IHP news  701 :  On New Orders (& escape valves)

( 16 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 the aftermath of the GAVI Board Meeting from last week (on which we’ll provide some more coverage & analysis in this week’s issue, including on the (sunsetting?) future of Covax), Seth Berkley spoke words of wisdom, among others “it’s too soon to call an end to the COVID-19 emergency”, but he also tweeted something that came rather close to the global health equivalent of “fake news”: “With #COVAX the world now has a blueprint of how to deliver vaccines at scale in an emergency to low-income countries, guided by a fair allocation framework developed with the @WHO to prioritise those most at-risk.” That lofty framing of Covax led, unsurprisingly, to a backlash, and as our Devex colleagues reported, not just on Twitter, also at the 2nd International Conference on Public Health in Africa, which took place in Kigali, Rwanda, this week (13-15 Dec).

It won’t come as a surprise that the New Public Health Order for Africa was high on the agenda at this conference in Kigali, and for good reason. It’s a train that won’t stop anymore, and HICs (the EU, US, UK, Switzerland, …) would do well to support this agenda where they can. And if they can’t (or won’t), at least move out of the way. Although the New Public Health Order obviously also is a catchy political slogan, it’s a vital component of Decolonizing Global Health (DGH), in my opinion, and even more so in today’s very complicated geopolitical environment. At least rhetorically, leaders in HICs give the impression nowadays they get this (perhaps also feeling guilty to some extent about their pandemic track record (although they’ll never admit so in public ?)). Let’s hope their actions follow suit. For example at this week’s US-Africa Leaders Summit, in Washington (13-15 Dec), also covered in this issue.

Meanwhile, though, “a decision on whether to extend the COVID-19 IP waiver to treatments and diagnostics could come as late as June 2023, according to a report to the WTO’s General Council from the chair of the TRIPS Council,” it was learnt this week, which doesn’t bode well. Just one example showing that getting to this New Public Health Order for Africa will be anything but an easy ride. On a side note, for DGH readers in particular: the fact that the Kigali conference was visa-issue & hassle free (unlike many other global health conferences, hurray!), doesn’t mean that the location is free of criticism (just ask some of Kagame’s opponents).

On a related note, UHC Day (celebrated on 12 Dec), with this year’s theme, “Build the world we want: A healthy future for all”, perhaps also provides a good occasion to think beyond UHC (as the theme seems to be doing in a way), and ponder what it will entail to really get to “a healthy future for all” in the 21st century. After all, we’ll soon be more or less halfway on the SDG (health) journey (huh, which journey, I hear you say). A new BMJ Opinion by Kent Buse, “From health systems to systems for health: much more than semantics”, referred to the recent Alliance for Health Policy
and Systems Research report that called for the re-imagining of health systems as “systems for health”, which is certainly one of the ways to go.

In addition, in the words of (the very vocal) Dr. Ayoade Alakija on Twitter: “We need a #NewGlobalHealthOrder - one that is not at the expense of the poor by the rich for the rich; that is not male dominated & donor or billionaire philanthropist driven. We need Health to be truly global & equitable. Our health security is global health security. #EQUITY”. While the term “New Global Health Order” smacks a bit too much of George Bush senior’s notorious ‘New World Order’ to my taste, it’s sorely needed.

And yes, while we’re at it, do include a New Planetary Health Order as well, as the Washington Post reported just this week we’re not exactly on a promising track there either, in their analysis “For better or worse, billionaires now guide climate policy”. It appears Bill Gates and other ultra-wealthy businessmen are increasingly steering the energy transition toward their worldview and favored technologies. As the Post put it, this trend concerns the likes of “…Jeff Bezos (net worth: $113 billion, according to Forbes), Mike Bloomberg ($77 billion) and Bill Gates ($106 billion), along with other billionaires who have lower profiles but equally large climate ambition. Their role as shadow policymakers has grown amid the evolution of the Biden administration climate agenda and the recent U.N. Climate Change Conference in Egypt, known as COP27, where their projects were on prominent display…..”.

“We’re on the Road to a Form of Neofascism”, Noam Chomsky claims, and I’m afraid he’s right in many countries after decades of neoliberalism (of which “governance by billionaires” is just a symptom). “The ground is well prepared for neofascism to fill the void left by class war wrought by neoliberalism.” Like Berkley, Chomsky doesn’t always speak words of wisdom but this claim rings true in my ears. Just look around in your country and on social media.

In the midst of all these needs for New Orders, and fast geopolitical shifts (and risk of “geopolitical darwinism” ?), we also pay some attention to the 3rd High-Level Meeting of the Global Partnership for Effective Development Co-operation (GPEDC) in Geneva in this week’s issue, and WHO’s pre-holiday media briefing.

Let’s end with a small note on the World Cup Football in Qatar. Big football and sporting events in general seem to function more and more as temporary “escape valves” for the collective mess we’re in. And I’m saying this as a big football fan. I did enjoy the Moroccan team on Wednesday, though. And rest assured, I will watch the final on Sunday. Rooting for M and his team. I let you guess which ‘M’:)

Enjoy your reading.

Kristof Decoster
Featured Article

Traditional Healers as part of the Future of Global Health?

By Elisa Gobbo (MSc student at Karolinska Institutet)

Trust in the patient-provider relationship is a crucial aspect of providing good care. However, in areas with high levels of systemic poverty this trust is fragile and more challenging to establish. Additionally, many health systems in the Global South are vestiges of colonial health structures that served to support first and foremost the colonizers and not the native population – which also often jeopardizes trust till today. Beyond poverty and post-colonial structures, there are many other factors that can cause mistrust. As Universal Health Coverage (UHC) Day was celebrated earlier this week, it’s good to reiterate that lack of trust is a major barrier towards reaching UHC. Building this trust requires clever and deliberate strategies and policies to expand access and healthcare service utilization. One strategy to expand UHC is through integration of traditional healers into the modern science-based health care system in order to improve faith and trust in the system. In this short article I’ll focus on this pathway.

For those of us growing up with modern Western medicine, when we hear traditional healers or medicine often the immediate response is skepticism at best and complete disapproval at the worst. As someone interested in becoming a doctor in the United States throughout high school and university, I was one of those highly skeptical individuals. Then in my third year of my bachelors, my mindset changed while assisting on a qualitative study regarding traditional healers’ use of personal protective equipment for reducing the spread of HIV in South Africa. While analyzing the 30 interviews, many of the healers expressed an interest in conducting HIV testing and counseling or to refer patients suspected of HIV to the clinic. Dr. Carolyn Audet, my advisor at the time, has published these results describing how the healers believe that by conducting the testing themselves they could overcome issues related to HIV stigma, confidentiality at health facilities, and trust. Through the integration of traditional and modern medicine, healers could act as intermediaries between the community and clinics or hospitals.

Learning more about traditional healers really opened my eyes to the benefits they could have on a health system by increasing trust. Integration of traditional medicine and healers, if done well, would build faith through the mechanisms of decolonizing health systems, increasing cultural awareness, and improving access to care. For First-Nations communities in the Northwest Territories of Canada, for example, there is evidence of a desire for integration of traditional healing practices to counteract the historical silencing of their voices. Meanwhile, in a survey of Ethiopian healers and their patients, 65.4% of the patients had a positive attitude on efficacy, and 70% of the healers reported using history taking and physical symptoms for diagnosis and illness determinations. In Ghana, traditional healers fill in crucial primary healthcare (PHC) gaps. Approximately 80% of the Ghanian population rely on traditional healers for PHC due to a lack of formal care access, as well as influence of family, and religious/spiritual beliefs. As these studies begin to illustrate, traditional healers could be a valuable resource for health systems to overcome systemic barriers to healthcare access and utilization. Although potentially beneficial, healers should not act as a replacement for well-resourced and accessible primary health care, however, but rather as an integrated and additional resource in the system that patients can trust.
For example, increasing integration of traditional healers could help reach the UNAIDS 95-95-95 goals for HIV (the goal to have at national level or globally, 95% of people with HIV diagnosed, 95% of those diagnosed on proper treatment, and 95% of those on treatment with viral suppression by 2030). Trust in the health system is cited as one of the major barriers to HIV diagnosis and treatment. Referrals from a traditional healer or even receiving their screening and counseling from their healer could greatly improve progress towards reaching this goal, certainly in some settings. As Dr. Audet’ s research illustrated, the healers have expressed a willingness and desire to act as the conduit for patients to get initial testing and referral to HIV care. Yet, having a successful and patient focused integration requires much more than just the willingness of healers.

The concept of integrating traditional healers into modern medical systems has been around since the Alma Ata conference in 1978, but efforts to successfully do so remain limited. In a renewed effort to integrate them, WHO established the new Global Centre for Traditional Medicine (March 2022). This global knowledge centre will be set up in Gujarat, India, and is a very promising effort. However, in order for WHO’s efforts or any other programs for integration to be successful, it is critical to acknowledge the barriers and limitations of involving traditional healers into the biomedical health system. Some of the challenges are: a lack of knowledge on safety and efficacy of herbal medicine due to the lack of related research, difficulty of ensuring the same quality of treatment, potential interactions between herbal and drug medicine, and ensuring proper patient use. The power dynamics between modern medicine and traditional medicine are another barrier. Overcoming these and many other cultural, ethical and political barriers is going to require a clear and regulated evidence-based policy effort.

In sum, in many settings collaboration with traditional healers could be a valuable step towards decolonizing health systems and increasing patient participation in care by building trust between the general community, traditional medicine, and the formal healthcare system. In order to have successful integration policies and efforts, however, more research must be done on the efficacy of traditional medicines, countries need to formulate clear and tangible plans, and regulations or guidelines should be created for both the formal care sector and traditional healers to ensure the best safety for patients as the WHO Traditional Medicine Strategy 2014-2023 describes.

**Highlights of the week**

**The Lancet Commission on 21st-Century Global Health Threats**

N Kanem, C Murray & R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02576-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02576-4/fulltext)

About time.

“The world has lived through an extraordinary global health threat, the COVID-19 pandemic, leading to nearly 20 million deaths, staggering economic losses, a generational decline in human capital, and the first decline in global life expectancy since 1950 (the first year when UN estimates were published). Another major threat, climate change, now has broad scientific, political, and social recognition. The spectre of nuclear confrontation has re-emerged as a serious threat during the
ongoing Russian invasion of Ukraine. The three Cs—COVID-19, climate change, and conflict—highlight that the steady global health progress of the past 70 years will not necessarily continue in the next 70 years. But there are many other threats beyond the three Cs that threaten to undermine future global health progress, including rising antimicrobial resistance, increasing obesity, inverted population pyramids, eroding sexual and reproductive rights for women, food insecurity, and fraying multilateralism. How global health advances or retreats will depend crucially on the multiplicity of these threats and how they intersect....

".... We have established the Lancet Commission on 21st-Century Global Health Threats to examine the broad set of threats facing the world over the rest of the century. This long perspective is needed since threats such as climate change, food systems, antimicrobial resistance, or inverted population pyramids require many decades for actions to alter future trajectories. The Sustainable Development Goal focus on 2030 is an important motivator for immediate policy action, but a longer-term perspective is needed to fully assess and respond to emerging threats...."

“The Commission will meet over the next 2 years to assess the evidence produced by various working groups and will release its analysis and recommendations by the end of 2024.”

UHC Day (12 Dec)

https://www.who.int/campaigns/universal-health-coverage-day/2022

UN News - Build the world we want: A healthy future for all

As a reminder:

“On 12 December 2012, the United Nations General Assembly endorsed a resolution urging countries to accelerate progress toward universal health coverage (UHC) – the idea that everyone, everywhere should have access to quality, affordable health care. On 12 December 2017, the United Nations proclaimed 12 December as International Universal Health Coverage Day (UHC Day) by resolution 72/138. International Universal Health Coverage Day aims to raise awareness of the need for strong and resilient health systems and universal health coverage with multi-stakeholder partners. Each year on 12 December, UHC advocates raise their voices to share the stories of the millions of people still waiting for health, champion what we have achieved so far, call on leaders to make bigger and smarter investments in health, and encourage diverse groups to make commitments to help move the world closer to UHC by 2030....”

The Elders (new charter) - Nobody left behind: equitable, sustainable and inclusive Universal Health Coverage for all
“The Elders today publish a new Charter for Equitable, Sustainable and Inclusive Universal Health Coverage, marking the culmination of their work on UHC since 2016. …. The work on the Charter has been led by Ernesto Zedillo, former President of Mexico, and the Yale Center for the Study of Globalization, and represents a synthesis of accumulated experience as to how UHC can work in practice, and how best to implement it in an inclusive and equitable fashion in the broader context of the United Nations Sustainable Development Goals.

“The Charter is comprised of five fundamental precepts: Genuine Universality; Effective and Equitable Insurance; Public Financing; Efficient Delivery of High Quality Services; Progressive Realisation.” “

For the full charter: Charter for Equitable, Sustainable and Inclusive Universal Health Coverage.

WHO and football icons rally to score a goal for "Health for All" to build healthier future

https://www.who.int/news/item/12-12-2022-who-and-football-icons-rally-to-score-a-goal-for--health-for-all--to-build-healthier-future

“On Universal Health Coverage Day (UHC Day), the World Health Organization (WHO) team[ed] up with international football icons to urge action by governments and people across the world to achieve health for all. …. “

“To mark UHC Day, WHO launch[ed] two new tools: one to help governments design and deliver the right service coverage packages for their populations; and a second to provide people with reliable information to support the everyday decisions they make to protect their health and well-being…."

“…UHC Day kicks off the countdown to the high-level meeting on UHC which will be held at the United Nations General Assembly in 2023. ….”

Chatham House (Research paper) -Building global prosperity: Proposals for sustainable growth

https://www.chathamhouse.org/2022/12/building-global-prosperity/about-authors

“The G7 has launched a partnership designed to help developing countries ‘build back better’ after COVID-19. …. This paper considers proposals – some incremental and some more radical – for mobilizing much higher levels of development finance and establishing more effective and equitable relationships between donors and recipient countries. It evaluates the extent to which development assistance has become a locus of competition between the US and China. It also considers the wide-ranging economic impacts of Russia’s war in Ukraine and the climate crisis. Pressure on the Bretton Woods institutions to reform so that they can meet the scale of the current challenge is growing. The paper assesses prospects for reform, including for the creation of alternative institutions. It considers several critical sectors – healthcare, climate policy and digital infrastructure – and presents proposals for change…..”

More in particular, re UHC:
“Universal health coverage (UHC) and climate action exemplify this dilemma. At one extreme, the pandemic has strengthened the case for ambitious investments in UHC while confirming a dismaying lack of global solidarity in tackling big public health problems. With wealthy nations highly unlikely to provide enough money in the future, governments in the developing world will largely have to rely on domestic tax revenue to finance UHC or other health system improvements at a time when their budgets are severely strained. Yet the situation is not without hope: if the International Monetary Fund (IMF) amended its economic surveillance to include assessments of countries’ health systems, this could encourage governments to pursue better policies in this area. A technical change of this nature would be particularly effective if accompanied by more flexible IMF definitions of sustainable government spending and debt, which could enable countries to invest more in public health without necessarily imperilling their creditworthiness.”

WEF (blog) - Will universal health coverage deliver health for all by 2030?
https://www.weforum.org/agenda/2022/12/universal-health-coverage-health-for-all/

“…. A study by Swiss TPH and UNC2030 considered data from 139 countries to review the universal health coverage commitment for 2021 and 2022. The results show that drastic changes are required to meet the targeted timelines of the health-for-all agenda 2030.”

“…. A preliminary study conducted by Swiss TPH and UNC2030 based on CSEM country and VNR data, of which findings have been shared with the World Health Organization, UNAIDS and other stakeholders, is referred to in this article. The study considered data from 139 countries to conduct a review and analysis of universal health coverage commitment for the years 2021 and 2022. Questions in the survey targeted the eight pillar commitment areas of universal health coverage. These included the issue of gender equality and emergency preparedness in healthcare systems across countries. These are discussed as follows…”

TGH - Why It’s Hard to Understand How COVID-19 Affected Global Health System Performance

“Universal health coverage examined through the lens of tuberculosis.”

Lancet GH (Editorial) - Universal access to health care across the life course
https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00521-6/fulltext

Must-read Editorial of the new (January) Lancet GH issue. Excerpts

“It is an important moment: we are now halfway through the period allotted for the Sustainable Development Goals (SDGs; 2015–30). This is a useful juncture to evaluate our progress and, if necessary, alter course. In global health, a particular focus is SDG 3: “To ensure healthy lives and promote well-being for all at all ages”. Are we on course to ensure good health at all ages?”
During the last 30 years, investments in impactful interventions—such as vaccines or skilled birth attendance—and improved access to adequate nutrition, safe water and sanitation have substantially reduced child mortality. Progress has slowed in the SDG era but, nonetheless, target 3.2—ending preventable deaths of children younger than 5 (defined as <25 deaths per 1000 livebirths)—could be achievable. These outcomes are the clear result of smart investments, and they deserve celebration. Unfortunately, similar improvements have not been realised across the life course.

“...a WHO report published in November, Systems for health, stresses the need to take a more holistic view of health systems, investing in horizontal programmes and primary care to improve the long-term health of entire populations. The report argues that health systems need to be resilient: COVID-19 tested their resilience to acute shocks, but they also need to tolerate long-term challenges, such as the increasing burden of NCDs that will accompany ageing populations.”

The editorial concludes: “...in the second half of the SDG era, it is crucial that we ensure that everyone has access to quality care, irrespective of age and birthplace. The economic climate makes this a tough time to summon political will for long-term investments in health, but the opportunity could soon be lost as chronic disease becomes established in populations. We must invest at the broadest level, maximising synergies and addressing social and political determinants of health, to halt the still widening health disparities at older ages between those in HICs and those in LICs.”

BMJ Opinion - From health systems to systems for health: much more than semantics
K Buse; https://www.bmj.com/content/379/bmj.o3016

Must-read. “A systems for health approach could help unlock the potential for healthier societies argues Kent Buse.”

And some links:

- Speaking of Medicine (blog) - The Impact of the COVID-19 Pandemic on Primary Care and Primary Health Care (by Steve Murigi et al)
- WB’s Investing in Health (blog) - 4 priorities to achieve universal health coverage (by J P Uribe)

Global Health Governance

Reuters - WHO appoints Jeremy Farrar as chief scientist
Reuters;

“The World Health Organization said on Tuesday that Jeremy Farrar will become its new chief scientist as the agency prepares to cope with post-pandemic health challenges. He will join the
WHO in the second quarter of 2023, replacing Soumya Swaminathan, who departed in November ahead of a broader shakeup at the health agency.....”

Related: WHO (press statement) - World Health Organization names Sir Jeremy Farrar as Chief Scientist, Dr Amelia Latu Afuhaamango Tuipulotu as Chief Nursing Officer.

Science - Jeremy Farrar leaves top job at Wellcome Trust to become chief scientist at WHO
https://www.science.org/content/article/jeremy-farrar-leaves-top-job-wellcome-trust-become-chief-scientist-who

With focus here more on Farrar’s legacy at the Wellcome Trust. “The science funder shifted focus from basic research to global health during Farrar’s decadelong tenure.”

“....During Farrar’s decade at the helm of Wellcome, the organization’s focus has broadened from basic biomedical science to global health concerns, including mental health, the health effects of climate change, and infectious diseases. During the devastating Ebola outbreak in West Africa in 2014–15, Wellcome funded a series of groundbreaking vaccine and treatment trials. At the time, Farrar criticized WHO—and the rest of the world—for not acting fast enough to stem the outbreak.....”

Devex - Dr. Ahmed Ogwell Ouma's path to Africa CDC

Interesting profile of the acting director of Africa CDC. Some chunks:

“.... The founding director of Africa Centres for Disease Control and Prevention, Dr. John Nkengasong stepped down in May and his deputy, Dr. Ahmed Ogwell Ouma took over the reins as acting director. In an interview with Devex, Ouma talked about the path that led him to Africa CDC, saying he is devoted to putting control in the hands of African nations to ensure their own populations are healthy — in many ways shaking up the status quo. But he said that his team has faced pushback in doing this. “I’ve been told I’m a pan-Africanist. I don’t mind that,” he said. “What I know is I’m a strong believer that it’s only Africa that is going to solve its own problems.”.....”

“.... Last February, AU heads of state approved an amendment to transform Africa CDC from a specialized technical institution to an autonomous public health agency. The AU Commission put out a call for applications for a director general to lead the agency, and Ouma is in the running. The mindset that guides Ouma’s leadership is that governments must take the driver’s seat in ensuring the health of their populations. Africa CDC is calling for a “New Public Health Order” that puts the continent in control over its own destiny.....”

“.... An overarching challenge for Africa CDC, as a new institution, is that it entered the public health arena where other well-established institutions, such as inter-governmental organizations, philanthropies, the private sector, and other nonstate partners, already were busy working, often developing their plans irrespective of national government priorities. “We came in with a new way of working,” he said. Africa CDC’s modus operandi is strengthening African institutions to become its
implementing partners. But it has received pushback when it partners with small local institutions, rather than larger, external institutions, he said. Additionally, when continental policy positions are presented globally for approval, some institutions “that may not like our new way of working,” approach African governments, leadership at the AU, and regional economic blocs, “to try and change the proposal we’ve made,” he said.....”

WB - Pandemic Fund Prepares for First Round of Funding


“The new Pandemic Fund created to strengthen pandemic prevention, preparedness, and response (PPR) capacities at national, regional, and global levels will launch its first round of funding in January 2023. During its third meeting on December 12 and 13, 2022, the fund’s Governing Board agreed that projects financed through the first round of funding in low- and middle-income countries will prioritize disease surveillance, national laboratory systems and human resources.”

“.... Over the two-day meeting, the Board also made progress on multiple work streams, including the results framework, principles for co-financing and co-investment, and the formation of the Technical Advisory Panel (TAP). ....”

“.... The Board also welcomed France, India and The Netherlands, which signed contribution agreements and joined the Pandemic Fund’s Board. The recently announced pledges from the Netherlands, Kingdom of Saudi Arabia, and Switzerland and a top-up from Australia bring the total pledges to US$1.6 billion from 25 donors. “

UNAIDS - Pandemics can only be defeated if communities are supported to lead, say governments, NGOs and UN


News from the UNAIDS Board meeting in Thailand.

“Community-led responses are a critical part of the AIDS pandemic response, and must be prioritised in resourcing. The approach, set out by governments, civil society organisations and United Nations agencies at an international meeting on AIDS in Chiang Mai, Thailand, will also be key for tackling other pandemics and for preparing for the pandemics to come, delegates said. The meeting saw the first international definition of a community-led response to a pandemic, published after a two-year consultative process that brought together 11 governments, representing each region of the world, and 11 civil society representatives. This UNAIDS multi-stakeholder task team on community-led responses was co-convened by the World Health Organization and United Nations Development Programme, and presented outcomes to the 51st Programme Coordinating Board meeting of the UN Joint Programme on HIV and AIDS.”

“Using the new definitions and recommendations, German Federal Health Minister Prof. Karl Lauterbach and the UNAIDS Executive Director Winnie Byanyima published an article in The Lancet today calling for inclusion of comprehensive “community pandemic infrastructure” in
pandemic prevention, preparedness and response in new planning, international agreements, and financing. In it, the leaders show that strong community infrastructure, working synergistically with government, is a necessary but neglected element of effective pandemic prevention, preparedness, and response. Using evidence from AIDS, mpox, COVID-19, and Ebola, the authors describe how community-led organisations bring trust, communications channels, and reach to marginalised groups that complement government roles and improve equity…..”

- For the Lancet article, see Community pandemic response: the importance of action led by communities and the public sector (by W Byanyima, K Lauterbach & M M Kavanagh)

“The world faces multiple intersecting pandemics: COVID-19 and mpox (formerly known as monkeypox) have joined HIV/AIDS and a current outbreak of Ebola virus disease to create a dangerous global disease environment. Climate change is making outbreaks more likely. An important question for global health policy is which elements should be considered essential to effective pandemic prevention, preparedness, and response (PPR). As the world considers a new international PPR convention or agreement and financing mechanisms, we propose that strong community infrastructure is a necessary element that has been insufficiently addressed in PPR frameworks…..”

“… We suggest community PPR infrastructure should include three elements: services and accountability led by communities, state-sponsored activities in communities, and the engagement of communities. Each component is crucial to develop community preparedness and infrastructure…..”

Politico Pro - State Department reorganizes global health offices with PEPFAR head in charge


“The bureau will bring together offices dealing with global health issues. “

“The [US] State Department notified Congress on Tuesday that it plans to establish a Bureau of Global Health Security and Diplomacy to ensure the institution is better organized “to strengthen global health security and to address the growing national security challenges presented by global health crises,” Secretary of State Antony Blinken said. Global AIDS Coordinator John Nkengasong will be the first head of the bureau, Blinken said.”

“Why it matters: The bureau will bring together offices dealing with global health issues: the Office of International Health and Biodefense, which is now part of the Bureau of Oceans and International Environmental and Scientific Affairs; the functions of the coordinator for global Covid-19 response and health security; and the Office of the U.S. Global AIDS Coordinator, which leads the President’s Emergency Plan for AIDS Relief, the United States' massive global HIV/AIDS program…..”

Related:

- State Government - Plans for a Bureau of Global Health Security and Diplomacy
GAVI Board meeting from last week: more coverage & analysis  (with focus on Covax)

See also last week’s IHP newsletter (and the GAVI Board press release, Gavi Board Decisions Outline “Year of Renewal” for Vaccine Alliance).

HPW - Exclusive: Global Vaccine Alliance Denies Reports It Has Decided to End Free COVID Vaccines for 37 Middle Income Nations

https://healthpolicy-watch.news/gavi-denies-stopping-vaccines-support-lmic/

Must-read coverage and analysis. Some key chunks:

“Gavi, the Vaccine Alliance, has pushed back on media reports that its board has decided to end COVID vaccine support for 37 middle-income countries next year – and end altogether the dedicated COVAX vaccine facility, supplying free vaccines to some 92 low- and middle-income countries, in 2024. A high-ranking official at Gavi told Health Policy Watch that its Board’s approval Thursday in principle of a plan to end the free provision of vaccines to the 37 countries – including Egypt, Indonesia and Argentina – is neither final nor definitive, and would not in any case affect vaccine deliveries in 2023. Other officials, meanwhile, said that if funding cuts for middle income countries are made in 2024, the money saved would be shifted to a pandemic pool to confront new, and more dangerous SARS-CoV2 surges or similar future threats. Even so, no changes to Gavi’s support of some 92 middle and low income countries for COVID vaccines through the COVAX facility’s Advance Market Commitment (AMC) will be made in 2023, said Dr Derrick Sim. A final decision on the shape the COVAX facility takes in 2024 will not be voted on until June of 2023, he added, following consultations with countries themselves. “

“We are not changing the approach for 2023, all AMC countries including AMC-supported middle-income countries will be supported to get fully-funded doses and delivery support,” said Sim, who is the Acting Managing Director of the Gavi-led COVAX facility.... “Looking forward to 2024, every scenario we are considering involves some support for middle-income countries, and no decision will be taken until at least next year after countries have been fully consulted – and it will be based on the state of the pandemic at that time,” he added. “

“Under the proposal approved by the board on Thursday, any money saved on procuring vaccines for the 37 middle-income AMC countries would instead go to funding a new pandemic finance pool, which could be rapidly and flexibly deployed to confront surges of new SARS-CoV2 variants, or similar threats, added Olly Cann, Gavi’s director of communications....”

“...The new strategy approved by the Gavi Board Thursday is anchored in alternative scenarios for COVID’s evolution, developed by the World Health Organization, which leads the policy side of COVAX. WHO has defined three scenarios for the evolution of the SARS-CoV2 virus and pandemic: a worst case surge of new or existing variants; a medium case; and a best case, in which mortality from SARS-CoV2 continues to decline as virus mutations become less deadly. Only in the ‘best-case’ scenario would the COVAX programme of free vaccines and vaccine distribution support to the 37 middle income countries be replaced with a more step-wise approach, officials said. ...”
“...The Pandemic Vaccine Pool is the long-term strategy: Under one of the scenarios included in the proposal approved by the Board on Thursday, any savings in supplying free vaccines to the 37 middle-income AMC countries, that would be channelled into Gavi’s new Pandemic Vaccine Pool – so as to have cash in hand for any new SARS-2 surge, or other future pandemic threat. The Pandemic Vaccine Pool created by the Gavi Board in April is a critical, new part of Gavi’s long-term pandemic preparedness strategy, Sim said. The aim is to ensure ready funding that would allow the Alliance to be on proactive footing should another deadly variant or virus emerge. ....”

In other words, GAVI clearly sees a strengthened Alliance role in outbreak and pandemic preparedness and response.

Science - The global plan for COVID-19 vaccine fairness fell short. Will next time be different?

“COVAX delivered more than 1.8 billion doses, but many arrived too late to have much impact”. Science analysis after the GAVI Board meeting, with different expert takes on Covax (so far).

PS: “.... Last week’s decision drew fire from some observers, who say Gavi did not consult the affected countries. From the start of COVAX, “the countries that were going to benefit were not included in the decision-making. And now, in the wrap-up, they are again not included,” de Milliano says. “It is very condescending for Gavi to think that they know better than the countries themselves,” Happi says. (A WHO report about COVAX released in October acknowledged that low- and medium-income country governments “were insufficiently included” in planning, which hobbled the response.) Gavi leaders emphasize that the board will discuss the topic further when it meets again in June 2023. In the meantime, Gavi will ask for input from affected countries, collect more data on the state of the pandemic, and assess how much difference vaccines can make in populations now that the virus has already swept through, says John-Arne Røttingen, a global health expert at the Norwegian Ministry of Foreign Affairs and a Gavi board member.”

“....Making vaccines where they are needed is the way forward, says Larry Gostin, who thinks it’s unrealistic to expect wealthy countries not to put their own populations first. “Vaccine nationalism is a fact of life.” Vaca González (expert on access to medicines at the National University of Colombia, Bogota) agrees. She says COVAX’s basic premise—buying vaccines developed in wealthy countries from large pharmaceutical firms—was flawed from the start: “That was the original sin of COVAX.”

VOA - Prepare for Messy Transition on COVID Jabs as COVAX Ends

“As the global program for distributing COVID-19 vaccinations to low and middle-income countries is set to be phased out after next year, experts are warning of a messy transition to ensure countries with the lowest inoculation rates are protected against the coronavirus and new variants are prevented.....”
Politico - Gavi’s Covid jab guessing game

https://www.politico.com/newsletters/future-pulse/2022/12/14/gavis-covid-jab-guessing-game-00073833

Interview with Seth Berkley. “Plummeting interest in Covid-19 vaccination has prompted Gavi — the organization that’s sought to bring vaccines to developing countries through its COVAX program — to try to square its supply with demand. It’s in the difficult spot of trying to figure out how much vaccine to procur, so that shots aren’t wasted, without any certainty about Covid’s evolution. It’s a big shift from earlier in the pandemic, when COVAX struggled to deliver due to tight vaccine supplies and fierce competition for them among wealthy countries. COVAX has now shipped nearly 1.9 billion vaccine doses, most of them to the poorest countries. (Politico’s) Carmen talked with Seth Berkley about Gavi’s plans....”.

A few chunks:

“.... the first thing is: COVAX will continue through 2023 the way it has operated. The second discussion we had on the board is what should go on longer term. And the true answer for that is: We don’t know what the epidemiology is going to be. Are we going to this winter in the Northern Hemisphere have another series of waves or not? Is the virus gonna change again? Are we going to need new vaccines, different vaccines? Will we get outside of the immunity of existing vaccines? And we don’t know that.... But the current hypothesis is that what’s likely to be needed is at least boosters for high-risk populations. We’re at 81 percent coverage for health care workers and we’re at 66 percent of the elderly populations in the 92 poorest countries. We’d like to get that higher....”

“The hypothesis then is, for 2024, the program would cover high-risk populations, probably one booster dose once a year for those populations. But at the end of the day, what will define that is what the epidemiology is. And we’ll come back to the board in June of 2023 with a firm decision one way or another.”

“.... How many countries still have a Covid-19 vaccination rate of under 10 percent? We started in January 2022 with 34 countries under 10 percent and today we’re at eight countries under 10 percent, of which seven are quite fragile countries: the Yemens, the DRCs, the Haitis of the world. And we haven’t stopped, we’re continuing to work with those countries and trying to provide support for them. In fact, we just had a new country join COVAX last week, Burundi....”

And a link:

KFF (Brief) - The COVAX Humanitarian Buffer for COVID-19 Vaccines: Review and Assessment of Policy Implications (from end of November)

“.... this brief summarizes the experience of the COVAX Humanitarian Buffer, reviewing its history, its operational approach, its progress to date, and the challenges it has faced.”

Covid: still a PHEIC in 2023?

A number of global health big shots weighed in on this question this week, with many hopeful though also cautious.
 Reuters - Too soon to call end to COVID-19 emergency, GAVI chief says

GAVI’s Seth Berkley was first. “…. A World Health Organization (WHO) body meets every few months to decide whether the new coronavirus, which emerged three years ago in China’s Wuhan, still represents a “public health emergency of international concern (PHEIC)”. **Asked whether the WHO should end the COVID-19 emergency phase at its Emergency Committee meeting in January, GAVI’s Seth Berkley said the situation "could conceivably get worse".** “So I would guess you know that Dr. Tedros (WHO chief Tedros Adhanom Ghebreyesus) is thinking about this global situation, which could conceivably get worse. **It could get better. We don’t know where it’s going. It seems like a tough time to stop that emergency,“ he told reporters.”

HPW - WHO Director General: Hopes COVID Global Health Emergency Can Be Declared Over in 2023


Tedros sounded a bit more hopeful. This must-read article also offers more key messages from WHO’s year—in-review press briefing (on Wednesday).

“There are emerging hopes that sometime in 2023, WHO can declare that the COVID-19 global health emergency is over, said WHO Director General Dr Tedros Adhanom Ghebreyesus, speaking at a pre-holiday press briefing on Wednesday. **Meanwhile, however, the world continues to invest some $2 trillion in wars and “killing each other” – but not nearly enough in preparing for pandemics and humanitarian crises like SARS-CoV2 that rocked the world, said Tedros, making a plea for more investment in health, during a detailed ‘year-in-review’ briefing with other top WHO officials at the agency’s Geneva headquarters.”**

“…. Tedros’ comments on the declining rate of deaths from COVID, Mpox and in Uganda, Ebola, and struck some upbeat notes as the year comes to a close. …“

On Covid: “…. **“This virus is here to stay, and more countries will need to learn to manage it alongside other diseases, including influenza and RSV [Respiratory Syncytial Virus], both of which are circulating intensively in many countries. …** Despite the massive global vaccine roll-out, only one in five people in the world’s lowest income countries have been vaccinated, he added, while COVID diagnostics and treatments remain inaccessible for many in low-income countries, meaning that “the burden of long COVID is only likely to increase.” … … **Surveillance of new SARS-CoV2 as well as other disease threats also remains exceedingly weak in many countries, Tedros said. …”**

“… Related to the emergence of SARS-CoV2, Dr Tedros also renewed his calls upon China “to share the data and the studies on the origins of this virus. …”

On the Pandemic Accord negotiations: “…. I’m very pleased that last week, WHO Member States agreed to develop the first draft of a legally binding accord on pandemic prevention, preparedness and response, based on the principles of equity, solidarity and sovereignty. Member States will begin discussing this “zero draft” of the pandemic accord, in February.” … … **WHO member states have generally refrained from describing the potential agreement as a “treaty”, preferring more**
nuanced terms such as ‘accord’, or even ‘convention’. However, if the new agreement is indeed binding according to international law, as the current talks suggest, then it will in fact have the force of a “treaty,” added WHO legal counsel Steven Solomon. ....”

“.... Tedros also expressed hopes that WHO could pronounce an end to the Mpox global health emergency.....”

And his colleague M Ryan discussed the need to make the health investment case to development banks, and talk biosecurity to the military.

- See also Reuters -  [WHO chief hopes COVID will no longer be emergency next year](https://www.reuters.com/health/who-chief-hopes-covid-will-no-longer-be-emergency-next-year-2022-11-09/)

The view of some other WHO staff: “As[ked about the conditions needed for the end of the PHEIC, WHO’s senior epidemiologist Maria Van Kerkhove said: “There’s more work to be done.” “If there are huge chunks of population that have not had vaccinations, the world still has a lot of work to do,” said WHO’s emergencies director Mike Ryan about the same issue.”

- And J Farrar’s view, via [Stat](https://www.statnews.com/2022/11/03/micke-ryan-jeremy-farrar-covid/):

  “I think we’ve moved on too quickly,” Jeremy Farrar said, noting he fears there’s a “non-zero” risk that Covid will mutate again to a form where it causes more severe disease. “I don’t think we would go back to March 2020.... Five or six billion people have been infected globally, and we’ve all got some degree of protection against severe disease, which is what we care about. But I do think we’re playing with fire with this level of community transmission.” “He said the world needs to use a “moonshot” approach to spur development of better Covid vaccines, ones that would block transmission both of SARS-CoV-2, the virus that causes Covid, and other coronaviruses lurking in nature, to “take the coronavirus family out of the equation.”.....”

2nd International Conference on Public Health in Africa (Kigali, 13-15 Dec)

[https://cphia2022.com/](https://cphia2022.com/)

BMJ - Africa needs to take the lead in shaping the future of health on the continent

[https://www.bmj.com/content/379/bmj.o2999](https://www.bmj.com/content/379/bmj.o2999)

Viewpoint published as the conference started. “Decisions about Africa’s health priorities and policies should no longer exclude the most important stakeholder, write Agnes Binagwaho and Shingai Machingaidze.”

PS: “A recent review of 112 global health conferences across three decades and 38 countries found that 96% of these events took place in high or middle income countries. Conference participants from low income countries faced many barriers to attendance, including financial difficulties, visa restrictions, and discrimination and racism, according to the review. This has been increasingly
evident over the past year, with recent visa and border entry controversies at the 24th International AIDS Conference in Canada, the World Health Summit in Germany, and the Seventh Global Symposium on Health Systems Research in Colombia. These inequities not only limit representation, but also draw into question the true impact of these international meetings. How can conferences on global health push forward progress, when the people most affected do not have a seat at the decision making table?"

“A paradigm shift is long overdue. Conferences like the 2nd International Conference on Public Health in Africa (CPHIA 2022) are a critical step towards changing the power imbalances that characterise the global health landscape. The conference—organised and designed by African health leaders and experts, and hosted this year in Kigali, Rwanda—provides a unique platform for African researchers, policy makers, and stakeholders to come together and share perspectives and research findings, with a focus on strengthening scientific collaboration and innovation across the continent…..”

Devex Newswire: COVAX stirs mixed emotions on Twitter and in Kigali


With some key coverage of the first day in Kigali.

“The checkered legacy of COVAX is among the topics at two major global events this week: one in Geneva and the other in Kigali. And it’s already sparked some Twitter intrigue (which, for once, has nothing to do with Elon Musk). Seth Berkley, CEO of Gavi, the Vaccine Alliance, touted the virtues of COVAX in a tweet last week after the Gavi board voted “in principle” to integrate COVID-19 vaccination in Gavi’s regular programming from 2024…..”

“…. Dr. Olusoji Adeyi — the president of Resilient Health Systems who serves on the faculty at Johns Hopkins Bloomberg School of Public Health and who previously worked at the World Bank — took to the platform to dispute what he labeled as Berkley’s “false assertion,” tweeting that “#COVAX failed: hypercentralized planning, captured/crippled by rich countries & special interests, sideling of the Global South, & fickle #charity disguised as devt #finance. Time for candor & overhaul, not spin & hubris, from @Gavi.” Ouch. Proving that he’s not just outspoken behind a keyboard, Adeyi didn’t mince words during a panel at the 2nd International Conference on Public Health in Africa…. “At a pre-conference session on Monday, Adeyi blasted COVAX as a form of “narcissistic charity,” saying it centers around “the very crippling, congenital defect” that some parts of the world have “The divine right to dictate to others what they can have, when they can have it, and on whose terms they can have it.””

“Asked how he’d like to see COVAX restructured, Adeyi said that governance should be regional, not global, and African nations must end “dependency on the global north” and put up more money toward pandemic preparedness and response. And if African nations learn anything from this pandemic, it’s that they shouldn’t want another COVAX during the next one, Adeyi said, calling it “disappointing to hear some of the revisionism that is coming out of Geneva on this in the last few days.””

PS: “….Speaking on the sidelines of the summit (i.e. Effective Development Cooperation summit in Geneva), Norwegian Ministry of Foreign Affairs State Secretary Bjørg Sandkjær tells Amruta that
The country is on board with Gavi’s decision to phase out COVAX — although the nonprofit will continue to provide vaccines to the lowest-income countries if they want them. “At this point in time, we feel that the emergency part of the response is over. ... It’s not sustainable to keep these emergency structures going,” says Sandkjær.

Launch of PANTHER


“After months of work, the PANdemic preparedness plaTform for Health and Emerging infections Response (PANTHER) is ready to be presented to the public. ...” This happened at a side event in Kigali.

“PANTHER (PANdemic preparedness plaTform for Health and Emerging infectious Response), developed out of the lessons learnt out of COVID pandemic in the region, aims to be launched as a wider partnership with African leadership. The vision of PANTHER is to effectively contribute to the control of future epidemics or pandemics through a flexible “ready-to-use” clinical research platform, supporting preparedness and rapid response to emerging infectious disease via the development and assessment of adapted tools, starting with therapeutics and vaccines in Africa....”

Global Fund and Private Sector Partners Launch US$50 Million Catalytic Fund to Accelerate Digital Health Transformation in Africa


“The Global Fund to Fight AIDS, Tuberculosis and Malaria and private sector partners officially launched the Digital Health Impact Accelerator (DHIA), a US$50 million catalytic fund designed to accelerate countries’ digital health transformation in sub-Saharan Africa. The announcement was made at the Africa HealthTech Summit in Kigali, Rwanda, on the sidelines of the 2nd International Conference on Public Health in Africa.....”

Medicines for Malaria Venture and the Africa CDC sign Memorandum of Understanding to support African manufacturers


“Medicines for Malaria Venture (MMV) and the Africa Centres for Disease Control and Prevention (Africa CDC), have signed a Memorandum of Understanding (MoU), focused on strengthening African manufacturing of malaria medicines on the margins of the 2nd International Conference on Public Health in Africa (CPHIA 2022), taking place in Kigali, Rwanda. The objective of the MoU is to jointly enhance supply security and facilitate equitable access to quality approved antimalarials and thereby maximize the use and health impact of existing products on the continent.....”
“The move by MMV is the latest development in a growing wave aimed at scaling-up medicines production in Africa in the wake of the COVID-19 outbreak. ... Ensuring that African-made products meet WHO standards would also make them eligible for bulk procurement by large, donor driven institutions such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, which recently pledged to source more of its procurement in Africa as well....”

“...The agreement between MMV and the African CDC also has a trade dimension. The agreement also includes an appeal to AU member states to implement free trade agreements to ease the flow of high-quality, African-manufactured medicines isn’t just about access: it’s a question of cost....”

African Development Bank’s Board approves landmark institution: Establishment of African Pharmaceutical Technology Foundation to transform Africa’s pharmaceutical industry

AFDD;

Announcement from June 2022. Was also discussed at the Kigali conference.

As a reminder: “...Africa imports more than 70% of all the medicines it needs, gulping $14 billion per year. Global efforts to rapidly expand the manufacturing of essential pharmaceutical products including vaccines in developing countries, particularly in Africa, to assure greater access, have been hampered by intellectual property rights protection and patents on technologies, know-how, manufacturing processes and trade secrets. African pharmaceutical companies do not have the scouting and negotiation capacity, and bandwidth to engage with global pharmaceutical companies. They have been marginalized and left behind in complex global pharmaceutical innovations. Recently, 35 companies signed a license with America’s Merck to produce Nirmatrelvir, a Covid-19 drug. None of them was African. No institution exists on the ground in Africa to support the practical implementation of Trade Related Intellectual Property Rights (TRIPs) on non-exclusive or exclusive licensing of proprietary technologies, know-how and processes.”

“The African Pharmaceutical Technology Foundation will fill this important and glaring gap. When fully established, it will be staffed with world-class experts on pharmaceutical innovation and development, intellectual property rights, and health policy; acting as a transparent intermediator advancing and brokering the interests of the African pharmaceutical sector with global and other Southern pharmaceutical companies to share IP-protected technologies, know-how and patented processes....

TRIPS waiver discussions update

TWN - WTO: TRIPS chair proposes diagnostics & therapeutics decision be deferred

A decision on whether to extend the COVID-19 IP waiver to treatments and diagnostics could come as late as June 2023, it appears. And as the saying goes....

“In a restricted Job document (Job/IP/65) issued on 7 December, the chair of the TRIPS Council, Ambassador Lansana Gberie of Sierra Leone, submitted a draft report to the WTO’s General Council stating that “there is currently no consensus among Members to take a decision under paragraph 8 of the Decision” on the TRIPS Agreement that requires members to conclude a decision to extend the MC12 Ministerial Decision on the TRIPS Agreement to COVID-19 diagnostics and therapeutics. The chair added that “members agree to continue discussions in the TRIPS Council and to report to the General Council no later than 30 June 2023.” However, it is unclear if there is agreement on the chair’s draft report. .... the renewed attempts by the co-sponsors for finalizing a decision “mutatis mutandis to therapeutics and diagnostics” now appear to be scuttled, with the chair’s draft report proposing to defer any decision till end-June 2023.”

Kanth concludes: “It is almost clear from day one that the major pharmaceutical-producing countries, particularly the US, may not agree to extend the MC12 Ministerial Decision on the TRIPS Agreement to diagnostics and therapeutics given the opposition from their Big Pharma.”

Asian Nikkei (Op-ed)- Delays on WTO deal for COVID treatments are costing lives in Asia


“Export of generic versions best way to limit hospitalizations, economic losses”

COVID-19 isn't over. How to help everyone, everywhere endure the next stage.

https://eu.usatoday.com/story/opinion/contributors/2022/12/15/covid-tests-treatments-paxlovid-wto/10891676002/

Angel Gurria is also not mincing words on this issue.

“....For much of the world, however, treatments like Paxlovid might as well be a myth...... Doctors in rural Haiti, Madagascar and Nigeria told researchers they had never heard of the medicine. Only a quarter of all orders of Paxlovid will go to developing countries. This is acutely felt in Latin America. Being middle-income economies, most Latin American countries have been excluded from deals to license generic versions of COVID-19 medicines. As such, they face paying 10 times the price of a generic equivalent, $250 instead of $25, clearly unfair, particularly given Latin America’s astounding pharmaceutical capacity. .....”

“.... In the West, COVID-19 tests are readily available in most pharmacies, but for every 50 tests administered in a rich country, just one is administered in a lower-income country. ..... ...... Unless we ensure everyone has access to tests and treatments, the global consequences of the next phase will be no less dire......”

.... unlike vaccines, patents are the only real barrier stopping many lower-income countries from producing cheaper generics.....”
“President Biden announced support for African Union membership at the G20 and a new partnership on Food Security. …

Some things old, some things new: At the summit, President Biden said that the US is “all in on Africa’s future.” The US announced plans to invest as much as US$55 billion in Africa over the next three years. That includes investing US$1.33 billion per year from 2022 to 2024 to help African countries improve their health workforces. US$15 billion in two-way trade and investment commitments, deals, and partnerships was also announced. The US committed to partner with African countries on their climate and energy transitions, including electrifying 10,000 health facilities across sub-Saharan Africa…”

Devex - African leaders come to Washington as U.S. tries to reset relationship

Some background analysis from over the weekend, before the summit started.

“.... One key question ahead of the summit is whether Biden will announce a signature initiative for the continent — his version of the President’s Emergency Plan for AIDS Relief, or PEPFAR, Power Africa, or Prosper Africa, three initiatives introduced by past presidents. .... “This is what’s been missing over the last two years,” Chiume said. If the conversation doesn’t move beyond PEPFAR and Power Africa — both decades-old programs — it “shows you the desert of innovation that exists in U.S. policymaking towards Africa,” Eric Olander, co-founder of the China Africa Project, told Devex.....”

“...Health and health security will be another focus. John Nkengasong, the new head of PEPFAR, told Devex he hopes to use the summit to elevate the political visibility of the HIV/AIDS response. “We have less African political leadership than we used to on HIV,” he said, adding that it will be increasingly critical as PEPFAR works to strengthen national capacity. PEPFAR also plans to announce a commitment to train or support 300,000 health workers on the continent as part of an effort to strengthen health systems, and Nkengasong plans to discuss how countries can accelerate medical manufacturing on the continent.....”

Pandemic Action Network - Call for Pandemic Action at the U.S.-Africa Leaders Summit

Advocacy ahead of the summit. With five demands.
Some CGD analysis ahead of the summit. “..... The Biden administration’s new Strategy Toward Sub-Saharan Africa only mentions health in relation to ending the acute phase of the COVID-19 pandemic and enhancing health security. In contrast, in 2012, the Obama administration included the GHI as a key element within one of the four strategic objectives for the region. This near-omission of health is unfortunate, not only because the explicit commitment to “provide critical delivery support and activities to encourage and accelerate vaccine uptake, as well as support for the overall response to COVID-19” is likely to be short-lived and no longer attuned with the trajectory of the pandemic in Africa. (As early as Feb 2022, the head of WHO Africa acknowledged that the continent was transitioning out of the pandemic phase.) But it’s also worrying because long-term solutions to health challenges in Africa must go beyond addressing COVID-19 and learning the lessons for better pandemic preparedness. The Biden administration should correct course and re-prioritize health as an essential prerequisite for development. The US should build on the investments made in the past 20 years to further improve the health of Africans in partnership with African governments, civil society, and the private sector.”

“..... the Biden administration should leverage the US-Africa Leaders Summit to make progress on at least two essential changes for US-Africa engagement in the next five years: Reimagine PEPFAR; & leverage USAID investments. ....”

Reuters - China rejects Africa 'debt trap' claim ahead of U.S.-Africa summit

“China's ambassador to the United States Qin Gang on Monday rejected charges that Beijing had mired African countries in debt during a forum ahead of a U.S.-Africa summit, citing a report that African countries owe three times more debt to Western institutions.”

USAID - United States Commits to Reducing Inequities in Access to Quality Health Services in Africa Through Strategic and Coordinated Health Workforce Investments
USAID:

“The African continent shoulders a quarter of the global burden of disease and faces more than 100 health emergencies per year, yet currently holds only four percent of the total share of the global health workforce. An estimated 5.3 million health workers will be needed in Africa to achieve the relevant Sustainable Development Goals by 2030. In response to this challenge, today at the U.S.-Africa Leaders Summit, the United States Agency for International Development (USAID) announced the U.S. government’s commitment, through the Biden-Harris Administration’s Global Health Worker Initiative, to align U.S. investments with country needs and work strategically in coordination with African and international partners to reduce health workforce gaps in Africa.....”
USAID Announces a $415 Million Partnership With Five African Nations to Accelerate Primary Health Care


“Today, at the U.S.-Africa Leaders Summit in Washington D.C., the U.S. Agency for International Development (USAID) is announcing new partnerships to accelerate primary health care in Côte d’Ivoire, Ghana, Kenya, Malawi, and Nigeria.....”

And via Devex:

“My colleague Adva Saldinger tells me that in the not-short-enough speech, Biden touted that some $15 billion in deals were announced Wednesday — including a commitment from Visa to invest $1 billion on the continent in the next five years. Biden also used the moment to announce a $350 billion digital transformation in Africa initiative — if Congress approves the price tag. ....

AMR

The Quadripartite establishes the Quadripartite Technical Group on Antimicrobial Resistance and Use Integrated Surveillance (QTG-AIS)


“The Quadripartite Joint Secretariat on AMR (QJS), a joint effort by the Food and Agriculture Organization of the United Nations (FAO), United Nations Environment Programme (UNEP), World Health Organization (WHO), and the World Organisation for Animal Health (WOAH), has established the Quadripartite Technical Group on Antimicrobial Resistance and Use Integrated Surveillance (QTG-AIS) to provide advice and guidance on the development of global and context-appropriate regional and country-level systems for integrated surveillance and the establishment of effective capacities.....”. Check out its mandate & composition.

Reuters - Some bloodstream infection bacteria grew resistant to last-resort drugs in 2020 - WHO

Reuters;

Coverage of a new WHO report on AMR from end of last week.

“Increased drug resistance in bacteria causing bloodstream infections, including against last-resort antibiotics, was seen in the first year of the coronavirus pandemic, a World Health Organization report based on data from 87 countries in 2020 showed. The overuse and/or misuse of antibiotics has helped microbes to become resistant to many treatments, while the pipeline of replacement therapies in development is alarmingly sparse.....”
WHO press release - Report signals increasing resistance to antibiotics in bacterial infections in humans and need for better data

“A new World Health Organization (WHO) report reveals high levels of resistance in bacteria, causing life-threatening bloodstream infections, as well as increasing resistance to treatment in several bacteria causing common infections in the community based on data reported by 87 countries in 2020. .... For the first time, the Global Antimicrobial Resistance and Use Surveillance System (GLASS) report provides analyses for antimicrobial resistance (AMR) rates in the context of national testing coverage, AMR trends since 2017, and data on antimicrobial consumption in humans in 27 countries. Within six years, GLASS achieved participation from 127 countries with 72% of the world’s population.....”

UN News - Life-threatening infections on the rise due to drug-resistant bacteria, new WHO report reveals

More coverage of the report. “Over 50 per cent of life-threatening bacterial infections are becoming resistant to treatment, a new World Health Organization (WHO) report published on Friday reveals. Moreover, the high levels of resistance to treatment are reported in bacteria frequently causing bloodstream infections in hospitals the Global Antimicrobial Resistance and Use Surveillance System (GLASS) report states, based on 2020 data from 87 countries.....”

HPW - As Drug Resistance Surges, Experts Call for Antibiotics for Newborns to be Prioritised

“Leading public health experts are calling for urgent action to develop antibiotics for newborn babies, a population that is particularly vulnerable to antibiotic resistance. Each year, there are an estimated three million cases of neonatal sepsis causing up to 570,000 deaths, many due to a current lack of effective antibiotics, according to a paper published by international experts in the field of antimicrobial resistance (AMR)....”

“.... The experts, including researchers from the Global Antibiotic Research & Development Partnership (GARDP) and Penta Child Health Research, propose an international, inter-disciplinary network to accelerate the development of antibiotics for newborn babies.....”
NCDs

The Lancet Global Health: Cervical cancer burden remains high in many countries, scale-up needed to meet WHO’s 2030 elimination target

Global estimates of incidence and mortality of cervical cancer in 2020: a baseline analysis of the WHO Global Cervical Cancer Elimination Initiative

Via the press release:

- “Incidence rates of cervical cancer in most countries remain much higher than the threshold set by WHO of 4 per 100,000 women to consider cervical cancer eliminated as a public health problem.
- Globally in 2020, there were over 600,000 estimated new cervical cancer cases and over 340,000 resulting deaths.
- Persistently high rates of cervical cancer in LMICs and recent increases in countries in Eastern Europe and sub-Saharan Africa are of particular concern.
- Targets to to reach the WHO elimination threshold by 2030 will be missed unless countries scale up screening programmes, improve coverage of HPV vaccination and improve access to affordable treatment. “

“...Although cervical cancer has decreased in many world regions over the past three decades—notably in Latin America, Asia, western Europe and North America—the burden remains high in many low- and middle-income countries. ...”

- Related Lancet GH Comment - Cervical cancer elimination: actions needed in the COVID-19 era

“... WHO launched the global Cervical Cancer Elimination Initiative (CCEI) in 2020 to accelerate the elimination of cervical cancer. The aim of the initiative is to reduce cervical cancer incidence to less than 4 cases per 100 000 women-years in every country of the world and to narrow disparities between countries. The WHO CCEI also emphasises the need for improved surveillance and continuous monitoring of cervical cancer in all countries. Therefore, it is crucial to monitor risk factors associated with cervical cancer and epidemiological trends potentially affected by human papillomavirus (HPV) vaccination and cancer screening programmes. In The Lancet Global Health, Deependra Singh and colleagues assessed global progress in reducing cervical cancer burden at the country, world region, and global level using data from the Global Cancer Observator....”

Global Health financing

HPW - Taxing Sugary Drinks is a 'Win for Health and Government Revenue'

On WHO’s first tax manual for SSB. “Taxing sugary drinks can be a win for health and government revenue, according to the World Health Organization (WHO) at the launch of its first ever tax manual for sugar-sweetened beverages (SSB) on Tuesday. ... At present, only a fraction of the WHO’s 194 member states tax sugary drinks. Eleven of the European region’s 53 countries do so, along with SSB tax pioneer Mexico, the UK, South Africa, Chile, Barbados and a handful of other countries....”

- WHO - WHO manual on sugar-sweetened beverage taxation policies to promote healthy diets

“This tax manual is a practical guide for policy-makers and others involved in SSB tax policy development to promote healthy diets and populations. It features summaries and case studies of SSB global taxation evidence, and provides support on the policy-cycle development process to implement SSB taxation — from problem identification and situation analysis through policy design, development and implementation to the monitoring and evaluation phase. Additionally, the manual identifies and debunks industry tactics designed to dissuade policy-makers from implementing these taxes. “

Brookings institute - Global health financing after COVID-19 and the new Pandemic Fund


Well worth a read.

“In November 13, 2022, the Group of 20 (G-20) hosted the official launch of the Pandemic Fund, the new World Bank Financial Intermediary Fund to promote pandemic preparedness and response (PPR). At that event Priya Basu, the executive head of the Pandemic Fund Secretariat at the World Bank, suggested that the fund had only received $400 million of the $1.4 billion pledged by donors (well short of the estimated $10.5 billion that was claimed to be required). Moreover, when questioned about whether substantial new moneys would come into the fund or be diverted from existing aid budgets, Basu stated that “this isn’t just sort of shifting money from one port to another. This is new money. “”

“However, analysis of new official development assistance (ODA) and national level resource management data reveal some worrying trends that could temper this optimism. These trends suggest that not only did ODA peak during COVID-19, but that resources were reallocated to COVID-19 and PPR activities at the global and national level. Furthermore, there is evidence that these shifts are exacerbating existing health vulnerabilities and weakening overall global health. If these trends continue, then there will be considerable impacts on global health as well as global PPR policies and the Pandemic Fund’s ability to finance them....”
**Effective Development Cooperation Summit (12-14 Dec, Geneva)**

https://effectivecooperation.org/hlm3

Via Devex:

“As the Effective Development Cooperation Summit concluded Wednesday in Geneva, **the big takeaway was not what was said and who was present — but what remains unsaid and undone, and the people who were missing.** "We have loved to see more political leadership present here. That inspires confidence," Vitalice Meja, the executive director of Reality of Aid Africa, told my colleague Amruta Byatnal. "[Rwandan] President [Paul] Kagame was here, various ministers from Africa and other regions were here. We need to see the same level of commitment from donor countries to ensure that what is discussed here is translated into action."....”

Devex - Samantha Power takes localization global


“In its latest attempt to focus on the need for localization, the U. S. Agency for International Development used the platform at the Effective Development Cooperation Summit underway in Geneva to bring together 14 other donor countries to **announce support for locally led development**. .... This is the first time donors have come together to back the approach, which has been a priority for USAID Administrator Samantha Power since she took office. .... Together, the donors committed “to foster locally sustained change that is tied to each country’s unique context” and agreed to undertake three major steps: Shift and share power to ensure local actors have ownership, work to channel high quality funding as directly as possible to local actors, and publicly advocate for locally led development....”

PS: “.... **Donor countries who haven’t yet endorsed the statement include Germany and Sweden.** Asked if the OECD Development Assistance Committee countries had a common approach to the issue, a spokesperson for the chair of DAC told Devex, “We don’t have a statement to share on localization. While some DAC members have been working together on this topic **there is no common DAC position.**”....”

And via Devex: “**Trust — and the lack of it** — kept coming up on the first day of the summit in Geneva. “The lessons of the pandemic and current global uncertainties are teaching us that everyone, rich and poor, is affected when there is a breakdown in trust,” **Rwandan President Paul Kagame** said at the opening plenary....”

Paris is dead. Busan is dead. What the hell happened to aid effectiveness? I’ve got an idea.

J Glennie; [https://globalnation.substack.com/p/paris-is-dead-busan-is-dead-what](https://globalnation.substack.com/p/paris-is-dead-busan-is-dead-what)

Analysis as the GPEDC meeting was starting in Geneva. “**The GPEDC should become a Recipient Caucus.**”
The Global Partnership for Effective Development Cooperation (GPEDC) is the successor to the Paris Agenda on Aid Effectiveness and it is meeting in Geneva this week. But it is noticeable how little power there is in the room....

If the GPEDC is to regain momentum (and re-inspire powerful backers) it should evolve from a debating chamber to a Recipient Caucus. It would be a mechanism to enable recipients of development finance to voice their concerns and propose ideas, empowering better management of an increasingly complex ecosystem. ... The OECD used to have an aid recipients caucus. Today, as far as I know, southern aid recipients have nowhere to sit and plot and organise to better hold donors to account. The nearest thing they have is the GPEDC – so why not formalise it?....

ODI - What is next for development effectiveness in a post-aid world?


Recommended analysis.

"Improving the effectiveness of global development spending may seem like a fool's errand given the state of the world today. Yet this is precisely the task of the 3rd High-Level Meeting of the Global Partnership for Effective Development Co-operation (GPEDC) taking place this week....."

"The GPEDC aims to revitalise political commitments to the four principles of development effectiveness: achieving results, inclusiveness, country ownership, and transparency and accountability. .... ..... On the table is a tweaked approach to monitoring development effectiveness, changing both what is measured and how in order to better serve country-based decision-makers. It is hoped this will deliver on country priorities, ensure data uptake and create behavioural change that leads to better outcomes. Absent, however, is an honest reflection on the domestic political challenges and ongoing obligations of Northern providers within this agenda. The risk is that the GPEDC’s proposed changes represent too little, too late for reinvigorating the effectiveness movement among the Northern governments who cut the largest cheques for development, and where scepticism remains widespread....."

"....Several narratives that co-exist and circulate today animate Northern providers of development cooperation. My recent paper suggests there are at least three narratives vying to frame development policy objectives and the causal relationships that lead to their achievement.

- See Development narratives in a post-aid era:

"a supra-nationalist narrative orients towards the provision of global public goods for the benefit of all, exemplified in the global effort to mobilise support for the pandemic preparedness fund or the $100 billion climate finance target.

A nationalist narrative seeks to cultivate geopolitical power and influence. This inspires multi-national development infrastructure schemes like the EU Global Gateway and the G7 Partnership for Infrastructure and Investment that are presented as direct responses to China's Belt and Road Initiative."
A solidaristic narrative tackles the global scourge of inequality. Ideas like Global Public Investment (GPI) draw on this narrative to suggest the reconstruction of aid as a permanent investment flow involving all countries oriented towards cultivating a shared, common good.

Contemporary development policy is animated by these three narratives. All three are seeking to reframe development as a different kind of relationship between low- and high-income countries. Yet, they are not mutually exclusive as ideas like ‘just transition’, ‘feminist foreign policy’ and ‘digital infrastructure’ can draw on several simultaneously...."
that received PEPFAR support. Specifically, the program may have helped to grow per capita GDP and reduce the shares of girls and boys who are out of school....."

“Here, we examine PEPFAR’s association with five non-health outcomes: the GDP growth rate per capita; the share of girls and share of boys, respectively, who are out of school; and female and male employment rates.....”

- Related: CGD blog - PEPFAR is a Silver Bullet for Everything—or is it a Coincidence? (by V Fan et al)

Raising methodological concerns about the KFF study.

Authors of the blog conclude: “Bottom line: The effect of PEPFAR is probably not as large as the authors state. PEPFAR is amazing but probably not as amazing as this study makes it out to be. .... While consistent AIDS treatment can save lives, the world still lacks large-scale definitive evaluations of PEPFAR that quantify the costs and efficiency against primary HIV/AIDS outcomes—let alone for the effects of HIV/AIDS programs on secondary non-health outcomes. We offer the usual refrain: Please rigorously evaluate programs so we can truly know what is working and what is not, what it costs, and what difference it makes for people’s lives and well-being.”

Women in Global Health (policy report) – Her story: Ending Sexual Violence and Harassment of Women Health Workers
https://womeningh.org/read-the-executive-summary/

“Women in Global Health’s latest policy report Her Story: Ending Sexual Violence and Harassment of Women Health Workers is the culmination of our #HealthToo research project and online platform. It reveals the prevalence of sexual exploitation, abuse and harassment (SEAH) experienced by significant numbers of women health workers. .....”

Telegraph - ‘I trusted him because he was my senior – he kissed me’: rife abuse revealed in health sector

Coverage of the WGH report.

“Sexual abuse and harassment is downplayed, normalised and silenced in the healthcare sector, putting women at risk and pushing them out of the workforce, a stark report has warned. Based on 235 accounts from 40 countries, the paper – published on Tuesday by the network Women in Global Health (WGH) – offers a grim snapshot of the “alarming” extent of inappropriate behaviour, harassment and abuse that proliferates in the industry. “Too often [sexual abuse and harassment] experience in the health sector is unreported, unrecorded and therefore not sanctioned,” the report found, adding that the subsequent toll on victims is high. .... Sexual exploitation and abuse are “factors driving the ‘Great Resignation’ of health workers, especially women, currently underway,” it said. “This loss of trained health workers is adding to the projected [global] shortfall of 10 million health workers by 2030.” .....”
WHO - ACT-Accelerator Outcomes Report, 2020-22 (incl Q3 update)
https://www.who.int/publications/i/item/act-accelerator-outcomes-report--2020-22

“This report provides information on cumulative achievements of the ACT-Accelerator partnership since the start of the pandemic to end September 2022, an account of the outcomes of the four Pillars’ work towards the milestones set out in the 2021-22 Strategic Plan, and incorporates the regular Q3 Update. Additionally, six Impact Stories demonstrate the real-world impact of the partnership in countries, focusing on areas such as expanding access to medical oxygen, accelerating vaccine delivery and rolling out test and treat pilots.”

https://apps.who.int/gb/wgihr/e/e_wgihr-1.html

IHR Amendment Proposals from countries are out. In case you don’t know what to do with Christmas : )

**Global health events**

HPW - Africa's Efforts to Harmonize Regulation of Medicines Are Making Progress

Coverage of a meeting of AMRH in Ghana last week. “Africa’s limited pharmaceutical industry, high costs of raw materials, and dependence on imported medicines have long hampered citizens’ access to the medicines they need. The challenges the continent faces are daunting. They include poor supply chain systems, lack of government investment in the pharmaceutical sector, unfavourable manufacturing conditions, limited health workforce, lack of sustainable health financing mechanisms or infrastructure and technical know-how, low investment in research and development, and circulation of fake medicines. Rectifying these problems is where the [African Medicines Regulatory Harmonization](https://www.who.int) (AMRH) programme comes in. Five years after the [inaugural AMRH Week](https://apps.who.int/gb/wgihr/e/e_wgihr-1.html) in Kigali, Rwanda in 2018, experts gathered in Ghana last week to discuss the AMRH’s potential to address these gaps, drive change for the African continent, achieve Universal Health Coverage, and galvanize resources to meet the continent’s health needs. The week brought together African leaders and policymakers, members of the AMRH steering committee and technical committees, regional economic communities, the AMRH Partnership Platform and other partners and stakeholders....”

WHO – Executive Board Meeting 152 (30 January, 7 Feb – Geneva)
https://apps.who.int/gb/e/eEb152.html

Some preparatory documents are already available for the EB meeting end of January.
You might, for example, be interested in a sneak preview on the (structure of the) upcoming social determinants World Report.

See: Social Determinants of health: Report by the Director-General.

**Global health governance & governance of health**

Thailand hosts global HIV meeting this week, showcases AIDS response leadership


“The 51st meeting of the UNAIDS Programme Coordinating Board (PCB) [is being] held from December 13 - 16 in Chiang Mai, Thailand. The meeting is hosted by the Government of Thailand as Chair of the 2022 PCB. It is the first time in 14 years that the board will meet outside Geneva, Switzerland and the second time it will be in Chiang Mai....”

**Global health financing**

Devex - EU breaks with US to plan budget support to Uganda for Ebola response


“The European Commission is preparing to send €7 million ($7.4 million) to the Ugandan finance ministry to help fight Ebola, contradicting the approach of the United States whose ambassador says the risk of corruption remains too high to channel money through the government.”

“... The commission, the European Union’s executive body, initially provided €3.2 million through WHO, UNICEF, and the International Rescue Committee in response to the latest outbreak. Now, a commission spokesperson told Devex that it is “working to mobilise an additional €7 million in Budget Support for the Ministry of Finance to help the government of Uganda alleviate the socio-economic impacts of the Ebola epidemic.”....”

Devex - Melinda French Gates-backed Co-Impact gives $161M in new grants


“Co-Impact, a philanthropy collaborative backed by Melinda French Gates and other prominent women donors, will provide more than $161 million in grants to health, education and gender equality-focused organizations across Africa, Asia, and Latin America. Most of the grants it revealed on Wednesday will go to women-led, local organizations to “make systems more just and
inclusive whilst advancing gender equality and women’s leadership,” Co-Impact said. The global organization, founded in 2017, advocates for social justice, systemic change, and equality. The grants will be distributed through its two funds. ... “The Foundational Fund & Gender Fund.

“... Co-Impact provides “large, flexible, and long-term grants” to organizations in the global south to help address the root causes of inequities, according to its website.....”

Devex - Mottley: Rich world must 'put more into the pot' for development

“High-income countries need to step up their commitments to a new trust at the International Monetary Fund, Barbados Prime Minister Mia Mottley urged Tuesday during an event in Washington, as she warned that debt problems could spark social unrest.”

“The new Resilience and Sustainability Trust, or RST, fund is designed to provide long-term capital for vulnerable countries, especially on climate. But there is limited money available because it relies on developed nations being willing to “put more into the pot so that more people can benefit,” she added. The RST event took place as the U.S.-Africa Leaders Summit is ongoing in the capital city. Rwandan President Paul Kagame said that getting more high-income nations to provide more to the RST should be part of the talks....”

“.... Mottley, who has become the face of the so-called Bridgetown Initiative for reforming the global development finance architecture, also warned that countries facing severe debt distress could suffer social unrest, which would be hard to unwind.....”

CGD (blog) - Why You Should Care About WHO’s Global Health Expenditure Report

“The World Health Organization’s (WHO) health accounts team launched its much-awaited annual Global Health Expenditure Report on December 8, 2022. The report is a major effort of not only the WHO team, but also of the countries that submitted their valuable data. This blog summarizes a few of my reflections on the report, building on what I shared during the WHO’s panel event marking its launch—including the importance of addressing inequalities, the role of tracking health spending as part of surveillance, and the challenges of data gaps.”

UHC & PHC

Health Economics - The effect of health financing systems on health system outcomes: A cross-country panel analysis
Went viral this week, this paper.

CGD (blog) - Making Explicit Choices on the Path to Universal Health Coverage: the JLN Health Benefits Package Revision Guide


“...the Joint Learning Network Efficiency Collaborative (JLN EC) released a new guide to support LMICs conduct a successful HBP revision, a work facilitated by the Center for Global Development, Radboud University Medical Center and the World Bank and co-produced with technical staff and decision makers from 14 JLN EC countries....”

Pandemic preparedness & response/ Global Health Security

Senegal joins CEPI in the fight against pandemics


“The Republic of Senegal becomes the 35th country to join CEPI, pledging US$1M to support the organization’s mission to prevent future epidemics and pandemics. Announcement builds upon CEPI’s existing partnership with the Institut Pasteur de Dakar and its work to enhance vaccine R&D and manufacturing in Africa.”

Nature (World View) - Even after COVID, the world’s vaccine strategy is failing

S Berkley; https://www.nature.com/articles/d41586-022-04423-8

“Without a global, publicly funded strategy, the market will fail to deliver vaccines to stop pandemics before they surge.” Excerpts:

“.... There is still no incentive for markets to deliver vaccines that can prevent outbreaks, even when the technology is available. If we can’t even have vaccines ready for known severe threats such as Ebola, then what hope is there for future unknown pandemic threats? .... ... Our best defence is having vaccines ready to use the moment disaster strikes. The World Health Organization keeps a list of nine priority pathogens with pandemic potential, including severe acute respiratory syndrome (SARS) and Ebola, as well as ‘disease X’, which represents a possible, as-yet-undiscovered pathogen. All nine deserve a full effort: development of several candidate vaccines through the animal-model and early clinical testing stages; vialed and quality-tested vaccines that are ready for immediate testing in an outbreak; and stockpiling of enough doses to control the disease if the vaccine is shown to be efficacious. For disease X, a set of viral vectors and messenger RNA delivery systems should be ready to carry the sequences of whichever antigens prove effective against the disease, and the manufacturing and clinical trials should be worked through as far as possible. By doing much of the preclinical and clinical work in advance, we can have doses as close to ready as possible when we need them.....”
“What will it take to finally catalyse change, so that I’m not writing this again seven years from now? .... A key first step is the establishment of an adequate, publicly subsidized market. This will enable a coordinated global strategy with the support of G20 governments to drive the research, development and flexible small-scale manufacturing needed to produce vaccines to prevent epidemics, even if, as we hope, they will not be needed. Wealthy countries should take the lead. They should ensure that agencies such as the Coalition for Epidemic Preparedness Innovations (CEPI), based in Oslo, and the International AIDS Vaccine Initiative (IAVI), based in New York City, are fully funded to do this work, which will involve close collaboration with government research agencies as well as Gavi, the Vaccine Alliance, and the WHO.....”

Science - Two House committee reports assess pandemic work of U.S. intelligence agencies

https://www.science.org/content/article/house-reports-assess-pandemic-work-of-us-intelligence-agencies

“Democrat led-report says Trump administration didn't heed clear warnings of COVID-19’s dangers, while Republican analysis suggests coronavirus was a Chinese bioweapon.”

Telegraph - Government reneges on Boris Johnson’s £150m pledge to improve UK bio-defences


“Former PM promised government would help fund establishment of leading pandemic institute, but money yet to be provided.”

“..... As an acknowledgement of Oxford’s contributions to the Covid-19 response, including its vaccine development, Mr Johnson promised Dame Louise that the Government would provide £150 million in funding for the university’s Pandemic Sciences Institute (PSI), sources say. The PSI, which was launched in July but is currently run out of portacabins on the edge of Oxford, is roughly £200 million short of its £350 million funding goal. To date, it’s been solely reliant on philanthropic sources for donations, with the Government yet to provide any money.....”

Stat – An early lesson from the Uganda Ebola vaccine trial: Shots must be ready to go before the next outbreak strikes

Stat News;

“As soon as today, the first doses of Ebola Sudan vaccine will go into arms in a clinical trial. That’s much faster than a similar effort to test vaccines against Ebola Zaire eight years ago. That took more than five months, compared to about 80 days for the Ebola Sudan version. That’s still not fast enough. The outbreak in Uganda appears to be ending, making it impossible to test a vaccine against it. Had these experimental vaccines been available to push into the field earlier, in ready-to-use vials, that outcome could well have been different. “What we should be doing is have ready-to-go trial platforms in a set of countries with products ready to go,” Mike Ryan, who heads the
WHO’s health emergencies program, told STAT’s Helen Branswell. But that takes money. Read more on why Ryan says health security investments make sense.”

WHO - Pandemic prevention, preparedness and response accord

Useful explanation of the negotiations in Q&A form.

Geneva Health Files - Emerging Fault Lines Suggest Tough Negotiations Ahead, As Countries Reveal Interests: WHO Pandemic Accord
https://genevahealthfiles.substack.com/p/emerging-fault-lines-suggest-tough

Last week Friday’s analysis by Priti Patnaik.

“Today we bring you a wrap on the Pandemic Accord discussions at the third meeting of the Intergovernmental Negotiating Body at WHO. There is much to process and unpack, but there are already some clear signs. Predictably, intellectual property, access to information and benefits-sharing, One Health, among other issues, have emerged as flash points.....”

WEF - Climate change is releasing ancient organic matter – here’s what that means

“Thawing permafrost is releasing organic matter that has been frozen for millennia, including reproducible bacteria and viruses. The reintroduction of diseases such as smallpox – the only human infection that has been eradicated globally – could be a global disaster, especially in hard-to-reach locations. Another concern is whether antimicrobial-resistant organisms could be released into the environment – although the environment is already heavily contaminated with such organisms.”

Guardian - China’s return to wildlife farming ‘a risk to global health and biodiversity’

“Post-pandemic relaxation of restrictions could weaken animal protection and pose a hazard to public health, say experts.”
Planetary health

Guardian - Cop15 half-time report: China prompts fears of new ‘Copenhagen moment’


“Negotiators say divisions mean risk is growing of a weak final agreement similar to Denmark summit in 2009.”

“Talks to halt the destruction of nature “very much hang in the balance”, sources have said, as environment ministers from around the world begin to arrive in Montreal amid concerns about a lack of Chinese leadership of the Cop15. At the halfway stage of the summit in Canada, negotiators at the UN biodiversity summit have said divisions are contributing to the growing risk of a “Copenhagen moment”, referring to the 2009 UN climate summit when talks ended with a weak final agreement in the Danish capital, not the “Paris moment for nature” leading environmental figures had been calling for. Over the next two days, environment ministers from more than 100 countries will arrive in Canada to finish the text – known as the post-2020 global biodiversity framework. Senior UN figures have called for a renewed sense of urgency as negotiations enter the final stretch, praising China’s leadership of Cop15, which is the first time Beijing has led on a major political UN environmental agreement. But, privately, governments, activists and NGOs have expressed deep concern about the state of talks, with entrenched positions from the EU, the Africa group and Latin American countries raising the likelihood of a standoff in the final week of Cop15. They say the disagreement has been confounded by “a leadership vacuum” from China in negotiations, with the country often playing a ceremonial role in talks. The Cop15 presidency is understood to be reaching out to NGOs and governments about how to resolve differences.....”

“Proposals to protect 30% of Earth and issues of money and digital biopiracy are understood to be the main sticking points between countries, with fears that they are ducking tackling the key drivers of biodiversity loss such as overconsumption, pesticides and intensive agriculture, and businesses disclosing the impact of their activities on the natural world.”

Guardian - Walkouts and tensions as row over finance threatens to derail Cop15 talks


“Delegates from developing nations leave discussions as divisions grow over who should pay to protect biodiversity.” Bet you also have a déjà vu.

“.... Some countries in the global south want a new fund to be created for biodiversity as part of the final agreement in Canada, alongside increased funding from richer nations. But wealthy donor countries in Europe and the global north are opposed to the creation of a new fund. They say that China, Brazil and other large economies, which have grown substantially in the last 30 years since the UN’s environmental treaties were agreed, should be contributing a lot more.....”
UN donor funding for biodiversity is currently targeted at key regions to protect vital ecosystems and stop ongoing harm. China, Brazil, India, Mexico and Indonesia are the top five historical recipients from the Global Environment Facility (GEF), and are to feature in the top five for the next $5.3bn (£4.3bn) funding cycle from 2022 to 2026. Many biodiverse nations from Africa, Asia and Latin America argue that they should get more money to pay for conservation....."

Related link:

- IDS - We need to talk about COP15.

"Whose voice is missing? Looking at the data we can see that while COP15 and the issues around biodiversity are being talked about, it is often by prominent Global North voices. Of the top 50 Twitter posts by engagement that mention COP15 only one was registered to an account from the Global South...."

"...Further analysis shows that, of 50 posts on COP15 with most engagement, none come from accounts that were run by indigenous, first nation persons, groups or tribes. Whilst it might be true that many of these groups are not online, this does serve to show that the global online debate around biodiversity is unrepresentative and attention is skewed towards decision makers in the Global South."

WP - For better or worse, billionaires now guide climate policy
https://www.washingtonpost.com/climate-environment/2022/12/12/billionaires-climate/

See also this week’s intro. “Bill Gates and other ultra-wealthy businessmen are steering the energy transition toward their worldview and favored technologies.” Focus here on their influence on Joe Biden’s administration, and at the recent COP 27.

Nature (Comment) - Degrowth can work — here’s how science can help
J Hickel et al; https://www.nature.com/articles/d41586-022-04412-x

"Wealthy countries can create prosperity while using less materials and energy if they abandon economic growth as an objective, argues a group of researchers in ecological economics. They outline five key research challenges that will have to be met to re-focus economic activity around securing human needs and well-being"

Telegraph - How climate change is accelerating the advance of a devastating brain infection

"Japanese Encephalitis gains a foothold in regions where intensifying monsoons create ideal breeding grounds for mosquitoes.”
Which Countries Act to Protect the Climate?


Resource: “….Which countries go easy on the climate and have also acted to combat climate change? The Climate Change Performance Index by the NGO Germanwatch, the NewClimate Institute and the Climate Action Network tracks the climate protection performance of 59 countries and the EU, which together are responsible for 92 percent of global greenhouse gas emissions…..”

CPHP - Health in the Anthropocene – Reconnection, Partnerships and Post-Growth Alternatives


“We hosted the digital conference ‘Health in the Anthropocene’ and discussed with international experts how public health, economic and social policies can maximise health equity within planetary boundaries. The event was the opening of the Centre for Planetary Health Policy’s (CPHP) new webinar series “Planetary Health Dialogues” which saw the launch of our latest publication, The Need for Transformation to a Post-Growth Health and Economic system.”

Quote on the keynote: “….In her keynote presentation, international expert Dr Katherine Zywert provided insight into her forthcoming book “Cultivating Human and Planetary Health for a Sustainable Future” in which she explores the potential of community-based approaches at the margins of health systems and considers how they might become unexpected solutions to health challenges in the Anthropocene. As economic growth undermines planetary health, Zywert wants her work to “begin to articulate what a post-growth sustainable health system in the Anthropocene might look like and consider what it might take to get there”. Speaking to this, she presented practice examples of this work, including a detailed description of the “Soil Health” movement…”

Covid

Cidrap News - Global COVID activity remains stable, but deaths on the rise


“Global COVID-19 cases remained steady last week for the third week in a row, though deaths rose and infection levels in the Americas, especially the United States, continued to rise, the World Health Organization (WHO) said today in its latest snapshot of the pandemic. Meanwhile, the head of the WHO said today that though weekly deaths from the virus are still too high, the world has come a long way in managing the disease, which he said will prompt the emergency committee next month to look at what criteria would be needed to declare the end of the global health emergency.

“…. In its updates on Omicron variants, the WHO said the Omicron variant continues to diversify, and of more than 540 descendent lineages and more than 61 recombinants, five are under monitoring due to notable genetic variation, increased prevalence, or impact on cases in more
than one country. It added that BQ.1 variants, which are BA.5 descendants, are one of the fastest growing; BQ.1 has spread to 90 countries, with Ecuador, Portugal, Spain, France, and Colombia reporting the highest percentages. .... Other BA.5 variants with mutations under monitoring are also rising rapidly, especially in South Africa, Costa Rica, Peru, Mexico, and Brazil, the WHO said. .... Meanwhile, XBB and BA.2.75 levels are rising slowly, but so far, data don’t suggest that they are driving new waves of infection......”

NPR - COVID spreading faster than ever in China. 800 million could be infected this winter


“China is now facing what is likely the world’s largest COVID surge of the pandemic. China’s public health officials say that possibly 800 million people could be infected with the coronavirus over the next few months. And several models predict that a half million people could die, possibly more.”

“...Cowling says the virus is spreading faster in China than it’s spread ever before anywhere during the pandemic. It also looks to be especially contagious in the Chinese population. ... Scientists at the China National Health Commission estimate the R number is currently a whopping 16 in China during this surge. "This is a really high level of transmissibility," Cowling says. "That's why China couldn't keep their zero-COVID policy going. The virus is just too transmissible even for them."

“On top of that, the virus appears to be spreading faster in China than omicron spread in surges elsewhere, Cowling adds....”

Related: FT – Beijing urged to roll out Covid boosters to avoid 1mn deaths

“Beijing must rapidly roll out booster shots and antiviral drugs as well as enforce social controls if China is to avoid a Covid-19 death toll of close to 1mn people, according to a new report part-funded by the Chinese Center for Disease Control and Prevention....”

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


Update as of 8 Dec.

“As Africa is experiencing the lowest number of new COVID-19 cases since the onset of the pandemic, WHO African Regional Director Dr Matshidiso Moeti, urges countries to begin integrating COVID-19 response into routine health care. Currently only 26% of Africans are fully vaccinated against COVID-19....”

Reuters - Pfizer sees $10 bln-$15 bln in potential revenue from mRNA vaccines by 2030

Reuters;
Bourla’s “North star” is still going strong.

“Pfizer Inc said on Monday annual revenue from its mRNA vaccine portfolio could reach $10 billion to $15 billion by 2030, alleviating fears of a sharp hit to its topline from an expected decline in COVID vaccine demand and patent expirations.”

Nature - Discriminatory Attitudes Against the Unvaccinated During a Global Pandemic

A Bor et al; https://www.nature.com/articles/s41586-022-05607-y

“Here, we assess whether people express discriminatory attitudes in the form of negative affect, stereotypes and exclusionary attitudes in family and political settings across groups defined by COVID-19 vaccination status. We quantify discriminatory attitudes between vaccinated and unvaccinated citizens in 21 countries, covering a diverse set of cultures across the world. Across three conjoint experimental studies (N=15,233), we demonstrate that vaccinated people express discriminatory attitudes towards the unvaccinated, as high as the discriminatory attitudes suffered by common targets like immigrant and minority populations. In contrast, there is an absence of evidence that unvaccinated individuals display discriminatory attitudes towards vaccinated people, except for the presence of negative affect in Germany and United States. We find evidence in support of discriminatory attitudes against the unvaccinated in all countries except Hungary and Romania and find that discriminatory attitudes are more strongly expressed in cultures with stronger cooperative norms. Prior research on the psychology of cooperation has shown that individuals react negatively against perceived free-riders including in the domain of vaccinations. Consistent with this, the present findings suggest that contributors to the public good of epidemic control (i.e., the vaccinated) react with discriminatory attitudes against perceived free-riders (i.e., the unvaccinated). Elites and the vaccinated general public appealed to moral obligations to increase COVID-19 vaccine uptake but the present findings suggest that discriminatory attitudes including support for the removal of fundamental rights simultaneously emerged.”

Psychology Today - 6 Potential Causes of Brain Fog in Covid-19 Patients


“Researchers at Yale and Stanford University reviewed the literature relevant to cognitive dysfunction after Covid-19 infection and analyzed six potential causes for covid-related cognitive dysfunction.....”

CFR - A Guide to Global COVID-19 Vaccine Efforts


Backgrounder, updated as of 5 December. “The swift development of effective vaccines against COVID-19 was an unprecedented scientific achievement. But production challenges, vaccine nationalism, and new variants have all presented hurdles.”
JAMA (Viewpoint) - Urgent Need for Next-Generation COVID-19 Vaccines
https://jamanetwork.com/journals/jama/fullarticle/2799600

“This Viewpoint argues that the development of a distinctly improved generation of SARS-CoV-2 vaccines is paramount to offering a greater breadth and depth of protection for a longer duration against COVID-19 disease.”

BMJ GH - Vaccine equity in COVID-19: a meta-narrative review
J Borowicz et al; https://gh.bmj.com/content/7/12/e009876

“.... we conducted a meta-narrative review on COVID-19 vaccine equity according to the Realist And MEta-narrative Evidence Syntheses: Evolving Standards (RAMESES) publication standard. The review included articles published between January 2020 and September 2021. It aims to (1) identify research traditions that have considered this topic and investigate how it has been conceptualised; (2) explore any potential differences in understandings of the concept of vaccine equity adopted by distinct research groups; and (3) investigate the angles from which authors based their recommendations on how vaccine equity can be achieved. Five meta-narratives from the literature across various research traditions are identified, contextualised and discussed: frameworks and mechanisms for vaccine allocation, global health law, vaccine nationalism, ethics and morality, and reparative justice. Our findings indicate the need for a comparative review of existing global COVID-19 allocation frameworks, with a focus on explicating understandings of vaccine equity.”

US set to pay nearly $2B for Pfizer's Covid-19 treatment Paxlovid in 2023

As somebody put it on Twitter, the hoarding continues....

Reuters - China’s 111.inc app starts retail sales of Pfizer’s Paxlovid for COVID treatment
 Reuters:

“Chinese healthcare company 111.inc has started selling Pfizer’s Paxlovid for COVID treatment in China for 2,980 yuan per box on its app, the sales page on the app showed.....”

“People who test positive for COVID-19 can purchase the oral treatment medication Paxlovid on the app after submitting a positive test result.”

Reuters - China Meheco to distribute Pfizer’s COVID treatment in China
 Reuters;
“China Meheco Group Co Ltd (600056.SS) said on Wednesday it had signed an agreement with Pfizer to import and distribute the pharmaceutical firm’s oral COVID-19 treatment Paxlovid in mainland China....”

Cidrap News - Paxlovid tied to 44% drop in risk of COVID hospitalization, death in older adults

“The antiviral drug Paxlovid drove down the risk of COVID-19 hospitalization or death by 44% in a highly vaccinated group of US adults aged 50 and older, suggests a large study published today in the Annals of Internal Medicine.”

Nature (Analysis) - The WHO estimates of excess mortality associated with the COVID-19 pandemic
W Msemburi et al; https://www.nature.com/articles/s41586-022-05522-2

“....Here we report a comprehensive and consistent measurement of the impact of the COVID-19 pandemic by estimating excess deaths, by month, for 2020 and 2021. We predict the pandemic period all-cause deaths in locations lacking complete reported data using an overdispersed Poisson count framework that applies Bayesian inference techniques to quantify uncertainty. We estimate 14.83 million excess deaths globally, 2.74 times more deaths than the 5.42 million reported as due to COVID-19 for the period. There are wide variations in the excess death estimates across the six World Health Organization regions. We describe the data and methods used to generate these estimates and highlight the need for better reporting where gaps persist. We discuss various summary measures, and the hazards of ranking countries’ epidemic responses.”

Related Nature Editorial - Missing data mean we’ll probably never know how many people died of COVID

“Huge discrepancies in estimates of excess mortality reveal not just how difficult the calculations are, but how far the world has to go in recording how people die.”

“....This week in Nature, researchers working with the World Health Organization (WHO) publish details of their calculations of excess mortality during the pandemic, after releasing their first figures earlier this year. The data suggest that during 2020 and 2021, excess mortality was some 2.7 times greater than the official toll, at between 13.2 million and 16.6 million deaths, with the most-likely value 14.8 million. This is, in fact, slightly more conservative than other estimates.....”

And some links:
- Plos GPH - Estimates of pandemic excess mortality in India based on civil registration data
- Cidrap News: Physical activity cuts risk of poor COVID outcomes, study finds
“Public health leaders should add physical activity to pandemic control strategies.”

Mpox

Cidrap News - Studies show mpox viral clearance time, impact of pre-exposure vaccination

https://www.cidrap.umn.edu/mpox/studies-show-mpox-viral-clearance-time-impact-pre-exposure-vaccination

“A new study based on 77 mpox patients from Spain shows that the time from symptom onset to viral clearance for 90% of cases was likely 41 days in skin lesions and 39 days in semen. The study was published in The Lancet Infectious Diseases. A second study highlighted the impact of pre-exposure vaccination in Montreal's outbreak.

Infectious diseases & NTDs

Lancet Viewpoint – A call to accelerate an end to human rabies deaths

M Thumbi et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02487-4/fulltext

Conclusion: “...At the time of writing, the Gavi position on implementing its commitment is unclear, with a risk that a decision could be delayed until at least 2024. This delay does not only scupper any chance of achieving the 2030 goal but also risks emphasising the global inequities in health. Gavi has the opportunity to be a leader in improving access to rabies post-exposure prophylaxis and ending preventable deaths from rabies, strengthening health systems that support emergency supply chains (eg, for rabies post-exposure prophylaxis and snake antivenom), and operationalising the One Health systems, for which the benefit goes beyond controlling endemic diseases, such as rabies, to addressing other diseases, including those that are prone to outbreaks, epidemics, or pandemics. If Gavi fails to meet the vaccine investment strategy commitments by 2022 and instead delays until 2024, then the 2030 target of ending rabies will be missed, and more than 40 000 rabies deaths will occur that would have otherwise been prevented.”

Nature (News) – COVID spurs boom in genome sequencing for infectious diseases

Nature;

“The increased gene-sequencing capacity built to track COVID-19 is being used to study other infectious diseases in laboratories across Asia and Africa. Before the pandemic, samples would often be sent abroad, taking weeks to months to be tested. COVID-19-related funding helped labs buy next-generation equipment, which they now use to track and respond to local public-health emergencies, such as cholera or Ebola. Researchers warn that if the funding that paid for SARS-CoV-2 sequencing dries up, the new machines will sit idle.”
Reuters - J&J and Merck Ebola vaccines produce lasting antibodies in children and adults - studies

“Ebola vaccines developed by Johnson & Johnson and Merck & Co (MRK.N) produced virus-fighting antibodies and appear to be safe in children and adults, according to data from two studies published on Wednesday. Both companies’ vaccines produced antibodies 14 days after the first of two shots and were detectable at varying levels in both children and adults for one year, data from the studies conducted in Western Africa showed. The vaccines are designed to target the Zaire strain of the virus, not the Sudan strain of Ebola that recently caused an outbreak and at least 56 deaths in Uganda.”

BMJ GH - The role of emergent champions in policy implementation for decentralised drug-resistant tuberculosis care in South Africa

https://gh.bmj.com/content/7/12/e008907

By S R Le Roux et al.

Lancet GH - The Qatar FIFA World Cup 2022 and camel pageant championships increase risk of MERS-CoV transmission and global spread

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00543-5/fulltext

By E I Azhar et al.

And a few links:

- The Conversation - TB is once again the deadliest disease in Africa - what went wrong (by T Nyerenda)

- Global Health Now Africa’s Different Dengue Symptoms Require New WHO Diagnostic Criteria

NCDs

UN News - Once again, US and Europe way ahead on daily calorie intake


“The number of calories per person consumed globally, increased by a full nine per cent on average last year, to 2,960 per day, the UN Food and Agriculture Organization (FAO) said on Monday, in its latest annual statistics report. The finding is in line with a trend showing that people in all regions of
the world have been eating more calories since the year 2000, with the highest spike, in Asian countries in 2021. Europe and North America consumed most calories last year – at 3,540 per day – while African nations consumed the least: 2,600. Oceania’s calorie count was closest to the United States’ and Europe’s, at around 3,150....”

The Conversation - Hypertension, diabetes, stroke: they kill more people than infectious diseases and should get a Global Fund


By K Ramaiya. Not for the first time such a case is being made, unfortunately...

Mental health & psycho-social wellbeing

Plos Med (Perspective) - When less is more: The way forward for mental health interventions during the perinatal period

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004138

By M Tomlinson et al.

Comment related to a new Plos Med study -  A peer-facilitated psychological group intervention for perinatal women living with HIV and depression in Tanzania-Healthy Options: A cluster-randomized controlled trial

Social & commercial determinants of health

The Qatar World Cup and the commercial determinants of health


“The events leading up to the Qatar World Cup showed the dark side of a beautiful game, but they also provide a window into the forces that shape health. “

Guardian - Revealed: group shaping US nutrition receives millions from big food industry

“Academy of Nutrition and Dietetics has a record of quid pro quos with a range of food giants, documents show...”

“Newly released documents show an influential group that helps shape US food policy and steers consumers toward nutritional products has financial ties to the world’s largest processed food companies and has been controlled by former industry employees who have worked for companies like Monsanto. The documents reveal the Academy of Nutrition and Dietetics has a record of quid pro quos with a range of food giants, owns stock in ultra-processed food companies and has received millions in contributions from producers of pop, candy, and processed foods linked to diabetes, heart disease, obesity and other health problems....” “The findings are a part of a recently published peer-reviewed study that examined a trove of financial documents and internal communications obtained through a Freedom of Information Act (Foia) request.”

“The Academy accepted at least $15m from corporate and organizational contributors from 2011-2017, and over $4.5m in additional funding went to the Academy’s foundation. Among the highest contributions came from companies such as Nestlé, PepsiCo, Hershey, Kellogg’s, General Mills, Conagra, the National Dairy Council and the baby formula producer Abbott Nutrition....”

**Sexual & Reproductive health rights**

UN News - UN reproductive health agency appeals for $1.2 billion to support crisis-affected women and girls


“Amid rising humanitarian needs worldwide, the UN’s sexual and reproductive health agency, UNFPA, on Tuesday launched a $1.2 billion appeal to support 66 million women, girls and young people in 65 countries affected by crisis. The 2023 Humanitarian Action Overview is UNFPA’s largest appeal ever and includes $289 million in Afghanistan, $70 million in Ukraine, $62 million in Somalia, and $23 million in Haiti. ....”

Telegraph - Teenage girls turn to rat poison as unsafe abortion ‘epidemic’ spirals

Telegraph:

“Abortion is illegal in Sierra Leone, forcing women to abort unwanted pregnancies via dangerous practices. The consequences can be fatal.”

Daily Mail - Baby milk should be supplied in plain packaging because marketing can exploit parents, WHO warns

Experts say industry is using packaging to promote brands at inflated prices; Direct advertising to parents of babies under six months old is banned in the UK; This does not prevent companies from making marketing claims on packaging.

Neonatal and child health

Exemplars - How Burkina Faso cut its under-five mortality by 74%

“Investments in malaria and HIV prevention and universal health care for women and children under five have driven rapid improvements in health outcomes.”

Access to medicines & health technology

Devex Pro - How PEPFAR aims to spur medical manufacturing in Africa
(gated) PEPFAR has decided to pick up the pace and engage financial institutions to accelerate Africa’s medical manufacturing. “Dr. John Nkengasong, the new U.S. global AIDS coordinator, tells me in an interview that as part of PEPFAR’s new strategy, it will work with the likes of the African Development Bank and Afreximbank to spark a medical manufacturing boom so countries will rely less on imports from abroad.....”

“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....”

Reuters - South Africa’s Aspen receives $30 mln grant for vaccine manufacturing

Reuters;

“Aspen Pharmacare (APNJ.J) has concluded a set of agreements with the Gates Foundation and the Coalition for Epidemic Preparedness Innovations to receive $30 million in funding to support its capabilities to manufacture vaccines for Africa, it said on Monday. .... Aspen signed a deal in August with the Serum Institute of India to manufacture and sell four Aspen-branded vaccines for Africa, as it seeks to utilise its near-idle COVID-19 vaccine production lines in South Africa. It had been expecting to receive grants from the foundations.....”
“How the development of Africa’s first home-grown mRNA COVID-19 vaccine could shape the future of vaccine innovation.”

“South Africa’s Afrigen Biologics has an innovative partnership with Belgian group, Univercells, which is paving the way for the development of the first African-owned mRNA COVID-19 vaccine. It could provide a new blueprint for health-care innovation and global access to biologic drugs and vaccines. South Africa’s Afrigen lab, home to the World Health Organization’s (WHO) health care-focused Technology Transfer Hub, recently launched a three-part training program for over a dozen partner countries (“spokes”) across Africa, Asia, Eastern Europe, and Latin America, to share know-how about the development of its novel mRNA COVID-19 vaccine. As of October of this year, scientists from six countries had completed training at Afrigen’s facilities which will be followed by a transfer of technology and capacity building in the commercialization of vaccines. Afrigen’s training program signals a new phase in health-care innovation in low- and middle-income countries (LMICs), one focused on knowledge sharing and capacity building. ...

“.... The Technology Transfer Hub’s success in establishing a blueprint of vaccine development and production adapted to LMICs’ needs has raised hopes for greater and fairer access to biological drugs and vaccines and shown that LMICs can challenge big pharmaceutical company monopolies in high-income countries when it comes to global vaccine supply chain and knowledge sharing.

Afrigen is a firm case study for the believers of open biologics. It has demonstrated that it’s possible to share know-how and engage in technology transfer to seed the biologics sector in LMICs.”

Tropical Medicine and International Health - Access to opioid analgesics for medical use at hospital level in the Democratic Republic of Congo: an exploratory mixed-method study

This article investigates the availability of and access to opioid analgesics at hospital level in the Democratic Republic of Congo.

Reuters - Indonesia to produce Merck’s HPV vaccines to combat cervical cancer
Reuters;

Announcement made on Tuesday.
Swiss info - Big Pharma’s big push into Africa’s cancer market
https://www.swissinfo.ch/eng/business/big-pharma-s-big-push-into-africa-s-cancer-market/48113188#.Y5mF9VoLi98.twitter

“Home to 1.4 billion people, the world’s second most-populous continent is a burgeoning market for cancer drugs. But as pharmaceutical companies like Roche are learning in Kenya, the challenges are immense.”

CGD Note - Oral Antiviral Treatments for COVID-19: Time to Revisit?

“...This CGD note examines five interlinked demand-side challenges related to the current state of play with oral antivirals. We offer three policy recommendations to support governments and their donor partners in assessing how these treatments should fit into wider COVID-19 response efforts in lower-income countries—both as the trajectory of the pandemic evolves and as government health spending and aid budgets are squeezed by macroeconomic and fiscal challenges. “

“We argue that registering, financing, purchasing, and deploying these treatments at appropriate, realistic volumes in lower-income countries is wiser than continuing to make bold announcements backed by unrealistic plans to scale access to oral antivirals across countries. Timely, equitable access to oral antiviral treatments would be crucial if—or when—a dangerous new variant emerges, especially in settings where vaccination coverage remains low....”

Part of Tough Pills to Swallow: Challenges and Priority Actions for the Rollout of COVID-19 Treatments and Future Access to Medical Countermeasures

Body of research that examines the current state of play on COVID-19 treatments. These pieces provide a deep dive into key cross-cutting areas—demand, voluntary licensing for generic supply, and deployment—and offer policy actions for 2023 and beyond.

Decolonize Global Health

Transforming global health education during the COVID-19 era: perspectives from a transnational collective of global health students and recent graduates
D W Krugman et al ; https://gh.bmj.com/content/7/12/e010698

“Inspired by the 2021 BMJ Global Health Editorial by Atkins et al on global health (GH) teaching during the COVID-19 pandemic, a group of GH students and recent graduates from around the world convened to discuss our experiences in GH education during multiple global crises. Through weekly meetings over the course of several months, we reflected on the impact the COVID-19 pandemic and broader systemic inequities and injustices in GH education and practice have had on us over the past 2 years. Despite our geographical and disciplinary diversity, our collective experience suggests that while the pandemic provided an opportunity for changing GH education, that opportunity was not seized by most of our institutions. In light of the mounting health crises that
loom over our generation, emerging GH professionals have a unique role in critiquing, deconstructing and reconstructing GH education to better address the needs of our time. By using our experiences learning GH during the pandemic as an entry point, and by using this collective as an incubator for dialogue and re-imagination, we offer our insights outlining successes and barriers we have faced with GH and its education and training. Furthermore, we identify autonomous collectives as a potential viable alternative to encourage pluriversality of knowledge and action systems and to move beyond Western universalism that frames most of traditional academia.”


“This article challenges the role of COVID-19 crisis narratives in shaping social policy choices in Africa. The COVID-19 pandemic has focused attention on Africa’s vast informal economies, both as a symbol of the continent’s intense vulnerability to the ravages of the pandemic, and as a puzzle in the face of the uneven and limited effects of COVID-19 across the continent. Indeed, an examination of statistical and documentary evidence reveals an inverse relationship between COVID-19 fatalities and the size of African informal economies, and a perverse relationship between best-practice COVID social protection responses and levels of COVID-19 mortality. Scrutinizing the evidence behind African COVID-19 crisis narratives raises questions about the ability of donor-led digitized social protection paradigms to address social needs in highly informalized, low-resource environments. This article highlights the role of crisis narratives as an exercise of power geared to remastering, homogenizing and reimagining African informal economies in ways that facilitate particular types of development intervention, sidelining alternative, more socially grounded policy perspectives. Through a closer examination of historical and contemporary realities in Africa’s vast and varied informal economies, the article highlights the need to decolonize social policy by privileging local needs and policy perspectives over global policy agendas in the interest of transformative rather than palliative policy responses.”

Finally, a tweet:

Misimi

“I don’t see many #decolonisation advocates in #globalhealth critically engaging with power structures operating within the Global South that hinders substantive realisation of the #decolonisation agenda. Or am I missing out on such writings?”

But apparently, BMJ Global Health is already on it 😊.

Miscellaneous

WP - What do Africans want? Afrobarometer surveys reveal the top concerns.

Washington Post - Monkey cage;
“This week’s U.S.-Africa Leaders Summit will explore collaboration on economic engagement, democracy and climate change. Here’s how Africans see the challenges.”

“Africans’ top concerns are unemployment and government economic mismanagement.”

“Support for African countries’ pandemic responses — but doubts about the vaccines....”

“Nearly two-thirds (65 percent) of citizens give their governments positive ratings for their response to the covid-19 pandemic. But the World Health Organization reports that just 27 percent of all Africans have been fully vaccinated. Across the 20 countries surveyed by Afrobarometer, 52 percent of our adult respondents say they have received at least one covid-19 vaccination, and another 21 percent say they are at least “somewhat likely” to do so. But 27 percent — including more than half of Cameroonian and Gabonese — say they are unlikely to get vaccinated. Overwhelmingly, they say they don’t trust the vaccines. Just half (51 percent) trust their governments to ensure the vaccines’ safety. That concern could spill over into declining support for vaccines more generally. Rebuilding trust in government health information is thus vital to both emergency and everyday health management systems.....”

Dev Int - Should lending special drawing rights (SDRs) count as aid?

https://devinit.org/blog/should-lending-special-drawing-rights-sdrs-count-aid/

“Rechanneling special drawing rights to low- and middle-income countries is an elegant solution to address global problems. Using them as an excuse to cut aid elsewhere is self-defeating.”

“On 16 December, the Development Assistance Committee of the OECD (the DAC) will discuss whether and how lending special drawing rights (SDRs) – a type of international reserve asset created by the IMF that gives holders claims on other currencies – should count as official development assistance (ODA). This is part of a broader, and ongoing, discussion about the ODA-eligibility of activities of DAC members, such as whether and how vaccine donations and private sector instruments (such as guarantees and equity finance) should be counted.....”

“The DAC secretariat has argued that they shouldn’t count, but some members of the DAC have argued that they should count the same way as any other loans to multilaterals. This blog argues that the DAC secretariat is right. Current options for lending SDRs are designed to be risk-free, meaning they entail essentially no budgetary effort, which is what ODA is intended to measure. Counting SDR loans as ODA would inflate ODA and risk decreasing resources available for low- and middle-income countries (LICs and MICs), by allowing donor countries to reduce aid elsewhere while technically meeting their aid targets....”

Guardian - UK to downgrade commitment to human rights for close diplomatic ties

Guardian;

“Foreign secretary to announce ‘pragmatic’ partnerships with countries likely to be more influential over next 30 years.”
“The UK will target a group of about two dozen middle-level countries for long-term diplomatic partnerships in what marks a downgrade of a commitment to human rights as a prerequisite for close relations with the UK. ... The new policy being outlined in a speech by the foreign secretary, James Cleverly, is an attempt to set realistic ambitions and criteria for Britain’s future relations post-Brexit. It is an implicit admission that the phrase “global Britain”, coined by Boris Johnson, may have set expectations that British diplomatic resources and status cannot match. The new thinking has emerged from a review inside the Foreign Office’s geostrategy unit....”

ODI - China and global development: 12 things to read and listen to in December 2022

Resource.

Devex Newswire: The development implications of Twitter’s free-for-all

“After Elon Musk’s $44 billion roller-coaster acquisition of Twitter, he laid off half of the company’s staff, dealing a major blow to efforts to curb harmful content on the platform, former employees and experts say. ... Let’s face it, Twitter could be a pretty nasty place before Musk took over too, but critics say his involvement has dealt a weighty blow to efforts to curb harmful content, including disinformation, hate speech, and incitement of violence. Content moderation requires machine learning, but also human review, says Melissa Ingle, a former Twitter senior data scientist who monitored algorithms and content — one of the 4,400 employees fired by Musk....”

““I don’t have Elon’s bird’s eye view of things at Twitter,” she tells Devex, adding that moderation was “far from perfect” before the takeover, but it will be even tougher now. “He has stated publicly he only wants to ban calls to violence or things that are illegal,” she says. “In my opinion, even that cannot be handled.”

WP - UN approves exempting humanitarian aid from all UN sanctions

Washington Post:

“ The U.N. Security Council overwhelmingly approved a resolution exempting humanitarian aid from all current and future U.N. sanctions regimes, a vote the United States hailed as “historic” that will save lives and address longstanding problems of sanctions impeding aid deliveries.....”

Finally, on the World Bank’s future, via Devex: Peeking at the map

“World Bank chief David Malpass said a draft road map to guide the anti-poverty lender’s reform should head to the board next week. At a town hall meeting with staff yesterday, Malpass said the plan will allow the bank to focus more on so-called global public goods, especially climate. At the
same time, the embattled bank president insisted there would be no change to its focus on traditional “poverty alleviation and shared prosperity,” which is at the “core” of the lender’s mission, sources tell Shabtai. Malpass and the board face a Christmas deadline imposed by key shareholders.....”

ODI - The rise of the far right in Denmark and Sweden – and why it’s vital to change the narrative on immigration


“We are used to seeing Nordic countries topping global rankings thanks to their stable democracies, generous welfare policies and commitments to equality. But when it comes to immigration, Denmark – and more recently Sweden – appear intent on modelling more regressive approaches. ODI’s new research traces Denmark’s transformation from a tolerant, open nation to a country that has embraced increasingly restrictive policies and highly polarised rhetoric around immigration.....”

Papers & reports

Lancet Editorial - Pasteur’s legacy in 21st century medicine

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02573-9/fulltext


Make sure you read at least:

- **Building on Pasteur’s legacy: producing vaccines in Africa** (by Salim S Abdool Karim et al)

Quotes: “.... **The WHO mRNA vaccine technology transfer hub**, which was established with PAVM, placed Africa on a path to develop these vaccines. Importantly, the hub linked the individual country efforts in Africa by creating one initiative with one source for the mRNA technology, to be developed in the South African hub and then shared through its multiple spokes to manufacturing facilities in Egypt, Kenya, Nigeria, Senegal, South Africa, and Tunisia. **Although this is a useful starting point, the hub will need to overcome five challenges: intellectual property restrictions, shortages of trained scientists and technicians, insufficient regulatory capacity, inadequate health systems capabilities in creating vaccine demand, and the financial constraints in creating a sustainable business model....**”

“There is strong political commitment and financial support from African governments and donors to support vaccine manufacturing in Africa. However, more needs to be done by donors and **African governments** to fund the initial capital cost of the African manufacturing facilities and prioritise purchasing locally manufactured vaccines to make the hub and its associated manufacturing facilities financially sustainable. For its long-term sustainability, the mRNA vaccine technology transfer hub in Africa will need to broaden its focus beyond COVID-19 to other infectious
diseases, such as tuberculosis, HIV, malaria, Ebola virus disease, and Marburg virus disease, where mRNA technology holds much promise....”

- **Science knows no country: fulfilling Louis Pasteur’s legacy**

On the Pasteur network. “.... Today, the Pasteur Network extends across 25 countries and includes 32 institutions, as well as the Institut Pasteur in Paris, all with diverse governance structures and financial models in settings with contrasting public health needs. Many members of the network host WHO collaborating centres or national reference laboratories and act as surveillance centres for their respective countries. ..... Today, the Pasteur Network aims to influence policy globally. Specifically, the network is focusing on epidemic intelligence and preparedness; research and development of diagnostics, vaccines, and therapeutics for high-burden diseases in low-income and middle-income countries; and the creation of diverse multidisciplinary knowledge communities to enhance scientific research and public health ecosystems globally. Broadly, the network’s scientific focus will be on vector-borne diseases, addressing the epidemiological transition and its consequences on ageing populations, maternal, newborn, and child health, and combating antimicrobial resistance via One Health approaches. ....”

- **Lancet World Report - Research focus: Pasteur Institute of Dakar**

“From yellow fever to COVID-19, the Pasteur Institute of Dakar has been leading African health research and response. Talha Burki reports.” Including quotes from M Pate.

“....The IPD's Manufacturing in Africa for Disease Immunisation and Building Autonomy (MADIBA) facility aims to kickstart vaccine production on the continent. The European Investment Bank has invested €75 million in the project. The intention is to create the capacity to produce 300 million doses of vaccine every year, as part of the overarching plan for Africa to manufacture 60% of the vaccines it requires, by 2040. The continent currently imports 99% of its vaccines....”

**Lancet GH (Comment) - Technical meetings, conferences, and agency in global health**

G Sankar; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00481-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00481-8/fulltext)

Also from the new Lancet GH January issue. Excerpt:

“Despite enjoying a position of privilege in a Global North organisation, and despite leading a professional network of practitioners, I find myself questioning who and what confers agency in global health. ....”

“Gatekeeping in global health is not the exclusive domain of leaders. You are a gatekeeper if you meet any of the following criteria: You write, draft, or finalise an agenda for a meeting..... You decide who gets to travel and not travel to meetings.... You work in global health serving so-called underserved vulnerable, or needy, community groups. ..... You control a budget..... You are privy to closed-door meetings; or you sit on advisory councils, executive committees, or leadership boards.....”
The author concludes: “...If you are at a professional meeting or hold a position of influence, you have a responsibility to be inclusive of people who do not speak, walk, talk, and eat like you do. You do not have to be a donor, director, chief executive office, or hold a business card to be a gatekeeper. You might be the gatekeeper. My definition of a gatekeeper is inclusive, in that it includes me. I write agendas, manage travel budgets, and plan meetings; however, I am always aware of my positionality in global health. I am aware of my privileges, and I represent my gender, race, ethnicity, and socioeconomics.”

Lancet Digital Health - Data solidarity: a blueprint for governing health futures
B Prainsack et al; https://www.thelancet.com/journals/landig/article/PIIS2589-7500(22)00189-3/fulltext

“...Solidarity-based data governance—by strengthening collective control and ownership of data—helps to ensure that the benefits and costs of digital practices are borne collectively and fairly.....”

Plos GPH - The status and the factors that influence patient safety in health care institutions in Africa: A systematic review
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0001085

By K D Konlan et al.

Chatham House (research paper) - The response to debt distress in Africa and the role of China
https://www.chathamhouse.org/2022/12/response-debt-distress-africa-and-role-china

“A global approach is the only way to tackle debt distress in Africa. This will require strategic cooperation between China, the West and African nations.”

HHR (December issue)– Special section: COVID-19 Vaccine Equity and Human Rights
in collaboration with the University of Toronto Connaught Global Challenges Research Program;

With a number of articles.

Start with the Editorial - Interrogating the Role of Human Rights in Remedyng Global Inequities in Access to COVID-19 Vaccines (by Lisa Forman et al)

Excerpt: "Underlying these disparities is a tangled web of international law regimes that significantly shape related policy, from the World Trade Organization’s (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), which governs intellectual property
rights, including for pharmaceutical patents, to the International Covenant on Economic, Social and Cultural Rights (ICESCR), which governs the human rights to health and to benefit from scientific progress. These fragmented legal regimes are the legal determinants of vaccine- and medicine-related policy responses in key domains of what is increasingly known as global health law (an emerging field that explores diverse international law regimes governing health). Legal conflicts demand legal solutions, illustrated in the spillover of key debates on vaccine access into the negotiation of a new international World Health Organization pandemic treaty and in the much-debated proposal by prominent LMICs early in the pandemic for a partial waiver of TRIPS for the duration of the pandemic. These debates come as international institutions such as the COVAX Facility and ACT-Accelerator have failed to prevent or resolve global inequities in vaccine access. Such disparities are the central focus of this special section on COVID-19 vaccine equity and human rights, which brings together a diverse group of scholars and practitioners to consider pressing questions about the status, force, and impact of human rights law and rhetoric in this domain.”

Conclusion: “The papers in this special section underscore considerable progress in the development and uptake of a human right to vaccines and medicines. International human rights law is increasingly specific about a fundamental human right to vaccines and medicines deriving from ICESCR rights to health and science, which impose clearer and more specific duties on state and nonstate actors alike. Growing legal and political uptake of this right is reflected in international law, policy, and politics, as well as in the discourse of key political and social actors during the COVID-19 pandemic. Yet despite discrete past achievements (most notably around affordable antiretrovirals), this right remains a largely soft law norm and discursive device. Global political and institutional failures to remediate vaccine inequity during the pandemic underscore the imperative for a human right to vaccines and medicines to be more firmly located within hard binding international law and to be subject to binding enforcement. In the absence of this kind of systemic reform, access disparities are likely to continue to characterize global responses in future health emergencies.”

Blogs & op-eds

Katri Bertram - My global health manifesto for 2023

https://katribertram.wordpress.com/2022/12/14/my-global-health-manifesto-for-2023/

Must-read. “Some people working in global health want to leave a legacy. Some want to save lives. Twenty years into my career, my hope is that I am not wasting my time and that I am doing no harm. These are my hopes – my own personal global health manifesto – for 2023.”

A chunk to kick off your reading:

“Global health is broken. It’s a mess. And it’s not delivering what it should – what it has to: health for all people, globally. As more people are speaking out, it’s clear that global health is not only failing, it is doing harm. We have created a structure that feeds dependency, where the buzzword “catalytic” is dangled like free opioids. We are patriarchal and at times outright racist, telling people and entire continents what they can get, and when; not allowing them what they need, when they need it. We have developed systems that burn out underpaid or unpaid health workers, and where the newest cadre of young global health staff rotates through organisations that suck them dry, knowing public health schools will serve them with new, motivated staff….”
Tweets of the week

Katerini Storeng
Re the WP article on billionaires’ increasing influence on climate change policies: “Billionaires like Gates are “holding themselves out as uniquely well positioned financially and intellectually to meet a challenge that they say has become too big for government.” Sounds like #globalhealth, except this time our planet’s future is at stake”

Fifa Rahman
“I love this. A new public health order isn’t rooted in the dominance of the north - but in the expertise, representation, leadership, knowledge ownership, agenda setting of the south.”

“At attending the Civil Society call for the Pandemic Fund. The first call for Proposals will focus on surveillance, laboratory capacity, and Human Resources/workforce, and will have a $420 million cap and will be a country-led model.”

Pandemic Action network
“At the #USAfricaSummit, @USAmbPEPFAR stresses, "we cannot have global health security without regional health security" and says this is why @PEPFAR new strategy is committed to expanding #Africa’s manufacturing capacity of #HIV/#AIDS countermeasures.”