martin et al; <https://www.devex.com/news/sponsored/opinion-readying-african-vaccine-manufacturers-for-the-next-pandemic-104550>

“... momentum and support cannot simply be maintained but needs to be drastically scaled up....”

With three suggestions.

Among others: **2. Integrate manufacturing into pandemic preparedness efforts**

“...The ACT-A evaluators and many other stakeholders have flagged the importance of strengthening “regional manufacturing and health systems” as essential for future pandemic responses and pointed to the recently launched Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response, now known as The Pandemic Fund, as a key mechanism for doing so. However, expanding regional manufacturing in Africa is not included in the fund’s current thematic priorities.....”

Telegraph - Scientists discover new coronaviruses in bats with the potential to jump to humans

<https://www.telegraph.co.uk/global-health/science-and-disease/scientists-discover-new-coronaviruses-bats-potential-jump-humans/>

“Researchers identify five viruses ‘likely to be pathogenic to humans or livestock’ – including one closely related to Sars-Cov-2 and Sars.”

“A new Covid-like virus with the potential to jump to humans and livestock has been identified in bats in southern China, according to new research. Chinese and Australian scientists took samples from 149 bats across Yunnan province, which borders Laos and Myanmar, and identified five viruses “likely to be pathogenic to humans or livestock”. Among them was a bat coronavirus closely related to both Sars-Cov-2 and Sars. “

*“This means that Sars-Cov-2-like viruses are still circulating in Chinese bats and continue to pose an emergence risk,” said Prof Eddie Holmes, an evolutionary biologist and virologist at the University of Sydney and co-author of the report. The research – which was published as a pre-print and has not yet been peer-reviewed – showed that **bats were regularly infected with several viruses simultaneously**. This is significant because it demonstrates the potential for existing viruses to swap bits of their genetic code – a process known as recombination – to form new pathogens. “The **main take-home message is that individual bats can harbour a plethora of different virus species, occasionally playing host to them at the same time,**” said Prof Jonathan Ball, a virologist at the University of Nottingham who was not involved in the research. “*

White House (FACT SHEET): Biden-Harris Administration Announces Expansion of Global Health Security Partnerships and Releases Annual Progress Report

[White House](#);

“Yesterday, the Administration announced new actions to advance global health security that accelerate implementation of the National Biodefense Strategy and Implementation Plan for Countering Biological Threats, Enhancing Pandemic Preparedness, and Achieving Global Health Security (Strategy).”

CGD - A Rallying Cry for More US Health Innovation at “Warp Speed”

R Silverman; <https://www.cgdev.org/blog/rallying-cry-more-us-health-innovation-warp-speed>

*“...In a [new paper](#), I argue that the **US government should draw from the COVID-19 experience by adopting a bigger and bolder approach to biomedical innovation** to address the persistent health threats facing Americans and the entire world. The paper shows that US government investments in ambitious R&D would pay-off big—and the risks of inaction might be catastrophic....”*

Geneva Graduate Institute - How can an international pandemic instrument address One Health?: workshop report

M Chabrier et al ;

https://repository.graduateinstitute.ch/record/300592?_ga=2.168041313.1939678483.1669623501-2020787821.1660555194

*« **The workshop "How can an international pandemic instrument address One Health"** sought to familiarize members of Geneva-based permanent missions and government officials from capitals with the legal and institutional aspects of "One Health" in the context of negotiations of a future international instrument on pandemic prevention, preparedness, and response ("pandemic instrument"). **The workshop identified legal and scientific challenges for implementation of One Health. The presenters identified a regulatory "blind spot" at the midstream level of prevention:***

the measures contained in the International Health Regulations 2005 (IHR) focus on detecting and containing the international spread of a communicable disease once it occurs, but do not provide a strategy for deep prevention of zoonotic diseases. Specific measures, involving integrated surveillance, regulatory obligations, science-policy interfaces and coordination mechanisms were proposed to address that regulatory gap. The workshop emphasized the complexity of One Health and the importance of addressing the human-animal-environmental health nexus in an integrated, multi-sectoral manner. »

Preprint - An update on eukaryotic viruses revived from ancient permafrost

<https://www.biorxiv.org/content/10.1101/2022.11.10.515937v1>

Worrying preprint on zombie viruses.

“One quarter of the Northern hemisphere is underlain by permanently frozen ground, referred to as permafrost. Due to climate warming, irreversibly thawing permafrost is releasing organic matter frozen for up to a million years, most of which decomposes into carbon dioxide and methane, further enhancing the greenhouse effect. Part of this organic matter also consists of revived cellular microbes (prokaryotes, unicellular eukaryotes) as well as viruses that remained dormant since prehistorical times. While the literature abounds on descriptions of the rich and diverse prokaryotic microbiomes found in permafrost, no additional report about “live” viruses have been published since the two original studies describing pithovirus (in 2014) and mollivirus (in 2015). This wrongly suggests that such occurrences are rare and that “zombie viruses” are not a public health threat. To restore an appreciation closer to reality, we report the preliminary characterizations of 13 new viruses isolated from 7 different ancient Siberian permafrost samples, 1 from the Lena river and 1 from Kamchatka cryosol. As expected from the host specificity imposed by our protocol, these viruses belong to 5 different clades infecting Acanthamoeba spp. but not previously revived from permafrost: pandoravirus, cedratvirus, megavirus, and pacmanvirus, in addition to a new pithovirus strain.”

UHC

The Bain & Co. World Ahead - Taking Action: Universal Health care film is now live on Youtube and The Economist Films website.

You can watch it here on this [link](#).

The Economist championing the merits of UHC, featuring Thailand, Rwanda and some strange bloke in London.

Planetary health

Nature Comment - Biodiversity loss and climate extremes — study the feedbacks

<https://www.nature.com/articles/d41586-022-04152-y>

“Enough of silos: develop a joint scientific agenda to understand the intertwined global crises of the Earth system.”

Nature - Plastic pollution: Three problems that a global treaty could solve

<https://www.nature.com/articles/d41586-022-03835-w>

“Specialists discuss strategies that could help stop plastics contaminating the environment.”

PS: in the **Uruguayan city Punta Del Este**, talks have started on a global treaty in this respect. But early days in the talks....

And a link:

WHO Bulletin - Concurrence of water and food insecurities, 25 low- and middle-income countries
(by S Young et al).

Covid

Cidrap News - COVID-19 cases stable globally but rise in 2 regions

<https://www.cidrap.umn.edu/news-perspective/2022/11/covid-19-cases-stable-globally-rise-2-regions>

“The weekly number of COVID-19 cases was stable last week, with declining cases in four world regions and rising cases in the Americas and Western Pacific regions, the World Health Organization (WHO) said today in its latest weekly update.

*“... In an **update on variant spread**, the WHO said the Omicron BA.5 and its descendent sublineages are still dominant, making up 73% of sequenced samples. BA.2 levels, however, rose from 7.9% to 10.1% during the first half of November. During the same time period, BQ.1 and its descendant lineages rose from 23.1% to 27.3%. Meanwhile, smaller rises were seen for the XBB and BA.2.75 subvariants.....”*

Reuters - Twitter rolls back COVID misinformation policy

[Reuters;](#)

“Twitter Inc has rolled back a policy that was aimed at tackling misinformation related to COVID-19 on the social media platform, lending itself to the risk of a potential surge in false claims even as cases rise in China and some parts of the world. The move also comes amid concerns of Twitter's ability to fight misinformation after it let go about half of its staff, including those involved in content moderation, under new boss Elon Musk.....”

HPW - 'Zero-COVID' Protestors Win Concessions But Expert Urges China to Increase 'Hybrid Immunity' Before Abandoning Policy

<https://healthpolicy-watch.news/zero-covid-protestors-win-concessions-but-expert-urges-china-to-increase-hybrid-immunity-before-abandoning-policy/>

For an update on China's predicament, see also Devi Sridhar's [China's Covid crisis demands terrible choices. The world will suffer if this goes wrong](#) (in the Guardian).

Nature (News) - Can China end its 'zero COVID' policy — and minimize COVID deaths?

<https://www.nature.com/articles/d41586-022-04235-w>

"Vaccinating more older people, stocking up on antiviral drugs and expanding hospital facilities would help to ease the transition away from zero COVID."

Guardian - Covid blood-thinner drug treatment dangerous and does not work – study

<https://www.theguardian.com/world/2022/nov/28/covid-blood-thinner-drug-treatment-dangerous-and-does-not-work-study>

"UK government-backed Heal-Covid trial finds Apixaban can cause dangerous bleeding and does not improve prognosis."

Forbes - Covid-19 Could Make People More Prone To Other Infections By Wreaking Havoc With Gut Bacteria

[Forbes](#);

"An intricate network of gut microbiota ecosystems work hard towards preventing a pathogenic bacteria from colonizing and weakening your body. But when the gut microbiota gets impaired, the loss of that barrier of protection can make way for dangerous pathogens to take over. In a recent study published in the journal Nature Communications, researchers found that even a mild Covid infection can reduce the diversity of gut microbiota and make people more vulnerable to other infections....."

Bloomberg - Next Covid-19 Strain May be More Dangerous, Lab Study Shows

<https://www.bloomberg.com/news/articles/2022-11-26/study-says-as-covid-evolves-in-long-term-infections-it-may-become-more-harmful?leadSource=verify%20wall>

"A South African laboratory study using Covid-19 samples from an immunosuppressed individual over six months showed that the virus evolved to become more pathogenic, indicating that a new variant could cause worse illness than the current predominant omicron strain. ..."

Journal of the Royal Society Interface - Associations between indoor relative humidity and global COVID-19 outcomes

<https://royalsocietypublishing.org/doi/10.1098/rsif.2021.0865>

“Globally, the spread and severity of COVID-19 have been distinctly non-uniform. Seasonality was suggested as a contributor to regional variability, but the relationship between weather and COVID-19 remains unclear and the focus of attention has been on outdoor conditions. Because humans spend most of their time indoors and because most transmission occurs indoors, we here, instead, investigate the hypothesis that indoor climate—particularly indoor relative humidity (RH)—may be the more relevant modulator of outbreaks. Our comprehensive analysis shows robust and systematic relationships between regional outbreaks and indoor RH. In particular, we found intermediate RH (40–60%) to be robustly associated with better COVID-19 outbreak outcomes (versus RH < 40% or >60%). Together, these results suggest that indoor conditions, particularly indoor RH, modulate the spread and severity of COVID-19 outbreaks.”

Health Research Policy & Systems - Impact of good governance, economic growth and universal health coverage on COVID-19 infection and case fatality rates in Africa

B Gebremichael et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-022-00932-0>

“The findings indicate that good governance practices, favourable economic indicators and UHC have a bearing on COVID-19 infection rate and CFR.....”

Cidrap News - Similar long-COVID symptoms noted after Omicron, Delta

<https://www.cidrap.umn.edu/news-perspective/2022/11/similar-long-covid-symptoms-noted-after-omicron-delta>

*“A pair of new studies in **Nature Communications** discuss long COVID, with a Norwegian study finding similar rates after infection with the Delta and Omicron variants in adults, and a Swiss study identifying low socioeconomic status and chronic conditions such as asthma as risk factors for persistent symptoms among teens....”*

Reuters - Moderna exec says COVID trials improved diversity recruiting

[Moderna exec says COVID trials improved diversity recruiting | Reuters](#)

“Moderna Inc's top scientist said on Tuesday that the vaccine maker has learned how to better recruit from diverse populations for its clinical trials from running its COVID-19 vaccine studies.”

“Moderna Chief Medical Officer Paul Burton, speaking at the Reuters NEXT conference in New York, said that in 2020 the company needed to slow enrollment in its initial COVID-19 vaccine clinical trial in order to include more people in communities of color. “We recognized that to get good uptake to get real acceptance, you need to have representation of all sorts of people from different

communities," Burton said, noting that the company was eventually able to enroll 37% of its 35,000-person trial from communities of color...."

Infectious diseases & NTDs

Science - Vaccines are in short supply amid global cholera surge

<https://www.science.org/content/article/vaccines-are-short-supply-amid-global-cholera-surge>

"Climate change and pandemic may be fueling outbreaks." A few chunks:

"... **The 36 million vaccine doses expected to be shipped from the stockpile this year won't be enough. Full protection requires two doses given 2 weeks apart, so the supply covers just 18 million people**—"not a lot when you think of [affected] countries like Bangladesh, Pakistan, Ethiopia, Nigeria," Barboza says. **Last month, the International Coordinating Group that runs the stockpile—made up of WHO, MSF, UNICEF, and the International Federation of the Red Cross and Red Crescent Societies—announced it would stop administering second doses to stretch supplies. A one-dose strategy has been used successfully before, says Charlie Weller, an immunologist at the Wellcome Trust, but it's unclear how long protection will last...."**

"... **David Sack, an infectious disease expert at Johns Hopkins University's Bloomberg School of Public Health, says he is "puzzled" by the decision to abandon the second dose instead of postponing it.** A clinical trial in Cameroon that Sack and colleagues published this month suggests giving the second dose after 1 year instead of 2 weeks actually increases the immune response. But unless the outbreaks slow down in the coming months, the vaccine supply won't allow even a delayed second dose. Besides, current WHO guidelines don't allow an interval of more than 6 months, says Garone, although that could change. "We have asked to fast-track the revision of the evidence on this," she says."

"Meanwhile, **Shantha Biotechnics in India, which manufactures 10% of the global cholera vaccine supply, plans to stop production by the end of 2023.** WHO Director-General Tedros Adhanom Ghebreyesus has urged Shantha and its parent company, Sanofi, to reconsider its decision, which would leave only one manufacturer, South Korea's EuBiologics. The International Vaccine Institute (IVI), a nonprofit based in South Korea that helped develop the cheap oral vaccine, is working with EuBiologics to increase its production capacity to some 80 million to ¹~~100~~ ¹~~100~~ million doses annually, says Julia Lynch, who directs IVI's cholera program. It's also helping a South African company named Biovac set up a facility to produce the shots, in a project funded by the Wellcome Trust and the Bill & Melinda Gates Foundation. But both efforts will take several years...."

Lancet World Report - A missed opportunity? Anopheles stephensi in Africa

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02483-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02483-7/fulltext)

"A malaria vector new to Africa threatens to undo decades of progress. Udani Samarasekera reports."

Global Health: Science and Practice: Preexposure Prophylaxis Among Pregnant and Lactating People in 18 PEPFAR-Supported Countries: A Review of HIV Strategies and Guidelines

S S Abadan et al; <https://www.ghspjournal.org/content/early/2022/11/29/GHSP-D-22-00129>

“The use of preexposure prophylaxis (PrEP) is a safe, efficacious method to prevent HIV infections among pregnant and lactating people (PLP) and their infants. Despite growing support for PrEP use among PLP and notable changes in national policies, many policy gaps persist.”

AMR

Cidrap News - Antibiotic use in newborns could be lowered, study finds

<https://www.cidrap.umn.edu/news-perspective/2022/11/antibiotic-use-newborns-could-be-lowered-study-finds>

*“The results of a large international study indicate that postnatal antibiotic use is disproportionate compared with the burden of early-onset sepsis (EOS), researchers reported last week in **JAMA Network Open**....”*

NCDs

IJHPM - From Local Action to Global Policy: A Comparative Policy Content Analysis of National Policies to Address Musculoskeletal Health to Inform Global Policy Development

C H Schneider et al ; http://www.ijhpm.com/article_4362.html

“Global policy to guide action on musculoskeletal (MSK) health is in a nascent phase. Lagging behind other noncommunicable diseases there is currently little global policy to assist governments to develop national approaches to MSK health. Considering the importance of comparison and learning for global policy development, we aimed to perform a comparative analysis of national MSK policies to identify areas of innovation and draw common themes and principles that could guide MSK health policy....”

Mental health & psycho-social wellbeing

Vox - Poor countries are developing a new paradigm of mental health care. America is taking note.

<https://www.vox.com/the-highlight/23402638/mental-health-psychiatrist-shortage-community-care-africa>

“This is what the future of mental health could look like.”

*“... Yes, training more mental health specialists will be part of the answer for these nations. But what’s most interesting is that developing countries have also figured out a new way to tackle the deficit in mental health care — and it could hold lessons for the developed world as well. Specifically, **these nations have been serving as a proving ground for a model called community-based care, where non-specialist providers or lightly trained laypeople — picture someone like your grandmother, not a doctor — deliver brief mental health interventions in informal settings like homes or parks.** Whereas importing Western norms can alienate local populations, who may not view mental health problems as medical, brain-based problems, **community-based care has found acceptance because it pays attention to cultural context.** Lay counsellors meet patients where they are — both literally, in terms of physical space, and conceptually, in terms of their beliefs about mental health. **This model has turned out to be not only cheap to operate and easy to scale, but also incredibly effective for treating issues like depression. So effective, in fact, that the model is now being exported to the US, which stands to learn a lot from these poorer countries....”***

And a link: Economist - [Air pollution can drive people to kill themselves](#)

“The cause seems to be brain inflammation provoked by tiny, solid particles.”

Social & commercial determinants of health

IJHPM - Ultra-Processed Food: The Tragedy of the Biological Commons

N Campbell et al ; https://www.ijhpm.com/article_4359.html

On “**Reformulation**” – the reduction of saturated fats, sugar and salt in food. Among others, assessing to what extent it’s indeed a ‘win-win’.

Paper - Big Food and Drink sponsorship of conferences and speakers: A case study of one multinational company’s influence over knowledge dissemination and professional engagement

J A Gunnarsson et al ; [Cambridge University Press](#);

*« Research identifies that multinational corporations, including **The Coca-Cola Company** (‘Coca-Cola’), seek to influence public health research and policy through scientific events, such as academic and professional **conferences** **This study aims to understand how different forms of funding and sponsorship impact the relationship between Coca-Cola, academic institutions, public health organizations, academics, and researchers....”***

Sexual & Reproductive health rights

Lancet Offline: FRENCH-ARRIVE—elles accusent

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02475-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02475-8/fulltext)

*“The accusation is direct and unflinching. The FRENCH-ARRIVE trial “obeys a pseudo-scientific rational logic” that is “a denial of what childbirth and motherhood mean to women”. Claudine Schalck and Raymonde Gagnon are both registered midwives. Their book, **When Inducing Labor Compromises a Woman's Motherhood** (L'Harmattan, 2022), is one of the most remarkable denunciations of an ongoing research study ever published. It is also a sustained critique of the contemporary approach to obstetric care in many western nations today. Their analysis raises important questions about scientists' ethical responsibilities to research participants, and more especially medicine's attitudes to women....”*

Sexual and Reproductive Health Matters (Editorial) - Centring rights-based access to self-care interventions

<https://www.tandfonline.com/doi/full/10.1080/26410397.2022.2138053>

Editorial of a Themed issue.

Access to medicines & health technology

TWN - WTO: “Stonewalling” tactics by North to delay TRIPS decision extension

R Kanth; <https://www.twn.my/title2/health.info/2022/hi221102.htm>

“The credibility of the decisions arrived at the World Trade Organization’s 12th Ministerial Conference (MC12) in June appears to be very low, with members seemingly set to miss the deadline on extending the 17 June Ministerial Decision on the TRIPS Agreement to diagnostics and therapeutics due to “stonewalling” tactics adopted by major developed countries on behalf of Big Pharma, said people familiar with the development.”

“At the WTO’s TRIPS Council meeting on 22 November, it has increasingly become apparent that a decision on paragraph eight of the Ministerial Decision on the TRIPS Agreement that states that “no later than six months from the date of this Decision, Members will decide on its extension to cover the production and supply of COVID-19 diagnostics and therapeutics”, i.e. by 17 December – is unlikely to be met, said several participants, who asked not to be quoted. Major developed countries, which harbor Big Pharma such as the United States, the European Union, Switzerland, Japan, and the United Kingdom among others, showed no urgency in meeting the 17 December deadline at the informal TRIPS Council meeting.....”

Systematic Reviews - Implementation of medicines pricing policies in sub-Saharan Africa: systematic review

A Koduah et al; <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-022-02114-z>

« ...Many patients with limited resources in sub-Saharan Africa (SSA) are confronted with out-of-pocket charges, constraining their access to medicines. Different medicine pricing policies are implemented to improve affordability and availability; however, evidence on the experiences of implementations of these policies in SSA settings appears limited. Therefore, to bridge this knowledge gap, we reviewed published evidence and answered the question: **what are the key determinants of implementation of medicines pricing policies in SSA countries?...**»

Lancet GH (Review) - Expanding access to biotherapeutics in low-income and middle-income countries through public health non-exclusive voluntary intellectual property licensing: considerations, requirements, and opportunities

S Morin et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00460-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00460-0/fulltext)

“**Biotherapeutics, such as recombinant proteins and monoclonal antibodies, have become mainstays of modern medicine as shown by their increasing number in the WHO Model List of Essential Medicines. However, despite frequently offering clinical advantages over standards of care, they remain largely out of reach for populations in low-income and middle-income countries (LMICs), partly because of high costs. Accordingly, the WHO Model List of Essential Medicines Expert Committee has requested that the Medicines Patent Pool explore intellectual property licensing to address this challenge. We therefore investigated how licensing could successfully improve affordability of and timely access to biotherapeutics in LMICs, by leveraging expert consultations, literature analysis, and internal technical knowledge. The key elements identified as relevant to support access to affordable biosimilars in LMICs through licensing include: prioritising potential biotherapeutic targets according to their potential for public health impact; supporting biosimilar product and clinical development (including through technology transfer to expedite regulatory approval); and facilitating biosimilars’ entry and use in LMICs (by meeting procurement, supply chain, and health system requirements).**”

Reuters - Germany working to ensure continued cooperation between BioNTech, Chinese partner

[Reuters:](#)

“**Germany is working to ensure cooperation between BioNTech and its Chinese partner on the COVID-19 vaccine moves forward, a German government spokesperson said on Monday. German Chancellor Olaf Scholz announced an agreement earlier this month to let expatriates in China use the COVID-19 vaccine from Germany’s BioNTech (22UAY.DE) on his first visit to China since becoming chancellor.....**”

And a link: [The availability of essential medicines for cardiovascular diseases at healthcare facilities in low- and middle-income countries: The case of Bangladesh](#) (Plos Global Public Health)

Links:

- TERG: [Evaluation of Accelerating the Equitable Deployment of and Access to Innovations](#)
- Stat - [Gilead wins a key battle with the CDC over patents for its Truvada HIV pill](#)

Decolonize Global Health

How decolonising global health will improve lived experiences in the Global South

S O Oti; https://issuu.com/nvtg_mt/docs/2022_mt_03_decolonising_global_health/s/17389245

By the cofounder of the Global Health Decolonization Movement in Africa. On some of the more tangible benefits of Decolonizing Global Health.

The Collective Blog - Debt and Decolonization of Global Health

James Pfeiffer; <https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/james-pfeiffer/debt-and-decolonization-of-global-health.html>

“The decolonization of global health must include the struggle to cancel debt and reject austerity. Collective member James Pfeiffer explains why in this blog post.”

Excerpts: *“ I am delighted to report that just three weeks ago the American Public Health Association (APHA), the largest and most influential public health professional association in the United States, has formally adopted a resolution calling for cancellation of debt among the most debt distressed countries and rejection of austerity. The statement was drafted by a group that includes members of this Collective and was inspired by discussion in a panel on debt cancellation and austerity at the 2021 APHA meetings that featured Collective colleagues including Alexander Kentikelenis, Jomo Kwame Sundaram, and myself (the resolution becomes official in January 2023 and can be shared then). It demands that the IMF and G20 cancel debt among the most debt-distressed nations, provide aggressive debt relief for others, reject austerity, and promote substantial increased financing for public sector health systems and other social services.....”*

“The Movement Grows: “Decolonization of global health” must surely include the struggle to cancel debt and reject austerity. It is a global challenge that requires a global movement. But that movement is coalescing, led by End Austerity, debtjustice/UK, JubileeUSA, brettonwoodsproject.org, Eurodad, Latindadd, Afrodad, among hundreds of other civil society groups.....”

And a link:

- IJHPM - [The Geopolitics of Health Science Research; Comment on “The Roles of Regional Organisations in Strengthening Health Research Systems in Africa: Activities, Gaps, and Future Perspectives”](#)

“... this important paper considers the nature of current activities in relation to health research by regional organizations on the continent. It provides a baseline study and incipient manifesto for increased effectiveness and greater contribution in the area of health science research on the continent.”

Miscellaneous

Guardian - One in 23 people will require humanitarian relief in 2023, UN warns

<https://www.theguardian.com/global-development/2022/dec/01/one-in-23-people-will-require-humanitarian-relief-in-2023-un-warns>

“A global relief fund of a record \$51.5bn will be needed to assist 339 million people suffering because of 2022’s ‘extreme events’.”

“The number of people who will be in need of humanitarian relief in 2023 has increased by almost a quarter in the past year, as the climate crisis, the war in Ukraine and the largest global food crisis in modern history pushes millions to the brink, the UN has warned. A record 339 million people, an increase of 65 million on last year, will be suffering next year as a result of 2022’s “extreme events” and will be in urgent need of assistance, said Martin Griffiths, the UN’s under secretary general for humanitarian affairs and emergency relief coordinator. The UN and partner agencies are asking donors for \$51.5bn to fund the relief effort, another record figure and a 25% increase on the beginning of 2022.....”

Oxfam (blog) - World Bank and IMF must recognize and challenge austerity dogma as a form of gender-based violence

<https://www.oxfam.org/en/blogs/world-bank-and-imf-must-recognize-and-challenge-austerity?fbclid=IwAR2V5kmoDQyvnykYR5VgCYz6a15QWOakyiAL-o9ljatnX8IHuZ59Sp3a5NcQ>

Blog by Friederike Strub and Amy McShane, Gender Equality & Macroeconomics Project Lead and Project Officer, Bretton Woods Project.

“...The World Bank’s and IMF’s own economic policies and programs have deepened gender inequality and advanced a neoliberal economic model that entrenches women’s unequal value and power in the economy further. Both institutions look to close gender gaps and get women into the labor force on the one hand, while neglecting the myriad impacts that their own macro-economic policy advice – routinely aimed at slashing public spending, dismantling the welfare state, and promoting privatization and deregulation – has on women’s mental and physical wellbeing....”

Christian Aid - Collection of essays: New feminist and anti-racist social contracts for people and the planet

<https://www.christianaid.org.uk/our-work/policy/new-feminist-and-anti-racist-social-contracts>

“To shift the narrative on social contracts Christian Aid has commissioned 12 experts and activists to unpack what these feminist, anti-racist, eco-social contracts would look like. Our aim is to understand how to transform relationships, not only between the citizen and the state, but also (particularly in fragile states) within communities, and between people and the planet. We wanted to consider what we owe each other and to future generations. How to build mutual accountability between peoples, states, business and nature and in doing so, how we can move from theory to practice. ...”

Devex - How donors broke for Denmark in race to chair aid rule-setting body

<https://www.devex.com/news/how-donors-broke-for-denmark-in-race-to-chair-aid-rule-setting-body-104539>

“The [Organisation for Economic Co-operation and Development](#)’s influential development assistance committee, or DAC, has split almost down the middle on who should be its new chair, with an experienced candidate from Denmark finally edging a younger ex-development minister from Norway in the runoff...” Also with their respective views on DAC (and ODA, Total Official Support for Sustainable Development, global public goods, ...)

DevExplains: Are we overcounting ODA by tens of billions?

<https://www.devex.com/news/devexplains-are-we-overcounting-oda-by-tens-of-billions-104389>

(gated) *“Official development assistance is the primary measure of high income countries’ contribution to development. But is it a reliable measure? Not very, say two experts in the field.”*

*“In our latest DevExplains, David Ainsworth and I look at **loans and in-donor refugee costs** — two areas where advocates say that donors are being too generous with themselves.....”*

Papers & reports

BMJ GH Editorial - Sustainability in global health: a low ceiling, a star in the sky, or the mountaintop?

C Cancedda et al ; <https://gh.bmj.com/content/7/11/e011132>

Some chunks from this article on **three kinds of framing** of sustainability in global health.

« ...Earlier framings of the concept have sought to address these challenges by either reducing sustainability to a false constraint or elevating it to a vague aspiration. In the first case, claims of resource scarcity served as a justification for the lack of ambition. In the second case, the vagueness of the aspiration served as a justification for the lack of accountability. Both framings do not distinguish between the sustainability of health outcomes and the sustainability of health initiatives, actors and existing power structures. They also prioritise preventing outcomes from reverting to an old baseline over ensuring the continuous improvement of these outcomes. In addition, both framings place the responsibility of achieving sustainability primarily on the actors

with the least amount of power. Lastly, they also greatly underestimate the role of historical and current societal injustices in creating and sustaining the existing power structures and associated social determinants of health....”

« In this article, we first describe the origins of each of these two framings of sustainability and explore their intersections with the power structures of the global health ecosystem. We then propose a new framing of the concept of sustainability in global health. »

More in particular: “...The way forward: **sustainability as a mountaintop**”

*« Rather than a false constraint or vague aspiration, sustainability can instead be framed as a **metaphorical mountaintop**: a destination that, though distant and daunting, is attainable through continuous and deliberate effort as well as pragmatic changes in strategy and approaches informed by the mistakes made and the lessons learnt along the way. The following characteristics apply to this reframing of the concept of sustainability in global health:....”*

*«In this article, we propose a framing of sustainability as a **tangible goal**. First, what ought to be sustained are improvements in health outcomes and reductions in health inequities, not initiatives and actors that fail to deliver. Second, these outcomes should continue to improve in disadvantaged countries and communities after support from outside actors decreases, not remain stuck at a new baseline. Third, the achievement of sustainability requires all of the ecosystem response rather than the expectation of significant sacrifices by some actors (often squeezed at the bottom of the existing power structures) and business as usual (plus or minus small tweaks) for everyone else....”*

IJHMR - Elite philanthropy in the United States and United Kingdom in the new age of inequalities

M Maclean et al ; <https://onlinelibrary.wiley.com/doi/10.1111/ijmr.12247>

*“Elite philanthropy—voluntary giving at scale by wealthy individuals, couples and families—is intimately bound up with the exercise of power by elites. **This theoretically oriented review examines how big philanthropy in the United States and United Kingdom serves to extend elite control from the domain of the economic to the domains of the social and political, and with what results.** Elite philanthropy, we argue, is not simply a benign force for good, born of altruism, but is heavily implicated in what we call the new age of inequalities, certainly as consequence and potentially as cause. Philanthropy at scale pays dividends to donors as much as it brings sustenance to beneficiaries. **The research contribution we make is fourfold.** First, we demonstrate that the true nature and effects of elite philanthropy can only be understood in the context of what Bourdieu calls the field of power, which maintains the economic, social and political hegemony of the super-rich, nationally and globally. Second, we demonstrate how elite philanthropy systemically concentrates power in the hands of mega foundations and the most prestigious endowed charitable organizations. Third, we explicate the similarities and differences between the four main types of elite philanthropy—institutionally supportive, market-oriented, developmental and transformational—revealing how and why different sections within the elite express themselves through philanthropy. Fourth, we show how elite philanthropy functions to lock in and perpetuate inequalities rather than remedying them....”*

Journal of Equity in Health - The right of access to healthcare: an analysis of how legal and institutional frameworks constrain or facilitate access to healthcare for residents in border areas in the East African Community

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-022-01785-3>

By F Ssenooba et al.

Current History - Ethics and Global Health Emergencies

Sridhar Venkatapuram;

<https://online.ucpress.edu/currenthistory/article/121/838/291/194132/Ethics-and-Global-Health-Emergencies>

*“The global response to the COVID-19 pandemic has been marred by a widespread failure to embed ethics in policymaking. ... Governments have followed a simplistic narrative of science and finance teaming up against a virus and delivering a silver bullet in the form of a new vaccine, rather than recognizing that a health emergency reflects patterns of inequality within and across countries and other social factors that need to be addressed. **Given the interconnection and interdependency of globalization, ethics must be incorporated in global health policy as a primary consideration, not an afterthought.**”*

BMC Health Services research - How can we strengthen partnership and coordination for health system emergency preparedness and response? Findings from a synthesis of experience across countries facing shocks

K Gooding et al; <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08859-6>

*“Discussions of health system resilience and emergency management often highlight the importance of coordination and partnership across government and with other stakeholders. However, both coordination and partnership have been identified as areas requiring further research. **This paper identifies characteristics and enablers of effective coordination for emergency preparedness and response, drawing on experience from different countries with a range of shocks, including floods, drought, and COVID-19.**”*

Blogs & op-eds

HSR 2022 Participant Blog Series

<https://healthsystemsglobal.org/news/hsr-2022-participant-blog-series/>

“The following blogs have been written by participants who attended the Seventh Global Symposium on Health Systems Research in Bogota, Colombia from October 31 – November 4, 2022, and capture their reflections and key takeaways from the symposium.”

Tweets of the week

Dr Tedros

"Thank you Commissioner @JuttaUrpilainen & @EU_Commission for the continued support to the #UHCPartnership. Your added contribution of €125 million for the next 5 years will help @WHO support countries to strengthen pandemic preparedness & health system resilience. #HealthForAll."

Ashleigh Furlong

*"#EUGlobalHealthStrategy launch event kicking off. Important to note, **doc is just a communication from Commission & so not binding on EU countries. Possibly more consequential outcome will be Council conclusions on the strategy that are expected under Swedish Presidency in 2023.**"*

HPW

"The key test for the #EUGlobalHealthStrategy is if it can go beyond 'doom' to 'do', implementing solutions to global health issues, says @who's @DrMikeRyan."

Mike Ryan

"Last mile of service delivery is the first mile of health security."

Ashley Furlong (some tweets on the EU Global Health Strategy from a Twitter thread)

<https://twitter.com/ashleighfurlong/status/1598049699801731073>

*"The EU wants to have more muscle in reshaping the global health order through its #EUGlobalHealthStrategy. But **for it to succeed, the Commission is will have to convince EU countries (& rest of the world) to buy into its vision.** on key issues emerging:"*

*"**What has been welcomed is there is a focus on health systems strengthening.** On this, EFPIA and Vaccines Europe said: "Without functioning health systems, there will never be improved equity of vaccines and other countermeasures in a global health crisis."*

*"**But many have pointed to the lack of concrete action to address the equity question.** MSF and Oxfam both point to what they see as **disappointing language on IP and access, with previous text from 2010 going much further.** It's a "step back," said @DimitriEynikel."*

*"**Finally, the money problem.** Is there enough cash and political will to see the strategy implemented fully? As the Commission's Sandra Gallina said: "**We are in the hands of the member states.**"*

Fifa Rahman

*"**A new global health order should be led from the South.** Africa CDC + an Asian regional health body + a South American health body is a pipe dream - but otherwise it will be business as usual."*

Podcasts & webinars

Global Health Matters podcast – Episode on ‘Lifting the lid on corruption to cure health systems’

For more info on this episode: <https://tdr.who.int/global-health-matters-podcast/lifting-the-lid-on-corruption-to-cure-health-systems>

*“Corruption is one of the most important barriers to implementing universal health coverage around the world; imagine what that world would look like! The subject of corruption in global health is often muted and totally taboo for some to even think it. This podcast episode on corruption is opening up the discussion to a wider audience to understand the scale of the problem for health systems and to hold more people to account for their part in the resulting damage. What exactly is the cost of corruption to our global health systems? Why do we highlight the low-level criminals rather than the top-level leaders or the industry involved? Is it about greed or normalised behaviour that is now acceptable? What, if anything, can be done to stop corruption today? For this Global Health Matters podcast episode, **our host Dr Garry Aslanyan** delves deep into the topic to uncover the sources, the offenders and the solutions from our panel of experts. Together they are able to define the subject matter, provide examples from around the globe and piece together the puzzle of how to solve this conundrum.”*