

IHP news 707 : WHO's #EB152

(3 Feb 2023)

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

Dear Colleagues,

As the IHP newsletter underwent some format changes over the past months, and new subscribers have registered, perhaps good to briefly explain again the **overall structure of this newsletter** so that you can navigate it more easily and identify the sections most relevant to you (*even if we obviously recommend you scan everything, like the 'Die Hard' subscribers 😊.*)

In the **Highlights section** (*much shorter than it used to be*), we now provide an overview of all the main global health policy & governance **news** of the week, as well as a few “must know about” reports (*eg. a new Lancet series, World Report, ...*). If you have gone through this section, you should be more or less up to speed (on what happened during the past week). So **if you're short on time, do read at least this HL section** – it provides the bulk of what we call the “**One week stop**” in the IHP flyer.

In the **other sections, organized by niche** (*eg: Global Health Governance, NCDs, ... starting from the section 'Global Health Events'*), we offer **more papers**, as well as some more reads that might be of interest to scholars, activists and other change agents focusing on a certain area, for example, SRHR, Pandemic Preparedness & Response etc. So these sections cover a bit more the **knowledge management** function (although of course KM also takes place in the HL section).

The above was just a short reminder in case needed. Meanwhile, if you find this weekly newsletter(/knowledge management tool) useful, do forward to colleagues and friends who might be interested. One can also read it [online](#) (via the IHP website) or on pdf. **It's possible to self-subscribe [here](#)**. Thanks in advance!

Over to “**The week in Global Health**” then.

This issue will obviously focus on **WHO's 152nd Executive Board meeting** (with great coverage and analysis via colleagues from HPW, Devex, GHF, Politico, PHM, ...), but we also pay some attention to **[Covid's continued PHEIC status \(at least for now\)](#)**, NTD Day, the **[Launch](#)** of the **Global Alliance to End AIDS in Children by 2030**, a new **[strategy](#)** for the Medicines Patent Pool, a new **[report](#)** on **access to diagnostic testing**, and much more.

To conclude this week's intro, we'd like to draw your attention to a (recorded) **IDS event** from earlier this week, **[Recasting development in 2023](#)** (and in the age of polycrisis). “*Will 2023 be a year in which we make progress on development, or continue to falter?*” I wouldn't know, but after watching the **[event](#)**, in which presenters were somewhat gravitating between bleak trends and hope (*against all odds?*), I do agree with them that we're probably heading towards a “**moment of**

rupture” in 2023 (sorry, my American evangelical friends, not ‘rapture’ (رapture)) And yes, as you no doubt also notice these days on our streets, HICs aren’t immune from it anymore. The SDG agenda had it right in that way at least: **it’s a universal agenda**. Halfway the trajectory, I don’t think people still need any convincing on that aspect.

Now for the rest.

Enjoy your reading.

Kristof Decoster

Featured Article

On context and scope: a response to the unease felt after my talk on decolonisation in Medellín

Werner Soors (former ITM staff member)

A featured article published in this space on December 19, 2022 was called [‘Confronting the uncomfortable: Emerging voices’ reflections after a talk on decolonization](#). In it, eight EV’s who in Medellín had attended the Face-to-Face part of the EV 2022 venture reflected on a talk on decolonisation I delivered there at Antioquia University on October 28th. I was of course glad to see that my talk had elicited responses: after all, my earlier featured article

[‘On decolonisation and Buen vivir’](#), published here in September in preparation of the EV venture – had received exactly zero comments. I also sincerely thank EV 2022 [Farchanda Abdoel Wahid](#) for completing the arduous effort to bring together what she rightly called sharply divergent opinions and different perspectives. Concluding the article, Farchanda asked for readers’ comments and thoughts. I’ve been hopefully waiting for more than a month, but none appeared (the piece created some buzz on Whatsapp and Twitter though). Anyway, here are mine, the one correctly described as “a white, somewhat older European male” (thanks again, Farchanda, for not reducing my identity to those characteristics). I’ll start with a few clarifications on context and form, to go on with a couple of critical thoughts on scope and content.

On context and form

On the speaker being white, not so young anymore, bearing an identity card of a European former colonial power, and apparently male, I can be short. First, I agree with the two voices in the ‘Positive stance’ that “everyone can be heard without being categorized”. In the decolonisation debate and beyond, cancel culture doesn’t take us any step forward. Understanding needs dialectics, and dialectics needs multiple voices, with freedom of speech. Second, of course an indigenous voice would have been preferable, but my presence was the unexpected consequence of external circumstances. Once the team responsible for the preparation of the Face-to-Face venture had identified decolonisation as a topic in need of attention, a local speaker was searched for. While there is no shortage of experts on decolonisation in Colombia and by extension in Latin America, this

effort proved unsuccessful. The local academic partner failed to come up with a candidate, and budgetary restrictions did not allow to fly in an extra speaker, not even from Bogotá. Under time pressure, I proposed to give the talk instead, and wrote in preparation the 'On decolonisation and Buen vivir' article.

On the speaker "who stood and towered above the cohort of EVs and facilitators sitting on the ground" some contextual clarifications seem warranted. Two considerations led to the decision on location and form: on the one hand the facilitators welcomed a different, less academic form; on the other hand the Colombians among us didn't want to restrict us to the Public Health Faculty premises - they thought it would be good to also visit their alma mater, the Antioquia University. Indeed, there were good reasons to 'immerse' a selection of relatively privileged youngsters in [Antioquia University](#): it happens to be one of these courageous Latin American institutions (think also of the Polytechnic in Mexico or San Marcos in Lima) where rebellious social engagement is still very much alive. Outgoing EV4GH chair [Sara Ardila](#) then proposed to drop the academic form entirely and mimic a student activist form on the sidewalk and with megaphone and all. I still think that was a splendid idea, but unhappily ever after, the attendants sat down (even if nobody asked them to do so).

On scope and content

I must admit that I was a bit flabbergasted by the commentaries in the 'Negative stance'. Not for being accused of "causing discomfort": that was a deliberate part of the exercise, but content wise.

After all, what I dealt with was not different from the three points I had made earlier in '[On decolonisation and Buen vivir](#)', subtitled 'sharing lessons from Latin America'. First, Latin America is the real-life example of political decolonization (early 19th century, half a century before formal colonization in Africa started) being insufficient to counter colonial injustice. Second, Latin American scholars coined the term '[coloniality of power](#)' (the link with capitalism was also explained there) for [ongoing](#) colonization, incorporating it in their updated [2019 social determinants framework](#). Third, with its [Buen Vivir decoloniality](#) framework, Latin America shows us a way out, a '[rethinking of the future we want](#)'.

Adding to this, I further elaborated on the need to conceive and practice the rightful decolonial struggle beyond the narrow limits of health and academics, and on the need to be reflexive on our own position. If the latter caused discomfort, I am glad it did. Don't we all have a blind eye for our own privileged position? Whom do we speak for? Shouldn't we "rethink decolonisation", as former EV [Sana Contractor](#) splendidly argues in her [December 2022 BMJ Global Health Editorial](#)? The point here is that as public health voices in North and South "we must not fail to problematize our own positions", if we want to avoid becoming the middlemen ("Zamindars") of an unfair status quo, and just "preserve the privileged positions of the elites to the detriment of public health". This kind of reflexivity is needed from all sides, however uncomfortable that may be.

Highlights of the week

Covid still a PHEIC (for now)

WHO - Statement on the fourteenth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic

[WHO](#)

The decision came on Monday. “... *The WHO Director-General concurs with the advice offered by the Committee regarding the ongoing COVID-19 pandemic and determines that the event continues to constitute a public health emergency of international concern (PHEIC). The Director-General acknowledges the Committee’s views that the COVID-19 pandemic is probably at a transition point and appreciates the advice of the Committee to navigate this transition carefully and mitigate the potential negative consequences.....*”

PS: “...*The Committee was informed that, globally, 13.1 billion doses of COVID-19 vaccines have been administered, with 89% of health workers and 81% of older adults (over 60 years) having completed the primary series.*”

And this was key in the statement: “...*The Committee acknowledged that the COVID-19 pandemic may be approaching an inflexion point. Achieving higher levels of population immunity globally, either through infection and/or vaccination, may limit the impact of SARS-CoV-2 on morbidity and mortality, but there is little doubt that this virus will remain a permanently established pathogen in humans and animals for the foreseeable future. As such, long-term public health action is critically needed. While eliminating this virus from human and animal reservoirs is highly unlikely, mitigation of its devastating impact on morbidity and mortality is achievable and should continue to be a prioritized goal....*”

.... “*The Committee, therefore, recommended that WHO, in consultation with partners and stakeholders, should develop a proposal for alternative mechanisms to maintain the global and national focus on COVID-19 after the PHEIC is terminated, including if needed a possible Review Committee to advise on the issuance of standing recommendations under the IHR. The Committee also requested the WHO Secretariat to provide an assessment regarding the regulatory implications for developing and authorising vaccines, diagnostics, and therapeutics if the PHEIC were to be terminated in the coming months.....*”

- Coverage via HPW – [It’s Still a Pandemic: WHO Advisers and Chief Concur](#)

“The World Health Organization’s Emergency Committee on the COVID-19 pandemic and Director General Dr Tedros Adhanom Ghebreyesus both agree: the event continues to constitute a public health emergency of international concern (PHEIC).”

Also with **7 pandemic recommendations**. (advised by Tedros to nations)

Nature (news) - When will COVID stop being a global emergency?

<https://www.nature.com/articles/d41586-023-00294-9>

With some analysis. *“The World Health Organization has decided the crisis isn’t over yet — but it’s at a transition point.”*

“Many researchers agree with the WHO’s assessment. “The WHO can’t say that the public-health emergency is over when you’ve got millions of cases and you’ve got thousands of deaths a day,” says Salim Abdool Karim, an epidemiologist who advises the South African government on COVID-19 and directs the Durban-based Centre for the AIDS Programme of Research in South Africa.” “But others think that the pandemic has already moved beyond the legal criteria used to define an infectious-disease outbreak as a PHEIC ”

“.... The next opportunity for the WHO to lift the emergency designation will come in April — and some say that should be the end of it. A PHEIC is defined by the International Health Regulations (IHRs) as “an extraordinary event” that risks spreading an infectious disease internationally.....”

“... On the basis of its declaration that the COVID-19 crisis is at an inflexion, the WHO’s emergency committee appears to be preparing to end the PHEIC in April, Aavitsland says. As part of that transition, the WHO is encouraging countries to integrate COVID-19 surveillance and vaccination into routine programmes.”

Some analysis ahead of WHO’s 152nd EB meeting

Before we give an overview of the key action at WHO’s Executive Board meeting (in the section below), first some overall analysis of the agenda, **published ahead of the meeting**. With also some focus already on **health emergency preparedness & response**, and **funding** – two key issues at the Board meeting.

Devex - What to watch at WHO’s executive board meeting

J Ravelo; <https://www.devex.com/news/what-to-watch-at-who-s-executive-board-meeting-104846>

Must-read analysis of the overall agenda, published ahead of the Board meeting. *“As the [World Health Organization](#) mulls whether to declare the end of the [COVID-19](#) global emergency, next week member countries will meet to discuss proposals for how the world can better prepare and respond to future health emergencies..... **The biggest spotlight is on WHO financing, as well as how the various proposals on health emergency preparedness and response will converge.** Several health experts told Devex they are closely watching these two agenda items at the meeting, which kicks off Monday in Geneva.....”*

*“.... Member states will consider **several proposals linked to stabilizing WHO’s funding**, including implementing a decision on financing they made last year.....”*

“...Another hot topic is **health emergency preparedness and response**. WHO Director-General Tedros Adhanom Ghebreyesus’ [10-point proposal](#) for a “safer world” is on the agenda, and it has already garnered some feedback....”

“...**Some of the proposed actions are not new and have support from member states**, such as targeted amendments to the International Health Regulations and fully financing the Pandemic Fund. **But others have raised eyebrows — in particular Tedros’ proposal to establish a [Global Health Emergency Council](#)....”**

“.... **Helen Clark, who co-chaired the Independent Panel, said the WHO proposal is “not in line” with the panel’s proposal. “We explicitly did not support the Council being placed in the WHO sphere,” she told Devex via email....”**. (PS: the Panel wanted it at UN level)

People’s Health Dispatch - WHO Executive Board to discuss outbreaks of diseases old and new, financing and universal coverage

<https://peoplesdispatch.org/2023/01/30/who-executive-board-to-discuss-outbreaks-of-diseases-old-and-new-financing-and-universal-coverage/>

Short and insightful analysis. “**On the agenda are crucial issues such as progress towards Universal Health Coverage, equitable access to diagnostics and therapeutics, and nutrition.**”

A few quotes: “...Problems with budgets are not ailing the WHO alone. In fact, health systems all over the world are still being weakened by austerity measures, often associated with loans granted by international financial institutions. The lack of resources – financial, human, and other – has already proven to be an insurmountable obstacle in the way of implementing sound public health policy, and it will continue to do so until a more significant change of course occurs. This is likely to affect the possible implementation of some of the documents discussed at this Executive Board, including proposals to mainstream a social determinants of health approach in all WHO operations, address challenges in the field of nutrition, strengthen rehabilitation services, and build local capacities for infection prevention and response....”

“.... **One of the bigger problems with UHC remains its heavy reliance on the private sector, still present in the documents to be discussed by the Executive Board. Similarly to what it has done in the field of medicine production, the private sector has rarely proven itself to be a reliable partner in strengthening health systems. Instead, it has pursued its own interests, often siphoning public resources and disregarding the wellbeing of the people health systems are supposed to serve. There still remains space for the WHO to steer back towards frameworks that would truly put people’s health first – Universal Health Care and Comprehensive Primary Health Care – but it remains to be seen if recent experiences with health emergencies and data on UHC will be enough to push the Executive Board’s discussion in this direction.**”

Reuters - Under-funded WHO seeks 'reinforced' role in global health at key meeting

[Reuters](#);

“WHO seeking \$6.86 bln for 2024-2025 budget; Body seen pushing for bigger role in global health crises...”

“The World Health Organization will push at its board meeting this week for an expanded role in tackling the next global health emergency after COVID-19, but is still seeking answers on how to fund it, according to health policy experts.....”

- Related, this quote via [Geneva Solutions](#) : *“...Member states now have to consider how to implement the decision [i.e. the decision of last year to put WHO's on more stable footing]. But between talks of a recession on the horizon, war raging on in Ukraine and crippling debt weighing on poorer countries, this week's talks will be underpinned by “a much dire context than when it was decided one year ago”, Nicoletta Dentico, co-chair of the Geneva Global Health Hub, told Geneva Solutions.....”*

HPW (brief) - Governing Pandemics Snapshot

G L Burci, S Moon et al ; <https://healthpolicy-watch.news/governing-pandemics-snapshot/>

Excellent stuff this brief. *“A briefing series on the status of moves to reform the global system of pandemic preparedness and response launches today, just ahead of the WHO Executive Board review of progress next week. Looking back at 2022 and forward into 2023, this series by the Global Health Center of the Geneva Graduate Institute, published in collaboration with Health Policy Watch, provides an update on the progress so far in the WHO-led negotiations over a new pandemic treaty. It also looks at the progress in revisions to the existing emergency rules of the International Health Regulations (IHR) – while considering what could happen next. The complete “[Governing Pandemics Snapshot](#)”, also includes briefings on reforms being considered in the financing of pandemics as well as the rules around pathogen access and benefit-sharing. ...*

.... For essays on financing pandemics and pathogen and benefit sharing, see the full [Governing Pandemics Snapshot](#) here. This is the first in a periodic series of updates to be published during the year. “

PS: it's worth providing some of the **concluding remarks by G L Burci**:

“The broad range of proposals for the pandemic instrument and the likelihood that the US will eventually not ratify it may actually lead Global South countries to prioritize the IHR for some of the most ambitious proposals. This possibility raises one final issue. Currently, the IHR is essentially an operational instrument to coordinate outbreak prevention and control and depoliticize WHO's role in managing them. There is no emphasis on equity, assistance or international cooperation. Amendments proposed by Global South countries would transform it into a regulatory and transactional instrument with a more political role for WHO and differential treatment for developing countries to improve equity in the availability of health technologies. Fundamentally, negotiators will have to decide what they want the IHR to be – and if the IHR is expanded to encompass the issues of health equity then what role would the new pandemic instrument play? “

TWN - WHO: DG's proposals for global health emergency architecture skip critical issues

KM Gopakumar et al ; <https://www.twn.my/title2/health.info/2023/hi230107.htm>

Critical analysis (ahead of the EB meeting) ***“The World Health Organization’s Director-General (DG) has made proposals to strengthen the global architecture for health emergency preparedness, response and resilience (EB152/12). However, these skip critical issues required for strengthening the health emergency regime, especially to address the needs of developing countries...”***

“There are concerns that the 10 proposals “hand-picked” by the DG effectively undermine the Member States negotiations to set the architecture by promoting certain ideas, and neglecting some others. In-depth discussions should take place within fora like the INB and WGIHR, and their recommendations should be then forwarded to the governing bodies. If required, any other proposals or building blocks of the global architecture that are not addressed by the INB or WGIHR may then be considered by the governing bodies alongside the INB and WGIHR recommendations.

....Apart from this problematic process, the DG’s proposals on global architecture fail to address the following critical building blocks for a resilient health architecture HEPR: Equity; HSS; equitable access to health products; access & benefits sharing; relationship between IHR & new pandemic instrument.

“.... In short, the DG did not incorporate calls made by developing countries over the last two years into his proposals. Despite the several calls for common but differentiated responsibilities in the health regime, the DG’s proposals do not explicitly address the needs and requirements of the developing countries. Most of the proposals, on the other hand, encompass the ideas advanced by countries like the United States, the European Union and other developed countries. The most glaring example would be the prioritization of the health security agenda over health systems strengthening, and also the neglect of the critical importance of access and benefit sharing mechanisms. These are promoted by the E.U and U.S respectively.”

Andrew Harmer (blog) - A Replenishment Mechanism For WHO?

<https://andrewharmer.org/2023/01/22/replenishing-who/>

Must-read analysis. Harmer is no fan of a replenishment mechanism for WHO (and many global health scholars with him).

“It’s looking quite likely that WHO will, in the future, be funded in part through a replenishment mechanism – the first time in its history. It’s early days, and we will know more once the EB has discussed the documents linked above, but I’d like to spend a bit of time in this post thinking through the implications of such a mechanism.....”

Do read also another blog by Andrew Harmer: [**WHO’s Program Budget 2024-25 – Base Segment Nil Point**](#)

Geneva Health Files - The Systematic Edging out of Civil Society in WHO Governing Body Meetings [Guest Essay]

https://genevahealthfiles.substack.com/p/the-systematic-edging-out-of-civil?utm_source=substack&utm_medium=email

By K M Gopakumar. A few excerpts from this must-read piece:

“A few days ahead of the on-going 152nd Executive Board (EB) meeting, WHO announced the setting up of the Civil Society Commission.... The Commission is part of the WHO-CSO engagement strategy which is recommended by the report of the “Recommendations of the Ad Hoc Task Team on WHO-Civil Society Engagement” led by the United Nations Foundation and RESULT. There is no doubt that the creation of the Commission would boost the engagements with CSOs at the three levels of the organisations - global, regional and national. The larger concern is regarding the nature of engagement because the announcement came at a time when the participation of non-state actors in general, and especially civil society organisations in the governing body meetings are at an all-time low.”

“... The announcement shows that it is curated and nurtured by the Secretariat and therefore bears the danger of ending up as a cheer club for the WHO Secretariat instead of bringing in critical voices. Thus the announcement of the Commission successfully creates optics of enhanced engagements with CSOs but systematically marginalising the participation of CSO in the governing body meetings. This will risk denying space for the critical perspectives on WHO policies and programs.

Do read Gopakumar’s full analysis. He lists the most important systematic marginalisation of CSO voices governing body meetings.

WHO’s 152nd Executive Board Meeting (30 Jan – 7 Feb)

In this section, you get a more or less chronological overview of all the action in Geneva this week (+ some analysis).

- **Documentation:** WHO - https://apps.who.int/gb/e/e_eb152.html

Below you find a more or less chronological overview of all the action till now at the Board Meeting, among others via the great coverage by Health Policy Watch and other colleagues.

- **Some PHM briefings, policy briefs, ...**

Check out the **Daily briefings via PHM:** <https://phmovement.org/daily-briefing-by-who-watch-from-152nd-executive-board-meeting/>

Eg: 30 January - [PHM daily briefing of the WHO EB152 Meeting: Day 1 \(January 30, 2023\)](#)
31 January - [Summary day 2](#) (re funding, HEPPR, ...); 1 Feb - [Day 3](#)

And a **PHM policy brief**, [this one](#) on **UHC and Strengthening the global architecture for health emergency preparedness, response and resilience.**

WHO - WHO Director-General's remarks at the 152nd session of the Executive Board

<https://www.who.int/director-general/speeches/detail/who-director-general-s-remarks-at-the-152nd-session-of-the-executive-board>

As always, well worth a read, **Tedros' full remarks at the opening of the EB meeting**. Structured around **"the five P's"**.

"At the Executive Board last year, I laid out five priorities for the coming five years, as we work together to reinvigorate progress towards the 13th General Programme of Work, the "triple billion" targets and the health-related SDGs. Those priorities have since crystallised into what we are calling the "five Ps": Promoting, Providing, Protecting, Powering and Performing for health. I wish to be very clear that the "five Ps" in no way replace the GPW or the "triple billion" targets, which remain the Organization's guiding strategy. Rather, the "five Ps" are completely aligned with, and contained within, the GPW."

HPW - Conflicts and Health Emergencies Overshadow WHO Successes as Executive Board Gets Underway

<https://healthpolicy-watch.news/conflicts-and-health-emergencies-overshadow-who-successes/>

Must-read coverage on the opening day of the Board meeting.

PS: *".... in reaction to [Tedros'] speech, Botswana for African Union called on the WHO to strengthen the African region, and particularly strengthen the region's WHO country offices, which are historically under-resourced and staffed, so that they can better support national ministries responding to health crises....."* *"While for the first time, over one-half of WHO's 2024-25 budget has been earmarked for country offices, Botswana called for this to be increased to 75% to "address the budget and funding imbalances", declaring that this was "a precondition for the increase in assessed contributions" from member states."*

"For many member states' reacting to Tedros's speech, Russia's war in Ukraine loomed large as a huge impediment to global well-being....."

"...Meanwhile, both the US and Brazil indicated that they would oppose any attacks on sexual and reproductive health and rights....."

HPW - Tedros' 10-Point Proposal for Reforming Global Emergency Response Gets Mixed Review

<https://healthpolicy-watch.news/new-10-point-who-proposal-for-reforming-global-emergency-response-gets-mixed-review/>

*"A new **10-point proposal by the World Health Organization's Director General Dr Tedros Adhanom Ghebreyesus for improving preparedness and response to health emergencies** received mixed reviews from WHO member states in Monday's [opening session of this week's Executive Board](#) (EB) meeting....." *"It was the first substantive issue to be tackled in the eight-day long EB**

meeting **packed with an agenda of over 50 draft proposals and resolutions** on items ranging from **emergency preparedness and response** to non-communicable diseases. Charged management issues, ranging from sustainable finance to the organization's headline of **recent sexual harassment claims** will also be taken up by the EB.....”

*“...While member states gave positive reviews to the WHO proposal's overall aims – ensuring more fair, equitable and transparent management of crises – they stressed that concrete reforms are already the focus of two member state fora – and that's where the discussion should focus. Those include the **Intergovernmental Negotiating Board (INB)** due to issue a zero draft for a proposed pandemic treaty later this week, as well as **another member state working group that will look at more targeted revisions to the circa 2005 International Health Regulations (IHR)**, the rules currently governing emergency response....”*

Recommended read.

HPW - Influential WHO Committee Greenlights Initiative for 'Replenishment Fund' to Bolster Finance

<https://healthpolicy-watch.news/influential-committee-opens-door-for-who-replenishment-fund/>

*“An influential sub-committee of the World Health Organisation (WHO)'s Executive Board (EB) has greenlighted a **proposal** by the cash-strapped global body's Secretariat to seek additional funds via a **replenishment fund**, that would be filled by voluntary donations from both member states and philanthropies recruited at high-profile events. In its **report published on Monday** just as the WHO's Executive Board's began a week-long meeting, the **Programme, Budget and Administration Committee (PBAC)**, accepted that a replenishment fund could provide an avenue for flexible funding that the WHO so desperately needs.....”*

HPW - Delegations Push WHO to Spend More on Country Programs and Less on Bureaucracy

<https://healthpolicy-watch.news/delegations-push-who-to-spend-more-on-country-programs-and-less-on-bureaucracy/>

“One by one, nations demanded more attention to their own needs while debating a financial proposal to shore up the finances of the World Health Organization (WHO) through a replenishment fund. The discussion, which revolved around more spending for in-country programs and less money for WHO's bureaucracy, dominated Tuesday's morning session of its executive board (EB) meeting.....”

“Although for the first time, more than half of WHO's 2024-25 budget is earmarked for country offices, African delegations want this increased to 75% due to imbalances in regional spending despite an overall budget shortfall.....”

“... Tuesday morning's EB session was dominated by debate over a plan by WHO's Programme, Budget and Administration Committee (PBAC) to support a replenishment fund for urgently needed flexible funding. The EB is expected to consider the PBAC proposal more this week in a series of

further discussions on improving WHO's financial sustainability and to **possibly approve it for a vote by the World Health Assembly in May.**"

- And via [Devex](#):

"Several member states said they support the 20% increase in their annual dues to WHO, which was part of a decision they made at last year's World Health Assembly. ... But many countries want to see a bigger chunk of the budget going to WHO country offices, which is at 50% in the proposed 2024-2025 budget. Latin American countries also called for global balance, pointing out that their region is the "least financed" of all WHO regions. They want further consultations before they consider the proposed budget at the 76th WHA in May." "WHO officials said strengthening WHO country offices is a priority. But that's difficult to do "if we're going to depend on 86% of voluntary contributions earmarked, and when donors actually influence where the money should be spent," WHO chief Tedros Adhanom Ghebreyesus said."

HPW - After Ebola Scandal: Rooting Out Sexual Misconduct in WHO

<https://healthpolicy-watch.news/after-ebola-scandal-rooting-out-sexual-misconduct-in-who/>

"A special unit to address sexual 'misconduct', a fund to support survivors in the Democratic Republic of Congo (DRC) and training for all staff are some of the steps taken by the World Health Organization (WHO) to rid itself of exploitative behaviour. This follows the scandal that played out during the Ebola outbreaks in the DRC between 2018 and 2020, during which 83 women were sexually exploited and abused by WHO staff and allied agencies...."

"WHO Director-General told the global body's executive board meeting on Tuesday that 90% of the 150 activities identified by the management response plan to address sexual "misconduct" – the catch-all phrase adopted by WHO – had been completed..... A \$2 million fund has been set up...."

"... Some 90% of WHO staff had completed UN courses on sexual misconduct, while training had also been run for implementing partners and communities...."

"As part of its reform of the policies, systems, structures and culture of WHO "to make zero tolerance a reality, not just a slogan", all regional offices now have dedicated teams to work on sexual misconduct, said Tedros. Each of the 340 country offices had a focal person for sexual misconduct in all country offices, and all are being trained, while the head office's department for the prevention of and response to sexual misconduct is "now fully staffed and coordinating our organisation-wide efforts"....."

"Tedros described reform of the Department of Internal Oversight Services (IOS) and the establishment of dedicated capacity for investigation of sexual misconduct as "one of the central and most impactful parts of our work in 2022"....."

- Related: Reuters - [UN found no managerial misconduct at WHO in Congo sex scandal](#)

"A U.N. investigation into the World Health Organization's managerial mishandling of a sex scandal in the Democratic Republic of Congo found that allegations against senior staff were "unsubstantiated," the health agency chief said on Tuesday...."

HPW - Pandemic Treaty 'Zero-Draft' is Out – And Proposes WHO Gets 20% of All Pandemic Products to Ensure Equity

<https://healthpolicy-watch.news/pandemic-treaty-zero-draft-proposes-who-gets-20-of-products/>

“The World Health Organization (WHO)’s ‘zero-draft’ of a pandemic treaty proposes that 20% of pandemic-related products – vaccines, diagnostics, personal protective equipment and therapeutics – should be allocated to the global body, which will then ensure their equitable distribution. The draft, which has been seen by Health Policy Watch, was sent to the WHO’s 194 member states this week, officially opening the door for negotiations on how the world should behave in future pandemics.....”

“According to the draft, half of the pandemic products allocated to WHO (10% of total global production) should be donated while the other half would be bought for an “accessible” price. No less than 11 of the draft’s 49-clause preamble deal in one way or another with intellectual property rights, signalling the key battleground for upcoming negotiations. These clauses recognise that “protection of intellectual property rights is important for the development of new medical products”, but highlight their impact on price and access.....”

PS: *“.... Put together by the intergovernmental negotiating body (INB) bureau, the draft will be negotiated in this body – and it is unlikely to survive in its current form given the strong pharmaceutical lobby, particularly in the European Union. The next meeting of the INB is on 27 February and it has been given until the WHO’s 2024 World Health Assembly to finalise the accord.*

- Do read the Zero draft here: [Zero draft of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its fourth meeting](#) (WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (“WHO CA+”))
- More coverage & analysis via Devex – [Pandemic treaty zero draft wins NGO approval, compliance will be key](#)

NGOs were quite pleased with the text (on IP for example), they were also *“aware that the text is far from final, [and] some are also concerned the text is weak on enforcement.”*

Among others, with the take from Nina Schwalbe, James Love, and others.

“ After three years of witnessing inequitable access to medicines and vaccines and policy failures to address COVID-19, there’s finally some hope: The pandemic accord zero draft, produced by an intergovernmental negotiating body established by the World Health Assembly, lays out support for intellectual property waivers, as well as transparency and conditions to ensure global access to publicly funded medical products. But while advocates are celebrating the win, implementation and compliance will be key.....”

- And [Politico](#) also has a short summary of what the draft agreement involves:

“If member countries agree, the proposal would: — Require them to allow WHO rapid-response teams access to their territories to assess and support efforts to combat emerging outbreaks; — Establish a system to share pathogen information and ensure that all parties to the deal benefit from

the countermeasures developed based on that data; — Mandate that manufacturers of pandemic-related products like tests, vaccines, personal protective equipment and treatments share a fifth of their production in real time with the WHO, which will distribute them to low-income countries; — Demand that countries support temporary waivers of intellectual property rights on vaccines and therapeutics and require manufacturers that have received public funding to waive their rights; — Establish a global compensation system for injuries resulting from vaccines; — Implement and apply international standards for, oversight of and reporting on laboratories and research facilities that carry out “gain-of-function” research aimed at altering the way viruses work.”

HPW - Germany Promotes Stronger Role for WHO in Next Pandemic

<https://healthpolicy-watch.news/whos-second-largest-donor-promotes-stronger-role-for-who-in-next-pandemic/>

“Germany’s top health official put in a pitch for the UN health agency to play a stronger role in the next pandemic, which is exactly the aim of a global pandemic treaty. A day after the World Health Organization (WHO) released an initial proposal for a global pandemic treaty, German Health Minister Karl Lauterbach plugged the agency’s importance.....”

“... This year’s core contribution to WHO will be €130 million (about US\$124 million), he said at the briefing, pulling Germany back down a notch on the donor hierarchy..... “ (again after the US).

PS: Lauterbach did not comment on the 20% set-aside proposed by the pandemic treaty. i.e. “Ten percent of those global health products would be donated free of charge, WHO proposes, while the other 10% would be bought for an “accessible” price...”

UHC2030 Steering Committee Co-chair statement following EB meetings on universal health coverage (UHC), ahead of the World Health Assembly and the 2023 UN High-level meetings on health

https://www.uhc2030.org/news-and-stories/news/working-together-to-achieve-health-for-all-555698/?no_cache=1

“The [152nd Executive Board](#) meetings of the World Health Organization have just concluded discussions on universal health coverage (UHC) in Geneva at the start of a critically important year for health. We welcome the Executive Board’s focus on the [UN High-level meeting on universal health coverage](#), which was discussed under the first of three of WHO’s strategic pillars: “one billion more people benefiting from universal health coverage”. The Director-General of the World Health Organization [briefed member states](#) on the UN high-level meeting, and the aim to reorient health systems to primary health care as a resilient foundation for universal health coverage. We also welcome the [resolution on universal health coverage](#), supported by 44 member states.....”

**“... The three UN high-level meetings on health (on UHC, TB, and pandemic PPR), taking place in September 2023 at the UN General Assembly in New York, provide us with a unique opportunity to showcase how we strengthen our collaboration on health. The UHC2030 movement advocates for both UHC and health security as two intertwined goals to protect everyone, everywhere, that we achieve through the same health system with focus on primary health care - in crisis and people-centered health systems, and deliver health security, in all countries in the world....
.... “**

HPW - WHO Turns 75 and Looks to the Future

<https://healthpolicy-watch.news/who-turns-75-and-looks-to-the-future/>

“The world has changed since the World Health Organization (WHO) was founded 75 years ago. Established as the specialized health agency of the United Nations in 1948, WHO has played a critical role in addressing global health challenges, disease control, and providing health services to neglected populations ever since. This week, global health leaders gathered for a panel alongside the agency’s 152nd Executive Board meeting to discuss the future direction. Vast advances in medical science mean that the challenges the WHO faces today are different from those in its past, but not any less numerous. From climate change to growing global economic inequalities, to pandemics like COVID-19, global health is under attack on all fronts. Between technological advancements in artificial intelligence, medical science, and digital health systems and the threats of climate change, growing economic inequalities and future pandemics, the global health picture for the coming 25 years is as menacing as it is hopeful.”

“... Like its sister United Nations agencies and the multilateral development banks created to underpin the post-war international order, WHO has been slow to adapt to the ever-increasing pace of change in the modern world. “WHO was established 75 years ago. Its processes, its structures, and most importantly its mindset are stuck in the time 75 years ago when it was established,” said Bruce Aylward, Tedros’s Senior Advisor on Organizational Change. Achim Steiner, head of the UN Development Programme, echoed Aylward, saying the UN and its agencies must pivot away from being products of “post-Second World War realities” and towards 21st-century opportunities.”

“.... The Youth Council met for the first time just four days ago, nearly 75 years after the agency’s establishment. Two other bodies – the Science Council, a research division, and the Innovation Hub, an accelerator programme – were established in April and May 2021 respectively. That these bodies are new reveals the historically insular nature of WHO, but also reflects a wider shift within the organization to expand its horizons beyond the bubble of the health world. “We have to move away from being a sectoral organization to a much broader one,” Aylward said. “It should be self-evident at this point: civil society has part of the answers, and the private sector has a big part of the answers.””

“... In an era of overlapping crises, WHO and its sister UN agencies have realized the need to deepen collaboration – a shift UN Development Programme director Achim Steiner said must continue. “We need integrated approaches. Health is as much dependent on addressing poverty as poverty is a way in which we have to look at the impact of climate change, and the need for adaptation,” Steiner said. An example of this kind of integrated approach is the WHO’s One Health Initiative....”

HPW - Wide Support for New WHO ‘Best Buys’ to Address NCDs

<https://healthpolicy-watch.news/wide-support-for-new-who-best-buys-to-address-ncds/>

“Higher taxes and warning labels on unhealthy food, cigarettes and alcohol, and better screening for cancers, are on the World Health Organization’s (WHO) [updated list of “best buys” to address non-communicable diseases \(NCD\)](#) discussed by member states at the body’s Executive Board meeting on Thursday. The list was updated in response to the lack of progress to reduce NCDs, with not a single country on track to achieve the 2025 global targets set by the World Health Assembly back in

2013, and [the declaration](#) by the UN General Assembly High-Level Meeting on NCDs in 2018. **The new list now recommends 112 interventions and enabling actions – up from 88** when it was last updated in 2017, and the global body has also worked out which are the most cost-effective.”

“There was wide support for the new list from member states. However, civil society representatives criticised its silence on kidney disease, dementia, obesity co-morbidities, as well as a lack of attention to older people more likely to have NCDs.....”

More on Pandemic Preparedness & Response

Devex - Opinion: Patchwork reforms won't stop pandemic threats

G H Brundtland, H Clark et al ; <https://www.devex.com/news/opinion-patchwork-reforms-won-t-stop-pandemic-threats-104856>

“...We all know another pandemic is coming, and we all know that the world has not adequately prepared for it when it happens. In an op-ed for Devex, a pantheon of preparedness luminaries — namely former Norwegian Prime Minister Gro Harlem Brundtland, former New Zealand Prime Minister Helen Clark, former Tanzanian President Jakaya Kikwete, former Liberian President Ellen Johnson Sirleaf, and former U.N. Secretary-General Ban Ki-moon — warn that [past outbreaks have led to “a patchwork of progress,”](#) which in turn engendered “a false sense of security and a failure to build a secure, pandemic-ready system.”....”

Reuters - All countries 'dangerously unprepared' for future pandemics, says IFRC

[Reuters](#);

“The world is “dangerously unprepared” for future pandemics, the International Federation of the Red Cross and Red Crescent Societies (IFRC) say in a report published on Monday, calling on countries to update their preparedness plans by year-end.”

*“In its **World Disasters Report 2022**, the IFRC said “all countries remain dangerously unprepared for future outbreaks” despite COVID-19 killing more people than any earthquake, drought or hurricane in history. The report said that countries should review their legislation to ensure it is in line with their pandemic preparedness plans by the end of 2023 and adopt a new treaty and revised International Health Regulations by next year that would invest more in the readiness of local communities. It also recommended that countries increase domestic health finance by 1% of gross domestic product and global health finance by at least \$15 billion per year, which Chapagain described as a “good investment to make”.*

Access to Medicines & health technology

Devex - Medicines Patent Pool has a plan to get drugs to low-income nations fast

<https://www.devex.com/news/medicines-patent-pool-has-a-plan-to-get-drugs-to-low-income-nations-fast-104850>

(gated) *“Low- and middle-income countries often wait years to access new drugs already available in high-income countries. MPP has **big ambitions to change this, and include more medicines for noncommunicable diseases in its portfolio.**”*

*“...The United Nations-backed organization, known for its work in the generic licensing of drugs for infectious diseases such as HIV and tuberculosis, **wants the medicines delivered to low- and middle-income countries at the same time they get to high-income countries.**”*

*“...“**I want to get generic versions into low- and middle-income countries** within a year of their launch **in the developed world.** That's really the aim,”* (Charles Gore, the executive director at MPP).

- For more detail, see MPP - [The Medicines Patent Pool launches an ambitious three-year strategy for greater access to medicines and health technologies for those in need](#)

“MPP’s strategy for 2023-2025 lays out its plans to establish 10 new licences, develop 5 new products, and support 10 technology transfers. By 2025, 30 million people will be accessing MPP-licensed products each year.”

“...Through its new strategy, MPP will consolidate recent expansions in areas like non-communicable diseases, maternal health, mRNA vaccines, and biologics, proving that its model can be adapted to new disease areas and more complex technologies. The organisation will also seek to learn from its current activities to strengthen its positioning in the global health architecture, enhance its impact, and plan for its next strategy....”

The People’s Vaccine – Developing countries faced “apartheid” distribution of Covid-19 and MPOX tests, report finds

<https://peoplesvaccine.org/resources/media-releases/developing-countries-faced-apartheid-distribution-of-covid-19-and-mpox-tests-report-finds/>

*“Health experts have warned of a “**diagnostics apartheid**” in the global distribution of tests for COVID-19 and Mpox (previously known as Monkeypox), with access for developing countries impeded by high prices, an over-reliance on slower PCR tests, and burdensome intellectual property rules on test components. “*

“The report, commissioned by the People’s Vaccine Alliance and authored by health experts from Matahari Global Solutions, focuses on Mpox and COVID-19 as examples of the inequality in access to tests in developing countries. It comes as the World Health Organization (WHO) considers a resolution proposing a range of measures to improve access to diagnostic tests for all diseases.”

“The authors call for governments and international institutions to urgently invest in local production of diagnostic tests, to ensure developing countries are not reliant on producers from rich countries who dominate the global market. They call for action to support the production of generic tests, including sharing technology, know-how, and intellectual property rights with producers in low and middle-income countries. This includes bringing COVID-19 tests into a deal reached at the World Trade Organization in June that eased some patent protections for vaccines.....”

Peter Hotez on Patent-Free Vaccines—and Texas, Tito’s, and Twitter

<https://globalhealthnow.org/2023-01/peter-hotez-patent-free-vaccines-and-texas-titos-and-twitter>

With a must-read update on this patent-free vaccine. A few chunks from the interview with Hotez:

“What’s the latest on your patent-free COVID vaccine? How many people has it reached?”

Our recombinant protein COVID vaccine technology has been licensed to 4 major entities, and 2 that have scaled it up into vaccine production: Biological E in India and Biofarma in Indonesia. Between them, we’re hitting the 100 million dose mark. The technology has also been transferred to Botswana and Bangladesh.”

“... If and when companies in India and Indonesia receive WHO prequalification for the vaccines being produced there using our technology, those vaccines could be sent anywhere in the world—but WHO has been sitting on prequalification for months and months. That’s an indication that we’ve got to come up with alternative regulatory systems—not have everything go through the WHO pipeline. They don’t have the bandwidth to process all of the applications in a timely way.

“... Could this approach usher in a different model for vaccine development overall? Absolutely, and particularly for the vaccines that pharma companies would have no interest in making. We’re also involved in making vaccines for parasitic diseases that are of local or regional importance but not global importance. Pharma companies are never going to make vaccines for hookworm or Chagas disease. We’re making those vaccines. Hopefully we can provide a model for a whole pipeline of vaccines for global health.....”

The People’s Vaccine – Pfizer Q4 earnings: Pfizer has plundered health systems for profit, campaigners say

<https://peoplesvaccine.org/resources/media-releases/pfizer-q4-earnings-pfizer-has-plundered-health-systems-for-profit-campaigners-say/>

“In one year alone, Pfizer’s revenue has exceeded the total health expenditure of more than 100 countries combined.....”

This was a People’s Vaccine reaction to Pfizer’s announcement - [Pfizer reports record full-year 2022 results and provides full-year 2023 financial guidance](#) : *“ Full-Year 2022 Revenues of \$100.3 Billion, An All-Time High for Pfizer....”*

PS: A little bit of good news perhaps, via [Reuters - Pfizer sees steep 2023 fall in COVID sales](#)

“...Chief Executive Albert Bourla said that 2023 should be a “transition year” for Pfizer's COVID products, before potentially returning to growth in 2024. Pfizer's total annual sales crossed the \$100 billion mark for the first time in 2022, driven by the more than \$56 billion in sales of its COVID-19 vaccine and Paxlovid antiviral treatment. It expects total 2023 revenue of \$67 billion to \$71 billion....”.

NYT - Vaccine Makers Kept \$1.4 Billion in Prepayments for Canceled Covid Shots for the World's Poor

<https://www.nytimes.com/2023/02/01/health/covid-vaccines-covax-gavi-prepayments.html>

Coverage on another major Covax “issue”.

“As global demand for Covid-19 vaccines dries up, the program responsible for vaccinating the world's poor has been urgently negotiating to try to get out of its deals with pharmaceutical companies for shots it no longer needs. Drug companies have so far declined to refund \$1.4 billion in advance payments for now-canceled doses, according to confidential documents obtained by The New York Times. Gavi, the international immunization organization that bought the shots on behalf of the global Covid vaccination program, Covax, has said little publicly about the costs of canceling the orders. But Gavi financial documents show the organization has been trying to stanch the financial damage. If it cannot strike a more favorable agreement with another company, Johnson & Johnson, it could have to pay still more....”

“The vaccine makers have brought in more than \$13 billion from the shots that have been distributed through Covax. Under the contracts, the companies are not obligated to return the prepayments Gavi gave them to reserve vaccines that were ultimately canceled. But in light of how many vaccine doses Gavi has had to cancel, some public health experts criticized the companies' actions....”

“...Gavi has reached settlements with Moderna, the Serum Institute of India and several Chinese manufacturers to cancel unneeded doses, surrendering \$700 million in prepayments, the documents show. Another drug company, Novavax, is refusing to refund another \$700 million in advance payments for shots it never delivered. Gavi and Johnson & Johnson are locked in a bitter dispute over payment for shots that Gavi told the company months ago it would not need, but which the company produced anyway. Johnson & Johnson is now demanding that Gavi pay an additional, undisclosed amount for them. Gavi had an indirect supply relationship with Pfizer; the Biden administration purchased a billion shots from it to donate through Covax. The United States last year revised its deal with the company, converting an order for 400 million doses into future options. The company said it did not charge any fees to change the order....”

“...Had some vaccine manufacturers not been willing to renegotiate their contracts with Gavi, the costs to the organization could have been much higher. Gavi would have been on the hook for \$2.3 billion for the doses it wanted to cancel, the documents show, but it saved \$1.6 billion by exiting those contracts.”

'Up to 50%' of medicines in Africa's Sahel region are fake or substandard

<https://www.trtworld.com/africa/up-to-50-of-medicines-in-africa-s-sahel-region-are-fake-or-substandard-65064>

“Beyond risk of counterfeits and poorly made drugs — which at best do not work and at worst lead to toxic contaminations — UN report also warns of legitimate medications being used in unauthorised ways.”

“Up to 50 percent of medicines in West Africa are substandard or fake, the [UN has warned in a report](#) on the illicit trade in medical products, which can lead to antimicrobial resistance or toxic contaminations while undermining trust in healthcare systems. Between January 2017 and December 2021, at least 605 tonnes of medical products were seized in West Africa during international operations, the **United Nations Office on Drugs and Crime (UNODC) said on Tuesday, though reporting is inconsistent, and the real number is likely to be higher.....”**

Related: **UN News - [Fake medicines kill almost 500,000 sub-Saharan Africans a year: UNODC report](#)**

“In sub-Saharan Africa, as many as 267,000 deaths per year are linked to falsified and substandard antimalarial medicines, the transnational organized crime threat assessment found. In addition, up to 169,271 are linked to falsified and substandard antibiotics used to treat severe pneumonia in children....”

And **Devex- [Two types of drugs kill nearly 500,000 in sub-Saharan Africa each year](#)**

HIV

WHO - African leaders unite in pledge to end AIDS in children

<https://www.who.int/news/item/01-02-2023-african-leaders-unite-in-pledge-to-end-aids-in-children>

“Ministers and representatives from twelve African countries have committed themselves, and laid out their plans, to end AIDS in children by 2030. International partners have set out how they would support countries in delivering on those plans, which were issued at the first ministerial meeting of the [Global Alliance to end AIDS in children](#). The meeting hosted by the United Republic of Tanzania, marks a step up in action to ensure that all children with HIV have access to life saving treatment and that mothers living with HIV have babies free from HIV. The Alliance will work to drive progress over the next seven years, to ensure that the 2030 target is met.”

“...Only half (52%) of children living with HIV are on life-saving treatment, far behind adults of whom three quarters (76%) are receiving antiretrovirals. In 2021, 160 000 children newly acquired HIV. Children accounted for 15% of all AIDS-related deaths, despite the fact that only 4% of the total number of people living with HIV are children.”

“In partnership with networks of people living with HIV and community leaders, ministers laid out their action plans to help find and provide testing to more pregnant women and link them to care.

The plans also involve finding and caring for infants and children living with HIV. [The Dar-es-Salaam Declaration on ending AIDS in children](#) was endorsed unanimously.

“... Twelve countries with high HIV burdens have joined the alliance in the first phase: Angola, Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo (DRC), Kenya, Mozambique, Nigeria, South Africa, the United Republic of Tanzania, Uganda, Zambia, and Zimbabwe....”

“The work will centre on four pillars across: 1. Early testing and optimal treatment and care for infants, children, and adolescents; 2. Closing the treatment gap for pregnant and breastfeeding women living with HIV, to eliminate vertical transmission; 3. Preventing new HIV infections among pregnant and breastfeeding adolescent girls and women; and 4. Addressing rights, gender equality and the social and structural barriers that hinder access to services.”

World NTD Day (30 Jan)

WHO - More countries eliminate neglected tropical diseases but investments key to sustain progress

<https://www.who.int/news/item/30-01-2023-more-countries-eliminate-neglected-tropical-diseases-but-investments-key-to-sustain-progress>

“Today, on [World Neglected Tropical Disease \(NTD\) Day](#), WHO releases a new progress report, entitled [“Global report on neglected tropical diseases 2023”](#) highlighting the progress and challenges in delivering NTD care worldwide, against a backdrop of COVID-19-related disruptions....”

“NTDs continue to disproportionately affect the poorest members of the global community, primarily in areas where water safety, sanitation and access to health care are inadequate. **Although as many as 179 countries and territories reported at least one case of NTDs in 2021, 16 countries accounted for 80% of the global NTD burden. Around 1.65 billion people were estimated to require treatment for at least one NTD, globally....”**

“The new progress report shows that the number of people requiring NTD interventions fell by 80 million between 2020 and 2021, and eight countries were certified or validated as having eliminated one NTD in 2022 alone. As of December 2022, 47 countries had eliminated at least one NTD and more countries were in the process of achieving this target....”

Coverage via UN News - [WHO calls for more action to end ‘cycles of poverty and stigma’ related to tropical diseases](#)

“More countries have worked to eliminate dengue, leprosy and other neglected tropical diseases (NTDs) over the past decade, but **greater efforts and investment are needed in the face of pandemic-related disruptions**, the World Health Organization (WHO) said on Monday.”

Policy Cures – G-Finder report: Neglected Diseases R&D: The Status Quo won't get us there

<https://policy-cures-website-assets.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2023/01/31195852/Embargoed-2022-G-FINDER-Neglected-Disease-report.pdf>

Via [Politico](#): **“Funding for “neglected diseases” — those prevalent in developing countries that need new therapeutics but lack sufficient investment to develop them — continues to drop, according to a new report. Policy Cures Research, a global health policy and research group based in Australia, says that funding for basic research and product development dropped slightly by 0.2 percent in 2021, continuing a three-year-long trend that has investment down 4 percent from 2018.....”**

Decolonize Global Health

NEJM (Perspective) - Behind-the-Scenes Investment for Equity in Global Health Research

J E Haberer & Yap Boum II ;

https://www.nejm.org/doi/full/10.1056/NEJMp2213809?query=featured_secondary

« Increasing attention is being paid to the inequity that pervades global health research. **One behind-the-scenes component of the research enterprise that hasn't been addressed is the indirect cost rate.** »

Chunk: « ... **Funders, such as the National Institutes of Health (NIH), can play an important role in supporting equity.** The NIH is the largest public funder of biomedical research, investing more than \$32 billion annually. The agency has taken positive steps to address inequities in global health research, for example by launching the 5-year, \$74.5 million Harnessing Data Science for Health Discovery and Innovation in Africa (DS-I Africa) program in 2021 to create and support a robust pan-African network of data scientists and technologies. This project, led primarily by African researchers, addresses high-priority research questions in Africa and moves away from the predominant model in which investment in global health research disproportionately furthers the careers of participating U.S. investigators..... **We believe the NIH has made important progress by bringing together many hands to address inequity in global health research. Effective support for research in the Global South, however, requires additional investment in research capacity. One behind-the-scenes component of the research enterprise that contributes to inequities and hasn't been addressed is the indirect cost (IDC) rate.** Funding for IDCs provides critical support for institutional infrastructure, including grants administration and facility operations, and fuels the capacity to conduct research. **U.S. academic institutions negotiate IDC rates with the NIH that currently range from 15 to 97% of a grant's direct costs (which include, e.g., personnel- and participant-related costs), with a median rate of 56%, according to the Federal Demonstration Partnership. The IDC rate for non-U.S. institutions, on the other hand, is fixed at 8%.** The NIH awarded more than \$108 million in 305 grants to Global South institutions in fiscal year 2022 (see table and map), with \$9 million for IDCs. Had the IDC rate been equal to the median rate for U.S. institutions, these Global South institutions would have collectively received \$61 million for IDCs. **Although targeted investments like DS-I Africa help build capacity, this disparity is troubling. The IDC rate should therefore be based on institutional needs, not geography....”**

Planetary Health

Guardian - Emissions divide now greater within countries than between them – study

https://www.theguardian.com/environment/2023/jan/31/emissions-divide-now-greater-within-countries-than-between-them-study?CMP=share_btn_tw

“The difference between the carbon emissions of the rich and the poor within a country is now greater than the differences in emissions between countries, data shows. ... The finding is further evidence of the growing divide between the “polluting elite” of rich people around the world, and the relatively low responsibility for emissions among the rest of the population. It also shows there is plenty of room for the poorest in the world to increase their greenhouse gas emissions if needed to reach prosperity, if rich people globally – including some in developing countries – reduce theirs, the analysis has found.”

“... This has profound consequences for climate action, as it shows that people on low incomes within developed countries are contributing less to the climate crisis, while rich people in developing countries have much bigger carbon footprints than was previously acknowledged. In a report entitled Climate Inequality Report 2023, economists from the World Inequality Lab dissect where carbon emissions are currently coming from. The World Inequality Lab is co-directed by the influential economist Thomas Piketty, the author of *Capital in the Twenty-first Century*, whose work following the financial crisis more than a decade ago helped to popularise the idea of “the 1%”, a global high-income group whose interests are favoured by current economic systems....

AHAIC newsletter - Africa Must Lead the Charge to Mainstream Climate Change in the Global Health Agenda

<https://mailchi.mp/amref/climate-talks-in-health-at-ahaic-898390?e=355e9b0e08>

“..... In this edition of the AHAIC 2023 newsletter, Dr Githinji Gitahi, Global CEO, Amref Health Africa, shares his thoughts on why African countries must lead the charge to mainstream climate talks in health policymaking if the continent is to be prepared for the health challenges of the coming decade.....”

New Economics Foundation – We need Universal Basic Services to tackle the climate crisis

<https://neweconomics.org/2023/02/we-need-universal-basic-services-to-tackle-the-climate-crisis>

“Universal basic services (UBS) can play a crucial role in tackling the climate emergency, says a report out today from NEF and the Berlin-based Hot or Cool Institute. UBS deliver secure social foundations by making sure everyone has access to life’s essentials and promote equity by meeting everybody’s needs, regardless of income or status. They can be designed to curb harmful emissions and safeguard natural resources. By putting human wellbeing and social justice centre-stage, they also help to build democratic support for climate action.”

“... Today’s report highlights UBS as an indispensable eco-social policy, vital to all efforts to build a sustainable economy and a Green New Deal, in the UK and across Europe. It does this in three ways: by influencing public attitudes and consumption patterns; by transforming provisioning systems; and by underpinning political programmes to bring about a green transformation.”

NCDs

Lancet Editorial - Global cancer: overcoming the narrative of despondency

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00234-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00234-9/fulltext)

Editorial ahead of **World Cancer Day (4 Feb)**. Offering some pragmatic steps forward.

And concluding: **“The impact of cancer on societies is unavoidable. NCDs are becoming the increasingly dominant health challenge for many low-income and middle-income countries, with cancer a rising priority. The urgency will only accelerate. The first step must therefore be a political commitment to Universal Health Coverage. But the second must be to design specialist preventive and treatment services for cancer. The case for action can be made on many grounds—as an investment in human capital, as a response to a health emergency, or simply as an ethical necessity. What cannot be denied is the inevitability of the imperative....”**

Bloomberg Philanthropies Commits Additional \$420 Million to Reduce Tobacco Use Globally

<https://www.bloomberg.org/press/bloomberg-philanthropies-commits-additional-420-million-to-reduce-tobacco-use-globally/>

“Bloomberg Philanthropies today announced an additional commitment of \$420 million over four years to the Bloomberg Initiative to Reduce Tobacco Use. This fourth investment brings Bloomberg’s total commitment to tobacco control to more than \$1.58 billion since 2005. The Bloomberg Initiative to Reduce Tobacco Use is helping cities and countries implement measures that are proven to reduce use and protect people from harm, including smoke-free public places, banning tobacco advertising, increasing tax on tobacco products, requiring graphic warnings on cigarette packaging, and mass-media public awareness campaigns. Currently, the initiative spans more than 110 low- and middle-income countries — including China and India, which together account for nearly 40% of the world’s smokers.”

“... From the new \$420 million in funding, \$280 million will be aimed at reducing tobacco use in low- and middle-income countries (LMICs) and \$140 million will target reducing e-cigarette use among teenagers in the United States.”

Global health governance & governance of health

ORF (Briefing) - Global Health Governance in an Uncertain World: A Proposed Framework for the #G20

S M Pattanshetty et al; <https://www.orfonline.org/research/global-health-governance-in-an-uncertain-world/>

*“In the aftermath of the COVID-19 pandemic, reforming the global health governance system has become a key area of concern for the G20 and other multilateral platforms. This comes at a time when the world has increasingly become volatile, uncertain, complex, and ambiguous. **As a grouping of developed and developing countries, the G20 must prioritise addressing global health challenges by identifying its direct and indirect determinants. This brief presents a proposed framework for global health governance to achieve these goals.**”*

Japan’s International Cooperation for Global Health

https://www.gov-online.go.jp/pdf/hlj/20230101/hlj202301_24-25_Japans_International_Cooperation_for_Global_Health.pdf

Worth a read ahead of the **G7 Summit scheduled this May in Hiroshima**. It’s also expected to focus on global health as one of the main themes. With some history on Japan’s track record in past decades.

CFR - PEPFAR at Twenty

M Gavin; <https://www.cfr.org/blog/pepfar-twenty>

“PEPFAR’s twentieth anniversary should prompt reflection on some inconvenient truths for U.S.-Africa relations.”

Quote:

*“ while celebrating all that the United States and partners overseas have achieved with PEPFAR resources, Washington must reckon with an uncomfortable reality. By the numbers, PEPFAR has made fighting HIV/AIDS the undisputed top priority of the United States in Africa. Roughly 70 percent of U.S. assistance on the continent over the past decade has been aimed at addressing health issues, primarily through PEPFAR. **But in 2023, fighting HIV is not the top priority of African governments. It is not the top priority of African citizens, as revealed in poll after poll showing that job creation and, in a number of countries, security issues, are front and center.** This mismatch is hard to square with the Biden administration’s rhetoric around building stronger partnerships in the region by recognizing African agency, and policymakers’ sincere desire to base U.S. relations with African states on shared interests, responding to the priorities that Africans themselves have identified.....”*

- And via [Politico](#):

“PEPFAR turns 20 this year, and the \$7 billion-a-year program is up for congressional reauthorization. Though Congress could choose to fund the program without passing a reauthorization bill, global health advocates such as Chris Collins, the president and CEO of Friends of the Global Fight, which lobbies the U.S. government for the Global Fund to Fight AIDS, Tuberculosis and Malaria, said that approach would be a bad signal. He and other advocates want Congress to restate its support for the program through reauthorization while keeping PEPFAR’s structure and funding in place.....”

Lancet Perspective - Jarbas Barbosa da Silva Jr: new Director of PAHO

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00178-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00178-2/fulltext)

“On Feb 1, 2023, Jarbas Barbosa da Silva Jr will succeed Carissa Etienne of Dominica as Director of the Pan American Health Organization (PAHO). Speaking to The Lancet ahead of his 5-year term, Barbosa outlined the “very complex epidemiological scenario” in the Americas, including the double burden of infectious and non-communicable diseases and the substantial toll from accidents and violence. For him, “it’s important for PAHO to provide a response to all these priorities”. But his ambition for the Americas is “to recover better than we were in pre-pandemic 2019 because the reality is that for many relevant Sustainable Development Goal indicators, we were not on track”. To reach this vision, Barbosa thinks it is important for PAHO to present PAHO member states with the most innovative, cost-efficient strategies and technologies to tackle health issues. “

Plos GPH - “Mobilizing our leaders”: A multi-country qualitative study to increase the representation of women in global health leadership

C T Riche et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000646>

“...We conducted a multi-country study in Haiti, Tanzania, India, and the USA to examine gender-based challenges to career advancement for women in the global health workforce.

UHC & PHC

SS&M - The primacy of politics in neoliberal universal health coverage policy reform. A commentary on ‘Financing and Provision of Healthcare for Two Billion People in Low-Income Nations: Is the Cooperative Healthcare Model a Solution?’ by William C Hsiao and Winnie Yip

P Mladowsky, V Ridde et al ;

<https://www.sciencedirect.com/science/article/pii/S0277953623000989>

“In their article, Hsiao and Yip point to the urgency of expanding health coverage in low and lower-middle-income countries (LLMIC). They argue for a reconfigured form of community-based health insurance (CBHI), termed “Cooperative Healthcare” (CH), that offers a potential transition solution in countries where both fiscal conditions and labor market conditions preclude it from using

*general tax revenue or social health insurance (SHI). **We do not agree with this proposition and argue that their analysis of CH enablers and barriers overlooks the role of politics, which is increasingly recognised as integral to universal health coverage (UHC) struggles** (Fox & Reich, 2015; Kittelsen et al., 2019). A deeper consideration of politics challenges the coherence of their argument....”*

Authors conclude : « **Hsiao and Yip’s argument that policymakers must come up with new, or adapted, UHC solutions is an important one. The lack of progress on improving the health of millions in LLMIC demands creative thinking, especially in the wake of Covid-19** (Gostin et al., 2020). **Yet the evidence supporting CH as a model for future UHC policy reform is sparse, with studies pointing mainly to fragmentary and inequitable inclusion under this approach. We argue that rare cases of CH success such as Rwanda and China can be attributed to strong state capacity, not social capital.** Thailand and other LLMIC have similarly built and sustained central and local state capacity to invest in health infrastructure and the health workforce over several decades, drawing on tax and SHI funding. More studies of the political economy and anthropology of UHC are needed to deepen our understanding of how values, ideologies and interests of politicians, civil servants, activists and patients govern such health sector reforms.”

Recommended.

Check out also (in SS&M) - [Compulsion and Redistribution Remain Key Tenets for Financing Universal Health Coverage](#) (by A M Tandon et al)

The World Bank’s advocacy of user fees in global health, c.1970–1997: more ideology than evidence?

Chapter from the book [Health and Development](#);

<https://www.degruyter.com/document/doi/10.1515/9783111015583-011/html>

By Martin Gorsky and Christopher Sirrs.

Another [chapter](#) worth looking into: **The origins of social determinants of health and UHC at the WHO, 2005-2015.** Interesting stuff.

HP&P - The utilisation of systematic review evidence in formulating India’s National Health Programme guidelines between 2007 to 2021

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czad008/7008756?searchresult=1>

by E Rajwar.

Pandemic preparedness & response/ Global Health Security

Lancet (Correspondence) - Independent monitoring for the pandemic accord: a non-negotiable provision

L Hanbali, N Schwalbe et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00126-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00126-5/fulltext)

“In February, 2023 the Intergovernmental Negotiating Body for a pandemic accord will discuss a zero draft. The Intergovernmental Negotiating Body aims to present an accord for implementation by the World Health Assembly in May, 2024. The precursor to this draft, the conceptual zero draft, provides important ideas, including about equity, intellectual property rights, and benefit sharing. However, it contains little on holding countries accountable for the obligations they sign up to, suggesting instead that the governing body of the accord should agree to accountability measures after the accord is implemented. An accountability framework is crucial for the accord's success.....”

“... On the basis of our research, we propose the establishment of an independent monitoring committee to monitor state parties' compliance with and reporting of the pandemic accord. The committee would assess the timeliness, completeness, and robustness of state reporting and communicate these findings to heads of state. We recommend language to this effect be included in the zero draft to be published ahead of the meeting of the Intergovernmental Negotiating Body scheduled for February, 2023.”

Politico- Playing poker with pathogens

T Cueni ; <https://www.politico.eu/sponsored-content/playing-poker-with-pathogens/>

Thomas Cueni goes Lady Gaga. Based on a new report by Covington (with support of IFPMA).

IFPMA Director General Thomas Cueni dwells again on the vital importance of sharing of pathogens. He claims that the current politicization of access to pathogen samples and their sequence information creates a quid pro quo that puts a strain on GHS and the ability to quickly develop the vaccines, treatments and diagnostics needed.

*“There are documented cases where access to pathogens was either blocked or delayed. **A new report, carried out independently by Covington, with the support of IFPMA, reveals eight examples across seasonal influenza, SARS-CoV-2, zika, mpox, Japanese encephalitis, foot and mouth disease, ebola, and African swine fever.** The report found that delays or refusals for pathogen-sharing have led to suboptimal vaccine composition, diagnostics that were not tailored or tested against original or new variants of pathogens or skewed and nonrepresentative epidemiology in genomic surveillance.....”*

WP - How the global Pandemic Fund can live up to its great potential

Larry Summers et al; <https://www.washingtonpost.com/opinions/2023/01/30/world-bank-pandemic-fund-disease-outbreaks/>

“... Regrettably, only \$1.6 billion has been committed to the Pandemic Fund to date by more than 20 governments and philanthropies, including just \$250 million from the United States. This is woefully inadequate. A recent blue-ribbon panel (on which one of us served) estimates that **strengthening global capacity for pandemic preparedness requires \$20 billion to \$50 billion per year. We hope that the \$1.6 billion is a down payment and that much larger contributions will flow from the United States and other wealthy nations. **It is also essential that these contributions are true increases in spending and do not cannibalize other global health funding. They should also come from national security budgets, not highly constrained health budgets.....”****

“... This is why it is imperative the Pandemic Fund produces promising results in its early months. If it stumbles, it could jeopardize efforts to enhance global pandemic preparedness for years to come. We urge the fund's newly constituted board to take three critical actions:....”

“First, target its limited money wisely. The first grants, expected to amount to just \$300 million, should focus on a single area of greatest need — namely helping countries that are the most likely sources of outbreaks to build up their disease detection systems. The new “7-1-7” target — detecting and identifying a new pathogen within seven days, notifying the World Health Organization in one day and mounting a full response within another seven days — **should be the goal. ... The new Pandemic Fund should also focus on a single priority geographic area and not spread its resources too thinly. For example, the **fund could assist six nations of the Congo River Basin (Cameroon, Central African Republic, Democratic Republic of Congo, Republic of Congo, Equatorial Guinea and Gabon).**”**

“... Second, the fund should harness the strengths of existing multilateral institutions, giving each an equal chance to act as a financial intermediary.

“... Finally, since the multilateral organizations already have elaborate processes for technical review of prevention projects, the new Pandemic Fund should minimize additional checks.”

Science – US Scientists brace for tighter scrutiny of potentially risky research

<https://www.science.org/content/article/u-s-scientists-brace-tighter-scrutiny-potentially-risky-research>

“Expert panel recommends stricter reviews of research involving pathogens or toxins that could have “dual use”.”

Nature (News) - Flu, MERS and Ebola — the disease outbreaks most frequently reported

<https://www.nature.com/articles/d41586-023-00196-w>

« The World Health Organization’s disease reports reflect public-health priorities and surveillance capabilities. »

« Globally, influenza has been responsible for more outbreaks than any other infectious disease over the past 23 years, followed by Middle East respiratory syndrome (MERS) and Ebola, finds an analysis of disease reports by the World Health Organization (WHO). The study also reveals the

subjective way in which disease outbreaks are often reported, suggesting that this can affect how resources are allocated. Public-health authorities use several data sources to track infectious-disease outbreaks, but the **WHO's Disease Outbreak News (DON)** is one of the most influential. Global-health researcher **Rebecca Katz at Georgetown University** in Washington DC and her colleagues collected all 2,789 DON reports issued between 1996 and 2019 in a searchable database. The database includes the metadata pulled from each report, such as the location of the outbreak, type of disease and timeframe over which it progressed.....”

Economist - Habitat loss and climate change increase the risk of new diseases

<https://www.economist.com/graphic-detail/2023/01/31/habitat-loss-and-climate-change-increase-the-risk-of-new-diseases>

“Bats account for 90% of predicted viral transmission between mammal species.”

“Although scientists have not determined how covid-19 emerged, the leading theory is zoonotic spillover (transmission from animals). The death toll from covid has given efforts to prevent future pandemics new urgency. A recent study in Nature on bats, which carry sars-CoV-2's closest cousins, finds that the risk of such spillovers is rising—though changes in human activity could return it to safer levels.”

Re a recent paper: **“If covid is indeed zoonotic, it probably jumped first from bats to a “bridge” animal and then to people. The authors focus on the Hendra virus. This is also excreted by bats and infects horses, which spread it to humans. Of the seven people known to have caught Hendra, four died. The paper studied Hendra spillovers from fruit bats in subtropical eastern Australia, which have risen since 2006. It found that habitat loss combined with climate-induced food shortages explained the increase.....”**

“....Another paper in 2022 found that global warming, by forcing animals to change habitats, is expected to double the rate of first encounters (and thus potential viral spread) between mammal species. The study calculated that 90% of first contacts, concentrated in tropical, mountainous parts of Asia and Africa, involve bats, because they travel long distances and interact with lots of species.”

BMJ GH - Realising the right to participate in pandemic prevention, preparedness and response and beyond

T-L Lee ; <https://gh.bmj.com/content/8/1/e011689>

« The draft Accord on pandemic prevention, preparedness and response by the WHO and member states may inadvertently reinforce a state-centric infectious disease paradigm without substantively changing the governance structure wherein global health policies and decisions are made. Participation in decision-making processes at all levels of global governance for health can also help mediate and re-establish trust in science and political institutions. The right to participate is the ‘right of rights’; democratising health through participatory decision-making at all levels of governance is vital to reduce health gaps....”

BMJ GH - One health systems strengthening in countries: Tripartite tools and approaches at the human-animal-environment interface

S de la Roque et al ; <https://gh.bmj.com/content/8/1/e011236>

*« Unexpected pathogen transmission between animals, humans and their shared environments can impact all aspects of society. **The Tripartite organisations—the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO), and the World Organisation for Animal Health (WOAH)—have been collaborating for over two decades. The inclusion of the United Nations Environment Program (UNEP) with the Tripartite, forming the ‘Quadripartite’ in 2021, creates a new and important avenue to engage environment sectors in the development of additional tools and resources for One Health coordination and improved health security globally. ...**»*

Planetary health

Lancet Planetary Health (Newsdesk) – Global biodiversity deal is not pandemic proof

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(23\)00024-4/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(23)00024-4/fulltext)

*“At COP15 governments struck an ambitious global deal to protect biodiversity, but **missed an opportunity to include strong targets on biodiversity and human health.**”*

Lancet - Cooling cities through urban green infrastructure: a health impact assessment of European cities

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02585-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02585-5/fulltext)

Via the press release:

The Lancet: Planting more trees could decrease deaths from higher summer temperatures in cities by a third, modelling study suggests

“Modelling of 93 European cities finds that increasing tree cover up to 30% can help lower the temperature of urban environments by an average of 0.4 degrees and prevent heat-related deaths. (Average city tree coverage in Europe is currently at 14.9%.)The authors note that these findings highlight the need for more sustainable and climate-resilient strategies to be integrated into local policy decisions to aid climate change adaptation and improve population health.”

“One third of premature deaths attributable to higher temperatures in European cities during summer 2015 could have been prevented by increasing urban tree cover to 30%, reveals a modelling study published in The Lancet. The study also found that tree cover reduced urban temperatures by an average of 0.4 degrees during the summer. “

WHO Bulletin – Theme issue on health impacts of climate change and biodiversity loss

<https://www.ncbi.nlm.nih.gov/pmc/issues/427334/>

“This month’s theme is linked to the Prince Mahidol Award Conference on the intersection of health with climate change, environment and biodiversity. In the editorial section, Viroj Tangcharoensathien et al. discuss the political commitments needed to mitigate the health impact of the climate crisis. Sarah Whitmee, Andy Haines et al. introduce a new database that tracks global carbon emissions [i.e. Climate TRACE]. Fid Thompson reports on urban planning changes needed to address climate change, flooding and sanitation. Joy Shumake-Guillemot tells Gary Humphreys about recent climate and health initiatives in the World Meteorological Organization.....”

Devex - Norway's aid accused of climate 'hypocrisy and lies'

<https://www.devex.com/news/norway-s-aid-accused-of-climate-hypocrisy-and-lies-104851>

*“A Ugandan climate justice activist accused Norway of “hypocrisy and lies” in a confrontational opening speech during the Scandinavian country’s flagship development conference on Tuesday. **Vanessa Nakate’s pointed words highlight a key criticism of Norway aid and climate policy: the country is one of the world’s most generous donors, but continues to relentlessly drill for oil.**”*

Covid

Preprint - The Global case-fatality rate of COVID-19 has been declining disproportionately between top vaccinated countries and the rest of the world

N Haider et al ; <https://www.medrxiv.org/content/10.1101/2022.01.19.22269493v1>

« In the top-20 countries with vaccination, >200 doses of vaccines are given per 100 people on 5th Jan 2022, In the rest of the world, the figure is 105, and in Sub-Saharan Africa (SSA) only 15.72/ After the introduction of COVID-19 vaccination the reported case-fatality rate (rCFR) of COVID-19 has reduced by 35% in the top-20 countries with vaccination, 8% in the rest of the world roughly unchanged in SSA. The doses of COVID-19 vaccines (/100 people) and rCFR has a negative correlation on 5 Jan 2022 ($r=-0.296$, $p<0.001$). The COVID-19 vaccination and Stringency Index are strong protective factors for the country’s COVID-19 rCFR indicating that both vaccination and lockdown measures help in reduction of COVID-19 rCFR.....”

HPW -Oxford Study: COVID-19 Significant Cause of Death in US Children And Youth

<https://healthpolicy-watch.news/oxford-study-covid-19-death-children-youth/>

“A new study found COVID-19 has emerged as a leading cause of death in children and young people in the US, ranking eighth overall between August 2021 and July 2022.....”

NEJM (Perspective) - Facing the New Covid-19 Reality

Wafaa M. El-Sadr et al ; <https://www.nejm.org/doi/full/10.1056/NEJMp2213920>

A few chunks.

“...One of the key challenges that the public health community faces as the pandemic evolves is the need to move away from universal recommendations, or population-wide prevention policy, toward a more differentiated or tailored approach — one that takes into account the characteristics of various communities and the pathogen. Relevant characteristics may include those that influence virus transmission or clinical outcomes, such as vaccine and booster coverage and risk factors for severe outcomes, including chronic medical conditions, racism and discrimination based on ethnicity, and lack of adequate health insurance. “

... The current moment in the Covid-19 pandemic is a pivotal one. There is an urgent need to confront a future in which SARS-CoV-2 will remain with us, threatening the health and well-being of millions of people throughout the world. At the same time, it’s important to acknowledge that objectively we are in a better place with regard to the virus than we’ve ever been and that in fact many people believe the pandemic is behind us. This reality compels us to avoid using alarmist language and to offer valid and feasible solutions to bring people along to a new, nonemergency phase of the pandemic. How we craft our policies, programs, and associated messaging in this context and who delivers the messages is as important as ever.”

BMJ - Precarious work and the covid-19 pandemic: the need for a gender equality focus

<https://www.bmj.com/content/380/bmj-2022-072872>

“Tania King and colleagues argue that lessons learnt from previous crises and an explicit focus on gender should shape responses to reduce inequalities in job losses and sustained employment precarity after the covid-19 pandemic.”

BMJ - What do we know about the adaptive immune response to covid-19?

<https://www.bmj.com/content/380/bmj.p19>

“As our understanding of covid-19 has grown, so has our knowledge of how the adaptive immune system responds to create longer term immunity to it. Chris Stokel-Walker asks what we know and what we don’t.”

IJHPM - How Did Governments Address the Needs of People With Disabilities During the COVID-19 Pandemic? An Analysis of 14 Countries’ Policies Based on the UN Convention on the Rights of Persons With Disabilities

https://www.ijhpm.com/article_4402.html?utm_source=dlvr.it&utm_medium=twitter

By K Shikako et al.

Foreign Affairs - The Trust Gap: How to Fight Pandemics in a Divided Country

By Thomas J. Bollyky, Ilona Kickbusch, and Michael Bang Petersen;

<https://www.foreignaffairs.com/united-states/trust-gap-fight-pandemic-divided-country>

Authors examine the research out there on cooperation in low-trust societies.

Health Policy Open - The challenges brought by the COVID-19 pandemic to health systems exposed pre-existing gaps

A Rosenthal et al; <https://www.sciencedirect.com/science/article/pii/S2590229622000235>

Intro to a special issue. “... *The articles in this special issue of Health Policy Open address the COVID-19 pandemic from multiple angles, regions, and countries, exploring the impact of the pandemic on health systems and the resulting policies. In particular, this special issue showcases two types of challenges that health systems faced during the pandemic: unknown challenges that the pandemic exposed; and previously known challenges and gaps that were exacerbated by the pandemic.....*”

Infectious diseases & NTDs

Nature (News) - Will a new wave of RSV vaccines stop the dangerous virus?

<https://www.nature.com/articles/d41586-023-00212-z>

“Pfizer, GSK and Moderna are ahead in the race to produce vaccines against respiratory syncytial virus — what will be their impact?”

Economist - A better way of keeping mosquitoes at bay is under development

[*Economist*](#);

“A nifty piece of chemistry may have found a safe, effective, long-lasting protection.”

*“... Francesca Dani of the University of Florence, in Italy, thinks she might have the answer. As she and her colleagues describe in the **Journal of Agricultural and Food Chemistry**, they looked at a range of chemicals called aldehydes and ketones, and, with a bit of tweaking, produced something that seems a good, long-lasting, safe mosquito repellent.....”*

Telegraph - Why Singapore is on alert for a record-breaking year of disease

<https://www.telegraph.co.uk/global-health/science-and-disease/why-singapore-alert-record-breaking-year-disease/>

“The city state's caseload last year was almost six times higher than in 2021, with officials warning the trend is continuing.”

*“Singapore is on track to face a “massive outbreak” of dengue in 2023, as a **booming mosquito population is spreading a strain previously uncommon in the city-state....”***

Nature (News) - The next generation of coronavirus vaccines: a graphical guide

<https://www.nature.com/articles/d41586-023-00220-z>

“New technologies might provide more potent or broader immunity — but will have to fight for market share.”

*“... **vaccine developers around the world are working on dozens of ‘next-generation’ COVID-19 vaccines: not just updates of the first versions, but ones that use new technologies and platforms. These vaccines are a diverse group, but the overarching aim is to deliver long-lasting protection that is resilient to viral change. Some could protect against broader classes of coronavirus, including ones that have yet to emerge. Others might provide more potent immunity, might do so at lower doses, or might be better at preventing infection or transmission of the virus. Here’s what to expect of this next generation of vaccines.....”***

Science - Could a popular COVID-19 antiviral supercharge the pandemic?

<https://www.science.org/content/article/could-popular-covid-19-antiviral-supercharge-pandemic>

“Merck & Co.’s molnupiravir appears to be speeding evolution of SARS-CoV-2.”

“... the drug, molnupiravir, produced by Merck & Co., is designed to kill the virus by inducing mutations in the viral genome. A survey of viral genomes reported in a new preprint, however, suggests some people treated with the drug generate novel viruses that not only remain viable, but spread.....”

And a link:

- Stat - [Rare polio case highlights how hard it will be to keep polio gone once it’s eradicated](#)

*“ **An incident that took place at a Dutch polio vaccine production facility late last year is a critical reminder of a major challenge the world faces if and when polio eradication is completed: How do we keep polio from re-establishing itself, given that laboratories and vaccine manufacturers in numerous countries will need to continue to work with the viruses?....”***

AMR

Cidrap News - Study predicts global increase in antimicrobial use in food-producing animals

<https://www.cidrap.umn.edu/antimicrobial-stewardship/study-predicts-global-increase-antimicrobial-use-food-producing-animals>

“A new modeling study suggests the global use of antimicrobials in food-producing animals will continue to climb over the decade without further efforts to curb such use. The [study](#), published yesterday in *PLOS Global Public Health*, used previously published data from individual countries, the World Organization for Animal Health (WOAH), and the United Nations (UN) Food and Agriculture Organization (FAO) to estimate the use of antimicrobials in food-producing animals in 2020 and 2030. Their model estimates an 8% increase over that period, along with more intense use of antimicrobials in meat production....”

Lancet GH – An analysis of existing national action plans for antimicrobial resistance—gaps and opportunities in strategies optimising antibiotic use in human populations

E Charani et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00019-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00019-0/fulltext)

“At the 2015 World Health Assembly, UN member states adopted a resolution that committed to the development of national action plans (NAPs) for antimicrobial resistance (AMR). Although there have been regional and global analyses of NAPs from a One Health and policy perspective, a global assessment of the NAP objectives targeting antimicrobial use in human populations is needed. In this Health Policy, we report a systematic evidence synthesis of existing NAPs that are aimed at tackling AMR in human populations. We find marked gaps and variability in maturity of NAP development and operationalisation across the domains of: (1) policy and strategic planning; (2) medicines management and prescribing systems; (3) technology for optimised antimicrobial prescribing; (4) context, culture, and behaviours; (5) operational delivery and monitoring; and (6) patient and public engagement and involvement....”

Guardian - Plant toxin hailed as ‘new weapon’ in antibiotic war against bacteria

<https://www.theguardian.com/society/2023/jan/29/plant-toxin-new-weapon-antibiotic-war-against-bacteria-albicidin>

“Scientists say albicidin has allowed them to take a giant step forward to creating a powerful new range of antibacterial drugs.”

“.... The new antibiotic – albicidin – attacks bacteria in a completely different way to existing drugs, a group of British, German and Polish scientists have revealed in a [paper recently published in the journal Nature Catalysis](#). This suggests a new route could be exploited to tackle bacterial disease, they say....”

Link:

- Lancet Microbe - [Antimicrobial resistance in patients with COVID-19: a systematic review and meta-analysis](#)

NCDs

WB ('Investing in Health' blog) - The high cost of free sugars

D Arias et al ; <https://blogs.worldbank.org/health/high-cost-free-sugars>

« The sugar industry has played an important historical role in building economies around the world, spurring job creation and investment in non-sugar sectors. The economic multiplier effect of sugar mills has been well documented. But governments are now recognizing the high cost of added sugars on human health and are taking action to reduce sugar consumption.....”

*“Today, **20 different** types of sugars are produced to be added to food or drinks (called “added” or “free sugars”). Government support to sugarcane and sugar beet farmers is the highest among all agrifood commodities What are the social costs to supporting production of free sugars, particularly when it comes to health?”*

“Rather than incentivizing domestic sugar production, public policy may be better-off shifting, for example, towards taxation on sugar consumption. These tax revenues may then be used to compensate for the cost of health care given the impact of free sugar consumption on NCDs.”

Telegraph - These politicians banned alcohol – now poisonous hooch is killing thousands

<https://www.telegraph.co.uk/global-health/climate-and-people/politicians-banned-alcohol-now-poisonous-hooch-killing-thousands/>

“Indian politicians banned alcohol in Bihar – now poisonous hooch is killing thousands. The world’s largest prohibition experiment since the 1920s has pushed liquor underground. The consequences are disastrous.....”

SS&M -Improving quality of non-communicable disease services at primary care facilities in middle-income countries: A scoping review

<https://www.sciencedirect.com/science/article/abs/pii/S0277953623000345>

By Krishna Rao et al.

Plos GPH – National health policies and strategies for addressing chronic kidney disease: Data from the International Society of Nephrology Global Kidney Health Atlas

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0001467>

By B Neuen et al.

Mental health & psycho-social wellbeing

Lancet GH - Equitable and sustainable funding for community-based organisations in global mental health

J Larrieta et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00015-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00015-3/fulltext)

“...As we reflect on these problems and provide recommendations for funders, we call for a radical shift towards funding mechanisms that recognise communities and community-based organisations as active agents of change, and that complement their local experience and knowledge. In this Comment, we focus on mental health, but the key arguments apply more broadly....”

Social & commercial determinants of health

International Journal of Social Determinants of Health and Health Services - Why Social (Political, Economic, Cultural, Ecological) Determinants of Health? Part 1: Background of a Contested Construct

C Muntaner et al; <https://journals.sagepub.com/doi/abs/10.1177/27551938231152996>

« This article is the first half of a 2-part essay on the Social Determinants of Health (SDOH) as a field of scientific inquiry and theoretical framework, exploring its historical roots, current applications, and the controversies that surround it. Part 1 (this article) discusses the background and rationale of the SDOH framework, whilst part 2 (forthcoming) will analyze the current alternatives to this framework. The authors analyze the debate surrounding the contested term “social” in the field of health equity, through a clarification of the terms “social” and “social systems” and providing an alternative model through realist semantics and ethics. Despite the misunderstandings of the term “social,” the authors argue that SDOH remains a useful umbrella term to capture the political, economic, cultural, and ecological determinants of health.... »

BMJ GH - Embracing the non-traditional: alcohol advertising on TikTok

J Bagenal et al ; <https://gh.bmj.com/content/8/1/e009954>

Authors identified *“five categories with examples of alcohol advertising on TikTok requiring further investigation, including: direct influencer advertising, the presence of alcohol companies or service accounts, online bartenders, indirect alcohol sponsorship via creator page links and user-generated content.”*

Sexual & Reproductive health rights

Lancet Comment - Towards a world with no child marriage: four countries pledge action

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00109-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00109-5/fulltext)

By Ministers from Bangladesh, DRC, Ethiopia and Nigeria.

*“... Child marriage happens to some degree in most parts of the world (panel). Increasing recognition of its harms, including in perpetuating gender discrimination and inequality, led the international community to agree to **eliminate this practice by 2030**—a target embedded in the global Sustainable Development Goals (SDGs). **The countries that we represent as ministers endorsed that SDG target and are determined to reach it. Together, our countries are where a fifth of all child brides globally live.** ... on behalf of our governments, we pledge action on several fronts....”*

Neonatal and child health

UN News - Eight trends that will impact children in 2023

<https://news.un.org/en/story/2023/01/1132937>

“A series of interconnected crises are expected to have a huge impact on children in 2023. A report from the UN children’s agency (UNICEF), released on Tuesday, details the trends that will shape their lives over the next 12 months.”

“The war in Ukraine, has resulted in high food and energy prices, global hunger, and inflation - just one example of the way that crises, affecting millions around the world, including children, affect each other. The report, “Prospects for Children in 2023: A Global Outlook”, also looks at a range of other significant areas, from the ongoing impact of the COVID-19 pandemic to the fragmentation of the internet, and the climate emergency. Here are eight insights contained within the study....”

Access to medicines & health technology

WHO updates critical medicines list for radiological and nuclear emergencies

<https://www.who.int/news/item/27-01-2023-who-updates-critical-medicines-list-for-radiation-and-nuclear-emergencies>

From late last week. *“The World Health Organization (WHO) today updated its list of medicines that should be stockpiled for radiological and nuclear emergencies, along with policy advice for their appropriate management. These stockpiles include medicines that either prevent or reduce exposure to radiation, or treat injuries once exposure has occurred....”*

Related HPW coverage – [WHO Provides New Medicines List, Policy Recommendations for Nuclear Emergency](#)

*“....This newest report **updates the one released over 15 years ago, in 2007**, and thus includes a host of new pharmaceutical developments.”*

Al Jazeera (Op-ed) - Latin America can lead the way on a new public health model

<https://www.aljazeera.com/opinions/2023/2/1/building-a-new-global-health-system-from-below>

“The pandemic demonstrated that the current global public health system is failing the Global South. We need a new one.”

By **Carina Vance Mafla**, former Minister for Public Health of Ecuador.

*“.... To break the current system’s power and forge a new one, **we need to challenge it at four levels: transparency, knowledge, industry and governance.....”***

NYT - How a Drug Company Made \$114 Billion by Gaming the U.S. Patent System

<https://www.nytimes.com/2023/01/28/business/humira-abbvie-monopoly.html>

*“AbbVie for years delayed competition for its **blockbuster drug Humira**, at the expense of patients and taxpayers. The monopoly is about to end.”*

*“In 2016, a blockbuster drug called Humira was poised to become a lot less valuable. **The key patent on the best-selling anti-inflammatory medication, used to treat conditions like arthritis**, was expiring at the end of the year. Regulators had blessed a rival version of the drug, and more copycats were close behind. The onset of competition seemed likely to push down the medication’s \$50,000-a-year list price. Instead, the opposite happened. Through its savvy but legal exploitation of the U.S. patent system, Humira’s manufacturer, AbbVie, blocked competitors from entering the market. For the next six years, the drug’s price kept rising. Today, Humira is the most lucrative franchise in pharmaceutical history. **Next week, the curtain is expected to come down on a monopoly that has generated \$114 billion in revenue for AbbVie just since the end of 2016.** The knockoff drug that regulators authorized more than six years ago, Amgen’s Amjevita, will come to market in the United States, and as many as nine more Humira competitors will follow this year from pharmaceutical giants including Pfizer. Prices are likely to tumble. **The reason that it has taken so long to get to this point is a case study in how drug companies artificially prop up prices on their bestselling drugs. AbbVie orchestrated the delay by building a formidable wall of intellectual property protection and suing would-be competitors before settling with them to delay their product launches until this year.....”***

See also the FT – [Blockbuster AbbVie drug Humira to face competition in US for first time](#)

“Amgen to launch ‘biosimilar’ version of medicine that has generated \$200bn in sales since launch.”

Decolonize Global Health

Lancet (Perspective) - When dignity meets evidence

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00176-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00176-9/fulltext)

By Seye Abimbola. *“There is a kind of knowledge practice we may call dignity-based practice....”*

“...Institutionalising dignity-based knowledge practice requires multiple loosely joined-up movements of the less powerful. Each movement is centred on undoing a mix of classism, sexism, racism, casteism, coloniality, capitalist exploitation, and whatever else creates distances and conditions that violate people's dignity as knowers....”

Nature (Comment) - Could Africa be the future for genomics research?

Z Lombard et al; <https://www.nature.com/articles/d41586-023-00222-x>

« Funds for a major genomics programme in Africa will run dry this year. A chance to address global inequity in health-related genomics by building on the success of this initiative must not be missed. »

« ...In 2020, an analysis of 426 African genomes, involving researchers from 15 African countries, uncovered 3 million new variants in the human genome. The discovery contributed to the development of a tool that enables researchers to identify genetic associations specifically in African populations — the Infinium H3Africa Consortium genotyping array, produced by the US biotechnology firm Illumina..... Although various enterprises have supported cutting-edge human genomics in Africa, the Human Heredity and Health in Africa (H3Africa) initiative, which supported this work, has probably contributed the most in terms of infrastructure and training. The US\$176-million programme began in 2010, funded by the US National Institutes of Health (NIH) and the UK biomedical charity Wellcome (in partnership with the African Society of Human Genetics).....”

Nam Aidsmap - Passports and privilege: what does the future hold for global HIV conferences?

L L Gonzalez; <https://www.aidsmap.com/news/jan-2023/passports-and-privilege-what-does-future-hold-global-hiv-conferences>

“Visa issues prevented scores of scientists and activists from attending last year’s International AIDS Conference in Montréal after the Canadian government allegedly failed to fulfill commitments to fast-track applications. Now, the International AIDS Society (IAS) is changing how host cities are selected, but it may take radical transparency to help make more equitable access a reality....”

Stat (Op-ed) - How a checklist can help decolonize global health research

<https://www.statnews.com/2023/01/27/checklist-help-decolonize-global-health-research/>

“...Sparked by a musing on internal checklists for global health by Maria Brunette, a health equity scholar at The Ohio State University, two trainees we have been working with, Daniel Z. Hodson and Yannick Mbarga Etoundi, spearheaded the idea of adapting our goals for improving global health collaborations to the checklist concept popularized by Atul Gawande, which is widely used in health care and other settings. **Writing in the journal PLOS Global Public Health, the four of us proposed the Douala Equity Checklist for evaluating global health research projects as part of their processes for funding and screening projects. The 20-item checklist below emerged from our years of living, working, and learning in low- and middle-income countries and jointly attempting to build more equitable collaborations between institutions in the United States and those in various countries in Africa. We want to emphasize, however, that the principles we describe here are applicable to global health collaborations in any part of the world, and are a work in progress....”**

Journal of Medical Ethics - Where is knowledge from the global South? An account of epistemic justice for a global bioethics

B Pratt et al ; <https://jme.bmj.com/content/early/2023/01/18/jme-2022-108291>

“... As a first step towards reorienting the field, **this paper offers a comprehensive account of epistemic justice for global health ethics.** We first introduce several different conceptions of justice and decolonisation in relation to knowledge, purposefully drawing on work emanating from the global South as well as the global North. We then apply those conceptions to the global health ethics context to generate a tripartite account of the layers of epistemic justice in the field: who is producing ethics knowledge; what theories and concepts are being applied to produce ethics knowledge; and whose voices are sought, recorded and used to generate ethics knowledge. These layers reflect that the field spans conceptual and empirical research. **We conclude by proposing that, going forward, three avenues are key to achieve greater epistemic justice at each layer and to help decolonise global health ethics: namely, understanding the problem, dialogue and structural change.”**

AJPH – special issue on Structural racism and public health

<https://ajph.aphapublications.org/toc/ajph/113/S1>

This issue covers a range of topics, such as housing and redlining, intersectional frameworks, criminal justice systems, maternal and child health, and more.

Miscellaneous

Developing Economics - Whose Polycrisis?

F Sial; <https://developingeconomics.org/2023/01/27/whose-polycrisis/>

“... **this short blog starts with a focus on three messages of the Polycrisis:** a) the qualitative nature of change, b) the drivers or causes of crises and c) the role of Bretton Woods Institutions in adopting the concept. **In addition, the blog proposes an alternative way of understanding the contemporary crisis, which hinges on the decline of the western capitalist model, followed by some thoughts on multipolarity and geopolitics.”**

And the author concludes: “... *Unless the Polycrisis, seriously questions the drivers of power and finds ways of challenging them, it risks becoming yet another neoliberal policy buzzword.*”

Oxfam International - More money, more problems? The World Bank’s “Evolution Roadmap” and what’s missing from the conversation

<https://medium.com/@OxfamIFIs/more-money-more-problems-c276923e1c7f>

Interesting analysis. “*Instead of summarizing the draft roadmap which you can [read](#) for yourself, we want to offer some perspectives which appear to be missing in the discussion so far....*”

To give you a flavour, a quote re the Global Public Goods agenda:

“...Given the Bank’s prominent work and financing in the health sector across so many countries, its support for the new Pandemic Fund, and its convening power, addressing pandemics will also be part of its evolution. Linking this to country operations and the Bank’s added value will be key: the COVID-19 pandemic was an abrupt reminder of the critical importance of our public health systems. Strengthening those systems is foundational to pandemic preparedness, prevention and response (PPPR) and should remain in focus in coming years. Advancing free and universal public health systems should be a central priority for the Bank in achieving its objectives on global public goods, including on PPPR....”

CGD (blog) - After the 2022 Geneva Effectiveness Summit, the Effectiveness Agenda Still Lacks Direction

S C Bellés et al ;

<https://www.cgdev.org/blog/after-2022-geneva-effectiveness-summit-effectiveness-agenda-still-lacks-direction#.Y9qX8UUKx> [M.twitter](#)

“In December 2022, the international development community gathered in Geneva (and online) for the [third High-Level Meeting \(HLM\) of the Global Partnership for Effective Development Cooperation \(GPEDC\)](#). ... In this blog, we ask whether the Effectiveness Summit brought about the change needed to renew momentum for effective development cooperation. We assess the [Summit’s outcome](#) against four reform scenarios proposed in a recent [CGD paper](#). Ultimately, we find that the direction of travel set at the Geneva Effectiveness Summit represents a largely “business as usual” approach, which may not be enough to revitalize this agenda and overcome the barriers to its implementation....”

IISD - Accelerating the SDGs Through the 2024 Summit of the Future

IISD;

“UN Secretary-General António Guterres conceives of the Pact for the Future – the expected outcome of the Summit of the Future – as “a booster shot for the SDGs.” ...”

*“In 2024, the UN will convene the Summit of the Future on the theme, ‘Multilateral Solutions for a Better Tomorrow.’ The Summit’s aim is to reinforce the UN and global governance structures to better address old and new challenges and to formulate a Pact for the Future that would help advance the SDGs by 2030. **Already before the SDG Summit in September this year (the so-called mid-term review of the Goals’ implementation), it is clear that, unless the pressure and pace are drastically increased, many Goals will not be achieved.** Therefore, UN Secretary-General António Guterres conceives of the **Pact for the Future as “a booster shot for the SDGs.”** At the SDG Summit, Member States could define the areas where they want to make progress (the what), while strengthening multilateral capacities to do so at the Summit of the Future (the how), while also addressing gaps and new risks.”*

Papers & reports

Lancet Public Health - Interventions to improve health and the determinants of health among sex workers in high-income countries: a systematic review

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00252-3/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00252-3/fulltext)

Systematic review by Luke Johnson et al.

Lancet Public Health - The arts in public health policy: progress and opportunities

R Dow et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00313-9/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00313-9/fulltext)

*“There is a growing body of evidence indicating the arts have a role to play in promoting good health and preventing and managing illness. WHO has called for governments to take an intersectoral approach, both within and across traditional areas of policy, to realise the potential of the arts for public health. **To explore what global progress is being made towards this aim, we present examples of arts and health policy development from diverse government areas: health, arts, local governments, and cross government.** These examples indicate that many health and arts policy makers view the relationship between arts engagement and improved health in quite general terms, although some are investing in more targeted applications of the arts to address specific public health issues. **The most promising and concrete commitments are happening when health and arts ministries or agencies work together on policy development.**”*

Deloitte - 2023 Global Health Care Outlook

<https://www.deloitte.com/global/en/Industries/life-sciences-health-care/analysis/global-health-care-outlook.html>

“The COVID-19 pandemic permanently changed global health care - from accelerating the adoption of new technology and care delivery models to increasing the focus on sustainability and resiliency.”

*“...In our 2023 Global Health Care Outlook, we examine the current state of the sector and explore insights around international health policies, identifying emerging threats to public health, and how technology will change health care delivery over the next decade. We also **look at the five key areas***

that are critical to this transformation, and we pose questions and suggest actions that professional can take to lead this transformation. “

Lancet Digital health (Health Policy)- Secondary data for global health digitalisation

A-F Näher et al ; [https://www.thelancet.com/journals/landig/article/PIIS2589-7500\(22\)00195-9/fulltext](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(22)00195-9/fulltext)

« Substantial opportunities for global health intelligence and research arise from the combined and optimised use of secondary data within data ecosystems. Secondary data are information being used for purposes other than those intended when they were collected. These data can be gathered from sources on the verge of widespread use such as the internet, wearables, mobile phone apps, electronic health records, or genome sequencing. To utilise their full potential, we offer guidance by outlining available sources and approaches for the processing of secondary data. This overview supports more precise and effective policy decision making leading to earlier detection and better prevention of emerging health threats than is currently the case.”

Policy & Society - Employing the policy capacity framework for health system strengthening

F da Cunha Saddi, G Bloom et al ; <https://academic.oup.com/policyandsociety/advance-article/doi/10.1093/polsoc/puac031/7004799?login=false>

Introduction to a Themed Issue. *“The policy capacity framework offers relevant analytical ideas that can be mobilized for health system strengthening. However, the employment of this framework in the health field constitutes a relevant interdisciplinary gap in knowledge. This themed issue explores the relationships between the policy capacity framework and health system strengthening, in a multidimensional and interdisciplinary way, in high-income and low–middle-income countries. ...”*

“... This themed issue addresses a gap in knowledge in both public policy and health policy and systems research (HPSR): it explores relationships between the policy capacity framework (PCF) and health system strengthening (HSS) in high-income countries (HICs) and low–middle-income countries (LMICs)....”

Health Research Policy and Systems - Tracking health system performance in times of crisis using routine health data: lessons learned from a multicountry consortium

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-022-00956-6>

By A-M Turcotte-Tremblay et al. *“COVID-19 has prompted the use of readily available administrative data to track health system performance in times of crisis and to monitor disruptions in essential healthcare services. In this commentary we describe our experience working with these data and lessons learned across countries. Since April 2020, the Quality Evidence for Health System Transformation (QuEST) network has used administrative data and routine health information systems (RHIS) to assess health system performance during COVID-19 in Chile, Ethiopia, Ghana,*

Haiti, Lao People's Democratic Republic, Mexico, Nepal, South Africa, Republic of Korea and Thailand. We compiled a large set of indicators related to common health conditions for the purpose of multicountry comparisons....."

Blogs & op-eds

K Bertram - Health Coverage, Health Care, Health Systems, Health

<https://katribertam.wordpress.com/2023/01/31/health-coverage-health-care-health-systems-health/>

Very nice blog, this one. *"Why do terms such as universal health coverage, health care, and health systems result in so much pushback? Is the solution just to use the term "health"?"*

No, Katri argues. Read why.

PS: on a side note, Katri blogs faster than I can tweet :)

Project Syndicate - For the Common Good

M Mazzucato; [Project Syndicate](#);

*"Tackling our biggest challenges and reversing the undue concentration of wealth and power will require a fundamental change in political economy. Currently, **the principle of the common good is seen as merely a corrective for the current system's excesses, but it should be the system's primary objective.**"*

*"...**The common good** is an objective to be reached together through collective intelligence and sharing of benefits. **It builds on the idea of the commons, but goes further by focusing on how to design the investment, innovation, and collaboration needed to reach a shared objective...."***

*"... **The common good also addresses the need for effective international governance, emphasized in the notion of global public goods** informed by my brilliant colleague, the late Inge Kaul, who helped inform the work of our Global Commission on the Economics of Water...."*

*"In his **May 2015 encyclical, Laudato Si': On Care for Our Common Home, Pope Francis argued eloquently for common-good thinking in an ever-changing world.** This is not just abstract idealism. The common good offers a useful framework both for setting shared goals and for working out how to achieve them."*

IDS - Can development respond to the challenge of polycrisis?

<https://www.ids.ac.uk/news/can-development-respond-to-the-challenge-of-polycrisis/>

“The phenomenon of multiple crises happening simultaneously is leading to increased inequalities and demanding new approaches to global development, a panel of IDS experts warned yesterday.”

Tweets of the week

Kent Buse

(on a PMAC discussion: ‘equity in all policies’ instead of ‘health in all policies’?)

“#EquityInAllPolicies makes a lot of sense in that it is equity in the #SDoH as delivered across many sectors that brings about health & health equity. What do others think? “

Oxfam

“Every billionaire is a policy failure.”

Dr Fifi Rahman

“ This, a hundred times over. Can’t tell you how many conversations I’ve had with funders who are right now all in for surveillance, but not really talking about point-of-care testing, community systems strengthening, or quality pandemic communications.”

UHC 2030

“The Republic of Botswana calls for health-wide investment cases, to increase coherence from current vertical investment cases. #EB152 #UHC”