

IHP news 700 : Pandemic Accord discussions in a Permacrisis era

(9 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,

In this week's issue, you'll get updates on **COP15, the [Biodiversity Summit](#)** in Montreal (*with among others, the **30 x 30 target**; more in general the biodiversity community is hoping for its own "[Paris moment](#)"*); difficult (and frankly, to some extent already discouraging) "**Pandemic Accord**" **[discussions](#)** focusing on the "Conceptual Zero Draft" in Geneva; the (likely) deadline extension (*or worse?*) of the **WTO "[Ministerial Decision on the TRIPS Agreement to cover the production and supply of COVID-19 diagnostics and therapeutics](#)"**; the **UNITE Global Summit** (5-7 Dec) of parliamentarians in Lisbon, a rather important **[GAVI Board Meeting](#)** which happened to coincide with this year's **[ITM colloquium](#)**, a **Global Exchange on Covid-19** taking stock after 3 pandemic years.... And much more.

In the **run-up to UHC Day** next week (12 Dec), this year's **Global Health Expenditure (GHED) [report](#)**, 'Global Spending on Health: Rising to the Pandemic's challenges', revealed how health expenditure was impacted **during the first year of the pandemic**. The evening before, in a **Chatham House webinar** (*which I sadly missed*), Rob Yates saw - as is his habit - the glass half full, pointing out: "**[In response to the permacrisis experienced by many populations this past year, some leaders are launching or extending universal health reforms.](#)**" He also already flagged the upcoming Chatham House **Commission for Universal Health report**, to be published in September next year at the UN General Assembly.

More importantly though, Rob must probably be wondering these days whether in spite of its blatant lack of PUBLIC FINANCING, the English team will go all the way at the World Cup, and "bring (at last) football home" from Qatar. (*Let's first see tomorrow evening whether Harry "certainly a Lion" [Maguire](#) can 'neutralize' Kylian Mbappé* 🤔)

As mentioned in the previous IHP issue already, an important **[Lancet series on racism, xenophobia, discrimination and health](#)** was published early this morning, together with a **[Lancet Special issue on advancing racial and ethnic equity in science, medicine and global health](#)**. WHO also released its yearly **[malaria update](#)**.

And oh yes, in case you missed it, **Albert Bourla [refused again](#)** to testify in the EU Parliament Covid panel: "*We have no further information to share*". Guess so. One wishes the EP would have something like a "VAR" (or a Portuguese football coach?) for recalcitrant cases like this. Having said that, it's not much better over here in Belgium. Last week, when Pfizer announced its 1.4 billion investment in Belgium, news reports were mostly of the 'Hosanna' kind, and top-politicians almost bragging how 'creative' we are to continue to attract Big Pharma to this country. Some weeks ago, virtually no critical questions were also asked when Bill Gates attended an EC event in Brussels.

In short, we face an uphill battle, whether it's in the current Pandemic Accord discussions or more in general, to get to the (urgent) [“redesign of the pharmaceutical R&D ecosystem so that it delivers needed health innovation, timely, equitably, to people globally”](#) as propagated by [Els Torrele](#) at the ITM colloquium. The Pandemic Accord discussions are a first testcase to find out whether Western HICs are willing to change their ways in this respect (and align with Africa CDC's New Public Health Order in the process). It's also perhaps a first (even if more implicit) testcase for seeing some real impact of the WHO Council on the Economics of Health for All.

Some of the omens were not good this week. But it's early days. So let's hope the Pandemic Accord, when it finally materializes, will turn out more than equity & GPGs 'blabla' (*borrowing a leaf from Greta Thunberg*) or the 'ultra-watery compromise' of the so called “TRIPS waiver” from some months ago...

Enjoy your reading.

Kristof Decoster

Featured Articles

Qatar, India and FIFA World Cups: The role of big sporting events in propelling digital health innovations to the centre of post-pandemic healthy city initiatives

Manoj Kumar

It was a Sunday evening in Mumbai, end of October, when [Spain edged past Colombia to retain the under-17 Women's football World Cup](#). In India – a country that loves cricket, already there was football fever, weeks before other countries and regions in the world! Earlier in October, I had been listening (during a WHO FB Live chat) to [Dalima Chhibber](#), an Indian women's international and mental health advocate for the [#ReachOut campaign](#), supported by the WHO and FIFA. Throughout the tournament, FIFA highlighted the campaign on mental health awareness, with social media obviously being key.

Three weeks later the (football) action moved to Qatar with a not so welcoming note as the hosts lost to Ecuador in the opening match of the FIFA World Cup 2022, the first time in 92 years, and criticism of Qatar hosting this sporting extravaganza amidst human rights violations and media reports on migrant workers' deaths and injuries (while building the stadiums). Some of these concerns are no doubt warranted. However, on the flip side, as some of you will know, [WHO, the State of Qatar and FIFA have teamed up to deliver 'a Healthy 2022 World' as part of a three-year partnership](#). More in particular, the FIFA World Cup in Qatar aims to leave a legacy for sport and health for other nations hosting future mega sporting events. In addition, the State of Qatar is the first country in the Middle East to host the World Cup, a feat in itself, albeit during winter and while the COVID-19 pandemic is still not over.

In the rest of this article, we'd like to focus a bit more on how Qatar is doing from a 'Healthy Cities' perspective. Indeed, it's also an achievement when [a month before the World Cup](#), all Qatari municipalities had already received WHO's 'Healthy City' distinction. As a [true testimonial of a multisectoral sustainable effort](#) on health, environment and urban sustainability, this success highlights the partnership and collaboration among the various sectors of the state, to achieve a high quality of life and to improve health, well-being and sustainable development.

WHO [recognizes cities](#) as key operational partners in addressing health determinants and in response to the public health needs of the people. [WHO's Healthy Cities initiative](#) aims to support countries to meet SDGs 3, 11 and 17 building partnerships between health and development partners for better urban governance for health and wellbeing. At the heart of these "healthy city" initiatives, which are typically based on a [whole-of-society" \(WoS\)](#) approach, are digital innovations. The latter play pivotal [roles](#), and not just in Qatar. COVID-19 demonstrated more than ever the value of data and digital technologies to make cities more resilient to health emergencies. [Reframing resilience in the local context](#) is important; the feasibility and success of digital solutions utilised during the COVID-19 pandemic depended on the availability and intelligent use of high-quality data, the interoperability of systems, and the workforce's digital skills. Actionable insights from data have helped city leaders coordinate with national health authorities and public and private healthcare providers to make informed decisions, prevent what is preventable, and prepare for what might be imminent.

[Qatar is a frontrunner in the region](#) when it comes to digital health implementation. The country's biggest success over the years has been the implementation of the Electronic Health Record (EHR) system, which connects primary, secondary, and tertiary hospitals. To a certain extent, one can compare this with India's [Ayushman Bharat Digital Mission \(ABDM\)](#), which aims to develop the backbone necessary to support the integrated digital health infrastructure in India. The ABDM ecosystem showcases a WoS and Whole-of-Government (WoG) approach. While the (federated) architecture, interoperability and inclusiveness are perhaps hallmarks of ABDM, the creation of longitudinal health records of patients, unique patient IDs, facility registry, service provider registry, privacy and consent management, standardised EHR principles, and management of national portability are some of its features which bear many similarities to the Qatar system.

Which brings us back to Qatar and the World Cup. The country has been quite successful in making use of the World Cup forum to propagate digital health innovations and instrumentalize them in the effort towards building healthy cities. For instance, when Saudi Arabia played its opening match against Argentina (*with the result you know!*), the Middle East's largest end-to-end digital health platform, Altibbi, launched [a campaign focused on men's preventive health and awareness](#) of prostate & testicular cancer. More in general, Qatar's hosting of the 2022 FIFA World Cup has been the [catalyst for expanding the country's digital economy and broadening its ICT ecosystem](#). One of Qatar's aspirations was to use the tournament to attract investment in emerging industries and drive innovation in 5G, the internet of things (IoT), virtual reality (VR) and augmented reality (some of which are already being used in the World Cup).

India is not far behind, although it missed a trick at the under-17 world cup as a potential stage to fast-track progress in building awareness on ABDM. In any case, India has all the potential and time till the 2023 Cricket World Cup (hosted in the country in October and November 2023), to move beyond standalone healthcare campaigns and highlight the digital innovations that could drive future resilient cities.

From Qatar to India, it's just a small step to Bogota. Just a few weeks ago, I was listening to Dr Rajani Ved, from BMGF India at a very interesting session of [HSR2022](#) on Digital innovations and new models from Asia and the Americas, "How primary care can be at the centre of post-COVID-19 health system investments". Given that strong primary health care is a core requirement for any healthy city, a better question could have been perhaps, how technology could have been at the centre of post-pandemic healthy city initiatives. In propelling that effort, the role of mega sporting events is undeniable in the 21st century. Though true, with some caveats.

On the author:

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The EU Global Health Strategy: Building Back Better?

Remco van de Pas

Last week the new [EU Global Health Strategy](#) (EUGH) was released. This short piece, which ought to be followed by more in-depth analysis, provides some first reflections on what can be expected, and what the limitations are of the implementation of such a strategy. This blog touches upon 3 aspects: where is EUGH coming from and why is it presented now; what is the content of the strategy; what would implementation look like?

EUGH is in essence the external representation of the [European Health Union](#), the initiative established by the European Commission (EC) and the EU member states with the mandate of 'protecting the health of Europeans and collectively responding to cross-border health crises'. It has hence a strong health security orientation. The European Health Union was established in the wake of the Covid-19 pandemic when (most) European leaders realized that transnational health threats need to be dealt with in a collaborative way. It also closely aligned with the [Global Gateway](#) initiative, basically the global investment arm of the EC, which works in close collaboration with the [European Investment Bank](#). EUGH has been initiated under the 2022-2023 EU presidency trio of France, Czech Republic and Sweden. The [Lyon declaration](#) for a European Health Union (Feb 2022) also laid the foundation for EUGH. A core element in this declaration was the need to take a '[One Health](#)' approach. EUGH is technically a 'Communication' from the EC to other European institutions, which implies that there are no legal implications involved. If so, these would need to be established by the [European Council](#). This might explain why an earlier Communication, [the EU Role in Global Health](#) (2010) was relatively [neglected](#) in the decade that followed. EU4GH is a policy commitment for the time being, nothing more and nothing less.

The strategy is built around three themes: 1) Deliver better health and well-being of people across the life course; (2) Strengthen health systems and advance Universal Health Coverage; and (3) Prevent and Combat health threats, including pandemics, applying a One Health approach. These are

complemented by sections on improving international and multinational governance for an ‘emerging global health order’; expanding the Union’s partnerships; and lastly, on how to enhance EU finance for Global Health. If you just quickly scan the EU4GH, it appears all the right boxes have been ticked including on notions of human rights, health equity and social determinants of health. When looking more closely, though, one realises that a certain discourse gets prioritised. This includes the One Health approach which is, arguably, focusing mostly on [health security](#). Through this anthropocentric framing, human health and biomedical approaches are put at the centre, while the animal and environmental sectors are primarily framed as a risk. The question is [whose health risks and what kind of health risks](#) are being considered, as these differ very much across contexts. Moreover, EU4GH puts quite some emphasis on partnerships, investments, innovative financial instruments, and collaboration with the private sector. Such a promotion of pro-private finance and trade collaboration neglects the considerable negative side-effects and inequities as seen recently with [the international COVAX vaccine mechanism](#) as well as with [mixed-provider models](#) for advancing Universal Health Coverage. There are thus inherent contradictions between the equity, trade and security elements of EUGH. Several elements are also being neglected in the strategy, most notably on the interrelation between health and climate change, biodiversity. This nexus, known as ‘[planetary health](#)’ is not covered. In addition, under the finance chapters on debt and taxation, there is no reference to the need for a [multilateral sovereign debt restructuring mechanism](#) under the auspices of the UN, nor to a [UN tax convention as proposed at the UN General Assembly in 2022](#). Likely all these issues have been left out for political and strategic reasons.

So what can we expect from the implementation of EUGH? Let us start with the positive, there is now a renewed strategy and its Annex A provides lines of action that will support implementation. Interestingly, this is a lot about financing and sustaining International funds (Global Fund, Pandemic fund, UHC Partnership, CEPI, ...) and does not go in detail about how to strengthen, [democratize](#) and finance UN institutions like WHO (even if that’s a self-proclaimed aim of this strategy). Annex A is a selective lists of global projects and initiatives the EU is engaged in, followed by regional and bilateral projects. The question is how inclusive, reciprocal and sustainable those initiatives really are, for example the new [Pandemic Fund](#).

The proof of the pudding of EU4GH will eventually be in its eating. We should have humble expectations here. In a time of geopolitical crises and many ‘other’ urgent political priorities, Global Health issues can quickly become [secondary issues](#). The difference between 2010 and 2022, and this is recognised in EU4GH, is that we are not living in a “[sustainable development era](#)” anymore but instead have already arrived in a [World Risk Society](#), whether we like it or not. Global risks, and possibilities to mitigate them, are unfortunately not evenly distributed, whether in the health, food, climate or other domains. This builds on long-standing injustices that are rooted in coloniality relations of appropriation, extractivism, violence and domination. This mindset continues in the 21st century, and I sincerely [hope](#) that EUGH can make a real difference here. The crisis of the Covid-19 pandemic might not have been deep enough to enable such a transformation. It is likely that future, different, and interrelated crises will go deeper. Our task is to ensure that we engage with the upcoming crises through a [planned, democratic, inclusive and legitimate approach](#). The EU aims to enhance its strategic autonomy. If EUGH, and its implementation, doesn’t stimulate a deliberative, fair and democratic approach, then the EU will just build back worse.

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Highlights of the week

Pandemic Accord negotiations in Geneva (5-7 Dec)

3rd meeting Intergovernmental Negotiating Body (5-7 December 2022)

For all Preparatory documents: https://apps.who.int/gb/inb/e/e_inb-3.html

Including the [Conceptual zero draft](#) obviously, which was debated this week at the 3rd INB meeting.

First some **coverage** of the meeting, below some **advocacy & analysis**.

PS: we also recommend [Nina Schwalbe's excellent Twitter threads](#), day by day, on the INB discussions.

WHO (press release) - WHO Member States agree to develop zero draft of legally binding pandemic accord in early 2023

<https://www.who.int/news/item/07-12-2022-who-member-states-agree-to-develop-zero-draft-of-legally-binding-pandemic-accord-in-early-2023>

Press release after the three-day meeting. *“Countries meet for three days to agree next steps toward historic legal instrument, rooted in the WHO Constitution, designed to protect world from future pandemics. During discussions, Member States call for global agreement that takes into account equity, promotes preparedness, ensures solidarity and respects sovereignty. Zero draft of the pandemic accord to be ready for negotiations by Member States starting February 2023.”*

“Member States of the World Health Organization today agreed to develop the first draft of a legally binding agreement designed to protect the world from future pandemics. This “zero draft” of the pandemic accord, rooted in the WHO Constitution, will be discussed by Member States in February 2023.....”

PS: *“... The WHO pandemic accord is being considered with a view to its adoption under Article 19 of the WHO Constitution, without prejudice to also considering, as work progresses, the suitability of Article 21.”*

HPW - US Eager to Move Ahead with Pandemic Accord that Promotes Equity but not ‘Transactional’ Linkage between Data and Benefit-Sharing

<https://healthpolicy-watch.news/us-eager-to-move-ahead-with-pandemic-accord-that-promotes-equity-but-not-transactional-linkage-between-data-and-benefit-sharing/>

Some analysis from last weekend, ahead of the new round of Pandemic Accord negotiations this week, on the US position. *“The United States, once a reluctant partner in the initiative for a new*

global pandemic accord, is now keen to move ahead in negotiations over an agreement. The accord would expedite more rapid global data sharing and response to looming threats as well as ensuring greater equity in access to medicines and treatments, said the lead US negotiator of the instrument, Pamela Hamamoto on Friday. But Washington would like to avoid what she described as “transactional” language directly linking the two issues, as some developing nations have suggested. Nations like South Africa, for instance, cite bitter experiences with rapid, transparent sharing of genetic data on new SARS2 variants, which did nothing to improve the country’s access to badly-needed COVID medicines or vaccines. Hamamoto was speaking in Geneva Friday along with Loyce Pace, US Assistant Secretary for Global Affairs, after a week of closed-door meetings with WHO officials and other WHO member states ahead of a third round of member state negotiations on a ‘conceptual’ zero draft text for the treaty due to start next week. This initial ‘zero draft’ text of a proposed pandemic accord was circulated among member states in late November.”

HPW - Keep Momentum on Pandemic ‘Treaty’, Urges Tedros

<https://healthpolicy-watch.news/keep-momentum-on-pandemic-treaty-urges-tedros/>

Coverage of the discussions on day 1 (5 December). A few chunks and quotes:

“Keep the momentum to negotiate a pandemic instrument, urged Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO) at the start of the third meeting of the intergovernmental negotiating body (INB) on Monday....

“...Support for draft – but with more detail: At Monday’s meeting, most member states expressed support for the draft as the basis for a ‘zero draft’ to launch official negotiations on the first of the three-day meeting, but many thought the draft was too general....”

“...The body has until the WHO’s 77th World Health Assembly in May 2024, a mere 17 months, in which to develop and present an agreement. In that regard, Tedros announced that he has asked Dr Jaouard Mahjour to continue to co-ordinate the INB’s secretariat. Mahjour’s contract as WHO’s Assistant Director-General for emergency preparedness and international health regulations ended on the last day of November....”

“...Most states wanted the process of reforming the IHR and the development of the treaty to dovetail....”

“...Treaty, agreement or convention? In response to member states’ queries about the different legal forms of a pandemic instrument, WHO principal legal officer Steven Solomon said that both an agreement and a convention “are both treaties within the meaning of international law”. In addition, said Solomon, a convention and a “framework convention” were “not mutually exclusive” and it is “possible to have a hybrid approach as well as one or the other””

Reuters - As WHO pandemic pact talks begin, poor countries on back foot

<https://www.reuters.com/business/healthcare-pharmaceuticals/who-pandemic-pact-talks-begin-poor-countries-back-foot-2022-12-07/>

*“WHO member states are negotiating a pandemic treaty; Deal aimed at preventing repeat of COVID-19 mistakes; **Fairer treatment access at heart of talks; Developing countries say process already unequal.**”*

*“Global talks have begun on drafting new health rules for combating pandemics, and developing nations are lobbying for fairer access to treatments than they got during COVID-19. But **they worry that the odds of a favourable outcome from a scheduled 18 months of negotiations at the World Health Organization (WHO) are already stacked against them, as they lack the negotiating firepower of wealthier countries.....**”*

Pandemic Accord - Some analysis & advocacy

Devex CheckUp: The coming pandemic treaty fight over equitable access

<https://www.devex.com/news/devex-checkup-the-coming-pandemic-treaty-fight-over-equitable-access-104609>

Excerpts:

*“**Many countries and organizations** participating in the [third meeting](#) this week of the Intergovernmental Negotiating Body — the group in charge of drafting and negotiating a potential treaty — **underlined the importance of equity and access to health products.** However, they disagree on certain provisions included in the [“conceptual zero draft.”](#)”*

- *The U.S. says that any references to **technology transfer in the draft should be voluntary.** Australia, meanwhile, says it does not support the inclusion of intellectual property waivers in the draft, as that’s already “under the remit of WTO.”*

- ***Mohga Kamal-Yanni**, policy co-lead for the People’s Vaccine Alliance, wrote to Jenny that even though negotiations on a treaty have yet to take place, **the narrative from high-income countries is already “incredibly worrying,”** with the countries speaking the language of equity, but seemingly reluctant “to address any of the problems that drive it.” **“She, along with other access advocates, also raised concerns on a proposal to include the private sector and other nonstate entities in a treaty’s governance structure....”***

KEI - INB 3: KEI statement on the proposed Enlarged Conference of the Parties (E-COP)

<https://www.keionline.org/38205>

*“**On 7 December 2022, Knowledge Ecology International (KEI) delivered the following statement on the proposed Enlarged Conference of the Parties (E-COP) of the conceptual zero draft at the third INB session...** “ It’s worth giving in full:*

*“KEI would like to flag our concerns about the proposed Enlarged Conference of the Parties, or the E-COP contained in Article 19. **We note that the membership of the E-COP is open to representatives***

of any non-government or private sector entity that are considered “relevant stakeholders.” To KEI, this is a proposal to put the IFPMA and other industry groups on the E-COP, as well as the Gates Foundation. We object to putting representatives of any commercial interests on the E-COP, and we also have long expressed concern about the excessive influence that the Gates Foundation has exercised in the field of global health. With board seats on the Global Fund, UNITAID, CEPI, a permanent seat on the GAVI board, and immense influence at other UN agencies and the World Bank, as well as on countless other bodies, enough is enough, and putting this foundation on the E-COP will further exacerbate a problem many WHO members have yet acknowledge and address, and that is the excessive influence of a single person on global health policies. The Gates Foundation makes many important contributions, but there needs to be balance in terms of governance.”

O’Neill institute (Briefing) - Pandemic Treaty: The Conceptual Zero Draft

E Friedman, L Gostin et al; <https://oneill.law.georgetown.edu/pandemic-treaty-the-conceptual-zero-draft/>

“This O’Neill Institute briefing reviews and analyzes the core elements of the Conceptual Zero Draft.” Recommended.*

Related:

- Knowledge Ecology International - [WHO pandemic treaty negotiations: Walkthrough of conceptual zero draft for the consideration of the Intergovernmental Negotiating Body at its third meeting](#)

WP – Opinion: We need a pandemic treaty — but it must hold nations accountable

Nina Schwalbe & Elliot Hannon;

<https://www.washingtonpost.com/opinions/2022/12/05/pandemic-treaty-accord-who-independent-monitoring/>

*“The [early language](#) of the WHO’s new pandemic accord is already repeating the mistakes of the past. **The working draft of the agreement released last month explicitly treats the idea of compliance as an afterthought.** That approach is a mistake and won’t generate the oversight the world needs....”*

*.... **the establishment of an independent monitor must be central** to the accord talks... **To make the accord [more than aspirational](#), it must confront these questions of accountability and compliance head-on.** The most straightforward mechanism to see whether states are “walking the walk” is an **independent monitoring body that would check whether states adhere to treaty conditions.....”***

G2H2 - Negotiating a WHO Pandemic Treaty by Taking a Public Private Partnership Approach? Open Letter to the WHO INB regarding the Pandemic Treaty: Urging Safeguards and Transparency, December 2022

<https://g2h2.org/posts/inb-openletter-december2022/>

*“As the WHO Intergovernmental Negotiating Body (INB) gathers in Geneva from 5 to 7 December 2022 to assess the so called “Conceptual Zero Draft” (CZD) of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response (“pandemic treaty”), **the undersigned representatives of civil society organizations (CSOs) share with the INB and all the Member States involved in the INB process a number of critical observations that relate to the process and the substance of this proto-draft of the treaty text....”***

They conclude: *“ **Major structural modifications and additions will be required in the current CZD (i.e. conceptual zero draft) for it to provide the minimum enabling conditions for a serious negotiation on pandemic prevention, preparedness, and response. These conditions mostly pertain to the advancement of a global health security culture and to the likely governance fashioned around this discourse. Our concerns remain that this pandemic treaty negotiation will mimic the public-private partnership (PPP) governance that has increasingly pervaded global health in the last decades and characterized the mismanagement of COVID-19 globally. Given the enormity of the challenges we face in a world of polycrisis, we need a new regime, not a repeat of the one that failed us in preventing, preparing for, and responding to the current pandemic....”***

TGH - Wrangling Over the International Pandemic Pact Has Begun

Amy Maxmen; <https://www.thinkglobalhealth.org/article/wrangling-over-international-pandemic-pact-has-begun>

“Drug and vaccine access are among the contentious issues.” Recommended analysis of the state of affairs.

*Quote: ““...Perhaps the most interesting idea in the draft discussed this week links the need for equitable drug and vaccine access with the call for countries to quickly share data on outbreaks and pathogens. After all, this data is required for drug and vaccine development. **Suerie Moon, a global health researcher at the Graduate Institute of International and Development Studies in Geneva, says that information might become a bargaining chip for low- and middle-income countries.** “They're saying, you want our samples, you want us to share data quickly and openly. Then we want access to technology,” she says. “That's where you can strike a deal.””*

Covid (at the end of 2022)

Reuters - Drop in COVID alertness could create deadly new variant - WHO

[Reuters:](#)

On the media briefing from WHO, last week Friday.

“Lapses in strategies to tackle COVID-19 this year continue to create “the perfect conditions” for a deadly new variant to emerge, the World Health Organization's Director-General Tedros Adhanom Ghebreyesus said on Friday. About 90% of the world's population now has some level of immunity to SARS-COV-2 either due to prior infection or vaccination, according to the global health agency's estimates. “We are much closer to being able to say that the emergency phase of the pandemic is over, but we're not there yet,” Tedros told reporters during a press conference.....”

“Addressing the global gaps in vaccination, WHO's technical lead Maria Van Kerkhove said that the agency wants governments around the world, including in China, to focus on reaching those at risk such as people over the age of 60 and those with underlying conditions.....”

See also the Guardian - [WHO estimates 90% of world have some resistance to Covid](#)

Reuters - Emerging from the COVID pandemic, again

[Reuters](#):

Including a short look ahead to 2023:

“WHAT DOES IT MEAN FOR 2023? For many experts, 2023 will bring COVID's full impact on global health into sharp focus. Data show that the pandemic has disrupted all kinds of healthcare, from childhood immunizations to cancer screenings read more read more . Life expectancy in some countries has fallen, while mental health concerns have skyrocketed. And the impacts of long COVID are just being recognized, while gaps in national healthcare systems have been exposed as never before. The question, experts say, is whether these changes will persist, and what kind of policies can be implemented in response. The WHO and its member nations are hashing out a pandemic treaty to govern a better response to future outbreaks.”

“COVID will continue to require vigilance for people with comprised immune systems, and more broadly when cases surge in a particular location. In such instances, people should consider putting masks back on in crowded places and should stay up to date on available vaccinations. Infectious disease experts remain on alert for a new coronavirus variant that could dramatically undermine vaccines and treatments.....”

UNITE Global Summit (Lisbon)

Our colleagues from Health Policy Watch produced a number of articles, covering this summit from parliamentarians, which took place earlier this week in Lisbon, Portugal.

See <https://healthpolicy-watch.news/unite/>

HPW - MPs to WHO: If You Want Pandemic Treaty Implemented, Engage with Us

<https://healthpolicy-watch.news/parliamentarians-warn-who-that-it-must-engage-mps-if-pandemic-treaty-to-be-funded-implemented/>

“Parliamentarians from around the world have called on the World Health Organization to engage civil society in the establishment of a “pandemic treaty,” if the organization hopes to have such a document not only ratified but also implemented.....”

HPW - African MPs Accuse Global Fund of ‘Using’ Them to Raise Funds

<https://healthpolicy-watch.news/african-mps-accuse-global-fund-of-using-them/>

*“A group of African parliamentarians raised a red flag on Tuesday at the **UNITE Global Summit** when they told representatives that they felt neglected at best and even “used” at worst by the Global Fund to Fight AIDS, Tuberculosis and Malaria, which funds billions of dollars of health services in their countries. **“Do African parliamentarians only get involved when we have to make an appeal, when it suits our colleagues?”** asked Tanzanian MP Neema Lugangira in her remarks at a session titled “The Global Fund Post 7th Replenishment – The Role of Members of Parliament and Domestic Health Financing.””*

And some more links:

- HPW - [After COVID-19, Five Policy Recommendations](#)

*“COVID-19 was a “global stress test” for parliamentarians, whose job is to propose policies, said Kelvin Yil Lee Wuen, a parliamentarian from Malaysia. Speaking Monday at the UNITE Global Summit in Lisbon, **the MP proposed five global policy recommendations**, which he said his own country had adopted.....”*

- HPW - [OECD: Redirect Funding Towards Prevention and Primary Care](#)

“The head of the Health Division at the Organisation for Economic Co-operation and Development called on parliamentarians to redirect health funding toward prevention and primary care to help improve health outcomes.....”

UHC

WHO (report) - Global spending on health: rising to the pandemic’s challenges

<https://www.who.int/publications/i/item/9789240064911>

*“The results of the report clearly show that in 2020, a year dominated by the emergence of COVID-19 and its associated health and economic crises, governments around the world rose to the challenge. Sharp increases in government spending on health at all country income levels underpinned the rise in health spending to a new high of US \$9 trillion (approximately 11% of global GDP). Government health spending generally increased and offset declines in out-of-pocket spending. Importantly, **the rise in government health spending was part of a much broader fiscal response to the pandemic**. In high income and upper-middle income countries social protection spending also increased sharply in as governments attempted to cushion populations from the economic impacts of COVID-19. In contrast to health and social protection, growth in education*

spending was relatively subdued. **Countries face the further challenge of sustaining increased public spending on health and other social sectors in the face of deteriorating macroeconomic conditions and rising debt servicing. This also includes the challenge of sustaining external support for low income countries, which is essential for reducing ensuring poverty, ensuring access to health services and strengthening pandemic preparedness.** With **113 graphs!**

The Database: <https://apps.who.int/nha/database/Select/Indicators/en>

And coverage via HPW - [WHO Finds Spending on Health Increased in 2020, but Sparse Dataset Leaves Many Questions Unanswered](#) (also on the launch of the report on Thursday)

“Spending on health increased by 6% on average in real terms in the year 2020 across the 50 countries examined by the World Health Organization (WHO) in its latest global review of health finance. The analysis found that global spending on health reached US\$ 9 trillion in 2020, or 10.8% of global gross domestic product (GDP), but remains highly unequal across income groups. ...”

*“In sharp contrast to the last WHO study on health spending trends, the latest report only captures patterns in 4 low-income countries and 11 middle-income countries. The remaining 29 countries analyzed are all high-income nations. The non-representative dataset means the trends identified in the report are not to be viewed as a policy paper, but a basis for further inquiry, panellists at Thursday’s report launch event said. **With just 4 low-income countries reporting data, spending patterns in this income group in particular cannot be generalized....”***

UHC2030 renewed the UHC Data Portal to add brand new country profiles

<https://www.uhc2030.org/news-and-stories/news/the-state-of-uhc-commitments-progress-dashboard-launched/>

“On December 5, UHC2030 renewed the [UHC Data Portal](#) to add new country profiles (progress dashboard) based on the State of UHC Commitment review in 2021 and 2022, which provides data sets and data visualization on health systems and the state of UHC commitment in 139 countries. The country profiles include an overview on 1) UHC commitment progress; 2) global UHC indicators and related data; 3) institutional efforts; 4) priorities in UHC progress and equity across population groups; 5) public perception and social participation; and 6) stakeholder collaboration....”*

“The [State of Commitment to UHC](#) review the 2019 [UHC Political Declaration’s Key Targets, Commitments and Follow-up Actions](#) and supports national accountability and advocacy processes to ensure political leaders are held accountable for their UHC commitments....”

Lancet series on racism, xenophobia, discrimination and health

<https://www.thelancet.com/series/racism-xenophobia-discrimination-health>

From the press release:

“The Lancet: Racism and discrimination are fundamental drivers of health disparities worldwide and must be universally acknowledged as a public health threat.

- ***Racism, xenophobia, and discrimination happen everywhere in the world and critically impact the health of minoritised people.***
- ***Inaccurate and unfounded assumptions about genetic differences between races continue to shape health outcomes through research, policy, and practice.***
- ***The Lancet Series argues that discrimination is a significant driver of racial health inequities and outlines the diverse pathways through which discrimination harms health—including directly impacting the body via stress responses, profoundly shaping living environments, and limiting individuals’ opportunities to improve health.***
- ***The authors call for wider recognition of racism and xenophobia as fundamental determinants of health and urge the health community to advocate for and implement measures that focus on the structural causes.”***

“Racism, xenophobia, and discrimination are fundamental influences on health globally, but have so far been overlooked by health researchers, policymakers, and practitioners, according to a new four-paper Series published in [The Lancet](#).....”

“...This Series examines how the historic systems and structures of power and oppression, and discriminatory ideologies have shaped policy and practice today, and are root causes of racial health inequities. Furthermore, by applying a global lens and intersectional framework, overlapping forms of oppression such as age, gender, and socioeconomic status and their impact on discrimination are analysed. Interventions to address the spectrum of drivers of adverse health outcomes with a focus on the structural, societal, legal, human right, institutional and system level are reviewed. Research recommendations and key approaches for moving forward are proposed....”

Coverage via the Guardian - [Racism poses public health threat to millions worldwide, finds report.](#)

Quote: *“...“**Racism is a health issue,**” said Richard Horton, the editor-in-chief of the Lancet. “Our structurally racist societies are unsafe for too many communities, families and individuals.”*

Lancet special issue – Advancing racial and ethnic equity in science, medicine and health

Related Lancet Editorial - [Advancing racial and ethnic equity in health](#)

“The special issue is a beginning, not the end.”

Check out the whole issue. Among others, do have a look at:

- Lancet Comment - [The need for metrics to measure progress on racial equity in global public health and medicine](#) (by M Khan et al)

“... There is a need for metrics that capture not only improvements in diversity, such as of decision makers, staff, or students, but also the experiences of racially minoritised individuals (career

progression, access to opportunities, and participation of communities being served) and shifts in where power and resources are concentrated.....”

They conclude: “*...At present, the number of institutions committing to tackle racial inequities without having robust metrics to demonstrate progress risks public virtue signalling and private inaction or inadequate action. These institutions promote evidence-based practice and therefore cannot justify failing to apply rigour in selecting, monitoring, and transparently reporting on interventions and policies to tackle racial inequities. For institutions to move further on racial equity they need to ensure that what gets done gets measured and linked to consequences.*”

GAVI Board Meeting (7-8 Dec)

GAVI - Gavi Board Decisions Outline “Year of Renewal” for Vaccine Alliance

<https://www.gavi.org/news/media-room/gavi-board-decisions-outline-year-renewal-vaccine-alliance>

“Board underlines commitment to end backsliding in routine immunisation, catching up coverage and reaching zero-dose children as the Vaccine Alliance’s core priorities for the remainder of the current 2020–2025 strategic period.”

“The Board also affirmed Gavi’s critical role in fighting outbreaks and pandemic preparedness and response, and approved its current COVID-19 vaccination strategy – alongside support for exploring future integration with Gavi core programming.”

“New initiatives approved include a relaunch of HPV vaccination, an innovative plan to support vaccine manufacturing in Africa and other regions, and support to countries and communities confronting multiple global challenges.”

A few chunks with some more detail:

“...The Board also gave a green light to leverage Gavi’s decades-long experience combatting the continuum of outbreaks, epidemics and pandemics, including with the recent learnings from COVAX, for pandemic preparedness and response (PPR) – in particular working towards equitable access to outbreak and pandemic vaccines, strengthening health systems, accelerating at-risk innovative financing and supporting diversification of global vaccine manufacturing.”

“A decision to continue ensuring COVID-19 vaccines are accessible to the 92 AMC countries was also approved by the Board. While the current priority remains to help countries raise coverage levels and boost high risk groups, the Board also endorsed plans to start preparing now for future evolutions of the virus. While COVAX continues to have in place plans for worst case scenarios, the Board agreed, in principle, to explore integrating future COVID-19 vaccinations into Gavi’s core programming – in a bid to improve synergies, be more responsive to countries’ needs and reduce the additional burden a specialized emergency response places on countries. “

“A plan to support the development of a regionally diversified vaccine manufacturing ecosystem was also approved. Based on three pillars; support for strategic antigen selection by manufacturers/countries, market shaping and demand creation, the initiative represents a major step forward in addressing one of the critical challenges faced during the pandemic: how to ensure all regions of the world have the ability to manufacture vaccines. The initiative, supported by the African Union, Africa CDC, G7 and other stakeholders, also envisages the possibility of a fourth pillar, the design of a new financial instrument in the form of an Advance Market Commitment (AMC) for African vaccine manufacturing. This will be developed over the coming year, for potential approval and launch in 2023. “

Coverage of the Board meeting via the NYT - [Key partner in COVAX will end support to middle-income countries.](#)

NYT - Global Partners May End Broad Covid Vaccination Effort in Developing Countries

<https://www.nytimes.com/2022/12/06/health/covid-vaccines-covax-gavi.html?referringSource=articleShare>

Must-read analysis published ahead of the GAVI Board meeting, with quite some speculation on the “sunsetting”/phasing out of Covax. ***“The board of Gavi, the international vaccine agency, [meets] Wednesday to debate shutting down the program, known as Covax, amid swiftly waning demand for the shots.”***

A few excerpts:

“The organization that has led the global effort to bring Covid vaccines to poor and middle-income countries will decide this week whether to shut down that project, ending a historic attempt to achieve global health equity with a tacit acknowledgment that the effort fell far short of its goal. The deliberations reflect the reality that demand for Covid vaccines is waning quickly throughout the world and is near nonexistent in countries that have some of the lowest rates of coverage.”

“The proposal to end Covax will be voted on by the board of directors of Gavi ... The proposal would “sunset” Covax sometime in 2023. For 54 poor countries that traditionally receive Gavi support to deliver routine childhood immunizations, Covid shots would still be available for free. However, they would be rolled into Gavi’s standard immunization program, mostly as booster shots for the elderly and others in high-risk groups. Thirty-seven other countries — middle-income nations including Bolivia, Indonesia and Egypt — would receive a one-time cash infusion to “catalyze” the setting up of their own independent Covid vaccination programs. The proposal, which was obtained by The New York Times, comes from Gavi’s planning committee, whose recommendations are usually adopted largely as presented.”

“... Currently, there is an average of 52 percent coverage of primary vaccination in Gavi-supported countries, but in some countries the figure is still below 20 percent. The World Health Organization continues to endorse a target goal of 70 percent Covid vaccination coverage. ...”

“... The low demand for the vaccines means Covax has had to cancel and renegotiate purchase agreements — while high-income nations, with limited interest from their own populations, continue

to funnel excess supply into the organization. **Recipient countries** are refusing and returning vaccine shipments, saying they have more urgent health priorities...” “... **But accepting low Covid vaccination rates globally could allow the virus to evolve in dangerous ways, some public health experts say.** “There is still the possibility of more lethal variants emerging, and that could be a disaster,” said **Philip Schellekens**, a health economist who maintains the data analytics resource *pandem-ic.com* on pandemic inequalities across countries. **“Booster momentum has come to a near halt in the developing world,”** he added.”

“... **A senior official with one of the Covax partner organizations, who was not authorized to speak publicly about the group’s work, said that some who work with the organization are referring to Covax as a “zombie mechanism.”** Multiple people in senior roles with Covax partners described to *The Times* a monthslong and souring dispute. They said that **major donors, including the Bill & Melinda Gates Foundation, had warned Gavi that it was overcommitting on vaccination orders and Covid efforts, harming its reputation because of the close affiliation with Covax failures and straying too far from its mission...**”

PS: “... **The Gavi secretariat is proposing to board members that the organization keep a pool of \$1.8 billion that will allow for the acquisition of new doses as required into 2025 and support for the delivery of vaccines.** Dr. Berkley said the **“pandemic preparedness pool”** is meant to act as insurance against another situation where Gavi needs to procure vaccines for developing countries (against a new Covid variant, for example) and is forced to compete with the deep pockets of richer nations.”

See also the WP - [Organization leading Covax could end the vaccine-sharing initiative](#)

“...**The board could sign off on the proposal when its meeting concludes on Thursday, but the initiative’s fate is not sealed.** A faction representing several Nordic countries, plus Switzerland and the Netherlands, submitted an **amendment to the board that would require further consideration and analysis before Gavi moves to end Covax,** according to the document obtained by *The Post*...”

“**Two main factors appear to be at play, [L Gostin] said: plummeting demand for coronavirus vaccinations in low-income countries and “a broad, growing, global belief that the emergency phase of covid is nearing its end.”...**”

PS: **“To advance global vaccine equity, the most important question is not what happens to Covax, but instead how to build vaccination capacity in developing countries, Gitinji Gitahi said.”**

Devex - Health groups ask Gavi to start delayed hepatitis B vaccinations

<https://www.devex.com/news/health-groups-ask-gavi-to-start-delayed-hepatitis-b-vaccinations-104607>

Advocacy ahead of the GAVI Board meeting. **“A group of global health organizations is calling on Gavi, the Vaccine Alliance to “immediately commence” support for the introduction of hepatitis B vaccinations at birth, which was supposed to start in 2021 but have been delayed due to the COVID-19 pandemic.”**

*“... In an **open letter published in The Lancet on Monday** ahead of a Gavi board meeting this week, the organizations, which included the World Hepatitis Alliance, PATH, and the Médecins Sans Frontières’ Access Campaign, said Gavi had “committed” to support countries to introduce the vaccine from 2021. However, they said in 2020, the Gavi board decided to defer the program and reassess it after the “acute phase” of the COVID-19 pandemic.”*

“...In an emailed response to Devex, a Gavi spokesperson said they paused the addition of certain new vaccines in Gavi’s portfolio “until the acute phase of the COVID-19 pandemic is over, to enable immunisation programmes to have adequate time to recover and rebuild.”That pause has affected many of the vaccines included in Gavi’s 2018 vaccine investment strategy — VIS 2018 — that were supposed to be included in the organization’s portfolio from 2021, which includes not just the vaccine for hepatitis B at birth, but also vaccines for cholera, diphtheria, tetanus and pertussis-containing boosters, and rabies post-exposure prophylaxis.” “Gavi, however, has “continued to prepare for a possible future programme with activities that inform a Hepatitis B birth dose programme design,” the spokesperson said.”

Access to medicines & health technology

Bloomberg - US Won't Back 2022 Patent Waivers for Covid Tests and Treatments

<https://www.bloomberg.com/news/articles/2022-12-05/us-won-t-back-2022-patent-waivers-for-covid-tests-and-treatments>

*“Announcement hurts prospects for a year-end WTO accord; S **officials say more information is needed; talks continue.***

“The US won’t agree to waive intellectual-property protections for Covid-19 treatments and tests this year -- aligning with developed-nation peers and damaging prospects for a World Trade Organization accord aimed at boosting global access to life-saving medicines.”...”

- Related: [White House Press release - US. to Support Extension of Deadline on WTO TRIPS Ministerial Decision; Requests USITC Investigation to Provide More Data on COVID-19 Diagnostics and Therapeutics](#)

*“...USTR also announced that **it will ask the United States International Trade Commission (USITC) to launch an investigation into COVID-19 diagnostics and therapeutics and provide information on market dynamics** to help inform the discussion around supply and demand, price points, the relationship between testing and treating, and production and access.....”*

- Coverage via HPW - [US Wants WTO to Delay Decision on TRIPS Waiver Extension for COVID-19 Tests and Treatment](#)

*“The US Trade Representative’s (USTR) office announced on Tuesday that it supports extending the **deadline** on whether the World Trade Organization’s (WTO) Ministerial Decision on the TRIPS Agreement should be extended to COVID-19 diagnostics and therapeutics.....”*

Geneva Health Files - WTO could defer decision on COVID-19 tests & treatments, fueled by American resistance to ease IP rules

https://genevahealthfiles.substack.com/p/wto-could-defer-decision-on-covid?utm_source=substack&utm_medium=email

Analysis of the American statement & coverage of another TRIPS related meeting from this week.

Some chunks:

“This could galvanize opponents and skeptics to the extension decision.”

“WTO members this week met at an informal TRIPS Council meeting where it emerged that members would likely seek more time to decide on extending the June Ministerial decision to COVID-19 tests and treatments. In addition, two new text proposals were tabled at the meeting. A green room meeting, for select WTO members, led by DG Ngozi Okonjo-Iweala also took place ahead of the informal meeting of the TRIPS Council.”

“...It is likely that the US is taking a broader view on this, not limited to COVID-19 drugs and tests. The statement says, “...the views concern both the system as a whole – whether existing WTO intellectual property protections are an impediment to access to medicines or a critical element of innovation – as well as the specific characteristics of the markets for COVID-19 diagnostics and therapeutics.”

“...THE WTO INFORMAL TRIPS COUNCIL MEETING [December 6, 2022] Failing to reach consensus on the extension decision, WTO members will likely consider additional time to continue the discussions on the extension decision, according to Geneva-based trade sources. It is understood that TRIPS Council chair Ambassador Lansana Gberie of Sierra Leone is expected to finalize a formal report, based on feedback from members. This will then be tabled at the General Council meet on 19-20 December. The report will reflect the lack of consensus and the need for more time for discussions....”

PS: Ominously - ***“...Meanwhile, at the WHO this week, during the discussions of the Intergovernmental Negotiating Body on the Pandemic Accord, several developed countries have indicated their unwillingness to discuss provisions around easing intellectual property rights in the context of pandemic preparedness and response, suggesting that the forum for IPR is the WTO and not the WHO.”***

The People’s Vaccine – Berlin Declaration: Key claims and critiques

https://peoplesvaccine.org/wp-content/uploads/2022/11/Berlin-Declaration_2022.pdf

27 p.

As a reminder, on the background of this Berlin Declaration:

“On 19 July 2022 the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) published the Berlin Declaration – Biopharmaceutical Industry Vision for Equitable Access

*in Pandemics (“the Declaration”). This Declaration represents pharmaceutical companies’ attempt to dictate the terms on which medical technologies should be developed, funded, priced, and distributed during future public health emergencies (PHEs). In doing so the Declaration ignores three basic facts: the COVID-19 pandemic is not over, global access to existing medical countermeasures has been grossly inequitable, and that public funding has an essential role in developing current technologies. **The Declaration is a continuation of a consistent “third way” campaign by the biopharmaceutical industry to maintain exclusive intellectual property (IP) protections and monopoly control over the medical technologies needed to defeat the pandemic.** Any lessons learnt to address future pandemics must first acknowledge and redress the diagnostic, treatment, and vaccine apartheid that confronts us now...”*

“... It is extremely concerning that this Declaration has been welcomed by institutions like GAVI, and that it may shape policy decisions at G7 and G20 summits, revisions of the International Health Regulations (IHR), and the new pandemic treaty instrument being negotiated by the Intergovernmental Negotiating Body (INB). =

Devex Newswire: PEPFAR to pick up the pace on Africa meds

<https://www.devex.com/news/devex-newswire-pepfar-to-pick-up-the-pace-on-africa-meds-104610>

*“PEPFAR has decided to pick up the pace and engage financial institutions to accelerate Africa’s medical manufacturing. The initiative is **part of a new five-year strategy** to decentralize output, assist governments in fighting emerging infectious diseases, and choke the AIDS pandemic by 2030.”*

*“... PEPFAR wants development finance and commercial banks to **streamline access to cheaper drugs**, diversify pharmaceutical supply, and spark medical innovations on the continent, U.S. global AIDS coordinator Dr. John Nkengasong tells Devex. The **goal is to lessen reliance on foreign imports**, which make up 70% of pharmaceutical products on the continent, he tells my colleague Omar Mohammed. ... **Financial institutions “recognize that partnerships with groups like PEPFAR and others in a coordinated manner will be a serious investment for the future and will protect national economies and regional economies,”** says Nkengasong, who is the first African to lead PEPFAR....”*

CGD (blog) - African Medicines Regulatory Harmonization Week: Setting the Tone for Africa’s Regulatory Future

M Pincombe et al; <https://www.cgdev.org/blog/achieve-health-systems-strengthening-we-need-first-look-regulatory-systems-strengthening>

*« This week marks the third **African Medicines Regulatory Harmonization (AMRH) week**—a critical touch point in ongoing efforts to expand access to quality-assured medicines across the African continent. **At the biennial conference, hosted this year in Ghana, partners and stakeholders will review progress on regulatory strengthening and harmonization and consider the path forward. This year, AMRH participants have several reasons to celebrate:** the continental **African Medicines Agency (AMA)** has been established, regulatory harmonization has taken off in several regions, and five National Regulatory Authorities (NRAs)—Tanzania, Ghana, Egypt, Nigeria, and South Africa—are now considered functional by the World Health Organization (WHO), with two, Egypt and South Africa, recognized at this level for vaccines regulation. **However, a big concern looms: how to best ensure long-term sustainable funding for regulatory systems to protect recent gains and make***

further progress. A [report](#) by the Wellcome Trust earlier this year highlighted the significant investment across multiple domains that is needed over at least the next decade to improve regulation in Africa. **This blog describes a few levers to make the case for regulatory systems strengthening and outlines three key recommendations to secure sustainable financing and build on the current momentum....”**

NYT (op-ed) - Why Isn't the U.S. Embracing This Pandemic Prevention Strategy?

Amy Maxmen (Nature editor); <https://www.nytimes.com/2022/12/06/opinion/us-covid-vaccines-pandemic-prevention.html>

“The Biden administration understands the need for vaccine manufacturing capacity at home. In October, H.H.S. [announced](#) that it would enact Mr. Biden’s health security strategy by improving domestic capabilities to make vaccines, drugs and diagnostic tests. Yet the Biden administration has not proposed a serious plan to help ensure that all regions of the global south can do the same, so that billions of people can have timely access to vaccines should another deadly pathogen emerge. “

“... U.S. support is modest thus far.....”

“... Why isn't the United States taking more action in the drive for pharmaceutical manufacturing across the global south? Perhaps because there's “no perceived political cost to vaccine inequity globally,” Mr. Konyndyk suggested. But Zain Rizvi, research director at the advocacy organization Public Citizen, in Washington, D.C., speculates that the lack of action by the U.S. government has as much to do with its reluctance to make moves that might threaten U.S. pharmaceutical market dominance. “Is the U.S. willing to prioritize health security and national security even if it makes some corporations uncomfortable?” he asked, “The answer is not really.”...”

Fierce Pharma - Pfizer, BioNTech strike back at Moderna with mRNA vaccine patent lawsuit

<https://www.fiercepharma.com/pharma/moderna-vs-pfizer-lawsuit-heats-pfizer-and-biontech-clap-back-countersuit>

“As the salad days of pandemic vaccine sales wane, two mRNA camps are taking a legal stand on the global stage—and duking it out in the name of drug delivery. In response to an August lawsuit from Moderna alleging patent infringement related to its COVID-19 vaccine technology, Pfizer and BioNTech have hit back with a countersuit, demanding a jury trial and refuting Moderna’s claims of infringement.....”

Ebola outbreak Uganda

Science - Uganda’s disappearing Ebola outbreak challenges vaccine testing

<https://www.science.org/content/article/uganda-s-disappearing-ebola-outbreak-challenges-vaccine-testing>

“Public health officials call for African stockpiles of experimental vaccines to speed responses in future.”

“Last week, Uganda announced uplifting news about the Ebola outbreak that surfaced there in mid-September: The last known patient had recovered and been discharged from a hospital. Health officials hope that signals the spread of the virus has slowed dramatically, if not stopped altogether. Yet the aggressive containment efforts that led to the waning of the outbreak also means a quickly arranged trial of experimental ebolavirus vaccines faces formidable hurdles. The goal of the so-called ring trial is to test the efficacy of the vaccines by giving them to contacts of known cases. But the number of potential participants is dwindling fast.”

“The plan is still to start the trial as soon as this week, but it may have to be called off or redesigned. The issue is sensitive, given the amount of effort put into securing vaccines, obtaining permits, and raising roughly \$9 million in funding for the trial. Multiple people close to the study—including three Ugandan researchers—refused to speak to Science on the record about its prospects. But Mark Feinberg, who heads IAVI, a New York City-based nonprofit that has the rights to a Sudan ebolavirus vaccine, says, “Whether the study will start or not I think is an open question.”

“According to the World Health Organization (WHO), as of 25 November, Uganda had 141 confirmed cases, 55 of whom had died. WHO tallies include another 22 deaths as likely due to the virus, which had spread, alarmingly, to Kampala, the heavily populated capital.

PS: ***“...One answer, says Seth Berkley, CEO of Gavi, the Vaccine Alliance, is to stockpile experimental vaccines on the continent—for Ebola and other emerging diseases—and agree on trial protocols ahead of time. “We have to crack this,” he says, noting that to store COVID-19 vaccines GAVI supplied Uganda and many lower income countries with –80°C freezers that could be repurposed for other vaccine stockpiles.”***

Related links:

- Reuters - [Ebola vaccine candidates arrive in Uganda for trials](#)
- Reuters - [Uganda discharges last known Ebola patient, raising hopes - ministry](#)

COP15 in Montreal & other Planetary Health updates

Via [Science](#): ***“Parties to the Convention for Biological Diversity must finalize a 261-page document that contains some 1800 words and phrases in brackets because negotiators have yet to reach agreement on pollution control targets, agricultural reforms, and other issues. The meeting is scheduled to end on 19 December.”***

Guardian - ‘We are at war with nature’: UN environment chief warns of biodiversity apocalypse

<https://www.theguardian.com/environment/2022/dec/06/cop-15-un-chief-biodiversity-apocalypse>

“Inger Andersen spells out the challenges facing the planet as Cop15 delegates gather in Montreal.”

UN News - 'Without nature, we have nothing': UN chief sounds alarm at key UN biodiversity event

<https://news.un.org/en/story/2022/12/1131422>

"... The Secretary-General boiled down the action that needs to be taken in order to save nature, into three main areas. The first involves the implementation of national plans that would divert subsidies and tax breaks away from activities that contribute to the destruction of nature, towards green solutions such as renewable energy, plastic reduction, nature-friendly food production and sustainable resource extraction. These plans would also recognize the rights of indigenous peoples and local communities as stewards of nature. The second concerns the private sector which, argued Mr. Guterres, must recognize that profit and protection go hand-in-hand, meaning a shift by the food and agricultural industry towards sustainable production and natural means of pollination, pest control and fertilization; the timber, chemicals, building and construction industries taking their impacts on nature into account in their business plans; and the biotech, pharmaceutical, and other industries that exploit biodiversity sharing the benefits fairly and equitably. "Greenwashing", he said – referring to unsubstantiated environmental claims made by companies – must end, and the private sector needs to be held accountable for actions across every link of business supply chains. Improved financial support from the countries of the 'Global South' formed the basis of the Secretary-General's third pillar for action. Mr. Guterres called on international financial institutions and multilateral development banks to align their portfolios with the conservation, and sustainable use of, biodiversity....."

PS: *"... A group of independent experts issued a statement on Tuesday, calling for the safeguarding of human rights to be central to every part of the framework document that comes out of COP15...."*

And a few links:

- Guardian - [Stop burning trees to make energy, say 650 scientists before Cop15 biodiversity summit](#)

"Letter says bioenergy is wrongly deemed 'carbon neutral' and contributes to wildlife loss."

- Guardian - [Canada and China prepare to open Cop15 biodiversity summit despite rifts](#)

"Ministers and experts say disputes between co-hosts unlikely to disrupt efforts to reach deal on protecting natural world."

*"The UN **Cop15** biodiversity summit [opens on Tuesday], and will see countries negotiate this decade's targets for protecting nature after more than two years of pandemic-related delays and just over two weeks since the end of the Cop27 climate meeting in Egypt. **There is growing hope that the summit will not only bring about a plan to save the natural world but could also begin to mend the deep rifts between the co-hosts, China and **Canada**.** The Cop15 summit, delayed by the coronavirus pandemic and China's strict public health policies, was **originally scheduled to be held in Kunming in China, but was moved to Montreal when Canada agreed to co-host the event....."***

Nature (Editorial) - World leaders must step up to put biodiversity deal on path to success

<https://www.nature.com/articles/d41586-022-04329-5>

“Ahead of the COP15 biodiversity meeting, few disagree that we must do more to protect nature — but money, underwritten by top-level support, is needed to make it happen.”

Pretty good **state of affairs**, as COP15 was kicking off.

Link:

- Guardian - [The biodiversity crisis in numbers - a visual guide](#)

To Prevent the Collapse of Biodiversity, the World Needs a New Planetary Politics

https://carnegieendowment.org/files/Patrick_New_Planetary_Politics_final2.pdf

Paper by Patrick Stewart, on **the need for ‘Planetary politics’**.

*“...What is needed is a paradigm shift in foreign policy and international relations, which one might term “planetary politics.” The cornerstone of this new worldview is **ecological realism**: It is time to govern the world as if the Earth mattered. To Prevent the Collapse of Biodiversity, the World Needs a New Planetary Politics recognition that the integrity of the biosphere is the fundamental precondition for all that humanity hopes to accomplish. This new mindset will require governments to expand traditional definitions of national interest and international security, broaden conventional conceptions of sovereign obligations, and adopt a new approach to measuring national wealth that accounts for and values Earth’s natural capital assets....”*

OECD (report) - Climate Tipping Points: Insights for Effective Policy Action

<https://www.oecd.org/environment/climate-tipping-points-abc5a69e-en.htm>

*“This report reviews evidence that overshooting 1.5°C may push the earth over several **tipping points, leading to irreversible and severe changes in the climate system**. If triggered, tipping point impacts will rapidly cascade through socio-economic and ecological systems, leading to severe effects on human and natural systems and imposing important challenges for human adaptation. Of particular concern are the likely collapse of the West Antarctic and Greenland ice sheets and the abrupt melting of permafrost grounds in the Arctic, which would result in additional sea-level rise and greenhouse gas releases, leading to more warming. Based on the most recent science and consultations with renowned experts, **Climate Tipping Points: Insights for Effective Policy Action** argues that it is no longer appropriate to consider the risk of crossing tipping points as **low-probability**. **Overshooting 1.5°C may likely lead to irreversible and severe impacts, which must be avoided, heightening the urgency to drastically reduce emissions within this decade**. The report calls for a shift in how tipping points are treated in climate policy today and provides recommendations on how climate risk management strategies can better reflect the risks of tipping points in the areas of mitigation, adaptation and technological innovation.”*

CPHP – The need for transformation to a post-growth health and economic system

<https://cphp-berlin.de/the-need-for-transformation-to-a-post-growth-health-and-economic-system/>

Think piece by **Remco van de Pas**.

First part of a series of think pieces that introduce new topics and raise questions on **how to shape policy-making in order to ensure the health system stays within planetary boundaries**. Focus here on the German health system but also going broader.

World Cup Football & labor rights

Devex - Inside the slated FIFA-ILO partnership on labor rights

<https://www.devex.com/news/inside-the-slated-fifa-ilo-partnership-on-labor-rights-104546>

“FIFA says it is establishing a “labor excellence hub” in collaboration with the International Labour Organization following the scandal in the lead-up to the Qatar World Cup — but ILO says it hasn’t signed anything yet.”

*“The [International Labour Organization](#) is hammering out the details of an agreement with the international soccer governing body [FIFA](#) that would see it assess labor conditions in countries hoping to host the World Cup before they are selected. A **draft memorandum of understanding** says that ILO would offer its expertise “on the application of international labor standards” while FIFA would provide information “on their engagement on labor issues with organizing country authorities,” according to a senior ILO official. The memorandum would form the substance of a “labor excellence hub” that FIFA said it was establishing in partnership with ILO. It follows a scandal over labor rights in the lead-up to the 2022 Qatar World Cup.....”*

NCDs

Lancet GH - The cost of inaction on physical inactivity to public health-care systems: a population-attributable fraction analysis

A C Santos et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00464-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00464-8/fulltext)

*« ... We aimed to estimate the public health-care costs associated with these diseases because of **physical inactivity**, which will help policy makers to prioritise investment in policy actions to promote and enable more people to be more active.”*

Among the findings : *« ... **499.2 million new cases of preventable major NCDs would occur globally by 2030 if the prevalence of physical inactivity does not change, with direct health-care costs of INT\$520 billion. The global cost of inaction on physical inactivity would reach approximately \$47.6***

billion per year. Although 74% of new cases of NCDs would occur in low-income and middle-countries, high-income countries would bear a larger proportion (63%) of the economic costs. ...”

Related **Comment in the Lancet GH** – [Expanding our understanding of the global impact of physical inactivity.](#)

Reports of the week

WHO - Health inequities lead to early death in many persons with disabilities

<https://www.who.int/news/item/02-12-2022-health-inequities-lead-to-early-death-in-many-persons-with-disabilities>

From last week on Friday. **“A new report by the World Health Organization shows evidence of a higher risk of premature death and illness among many persons with disabilities compared to others in the society. “**

*“The **Global report on health equity for persons with disabilities** published today shows that because of the systemic and persistent health inequities, many persons with disabilities face the risk of dying much earlier—even up to 20 years earlier—than persons without disabilities. They have an increased risk of developing chronic conditions, with up to double the risk of asthma, depression, diabetes, obesity, oral diseases, and stroke. Many of the differences in health outcomes cannot be explained by the underlying health condition or impairment, but by avoidable, unfair and unjust factors. **Launched ahead of the International Day of Persons with Disabilities**, the report shows **the number of people with significant disabilities worldwide has risen to 1.3 billion (or 1 in 6 people)**. This number reinforces the importance of achieving full and effective participation of persons with disabilities in all aspects of society and embedding the principles of inclusion, accessibility and non-discrimination in the health sector.....”*

Coverage via **UN News**: [Many persons with disabilities face premature death due to health inequities](#)

HPW - Despite Mosquitoes' Wily Evolution, Countries Make Progress Against Malaria

<https://healthpolicy-watch.news/steady-progress-against-malaria/>

Coverage of WHO's annual malaria report. *“Wily malaria-carrying mosquitoes are biting people earlier in the day before they get under their protective bednets and sleeping outside homes to avoid insecticide – and many have developed resistance to the insecticide used to impregnate the bednets. **Despite these and other challenges, progress against malaria has been relatively steady – even during the height of the COVID-19 pandemic, according to the World Health Organization's (WHO) annual report on malaria released on Thursday.** “Although hard hit [by COVID-19], most countries held the line and were able to maintain services to prevent, detect and treat malaria – a remarkable feat in the midst of a pandemic,” said WHO Director-General Dr Tedros Adhanom Ghebreyesus. **“There were an estimated 619 000 malaria deaths globally in 2021 compared to 625 000 in the first year of the pandemic. In 2019, before the pandemic struck, the number of deaths stood at 568***

000,” the WHO said in a media release....” “The African region shouldered about 95% of cases and 96% of deaths globally in 2021.”

“WHO recently launched two strategies to support African countries to build a more resilient response to malaria: a strategy to [curb antimalarial drug resistance](#) and an initiative to [stop the spread of the Anopheles stephensi](#) malaria vector. Additionally, a [new global framework](#) to respond to malaria in urban areas, developed jointly by WHO and UN-Habitat, provides guidance for city leaders and malaria stakeholders. Meanwhile, a **robust research and development pipeline** is set to bring a new generation of malaria control tools that could help accelerate progress towards global targets.....”

“However, total funding for malaria in 2021 was US\$ 3.5 billion, an increase from the two previous years less than half the estimated US\$ 7.3 billion required globally to stay on track to defeat malaria. The Global Fund to Fight AIDS, Tuberculosis and Malaria, which provides [63% of all international financing for malaria programmes](#), said that the report showed that the world is not on track to reach the target of eliminating malaria in 30 countries by 2030. “There are a number of reasons for this slowdown, but most obvious is the **global funding gap of US\$3.8 billion**,” said the Global Fund.....”

WHO press release - [Despite continued impact of COVID-19, malaria cases and deaths remained stable in 2021](#)

Related coverage via Reuters - [Malaria deaths dip in 2021 after rising in first year of COVID, says WHO](#)

And another malaria link: HPW - [World’s Biggest Malaria Bed-net Campaign Unfurls in Nigeria](#)

Devex - World Bank warns of 'intensifying' debt crisis for poorest nations

<https://www.devex.com/news/world-bank-warns-of-intensifying-debt-crisis-for-poorest-nations-104593>

Coverage of the World Bank’s annual report on debt. “**Debt repayments are putting low-income countries under immense pressure as debt service costs rise to levels not seen in two decades, the World Bank said**, while urging the international community to deliver “swift and substantial debt relief” to vulnerable nations. **The payments on public debt made by 69 of the lower-income nations will total more than \$62 billion this year, a 35% increase over 2021.** These countries are spending over a tenth of their export revenues to service their public external debt, a proportion not seen since 2000. **A whopping 66% of their repayments on official loans are going to China, the bank said Tuesday in its flagship [annual report](#) on debt.**”

“... For the broad category of “developing economies,” total external debt reached \$9 trillion at the end of 2021, more than double compared to a decade earlier. The low-income countries saw their debt reach \$1 trillion, tripling since 2010. ... **The World Bank president will be heading to China this week along with other heads of international organizations, including [International Monetary Fund](#) Managing Director Kristalina Georgieva, for talks set to include discussions on debt.** He pledged to push for “faster progress on resolving unsustainable debt.”....”

UN News - Developing countries face ‘impossible trade-off’ on debt: UNCTAD chief

<https://news.un.org/en/story/2022/12/1131432>

The UNCTAD view on the debt crisis. **“Spiralling debt in low and middle-income countries has compromised their chances of sustainable development, the head of UN trade facilitation agency UNCTAD has warned.”**

*“Speaking in Geneva, Rebeca Grynspan said that **between 70 and 85 per cent of the debt that emerging and low-income countries are responsible for, is in a foreign currency.** This has left them **highly vulnerable to the kind of large currency shocks that hit public spending** – precisely at a time when populations need financial support from their governments. Ms. Grynspan – **speaking at the 13th UNCTAD Debt Management Conference** - explained that so far this year, at least 88 countries have seen their currencies depreciate against the powerful US dollar, which is still the reserve currency of choice for many in times of global economic stress....”*

*“... The event, which runs from 5 to 7 December in Geneva and online, takes place as a wave of global crises has led many developing countries to take on more debt to help citizens cope with the fallout. Government debt levels as a share of GDP increased in over 100 developing countries between 2019 and 2021, said UNCTAD. Excluding China, this increase is estimated at about \$2 trillion. ... **With interest rates rising sharply, the debt crisis is putting enormous strain on public finances, especially in developing countries that need to invest in education, health care, their economies and adapting to climate change.** “Debt cannot and must not become an obstacle for achieving the 2030 Agenda and the climate transition the world desperately needs”, she argued. **UNCTAD advocates for the creation of a multilateral legal framework for debt restructuring and relief....”***

Global health governance & governance of health

The European Commission and WHO extend their strategic cooperation to deliver better health for all

<https://www.who.int/news/item/02-12-2022-the-european-commission-and-who-extend-their-strategic-cooperation-to-deliver-better-health-for-all>

Press release after last week’s meeting between the EC & WHO. **“At the EU-WHO Strategic Dialogue on Health between the European Commissioner for Health and Food Safety Stella Kyriakides and Dr Tedros Adhanom Ghebreyesus, WHO Director-General, the European Commission (EC) and WHO agreed to enhance strategic cooperation in global health security and architecture.** They will also cooperate on the implementation of major initiatives, such as the new European Union’s Global Health Strategy launched this week, the European Health Union and the WHO priorities for the 2022-2026 period. The partners will mutually reinforce their work across areas of common interest, as called by the EU Global Health Strategy, to further bolster a strong multilateral system with the WHO at its core, powered by a strong EU....”

WHO and the EU renew partnership for Universal Health Coverage

<https://www.who.int/news/item/01-12-2022-who-and-the-eu-renew-partnership-for-universal-health-coverage>

Also from this Strategic Dialogue. ***“The World Health Organization (WHO) and the European Commission yesterday agreed on reinforcing a decade-long collaboration to accelerate the achievement of universal health coverage. The letter of intent foresees an additional contribution from the European Union (EU) of €125 million for the continuation of WHO’s assistance to its Member States over the next five years, implemented through the Universal Health Coverage Partnership (UHC Partnership). This will focus on strengthening health systems to make them more resilient and responsive to natural, climate or human-made disasters....”***

Geneva Health Files - EU's Global Health Strategy as Seen Through the Geneva Lens

P Patnaik; https://genevahealthfiles.substack.com/p/eus-global-health-strategy-as-seen?utm_source=substack&utm_medium=email

Priti Patnaik’s **analysis of the EU Global Health Strategy Communication** from last week. She analyses key aspects of this strategy from a Geneva lens focusing on the implications for global health and for WHO.

A few chunks:

On Global Health Governance:

“While the strategy underscores the importance of “a strong and responsive multilateral system, with a World Health Organization (WHO) at its core which is as sustainably financed as it is accountable and effective,” it calls for a new focus for global governance. “Consensus should be built through deepened cooperation through G7, G20, and other global, regional and bilateral partners,” it says. This is counter to having WHO at the core of global health, considering it is the only forum in health where all 194 member states are at the table....”

Influence:

“The strategy suggests “a new multilateral governance for the emerging global health order.” For this it seeks “formal EU observer status with full participation rights as a first step towards full WHO membership”. All EU27 Member States are members of the WHO, but the EU is formally not a member of WHO..... Geneva watchers are of the view such a proposal for EU membership of WHO may not pass muster. It could also open the door for memberships of other regional blocs....”

IJHPM - Medical Dominance in Global Health Institutions as an Obstacle to Equity and Effectiveness; Comment on “Power Dynamics Among Health Professionals in Nigeria: A Case Study of the Global Fund Policy Process”

S Dalglish, S Topp et al;

https://www.ijhpm.com/article_4372.html?utm_source=dvtr.it&utm_medium=twitter

*“Medical professionals exercised structural and productive power in the Global Fund’s Country Coordinating Mechanism in Nigeria, directly impacting the selection of approaches to HIV/AIDS care, as described in a case study by Lassa and colleagues. This research contributes to a robust scholarship on how biomedical power inhibits a holistic understanding of health and prevents the adoption of solutions that are socially grounded, multi-disciplinary, and co-created with communities. **We highlight Lassa and colleagues’ findings demonstrating the ‘long arm’ of global health institutions in country-level health policy choices, and reflect on how medical dominance within global institutions serves as a tool of control in ways that pervert incentives and undermine equity and effectiveness....”***

FT - Melinda French Gates’s \$15bn vision

<https://www.ft.com/content/a8fe8268-0660-43ab-bda4-0759b9ea7057>

*“The philanthropist has already helped distribute more than \$65.6bn. **Now she wants to pool resources with the world’s wealthiest to make systems change at massive scale.** Exclusive interview.” Some excerpts:*

*“There’s an African proverb on the wall of the Gates Foundation’s Seattle office that says: ‘If you want to go fast, go alone. If you want to go far, go together,’” points out Melinda French Gates. The saying underlines **her latest campaign to encourage people to give as part of a “donor collaborative”**.”*

*“... **today French Gates is discussing how to change the way we give** – and in a year of hugely diverse philanthropic strategies, from Patagonia founder Yvon Chouinard’s announcement that all the company’s profits will go into saving the planet, to Mackenzie Scott’s rapid distribution of \$2bn to 343 organisations, this is key. **As French Gates says, we now need to “bring people, resources and ideas together in innovative ways”**. Adds Jennifer Stout, deputy director of philanthropic partnerships at the Gates Foundation: “With the scale of the problems that exist in the world today, this is something that no one philanthropist or organisation – even the Gates Foundation – can tackle on its own.” **It was back in 2018 that the Gates Foundation began to examine how much more impactful philanthropic groups are when their workings are more collaborative, not just among donors but among the group’s various partners. “A collaborative brings together the funders with the [non-profit] partners that are being supported, along with a set of activist experts and advisors,”** says Olivia Leland, founding director of the Giving Pledge and now founder and CEO of **Co-Impact, a global organisation that creates such philanthropic groups**. Although each is structured slightly differently, **many “collaboratives” operate by pooling resources into the philanthropic equivalent of a mutual fund to address an overarching issue, such as poverty, gender equity or climate crisis**. A team of specialists **distributes the funds (often through grants) to a portfolio of locally rooted organisations**, which they support using an advisory board of local and global experts. “Rather than building an enormous infrastructure ourselves,” says Leland, “we actually **build a network**.””*

*“While people have long come together in giving circles, **collaboratives** (as Bridgespan terms them) are fundamentally different, says French Gates. These innovative models “can provide resources that deliver services at larger scales” and they “address root causes by changing systems””*

Focus here on **the Gender Fund**.

Global health financing

NYT - Defaults Loom as Poor Countries Face an Economic Storm

<https://www.nytimes.com/2022/12/03/business/developing-countries-debt-defaults.html?smid=nytcore-ios-share&referringSource=articleShare>

NYT take on the debt crisis. *“Debt-relief efforts are stalling as developing economies are being hit by higher interest rates, a strong dollar and slowing global growth.....”* A few excerpts:

*“Developing nations are facing a catastrophic debt crisis in the coming months as rapid inflation, slowing growth, rising interest rates and a [strengthening dollar](#) coalesce into a perfect storm that could set off a wave of messy defaults and inflict economic pain on the world’s most vulnerable people. **Poor countries owe, by some calculations, as much as \$200 billion to wealthy nations, multilateral development banks and private creditors.** Rising interest rates have increased the value of the dollar, making it harder for foreign borrowers with debt denominated in U.S. currency to repay their loans. **Defaulting on a huge swath of loans would send borrowing costs for vulnerable nations even higher and could spawn financial crises** when [nearly 100 million people have already been pushed into poverty](#) this year by the combined effects of the pandemic, inflation and Russia’s war in Ukraine.....”*

*“The danger poses another headwind for a world economy that has been sputtering toward a recession. **The leaders of the world’s advanced economies have been grappling privately in recent weeks with how to avert financial crises in emerging markets such as Zambia, Sri Lanka and Ghana, but they have struggled to develop a plan to accelerate debt relief as they confront their own economic woes.....”***

BMJ GH - Estimating Chinese bilateral aid for health: an analysis of AidData’s Global Chinese Official Finance Dataset Version 2.0

K K McDade, G Yamey et al ; <https://gh.bmj.com/content/7/12/e010408>

Among the findings: *“Between 2000 and 2017, China funded 1339 health-related aid projects, or 13% of its total aid project portfolio. Most of these projects were located in sub-Saharan Africa. According to the OECD framework, the priority focus areas of these projects were: medical services, such as specialty equipment and tertiary services (n=489, 37%); basic health care, such as basic medical services and drugs (n=251, 19%); malaria control (n=234, 18%) and basic health infrastructure (n=178, 13%). Under the IHME framework, health systems strengthening accounted for 74% (n=991) of total projects, primarily due to China’s contributions to human resources for health, infrastructure and equipment. The only other major allocation under the IHME framework was malaria (n=234, 18%). When we estimated missing financial values under the OECD framework, **China was the fifth largest health aid donor to African countries from 2002 to 2017, after the USA, the UK, Canada and Germany.....”***

And a Link:

- Global Fund – [C19RM Extension, Reinvestments and Portfolio Optimization](#)

“... As systems-strengthening investments take longer to prepare, review and implement effectively, the **Global Fund requested an extension from its Board so C19RM funds can be used beyond 2023.** This extension presents a unique opportunity for countries to reprioritize interventions that are aligned with the C19RM mandate, especially those related to resilient and sustainable systems for health (RSSH) and pandemic preparedness.”

UHC & PHC

Chatham House: Issues to watch in 2023

<https://www.chathamhouse.org/publications/the-world-today/2022-12/issues-watch-2023>

*“From nuclear proliferation to African debt, here are the **issues six of our expert contributors expect to make the news in the year ahead.**”*

Among others: **Universal health reforms:**

Robert Yates (Executive Director, Centre for Universal Health, Chatham House), on the prospects for UHC:

*“In response to the perma-crisis experienced by many populations this past year, some leaders are **launching or extending universal health reforms.** New left-wing leaders in Chile, Colombia and Brazil have promised to rebuild their publicly financed universal health systems. In Brazil, newly elected president Lula da Silva has pledged to increase public health spending and improve access to medicines. It is hoped Malaysia’s new coalition will carry forward its predecessor’s pledge to raise health spending to 5 per cent of GDP by 2027 to provide a universal package of free health services..... **In September, world leaders will discuss universal health coverage at the UN General Assembly. There, Chatham House will publish its Commission for Universal Health report, identifying countries in which crises may trigger new national health programmes.** Might this be when a US presidential candidate announces a platform to create a publicly financed health system?”*

International Social Security Review - Universal Health Coverage and Social Health Protection: Policy relevance to health system financing reforms

D Bayarsaikhan et al; <https://onlinelibrary.wiley.com/doi/10.1111/issr.12295>

*“**Universal Health Coverage (UHC) and Social Health Protection (SHP)** are key policy foci that cut across all dimensions of the 2030 Sustainable Development Goals agenda. Understanding of these two concepts, their fundamentals and relations would improve health policy development and implementation to attain UHC and effectively protect the health of people and save lives and livelihoods. The COVID-19 pandemic has provided useful lessons to improve multi-sector activities to strengthen and finance health and social protection systems. **The aim of this article is to provide conceptual clarity on the contribution of the global frameworks on SHP to the policy goal of UHC.** In doing so, the article contributes to health financing and social security related policy discussions and advocates for much needed integrated policy actions at global as well as country levels. It discusses the origins of the two concepts and the relevance of SHP to health systems financing for*

UHC. Although country situations differ, the main findings, especially for low- and middle-income countries, are highlighted and summarized.”

Pandemic preparedness & response/ Global Health Security

WHO Afro - Bolstering Africa’s health emergency readiness and response

<https://www.afro.who.int/news/bolstering-africas-health-emergency-readiness-and-response>

“The World Health Organization (WHO) Regional Office for Africa in partnership with Africa Centres for Disease Control and Prevention, West African Health Organization, United States Centers for Disease Control and Prevention, UK Health Security Agency, Robert Koch Institute and the Bill and Melinda Gates Foundation today kicked off the region’s largest public health emergency operation centre (PHEOC) simulation exercise to step up readiness to respond to public health emergencies, with 36 countries taking part in the two-day functional exercise. The exercise seeks to assess and improve the functionality of countries’ public health emergency management structures by simulating the early detection of an Ebola outbreak in a fictitious country and its subsequent spread to multiple countries across the region through international travel and trade....”

Global Health: HERA and WHO launch new €15 million partnership for stronger pandemic preparedness and response

https://ec.europa.eu/commission/presscorner/detail/en/mex_22_7591

(8 Dec) *“Today, the Health Emergency Preparedness and Response Authority (HERA) and the World Health Organization (WHO) launched a new partnership funded with € 15 million from the EU4Health programme to boost preparedness and response relating to medical countermeasures for health emergencies....”*

“...Under the partnership, HERA will fund four global initiatives to support the following areas as regards medical countermeasures: (1) Epidemic and pandemic intelligence, access to and sharing of data and analytics through the WHO Hub for Pandemic and Epidemic Intelligence; (2) development of new medical countermeasures for tackling antimicrobial resistance, including through GARDP, notably the development of antibiotics efficient against resistant pathogens, and ensure sustainable access to AMR treatments, while also driving research for new antimicrobials; (3) the scaling up of national capacities for COVID-19 and Emerging Pathogens detection, as well as genomic surveillance in Africa; (4) the COVID-19 Technology Access Pool (C-TAP) to ensure the fast, coordinated, and successful global effort to develop and facilitate access to technologies to fight COVID-19....”

Stockholm statement - The Role of National Public Health Institutes in Supporting Preparedness and Response to Emergencies Affecting Population Health

<https://ianphi.org/news/2022/stockholm-statement.html>

“Between November 30 and December 2, 2022, National Public Health Institutes (NPHIs) from around the world met in Stockholm, Sweden at the IANPHI Annual Meeting to address and find solutions to the biggest challenges to the public health security of the world’s population. The

meeting concluded that there is an urgent need to apply the lessons learned from COVID-19 to address other health threats, such as the impact of climate change. **Now is the time for NPHIs to step up their role in the handling of crises that affect the health of our populations with prioritization of health equity.....”**

BMJ GH (Analysis) - Between rules and resistance: moving public health emergency responses beyond fear, racism and greed

C Jackson et al ; <https://gh.bmj.com/content/7/12/e009945>

« **With a new pandemic treaty and amendments to the WHO’s International Health Regulations (IHR) on the near-term horizon, ethics and international law are at a key inflection point in global health governance. Drawing on examples of bordering practices to contain contagion in the current pandemic and in the distant past, we argue that the current IHR is not adequately constructed for a just and equitable international response to pandemics.** Countries impose travel restrictions irrespective of their need or of the health and economic impact of such measures on LMICs. While the strengthening and reform of international laws and norms are worthy pursuits, we remain apprehensive about the transformative potential of such initiatives in the absence of collective political will, and suggest that **in the interim, LMICs are justified in seeking strategic opportunities to play the same stark self-interested hardball as powerful states.** »

No Resilience without Preparedness: Putting Collaborative Surveillance at the Forefront

Dr Chikwe Ihekweazu (Assistant Director General, Health Emergency Intelligence & Surveillance Systems at the World Health Organisation); <https://impact.economist.com/projects/towards-the-sdgs/blogs/no-resilience-without-preparedness/>

“...In summary, if we want better results in the future, we need a different approach. **The World Health Organization (WHO) has been putting forward the notion of Collaborative Surveillance to highlight the need to build a strong net of national and international actors in health surveillance and epidemic intelligence across diseases, geographies, and sectors to provide the insights needed to inform better policy decisions. The newly established WHO Hub for Pandemic and Epidemic Intelligence is one piece in making this new approach operational by supporting countries and regional and global actors to avert and manage public health threats through collaborative problem solving that is informed by better data and robust analytics. ... Other global initiatives are moving, too. From a larger emphasis on country investment through the Financial Intermediary Fund for Pandemic Preparedness and Response, to the ongoing negotiations for a pandemic accord, and initiatives such as the G7 Pact on Pandemic Readiness, progress is underway. These global initiatives are all key pieces to strengthening health surveillance systems today to make them better prepared for the next pandemic.**”

Plos GPH _ Investing in global health security: Estimating cost requirements for country-level capacity building

S Eaneff, R Katz et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000880>

*“... This work aims to estimate costs to strengthen country-level health security, globally and identify associated cost drivers. The cost of building public health capacity is estimated based on investments needed, per country, to progress towards the **benchmarks identified by the World Health Organization’s Joint External Evaluation (JEE)**. For each country, costs are estimated to progress to a score of “demonstrated capacity” across indicators. **Over five years, an estimated US\$124 billion is needed to reach “demonstrated capacity” on each indicator of the JEE for each of the 196 States Parties to the International Health Regulations (IHR)**. Personnel costs, including skilled health, public health, and animal health workers, **are the single most influential cost driver, comprising 66% of total costs.** “*

Lancet Public Health - Funding pandemic prevention, preparedness, and response through partnership models

J Saavedra et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00291-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00291-2/fulltext)

*“ Effective integration of the Pandemic Fund within the existing global health architecture requires that duplication of efforts be avoided, and that the function of the Fund be harmonised with that of other major funds, chiefly the Global Fund to Fight AIDS, Tuberculosis, and Malaria. **We propose that the Global Fund, the world’s leading financing mechanism for LMICs to fight three of the most challenging infectious diseases of our time—namely, HIV, tuberculosis, and malaria —occupy a central position in channelling the World Bank’s Pandemic Fund resources to LMICs.....”***

*“... Formally moving into the pandemic prevention, preparedness, and response space is a natural progression of the Global Fund’s existing activities, which could be implemented with great complementarity to the World Bank’s Pandemic Fund. **For successful implementation to happen, decisive action by the Global Fund’s board is needed to expand its mandate.**”*

And a link:

- Plos GPH - [Vaccine stockpile sharing for selfish objectives.](#)

Planetary health

Lancet Planetary Health – December issue

[https://www.thelancet.com/issue/S2542-5196\(22\)X0013-2](https://www.thelancet.com/issue/S2542-5196(22)X0013-2)

Start with the Editorial – [Strategic visions of the future](#).

*“... One hypothesis then is that **the lack of progress towards a more harmonious relationship with the world is not primarily related to technical or tactical issues but rather ongoing high-level strategic choices and priorities. Real progress on the environment would likely require a mainstream engagement with braver more creative visions of the future; visions that strive to address social and environmental challenges in pursuit of something better than we have today, rather than simply trying to hold onto the status quo with minimal loss or risk.** ...”*

*“... the point is that **strategic thinking at the level of policy making and political leadership, from local through national and international contexts needs to be better grounded in an understanding of the scale of the environmental challenges we face and their causes. In addition there needs to be an appreciation that these challenges are not, as they have typically been considered, side issues of specialist interest, which are subordinate to the economy, jobs, healthcare, education and other typical government priorities. In reality our economies are subsystems of a functioning environment. In the past it has been possible to make great gains in economic wealth at great cost to our environment, but if we are to avoid increasingly serious environmental consequences, this way of thinking and strategizing needs to be consigned to the past....”***

Among other articles (which didn't appear online before) we also want to flag:

Lancet Planetary Health (Personal View) - [Acknowledging geodiversity in safeguarding biodiversity and human health](#)

On the concept of 'geodiversity'.

*“... nature is often depicted only through biodiversity, whereas **geodiversity—the diversity of non-living nature—has so far been neglected. Geodiversity consists of assemblages, structures, and systems of geological, geomorphological, soil, and hydrological components that fundamentally underlie biodiversity. Biodiversity can support overall human health only with the foundation of geodiversity. Landscape characteristics, such as varying topography or bodies of water, promote aesthetic and sensory experiences and are also a product of geodiversity. In this Personal View, we introduce the concept of geodiversity as a driver for planetary health, describe its functions and services, and outline the intricate relationships between geodiversity, biodiversity, and human health. We also propose an agenda for acknowledging the importance of geodiversity in health-related research and decision making.**”*

Lancet (Letter) - Elsevier must end its fossil fuel partnerships and subsidies

A MacMillan et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02418-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02418-7/fulltext)

*« **Elsevier, The Lancet's publisher, continues to subsidise climate pollution through analytic tools and new journals supporting coal, oil, and gas exploration and extraction—an ongoing partnership that is morally and materially insupportable.** On behalf of Climate Health Aotearoa, a national climate change and health research centre in New Zealand, **we call on The Lancet's Editorial Board to demand an end to Elsevier's support for fossil fuel industries.** We urge The Lancet Group to ensure Elsevier upholds the Group's ethical commitment: that the best science must lead to better lives....”*

UN Environment: Investments in 'Nature-Based' Climate Solutions Must Double by 2025

<https://healthpolicy-watch.news/un-environment-investments-in-nature-based-climate-solutions-must-double-by-2025/>

“A [new report](#) by the United Nations Environment Programme warns that investment in nature-based solutions must double by 2025 if the world is to limit global warming to 1.5°C, as well as halting biodiversity loss and progressively increasing land degradation. The report comes a week before world leaders will gather at the [UN Biodiversity Conference \(COP15\)](#) in Montreal, Canada, where they are set to negotiate an agreement that aims to halt and reverse biodiversity loss by 2030. UNEP is calling on governments to agree on a clear framework for countries to require the financial sector to align its activities with ‘nature positive’ goals. ...”

Brookings (report) - Debt, creditworthiness, and climate: A new development dilemma

H Kharas et al ; <https://www.brookings.edu/research/debt-creditworthiness-and-climate-a-new-development-dilemma/>

Including some recommendations.

Among others: *“International financial institutions (IFIs) should change their methodologies of creditworthiness assessment, with an understanding of the risks of climate change.”*

Covid

Telegraph - Omicron origins thrown into doubt by new study

<https://www.telegraph.co.uk/global-health/science-and-disease/omicron-origins-thrown-doubt-new-study/>

“The origins of the Omicron variant have been thrown into doubt by a new study which suggests the strain gradually emerged over several months in multiple countries across Africa....”

*“... Now, experts from South Africa, where the variant was first detected, have found that **genetic predecessors to Omicron existed on the African continent months before the strain took off, indicating it slowly evolved over time via normal transmission routes.** “This important study sheds light on the question of when, where and how the dominating Omicron variant developed,” said Dr Tongai Maponga, a virologist at Stellenbosch University who helped lead the research....”*

For the study, see Science – [Gradual emergence followed by exponential spread of the SARS-CoV-2 Omicron variant in Africa](#)

Nature (News) - Surprising Omicron origins study comes under scrutiny

<https://www.nature.com/articles/d41586-022-04357-1>

“Sequences of early forms of the fast-spreading variant reported to have been circulating in West Africa could have resulted from contamination.”

WHO Afro - COVID-19 burden lessens in Africa, vigilance crucial as year-end season begins

<https://www.afro.who.int/news/covid-19-burden-lessens-africa-vigilance-crucial-year-end-season-begins>

Update as of 8 December.

Nature (News) - Severe COVID could cause markers of old age in the brain

<https://www.nature.com/articles/d41586-022-04253-8>

“Key genes that are active in the brains of older people are also active in the brains of people who developed serious COVID-19.”

Science - Models predict massive wave of disease and death if China lifts ‘zero COVID’ policy

<https://www.science.org/content/article/models-predict-massive-wave-disease-and-death-if-china-lifts-zero-covid-policy>

“Country’s severe approach to pandemic is inflaming the populace, but lifting it carries huge risks”.

“... A new study released on 28 November by Airfinity, a London-based health analytics firm, suggests mainland China remains vulnerable. Lifting zero COVID now could cause between 167 million and 279 million cases and between 1.3 million and 2.1 million deaths over 83 days, according to the report....”

BMJ Feature -What will happen to the orphans of covid-19?

<https://www.bmj.com/content/379/bmj.o2838>

“At least 10.5 million children have been orphaned by covid-19. David Cox reports on the global efforts to recognise and secure a future for them.”

“... a 2021 report, Hidden Pain, which provided some of the first concrete details on children orphaned by covid-19. To date, there are at least 10.5 million of these children worldwide, with studies showing that the burden has fallen heaviest on low income nations. One report in May 2022 revealed that an estimated 40.9% of covid-19 orphans are in South East Asia and 23.7% in Africa. Egypt, India, Indonesia, Nigeria, and Pakistan are the five countries bearing the brunt of the crisis.”

“In high income nations, it is ethnic minorities that have been hit hardest. The Hidden Pain report revealed that in the US, American Indian, Alaska Native, Native Hawaiian, and Pacific Islander children were four times more likely to have been orphaned than their white counterparts, with Black and Hispanic children two and a half times more likely. The fate of these children will represent some of the most profound long term consequences of the pandemic.....”

And a link:

- WHO - [COVID-19 Vaccine Implementation Analysis & Insights - 2 December 2022](#)

“A standard analytic report produced by the COVID-19 Vaccine Delivery Partnership (CoVDP) of key COVID-19 vaccine implementation data, including 1) daily vaccination rate, 2) population coverage, 3) supply secured & received, and 4) product utilization data, for across COVAX AMC portfolio and CoVDP’s Countries for Concerted Support.”

Mpox

AP - African continent finally to receive 1st mpox vaccines

<https://apnews.com/article/health-africa-public-kenya-centers-for-disease-control-and-prevention-56f42f05fae07cc30b1479a46dd97b47>

News from end of last week.

“Africa’s top public health body says the continent is set to receive its first batch of mpox vaccines as a donation from South Korea. The Africa Centers for Disease Control and Prevention said Thursday the 50,000 doses will be used first for health workers and people living in the hardest-hit areas. No timing was given for the doses’ arrival. The continent this year has recorded 202 deaths from mpox — formerly known as monkeypox — with a fatality rate of 19.3% across 13 countries.”

Stat - Jynneos mpox vaccine provided strong protection against infection, new CDC data show

<https://www.statnews.com/2022/12/08/jynneos-mpox-vaccine-provided-strong-protection-against-infection-cdc-data-show/>

“People who received one or two doses of mpox vaccine contracted the infection at substantially lower rates than unvaccinated people, a [study](#) published Thursday by the Centers for Disease Control and Prevention suggested. The analysis, published in CDC’s online journal Morbidity and Mortality Weekly Report, showed that unvaccinated people were 9.6 times more likely than fully vaccinated people to develop mpox. The incidence of infection was 7.4 times higher in unvaccinated people than in people who had received a single dose of the vaccine....”

AMR

CGD (blog) - G7 Investments in New Antibiotics Would Pay Off Big—For Everyone

R Silverman et al ; <https://www.cgdev.org/blog/g7-investments-new-antibiotics-would-pay-big-everyone>

“The world desperately needs new antibiotics—and finally, the G7 is ready match [commitments](#) with action. The United Kingdom (UK) has [already launched](#) a subscription purchasing model for two antibiotics and is considering a scale-up, while new programs to incentivize antibiotic research and development (R&D) are [under consideration](#) in the United States (US),

European Union (EU), Canada, and Japan. **A few weeks ago, we estimated the expected return on investment (ROI) to the US government for an ambitious new program to bring 18 antibiotics to market over the next three decades, targeted at the six priority pathogens that cause the most deaths.** We found that the US would pay \$17.9 billion over 30 years but save 383,000 American lives and harvest \$495 billion in value—an ROI of 28:1. We assumed that the US would pay its “fair share” of the total global incentive cost, proportionate to its GDP within the G7 + EU—46 percent. This, of course, begs the question: **what would be the benefits to other members of the G7, who would be footing the rest of the bill? Today, we’ve done those calculations—and we can confidently project that all G7 members would see a big payoff.....”**

PS: see also the briefs for all these G7 countries.

CGD (blog) - Antibiotics to its Member States—They Are Right To Revolt

A McDonnell; <https://www.cgdev.org/blog/transferring-costs-its-member-states-eus-proposed-voucher-scheme-incentivising-antibiotics>

“An important debate is taking place in Europe right now on how to fund new antimicrobials. For months it has been speculated that the European Union may move towards implementing transferable exclusivity vouchers (TEVs). In response, as first reported by Politico’s Carlo Martuscelli, on Wednesday, 30th November, 14 Member States wrote to the European Commission (in a leaked non-paper which I have since seen), outlining why they think its proposed policies are costly, inefficient, and will disrupt the market for generic drugs. They make three counter proposals for how new antimicrobials can be encouraged. The Commission should listen to them and get this policy right.”

Link:

- Cidrap News - [For PASTEUR Act advocates, the finish line is in sight for antibiotic development aid](#)

NCDs

Links:

- Globalization & Health - [An inflection point in global public health](#) (by H Greenberg)

“Population health needs to pivot toward the primordial prevention of global chronic diseases, most specifically the disease cascade that runs from marketing to obesity to diabetes to its known complications. Medical sciences can now manage these diseases and prolong meaningful life, but can only do so at an enormous cost, a cost that will threaten societal stability everywhere. The fall in global fertility and the explosion in elderly populations will facilitate this fiscal pandemic attributable to good health. Risk factor mitigation, not effective for obesity, enhanced longevity but did not prevent chronic illness, only forestalled it. For public health, but not health practitioners, the risk factor era needs to be supplanted by a focus on public policy to alter public behavior via primordial prevention of the emergence of risk factors. And public health needs to lead that effort....”

- Nature - [Largest-ever analysis finds genetic links to smoking and drinking](#)

Mental health & psycho-social wellbeing

HP&P - Tracking development assistance for mental health: time for better data

V Lemmi; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czac108/6883862?searchresult=1>

Already available as a pdf.

Social & commercial determinants of health

Book chapter - The Global Technology Sector as a Commercial Determinant of Health

N Kenworthy, K Storeng et al; <https://academic.oup.com/book/44473/chapter-abstract/376462468?redirectedFrom=fulltext&login=false>

*“The COVID-19 pandemic has rapidly accelerated the expansion of Big Tech—the dominant American technology companies—into public health policy and practice, with the pandemic contributing to a vacuum of power and services that corporations have moved aggressively to exploit. Despite these trends, the influence of the global technology sector as a commercial determinant of health has largely been overlooked. **This chapter provides brief case studies from research of three companies—Meta, Google, and GoFundMe—and the diverse impacts they are having on public health systems.** Although in no way a comprehensive look at the technology sector as a contributor to commercial determinants of health, **these three cases provide lessons about the strategies that technology companies use to transform and disrupt health systems** and help clarify the longer term implications for population health that warrant further in-depth research.”*

Journal of Public Health - Back to our roots or sowing new seeds: thinking anew on the paradigms of health, harm and disease

M Cl van Schalkwijk et al;
https://academic.oup.com/jpubhealth/article/44/Supplement_1/i28/6834140?login=true

*“Health, harms and disease are intimately linked, and their promotion and distribution are determined by the social, political and physical worlds in which people live. Yet, the popular narrative on health is still dominated by a biological model that focuses on a disease-causing ‘pathogen’ or ‘agent’ that leads to pathology which is diagnosable and amenable to intervention at the individual level via measures delivered through the health care and public health systems. This model generally rests on understanding populations as a collection of individuals, with the pattern of disease seen as the sum of a series of risk factors acting on each of them. **Too little attention is paid to the ways in which health, harm, disease, causation and risk are conceptualized and used as guiding concepts in research, policy debates and other fora. We often overlook the distribution of***

health and the regulatory regimes, norms, values and rights that promote or undermine health. By challenging our ways of thinking about health, harms and disease, we can start to appreciate with greater depth the ways in which health can be threatened and what should be seen as harmful, and conversely, opportunities for moving our systems towards promoting and protecting health.”

Sexual & Reproductive health rights

Link:

Guardian - [Rising temperatures causing distress to foetuses, study reveals](#)

“Climate crisis increases risks for subsistence farmers in Africa who usually work throughout pregnancy.”

Neonatal and child health

The Hill - UNICEF launches \$10B appeal to fund climate, conflict, catastrophe recovery

<https://thehill.com/policy/equilibrium-sustainability/3761742-unicef-launches-10b-appeal-to-fund-climate-conflict-catastrophe-recovery/>

“The United Nations Children’s Fund (UNICEF) on Monday launched a \$10.3 billion appeal that aims to reach more than 173 million people suffering from the enduring effects of climate-fueled weather events and the coronavirus pandemic. The campaign will support more than 110 million children across 155 countries and territories through 2023, according to UNICEF. The countries with the top five appeals are Afghanistan, Ukraine, Syria, the Democratic Republic of the Congo and Ethiopia.....”

Adolescent health

UN News - UN health agency outlines ‘clear direction’ for reducing online violence against children

<https://news.un.org/en/story/2022/12/1131287>

“WHO published a report [last week] on Friday aimed at helping stakeholders worldwide end the growing scourge of violence online against children. In its new report, [What works to prevent online violence against children](#), WHO focuses on ways of curbing the grooming of youngsters via the Internet, sexual image abuse - and cyber aggression and harassment in the form of cyberbullying, cyberstalking, hacking and identity theft.”

Access to medicines & health technology

Nature (News) - Researchers welcome \$3.5-million haemophilia gene therapy — but questions remain

[Nature](#);

“The world’s most expensive drug has the potential to save lives. But it cannot treat the most common form of the disease.”

Links:

- IFPMA: [New data published today explains the consequences of IP waiver](#)

“...New “data” explains what the consequences of such a waiver would have on our ability to fight the COVID-19 pandemic. Any waiver will also have a significant adverse impact on the entire innovation ecosystem, that in turn will negatively affect access and response to any future pandemics.”

- BMC Health Services Research - [Framing access to essential medicines in the context of Universal Health Coverage: a critical analysis of health sector strategic plans from eight countries in the WHO African region](#)

Decolonize Global Health

Quartz - 10 best practices for equitable global health journalism

M Pai et al ; <https://qz.com/10-best-practices-for-equitable-global-health-journalis-1849861581>

« If journalists want to help make global health more inclusive, they can start with these guidelines. »

Think piece series - Reflections on the future of knowledge translation in the Global South

<https://onthinktanks.org/series/reflections-on-the-future-of-knowledge-translation-in-the-global-south/>

“This Think Piece series was commissioned as part of our work on Knowledge Translation in the Global South – a joint project with the Institute of Development Studies (IDS) on behalf of Canada’s International Development Research Centre (IDRC). The project seeks to identify similarities and differences in knowledge translation (KT) strategies and practices used by Southern researchers across different disciplines and investigate the challenges they face. As part of our research, we invited contributors from the Global North and South to reflect on the future of KT based on their context, insights, and perspectives. The series below includes thoughts on reconceptualising KT within the context of decolonising development, the importance of understanding how knowledge is

received in any given environment and how KT might bridge the gap between ground-level experience and high-level policy objectives.”

Miscellaneous

Devex - Foundations join Biden administration's global workers' rights effort

<https://www.devex.com/news/foundations-join-biden-administration-s-global-workers-rights-effort-104611>

*“Four philanthropic organizations, including the Ford Foundation and Open Society Foundations, or OSF, this week joined the Biden administration to formally launch a new initiative to support collective bargaining globally and “prioritize workers rights as core to democracy.” The funders group, which also includes the U.S.-based Humanity United and Panama’s Fundación Avina, are part of the Biden administration’s **Multilateral Partnership for Organizing, Worker Empowerment, and Rights, or M-POWER**, which was launched at the U.S. Department of Labor in Washington, D.C., on Thursday. M-POWER seeks to promote the use of collective bargaining, overhauls of labor laws and enforcement, and “free and independent” trade unions. ...”*

*“...The U.S. Departments of Labor and State and U.S. Agency for International Development have committed roughly \$130 million to M-POWER. **It’s the U.S. government’s largest-ever commitment to advancing workers’ rights internationally.** The governments of Argentina, Canada, Germany, South Africa, and Spain also have joined the initiative.....”*

ILO - Violence and harassment at work has affected more than one in five people

https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_863177/lang--en/index.htm

“The first global survey on experiences of violence and harassment at work aims to bring a better understanding and awareness of an issue rooted in complex economic, social and cultural factors....”

Papers & reports

WHO (report) - WHO delivering results and making an impact: stories from the ground

<https://apps.who.int/iris/bitstream/handle/10665/365138/9789240064652-eng.pdf>

“This new report, “WHO delivering results and making an impact: stories from the ground”, presents a snapshot of how WHO has delivered on its mission in countries and contributed to health outcomes across a wide range of issues during 2020-2021. Of course, a major part of WHO’s work in this period was supporting countries to respond to COVID-19. ...”

HP&P - How does power shape District Health Management Team responsiveness to public feedback in Low-and-Middle Income Countries? An interpretive synthesis

N Kagwanja, L Gilson et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czac105/6874491?searchresult=1>

« ...Responsiveness is a core element of WHO's health system framework, considered important in ensuring inclusive and accountable health systems. System-wide responsiveness requires system-wide action, and District Health Management Teams (DHMTs) play critical governance roles in many health systems. However, there is little evidence on how DHMTs enhance health system responsiveness. We conducted this interpretive literature review to understand how DHMTs receive and respond to public feedback, and how power influences these processes....”

WHO Bulletin – December issue

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9706351/>

“In the **editorial section**, Nathalie Roebbel et al. outline **global research priorities for urban health**. Hans Henri P Kluge et al. introduce digital transformation programmes in the WHO Region of Europe.”

SS&M - Open access publishing – noble intention, flawed reality

J Frank et al; <https://www.sciencedirect.com/science/article/pii/S027795362200898X>

Key messages: “**The Open Access (OA) model for scientific publication** has attracted much controversy. Expert commentary blasts OA's foisting of journal publishing costs onto researchers. This is unfair towards researchers in resource-poor environments and disciplines. OA also perversely incentivizes journal proliferation -- but not quality of content. **This essay summarizes published views on ways forward -- none of them a panacea.**”

Book (forthcoming) - Making Health Systems Work in Low and Middle Income Countries

<https://www.cambridge.org/core/books/making-health-systems-work-in-low-and-middle-income-countries/F8DD39AE15BBF146E7D8EE9D90411075>

Edited by S Siddiqi et al.

Blogs & op-eds

Katri Bertram - Why (and when) strategy matters – a global health perspective

<https://katribertram.wordpress.com/2022/12/04/why-and-when-strategy-matters-a-global-health-perspective/>

Katri Bertram is on a blogging roll in the run-up to Christmas it seems. This one is a very neat blog, useful in more than one organisation I reckon :). *"A strategy defines goals, and how organisations get from now and here to achieving their aims. **Why do most organisations fail miserably on strategy – and their goals?** A perspective based on my experience working in global health."*

K Bertram - Deconstructing global health – but what do I want to reconstruct?

<https://katribertam.wordpress.com/2022/12/07/deconstructing-global-health-but-what-do-i-want-to-reconstruct/>

Linked to some extent to the international relations study she did a long time ago.

And one more to follow before the end of the year.

Tweets of the week

James Love

"Yesterday the US government told the WHO they don't want intellectual property rights discussed in the WHO pandemic treaty, because that's a conversation for the WTO. Also, same day, blocked WTO agreement on exceptions for COVID 19."

"US now telling WHO they are considering asking "non state actors" to participate in drafting the treaty language. Wow. This is about IFPMA and Gates coming from USA."

Geneva Health Files

"Early days yet, but we will see a repeat of North-South divide on access and tech transfer issues in @WHO , mirroring talks at @wto The last day and a half of discussions #INB3 #PandemicAccord provide indications for this.."

Dimitri Eynikel (from the one year of HERA conference)

« Peter Piot. EU has mixed track record on ensuring global equity & acces to covid19 tools. Scarcity is enemy of equity. If no distributed global manufacturing in future, we failed. Regional organizations for access will become more important than global ones. #HERA1Year @EC_HERA"

Ashley Furlong

"EU advisor Peter Piot at #HERA1Year: "If we don't invest massively in distributed manufacturing for geopolitical and equity imperatives, we will have failed.""

Dr Tedros

“I was pleased to sign an agreement with @GermanyUNGeneva’s Ambassador Katharina Stasch on @GermanyDiplo’s new three-year commitment of €30 million to @WHO Contingency Fund for Emergencies, which makes #Germany it’s top donor. Vielen Dank!