

IHP news 713 : Three years pandemic

(17 March 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,

Saturday marked 3 years since WHO first used the word "pandemic" to describe the global outbreak of COVID-19. In a hard-hitting **Letter, coordinated by the People's Vaccine Alliance**, a number of "world figures" argued that the **'Profiteering' of Covid pandemic must never be repeated**. Unfortunately, as these world figures no doubt also know, 'profiteering' is "the name of the game" in our late-capitalist global economic system. It's for a reason the term **"global greedflation"** has been gaining momentum recently.

By now, we've clearly **entered a new phase in the pandemic**, by the way: the "revisionist" stage. It's become a national sport in some of the most badly hit countries, and is also being **practiced** by a few global health big shots (*especially the ones who had a big say in Covax*). Probably thinking, if populist politicians get away with this (i.e. *claiming something over and over, while hoping that eventually their 'frame' will stick*), why not me 😊? Or are they concerned about their global health legacy ?

One of the many 'inconvenient consequences' of the Covid pandemic, meanwhile, is that an already dire **human resources situation in LMICs seems to have further deteriorated**. This week, **"WHO Raised Alarm Over Increased Healthcare Worker Migration to Rich Countries Post Pandemic"**, with African countries being the hardest hit. (PS: "rich countries" also comprises the Gulf region in this case.)

In other news, Paul Kagame, of all people, apparently **"complained about a nontransparent Africa CDC leadership appointment"** (*which to my ears sounded a bit like Putin lamenting that he's been shamefully overlooked for this year's Nobel Peace Prize*). In other news from Rwanda, **six mobile vaccine production units by German pharma company BioNTech arrived in Kigali on Monday**.

Over to the **planetary health front** then. Borrowing a leaf from **'All quiet on the Western front', cyclone Freddy** – with that name, you just have to be a real Monster – turns out one of the most powerful storms ever to hit the southern hemisphere. The havoc perhaps inspired UN SG **Guterres' latest dire metaphor**, earlier this week at the opening of a new IPCC session: **"Our world is at a crossroads, and our planet is in the crosshairs. We are nearing the point of no return, of overshooting the internationally agreed limit of 1.5 degrees Celsius of global warming. We are at the tip of a tipping point."** At some point, he's gonna run out of dire metaphors I'm afraid, and I doubt that's a good thing.

Finally, a quick word already on **a few meetings and conferences** from this week. Among others, **the inaugural Partnership for Healthy Cities (PHC) Summit** was held in London 15 March, while the **2nd high-level interregional meeting on the health of refugees and migrants** took place in Sharm El-Sheikh, Egypt (16-17 March). At a **virtual meeting** on Wednesday, **"Building a healthier world**

[through UHC](#)”, national and international diplomats (from WHO, EU, Japan, ...) and other “insiders” discussed the **road towards the UNGA High-Level meeting on UHC** in September (*It’s been recorded, and will soon be available [here](#)*). At some point, somebody suggested to have a **yearly UNGA High-Level meeting on Health** (*instead of the now almost annual health niche related HL meetings, with three already scheduled only this year*). Absolutely nothing against that, from where I sit (knowledge management)! 😊

Last but not least, there are also **plenty of new publications** to scan, as you’ll notice, among others a ‘must-read’ [Lancet Global Health April issue](#) (see the papers & reports section).

So as always, you know what to do this weekend!

Enjoy your reading.

Kristof Decoster

Featured Article

Have we really moved forward on gender equality? Some reflections from a recent C20 event in Pune, India

Deepika Saluja

As we see women taking up leadership positions around us, we often feel that we have come a long way in terms of achieving gender equality! It is only when one sees the startling facts around female representation that one realizes how much work remains to be done. Women [hold only a quarter of global health leadership positions](#), while 75% of health care and 90% of the social care workforce comprise women. The disproportionate impact of COVID on women and girls globally, with India certainly a case in point, further aggravated barriers towards equality. In India, the pandemic resulted in an estimated [2.4 million unintended pregnancies](#) in the first six months of the pandemic, for example. The [burden of unpaid care work for Indian women, already 8-9 times higher than for men in “ordinary” times](#), increased further during the pandemic. In addition, [1 in 10 women from low-income households ran out of food or limited their food intake during the pandemic, and while women made up just 24 % of the workforce before Covid, they accounted for 28% of all job losses during the pandemic](#). The intersectional impact of gender, race, religion, age, amplified these barriers.

I highlighted these startling facts in my opening address for C20, a G20 group for civil society organizations. As you know, India hosts the G20 this year, and a first in-person C20 event, titled “[The Role of Women in Community Health & Development](#)”, was organized on 11-12 March, in Pune. The meeting aimed to emphasize the unique opportunity provided by the G20 to integrate the gender equality agenda into not only health policies but all public policies in India. Building on the efforts by [Women in Global Health \(WGH\) India](#) to amplify the contributions and challenges of Frontline Health Workers (FLWs) and women during COVID, I raised some pertinent issues in my talk, which I believe need close policy attention and action. These include:

a) **[Demanding a new social contract for FLWs](#)** with fair pay, decent and safe working conditions, and social security (all long overdue); including them and their lived experiences into the key policy decision-making spaces;

b) **Going beyond binary**, and working towards providing respectful and equitable access to care for all population groups regardless of their gender identity or other intersectional marginalities, especially for sexual and reproductive health (SRH) care services;

c) **breaking the taboos**, myths and stigma around seeking SRH and mental health care services; and

d) most importantly, the need to actively engage men as allies, mentors, supporters, to truly make progress on the gender equality agenda in a developing country like India.

Little did I know that this would ring especially true later in the day, in the form of the backlash I would receive, when challenging power and privilege (see the section below) ...

But first a few general comments on the C20 meeting still. It was surprisingly pleasant to see this C20 event faring well on so many levels as compared to other typical in-person events these days. Beginning with no registration fees, which eliminated the main barrier to access the event, online or in-person. Workshops on the agenda covered multiple pertinent issues including menstrual health, sexual and reproductive health, mental health, and nutrition, as opposed to focussing solely on maternal and child health, as is usually the case in many women and women's health related conferences. And unlike the typical jumpacked sessions with numerous presentations/speakers, here the sessions were well spaced out with one key presentation on the identified theme, coupled with 1-2 '*Udaharans*' (i.e. practical examples of successful interventions or programs relevant to the theme), providing a good 30–40-minutes' time to engage with the audience, to collectively reflect on the key issues, approaches, and potential solutions. Moreover, the event managed to find a good balance between in-person engagement and online participation, not an easy feat in hybrid events, as we all know by now.

The conceptualization of *Udaharans* as one of the fundamental components of C20 planning, could serve as a concrete way of collecting best practices and successful examples of programmes, initiatives and interventions that have had an impact on the ground. The *Udahan* presentation of [Constellation's SALT](#) (Support, Appreciate, Listen-Learn, Transfer) approach for developing and implementing community-led programmes and interventions was really the "catch" of the whole event for me. 'Listening' to people, and communities, their concerns and needs, and the solutions they want, emerged as a continuous thread across all the workshops and discussions. This conveyed not only the need to be grounded, it also connected strongly to the amazing work done on the ground by Amma (aka 'the hugging mother') and [her vision as the Chair of C20](#). Moving forward, it will be key to identify how the policy recommendations generated through C20 and various other groups of G20, along with the *Udaharans* can be distilled for inclusion in the policies and then to implementation. A lot more critical thinking is needed to bridge this gap.

Challenging power and privilege comes at a cost

But let's go back to the rather unfortunate backlash I hinted at earlier in this article, as I'm afraid it showcases how far we still have to go on gender equality.

While my address was very well received and appreciated for setting the tone for this important C20 event, the (grim) irony was that later that day, I was dealing with an aggressive backlash in a WhatsApp group, from a set of (largely) male PhDs of my alma mater (!) on calling out an 8-speaker [manel](#) on [Urban Renewal Through Redevelopment: Towards Building Sustainable Indian Cities \(organized by Adani University in Ahmedabad\)](#). This pushback took the shape of nasty and disrespectful comments around my “wokeness”, merit, “failure” to see the experience and status of the panellists and potential quality of the discussion when arguing for representativeness (*why do we assume losing quality when going for diversity?*), refusal to object to “all women” panels, and even wondering “whether I would also look for gender equality in a gay marriage”. In attempting to explain my position and emphasizing the necessity to include women as speakers and their lived experiences in public discourses such as these, the discussion in this WhatsApp group got extremely toxic with demeaning and harsh comments directed specifically at me. A female friend who joined in support also got trolled along with me. I mean, what kind of education did we achieve? What is the use of these PhDs we boast about, if we are not able to engage respectfully in critical reflections?

I was able to recover from the extreme distress triggered by this type of public trolling (which I encountered for the first time), thanks to the WGH Community (Global and Indian). The WGH community not only bolstered my conviction, but also provided me with the mechanisms and resources to respond strongly to situations such as these, as well as the inspiration to transform this distressing situation into an opportunity for increased advocacy for this cause. It was a classic demonstration of how toxic masculinity (read ‘men with assumed high positions of power and knowledge’) attempted to stifle the voices of women who critically assess the diversity of experts. Not all men, obviously, as in recent years some men have refused to serve on [manels](#) that lack diversity, not only in terms of gender, but also other criteria of representativeness. WGH and many allies have [denounced](#) a number of such [manels](#) in the past, with [organizers apologizing for the lack of representation and even postponing the event](#). Many organizations and groups are pledging no-manel policies. It is [time for men to lean out](#). Or if you want, a bit blunter: [all-male panels are not going away until we get up and walk the heck out!](#)

This incident opened my eyes to the unfortunate truth of how blind and insensitive our community of “well-educated elites” can be towards gender and other significant aspects of diversity. This also raises a poignant question on all those top B-schools and institutions that brag about their national and global rankings. Do these rankings also include parameters on the inculcated values of diversity, equity, and inclusion, along with respect and humility in its staff, professors, and students?

Well, they wanted to silence me on that particular day, but failed miserably as I wrote about it publicly and will use this as my springboard to write more, speak out and push for the gender equality agenda in all policy spaces.

Even more forcefully.

On the author:

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Highlights of the week

Three years Covid pandemic

Guardian - 'Profiteering' of Covid pandemic must never be repeated, world figures warn

<https://www.theguardian.com/global-development/2023/mar/11/profiteering-of-covid-pandemic-must-never-be-repeated-world-figures-warn>

*"The Nobel laureate Joseph Stiglitz, former first lady of South Africa and Mozambique Graça Machel and former UN secretary general Ban Ki-moon are among nearly 200 signatories to **a letter** calling on governments to "never again" allow "profiteering and nationalism" to come before the needs of humanity, in the wake of the coronavirus pandemic. In a scathing **open letter**, published on 11 March, current and former presidents and ministers, Nobel laureates, faith leaders, heads of civil society organisations and health experts say Covid-19 vaccines and treatments had been **developed with public funding** but that pharmaceutical companies had exploited them to "**fuel extraordinary profits**". Instead of distributing vaccines, tests and treatments based on need, companies sold doses to the "richest countries with the deepest pockets", the letter says. **This inequity led to 1.3m preventable deaths worldwide – one every 24 seconds – in the first year of the Covid vaccine rollout alone, according to **analysis** based on a **study published in the Lancet**. "That those lives were not saved is a scar on the world's conscience," the letter continues. Helen Clark, former prime minister of New Zealand and co-chair of the Independent Panel for Pandemic Preparedness and Response, ... said **even though publicly funded science had contributed to the success of Covid-19 vaccines, they weren't treated as global common goods**. "... The letter, coordinated by the People's Vaccine Alliance, comes on the **third anniversary of the declaration** by the WHO that the **coronavirus outbreak had become a pandemic**."***

*"... The letter urges world leaders to support a pandemic accord that is currently under negotiation at the WHO and **treat publicly funded medicines as "global common goods ... used to maximise the public benefit, not private profits"**. It **calls for the removal of intellectual property barriers** that prevent the sharing of scientific knowledge and technology and for governments to support and invest in research and development. It **also calls on governments to provide support for the WHO's mRNA hub**, which is sharing vaccine technology with producers in 15 low- and middle-income countries...."*

WHO - Statement on the update of WHO's working definitions and tracking system for SARS-CoV-2 variants of concern and variants of interest

<https://www.who.int/news/item/16-03-2023-statement-on-the-update-of-who-s-working-definitions-and-tracking-system-for-sars-cov-2-variants-of-concern-and-variants-of-interest>

"WHO has updated its tracking system and working definitions for variants of SARS-CoV-2, the virus that causes COVID-19, to better correspond to the current global variant landscape, to independently evaluate Omicron sublineages in circulation, and classify new variants more clearly when required...."

“...from 15 March 2023, the WHO variant tracking system will consider the classification of Omicron sublineages independently as variants under monitoring (VUMs), VOIs, or VOCs. WHO is also updating the working definitions for VOCs and VOIs....”

“...WHO emphasizes that these changes do not imply that the circulation of Omicron viruses no longer pose a threat to public health. Rather, the changes have been made in order to better identify additional or new threats over and above those posed by the current Omicron viruses in circulation.”

Related coverage: **Cidrap News** - [Global COVID activity mixed as WHO updates variant tracking](#)

*“...COVID-19 cases and deaths continue downward trends, but with some regional differences, the World Health Organization (WHO) said today in its latest weekly **update**. Also, the group **unveiled** changes in its variant tracking system, which better defines sublineage circulation and identifies that ones that could prompt major public health actions....”*

HPW - Three Years of the COVID-19 Pandemic: ‘A Failure of Multilateralism and Solidarity’

<https://healthpolicy-watch.news/three-years-covid-19-pandemic/>

More analysis.

Reuters - Finding COVID-19's origins is a moral imperative - WHO's Tedros

<https://www.reuters.com/world/finding-covid-19s-origins-is-moral-imperative-whos-tedros-2023-03-12/>

“Discovering the origins of COVID-19 is a moral imperative and all hypotheses must be explored, the head of the World Health Organization said, in the clearest indication yet that the U.N. body remains committed to finding how the virus arose.”

““Understanding #COVID19's origins and exploring all hypotheses remains: a scientific imperative, to help us prevent future outbreaks (and) a moral imperative, for the sake of the millions of people who died and those who live with #LongCOVID,” Tedros Adhanom Ghebreyesus said on Twitter late on Saturday....”

Global Health Governance

Devex - Paul Kagame criticizes nontransparent Africa CDC leadership appointment

<https://www.devex.com/news/paul-kagame-criticizes-nontransparent-africa-cdc-leadership-appointment-105126>

“Rwanda President Paul Kagame sharply criticized the African Union’s recent appointment of a new director general of the Africa Centres for Disease Control and Prevention, claiming the selection process was excessively secretive.....”

Do read this must-read piece on the ins & outs. With also some **DRC-Rwanda tension** re the leadership appointment, as you might expect.

Women in Global Health – The XX Paradox: The State of Women and Leadership in Global Health

<https://womeningh.org/sheshapes/>

On the #SheShapes report. **“Just 25% of senior health leadership positions held by women despite being 90% of the frontline health workforce.”**

“Women who are 90% of frontline health workers and 70% of the overall global health workforce – remain just as overlooked for senior leadership roles as they were five years ago, according to a new report from Women in Global Health. [The State of Women and Leadership in Global Health](#) documents a Paradox in global health, where women hold just 25% of senior leadership roles in a sector they largely deliver. The report highlights the impacts of continuing systemic bias against women in leadership and lacklustre implementation of policy initiatives to advance greater gender equity.”

Among the findings: *“Women have lost ground in health leadership during the COVID-19 pandemic; Women from marginalized backgrounds are most excluded from health leadership; Across contexts and cultures, women in health experience common challenges accessing leadership - countries have made commitments to gender equality at national level but implementation is slow; There is a ‘broken pipeline’ between women working in national health systems and global health leaders....”*

“While the proportion of Fortune 500 healthcare companies led by women has increased between 2018 and 2022 (from 5% to 12%), the number of female ministers of health has decreased from 31 to 25%. During the COVID-19 pandemic, women were excluded and even lost ground in decision-making: a WGH study in 2020 found 85% of 115 national COVID-19 task forces had majority male membership. The UN reports that at the current lack of progress, it will take 140 years for women to achieve equal representation in leadership positions in the workplace.....”

PS: **“.... The report strikes a positive note by acknowledging that if recommendations and reforms are actually implemented progress towards greater equity is possible. In this scenario, if the gross inequity is corrected, the health sector, employing 234 million health and care workers globally, could then serve as an exemplar sector to generate learnings for the rest of the economy.....”**

KFF - PEPFAR Reauthorization 2023: Key Issues

K Moss et al; [KFF](#)

“This year, Congress will consider [reauthorization](#) of the President’s Emergency Plan for AIDS Relief (PEPFAR), which was created in 2003 as the U.S. government’s signature global health effort in the fight against HIV. This would be PEPFAR’s fourth reauthorization.”

Some fast facts about the program and top issues related to PEPFAR's authorization and funding.

And via CNN – [The US helped prevent AIDS from being a death sentence in Africa. Now the epidemic is at a crossroads](#)

“...African and US public health officials say that the epidemic is at a significant crossroads. With [more than 600,000 people dying](#) a year of AIDS and millions going without treatment, they say there is a significant risk of backsliding....”

“... Last year, US President Joe Biden appointed [Dr. John Nkengasong](#) to lead PEPFAR. [Nkengasong says it is important not to lose focus in the fight against HIV](#) – even with the recent Covid pandemic and fears over acute outbreaks like Mpox or monkeypox last year. “Because of the remarkable success of PEPFAR and other organizations, HIV/AIDS has fallen a notch or two from the public eye. **But the virus continues to be a serious health concern – and it is particularly hitting young women and girls in sub-Saharan Africa,” he says. **With 70% of the population of this region [under 30](#), he says the continent is entering an especially vulnerable period. He says PEPFAR is also looking to start shifting some of the HIV burden to governments, leading to concerns in some quarters that governments are not ready....”****

“But [Salim Abdool-Karim](#) thinks that is a good thing. “PEPFAR needs to go pretty soon. Probably not immediately, but soon, into a different mode. **It needs to be a 10-year strategy of what you might call an exit strategy. You need to transfer these skills to local governments,” he says....”**

- And related: NYT - [The U.S. Program That Brought H.I.V. Treatment to 20 Million People](#)

“Over two decades, PEPFAR may have saved an estimated 25 million lives, helping to slow the AIDS pandemic.”

“...To assess PEPFAR's success, researchers from the Centers for Disease Control and Prevention analyzed data from six countries that received funding from the program. Between January 2004 and September 2022, the program increased the number of people receiving treatment by 300 times, the team found”

PS: **“The C.D.C. is a key implementing agency of PEPFAR and has provided treatment to 62 percent of those who have received it. The agency also supports more than 10,000 labs or testing sites worldwide, trains health care workers and strengthens surveillance to detect areas of high need...”**

Lancet Comment - Working together across WHO's regions in an increasingly complex world

M McKee; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00512-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00512-3/fulltext)

Excerpt: **“...there are many health-related issues that transcend WHO's regional borders but do not need to be addressed at the global level. Many issues also require active engagement with other international agencies that are either regional (eg, the EU and associated bodies such as the European Centre for Disease Prevention and Control or the European Food Standards Agency), or global (eg, the UNDP), as can be seen with the situation in the Sahel.**

WHO does have inter-regional meetings, although they generally bring all six regions together to discuss issues of global concern. However, **much more could be done**. First, joint meetings can address areas of common concern, such as those which brought together the Directors of EURO, EMRO, and the South-East Asia region to discuss health worker mobility in 2021. Second, cross postings of WHO staff could strengthen liaison. A possible example would be posting EMRO and AFRO staff to EURO's Centre for Preparedness for Humanitarian and Health Emergencies in Istanbul and vice versa. Third, there is scope for joint missions by staff from different regions to places facing similar challenges, such as the Arctic. Finally, these processes would benefit from a systematic process of lesson learning from existing collaborations, as on the Syrian–Turkish border following the recent earthquake.”

“The COVID-19 pandemic showed the importance of the Regional Offices, with their deep understanding of the countries within them. However, it will be important to ensure that there are ways to facilitate greater dialogue among those that face shared problems that transcend regional borders but which have not achieved global significance. This will require imaginative thinking by WHO and its six Regional Directors, as they rise to the challenges of an ever more complex world.”

Africa: 200 million from Afreximbank and the EIB to strengthen the health sector and medicine production

<https://www.breakinglatest.news/business/africa-200-million-from-afreximbank-and-the-eib-to-strengthen-the-health-sector-and-medicine-production/>

“The European Investment Bank (EIB) and the African export-import bank (Afreximbank) announced in a joint press release the launch of a 200 million euro investment initiative in the healthcare sector in sub-Saharan Africa .”

“This initiative was officially launched by EIB Vice President Thomas Ostros and Afreximbank Executive Vice President Denys Denya at the Fifth United Nations Conference on Least Developed Countries, which took place in Doha, Qatar. “Afreximbank and the EIB will each mobilize a new loan of 100 million euros to modernize and expand public [health](#) structures and strengthen the production of safe, convenient and effective medicines in sub-Saharan Africa” The new financing mechanism for [health](#) care in Africa is part of the European “Global Gateway” strategy, a development aid plan presented at the beginning of 2022 by the European Union (EU): this plan, the European response to the New Way of Chinese silk, in particular foresees investments of 150 billion euros in Africa over six years to contribute to the development of infrastructures and finance projects in key areas such as digitalisation, climate, energy, transport and [health](#).”

International Negotiation - Negotiating the Opening of International Organizations to Non-State Actors: The Case of the World Health Organization

A Guilbaud; <https://brill.com/view/journals/iner/aop/article-10.1163-15718069-bja10087/article-10.1163-15718069-bja10087.xml>

Insightful article re the FENSA negotiations, now that in Geneva negotiations are ongoing on PPR.

“Based on empirical fieldwork, this article analyzes the negotiation of a Framework of Engagement with Non-State Actors (FENSA) at the World Health Organization (WHO) between

2011 and 2016. The study examines the long and difficult negotiation process, which shifts from a mere adaptation of guidelines by the WHO Secretariat to an intergovernmental negotiation led by a core group of Member States. This negotiation process cannot simply be explained by traditional dialogues among delegations and hierarchical relationships within international organizations. Other factors played important roles in the process as well – the high political stakes of the issue, non-traditional coalition games, heterogeneity among the actors, and the WHO Secretariat’s role as a negotiating party – all advocating for the development of **a triangular, multi-voice negotiation model within international organizations.**”

Peter Singer - Speeding up the Sustainable Development Goals

https://singerp.substack.com/p/speeding-up-the-sustainable-development?utm_source=substack&utm_medium=email

We quite enjoyed these two blogs from Peter Singer. Part 1, **powering progress**, and part 2, [Delivery for impact](#).

Excerpts: “ “...**Health is well represented in the SDGs. The original SDG framework included 17 goals, 169 targets, and 232 (or 231 but who is counting!) unique indicators, of which 12 goals, 33 targets, and 57 indicators have been identified as health related SDGs.** The SDGs are meant to be inter-connected and indeed not all the health related indicators are in SDG 3 on good health and well being. For example, in **WHO’s Results Framework**, about 2/3 of the health related SDG indicators are within SDG 3, and 1/3 are in other goals that affect health. “

“... **In 2017, as Dr Tedros took office, he wanted to focus WHO squarely on measurable impact in countries. In developing the strategy, we realized you can measure 50+ indicators but you can’t manage that many.** If you’re an individual or organization, you can pick one to focus on. If you’re a country, you can pick a few most off track to focus on. **If you’re WHO whose mission is “to promote health, keep the world safe, and serve the vulnerable”, you need to cluster them.** We realized you can’t develop a strategy around 50+ concepts, so **we boiled it down to three — the triple billion targets of healthier populations, universal health coverage, and health emergencies....”** “We created the **SDG-based “triple billion targets”** to simplify things into three core concepts: healthier populations (mostly factors outside SDG3 which affect health such as climate and air pollution, water and sanitation, food and nutrition, education, gender equality), universal health coverage (access to essential services with financial protection), and health emergencies (including prevention, preparedness, and response). **In approving the strategy (known as the Thirteenth General Programme of Work), Member States set a target of reaching 1 billion people on each of these within 5 years (by 2023, later extended to 2025).** “

“**In 2023, we are at the mid-point of the SDGs and, to put it mildly, things are not going well, not only in health but also across the global goals.** The UN Secretary-General has said we need to “rescue” the SDGs. **In September, the UN General Assembly will convene an SDG Summit to “carry out a comprehensive review of the state of the SDGs, respond to the impact of multiple and interlocking crises facing the world, and provide high-level political guidance on transformative and accelerated actions leading up to the target year of 2030 for achieving the SDGs.”**

“ **The health related SDGs are far off target.** For **healthier populations**, the billion target will be reached, but we now know that many more people would need to be reached to stay on track for the SDGs. For **UHC**, initial estimates show that only 230 million people are expected to benefit, so we are

going at less than 1/4 the pace needed to achieve the 2030 target. For **health emergencies** protection, although the billion target will be met, COVID-19 showed us no country was fully prepared.....”

Pandemic Preparedness & Response

Lancet Comment - It is time for ambitious, transformational change to the epidemic countermeasures ecosystem

Els Torreele et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00526-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00526-3/fulltext)

One of the reads of the week. And acts.

PS: “...*This Comment builds on recommendations of the IPPPR and on ideas presented in a previous Lancet Comment, enriched through three webinars held in January and early February, 2023, and a meeting titled “Advancing a new approach to pandemic tools as common goods” at The Rockefeller Foundation Bellagio Centre, Italy, on Feb 14–16, 2023.*”

...*“Now is the time for an ambitious, transformative approach to epidemic and pandemic health technologies. A **transformative approach requires a fundamental change in why, how, where, and by whom these technologies are developed and produced, and about who has access to this knowledge and know-how.....**”* Read what this entails in terms of **core principles & urgent priorities.**

IDS Experts call for new, people-centred strategy to prepare for next pandemic

<https://www.ids.ac.uk/news/experts-call-for-new-people-centred-strategy-to-prepare-for-next-pandemic/>

“Global health leaders must look beyond technological solutions says a [new report](#) published today by the Institute of Development Studies. Three years on from the declaration of the Covid-19 pandemic, experts are warning the global health community to think beyond vaccines and lockdowns, proposing investment in a radical, five-point action framework for pandemic preparedness which responds to people’s experiences, knowledge and needs...”

...*The report’s authors argue that social, economic and political issues must be as core to the pandemic preparedness agenda as biological ones. They call for investment across five key action areas.....”*

Access to medicines & health technology

WP - Plan to make mRNA vaccines in developing countries needs U.S. funding, backers say

<https://www.washingtonpost.com/world/2023/03/14/plan-make-mrna-vaccines-developing-countries-needs-us-funding-backers-say/>

“...As wealthy countries hoarded doses, the World Health Organization and its partners came up with a path forward: a network of mRNA “vaccine hubs” for poorer countries to share technology and eventually make mRNA vaccines of their own, rather than rely on donations by wealthy governments. But three years into the pandemic, the U.N.-backed program to build a network of self-reliant research and manufacturing sites is struggling. It is seeking a large increase in funds to ensure its sustainability, its backers say, raising concerns about the long-term future of the program.”

“The United States has yet to respond to a funding request for \$100 million, sent late last year by the effort’s backers. The support would about double its funding overall. “I’m really worried about the financial future of the mRNA vaccine hub,” said Lawrence Gostin, a professor of global health law at Georgetown University, noting that the United States is the “big wallet” behind such global health efforts, setting the agenda. The United States has offered no funds so far for the program, which is being organized primarily by the Medicines Patent Pool, a U.N.-supported public health organization. Canada, South Africa and several European governments completed the initial round of funding, which was designed to cover five years of work.”

“... While the hub in South Africa is fully funded, more money is needed to help establish the 15 partner vaccine manufacturing sites in countries including Brazil, India and Nigeria, Gore said. The \$100 million would allow these sites to invest in the infrastructure they need to work on mRNA vaccines and begin doing their own research and development.....”

“... Gostin said he worried that the WHO and the Medicines Patent Pool did not have a “robust funding model” in place for the hub program and may have underestimated the hubs’ total costs. It was unlikely that the United States would fund the program, despite the nonfinancial support it has given, Gostin said, because of the potential complications from intellectual property law for U.S. companies and the high levels of scrutiny seen on global health funding at the moment.”

Pfizer Spends Big on IP Lobbying With Billions On the Line

<https://readsludge.com/2023/03/09/pfizer-spends-big-on-ip-lobbying-with-billions-on-the-line/>

“The pharmaceutical giant spent big bucks amid key international negotiations last year to protect record earnings.”

Also includes some quotes from James Love, among others on the relative importance of WTO vs WHO processes now.

Re the Trips waiver: “Following the release of the decision, James Love, the director of Knowledge Ecology International, a prominent non-governmental organization that is focused on issues like IP and governance, [wrote](#) that it was “a limited and disappointing outcome overall that is most accurately described as a narrow and temporary exception to an export restriction, not a waiver.” Speaking to Important Context, Love noted that there were “strings attached” with the new agreement that rendered it “almost useless.” “Instead of a waiver of its own rules, they came up with new rules and they’re highly conditional,” he said. Love explained that vaccines made in accordance with the decision could not be exported to high-income countries and that countries would have to amend their laws to take advantage of the agreement. He said that no country has made use of the June 2022 ministerial decision to date. “

“... Ideally, Love said there would be a more permanent exception to IP protections during pandemics. However, that conversation, he explained, is now happening at the WHO and is “much more important at this point” than ongoing deliberations at the WTO. Last month, the WHO released a [zero draft](#) of its forthcoming Pandemic Prevention, Preparedness and Response Accord, which includes recommendations for waiving patents during pandemics. “The WHO proposal goes farther than the WTO would have gone,” Love said. “It actually mandates [countries] to use exceptions [to IP protections], and it’s broader than just the WTO rules.” Love told Important Context that while there is already opposition at the WHO to the scope of the intellectual property provisions of the zero draft, the body doesn’t have to “operate by consensus.” “It’s easier to get something intellectual property through the WHO than the WTO,” he said.”

- **Related: [Protecting Public Health through Technology Transfer: The Unfulfilled Promise of the TRIPS Agreement](#)**

Very insightful blog by **Ellen ‘t Hoen**. Going from the 1995 TRIPS agreement all the way till now, the pandemic treaty discussions.

Concluding: **“The pandemic treaty that is currently being negotiated at the World Health Organization is an opportunity to remind the international community about the objectives and principles underlying the TRIPS Agreement and to see them be put into practice for more equitable management and sharing of IP, know-how, and knowledge needed for pandemic preparedness and response.** In October 2021, Medicines Law & Policy held an expert working group meeting that formulated seven recommendations for the pandemic treaty that are consistent with international human rights law.[xiv] One of the recommendations is to mandate technology transfer for government-funded research and to incentivize or mandate it for privately funded research on pandemic countermeasures. **The World Health Organization’s pandemic treaty negotiations offer a new opportunity to put technology transfer and sharing of IP at the heart of global pandemic preparedness and response for more equitable and rights-based access to medicines for all.”**

AFP - BioNTech Mobile mRNA Vaccine Labs Reach Rwanda

<https://www.barrons.com/news/biontech-mobile-mrna-vaccine-labs-reach-rwanda-519eee45>

“Six mobile vaccine production units by German pharma company BioNTech arrived in Rwanda on Monday, the first such shipments to Africa as the continent seeks to boost mRNA vaccine manufacturing. The units, made from recycled shipping containers, arrived in the capital Kigali, where they will be assembled **to make a vaccine production hub for jabs against a variety of illnesses.....”**

PS: **“Less than 50 percent of the continent's 1.2 billion people are fully inoculated against Covid-19, according to the Africa Centers for Disease Control and Prevention (CDC).”**

*“The facility in Kigali -- capable of producing up to 100 million mRNA vaccines per year -- will take at least 12 months before it starts producing doses..... The **containers, dubbed BioNTainer**, will also pioneer treatments in the development phase against diseases like malaria, tuberculosis and HIV that are among the leading killers in Africa..... Rwanda will distribute the vaccines to the 55-member African Union bloc..... **Rwanda's facility is the first of three slated for Africa with deliveries planned for South Africa and Senegal, according to BioNTech.....”***

- Related: [BioNTainer – A Manufacturing Solution for Africa or Circumventing Capacity?](#) (by Uli Beisel) Blog from some months ago, arguing *“....the mobile technology might – in the end – benefit BioNTech most by opening up new markets on the African continent for a variety of mRNA products.”*

Africa CDC (news) - Africa CDC hosts Lead partners of the PAVM to review the broader vaccine manufacturing ecosystem in Africa

<https://africacdc.org/news-item/africa-cdc-hosts-lead-partners-of-the-pavm-to-review-the-broader-vaccine-manufacturing-ecosystem-in-africa/>

*“The Africa Centres for Disease Control and Prevention (Africa CDC) hosted its lead partners at a meeting on the sidelines of the Africa Health Agenda International Conference 2023 in Kigali, Rwanda, from 05 March to 08 March 2023. The meeting took place on 09 and 10 March 2023. It brought together the PAVM’s secretariat with representatives from partner organizations, including, amongst others, the African Union Development Agency (AUDA-NEPAD), the United Nations Economic Commission for Africa (ECA), the African Development Bank (AfDB), the African Continental Free Trade Area (AfCFTA), AfriExport–Importport Bank (Afreximbank), the Africa Vaccine Manufacturers Initiative (AVMI) and members of the Academia. **The meeting was dedicated to identifying objectives and deliverables for the Partnership for African Vaccine Manufacturing in 2023....”***

“....PAVM is cementing an ecosystem of action-oriented partners to achieve the African Union’s vision of 60% locally produced vaccines by 2040. The lead partners reviewed PAVM’s eight bold programs outlined in the PAVM Framework for Action, prioritized a set of practical actions and defined a collaboration framework that enables implementation effectiveness and quick results in support of African vaccine manufacturing.....”

FT - Gambian child deaths fuel alarm over rules in ‘world’s biggest pharmacy’ India

<https://www.ft.com/content/72effe2f-988d-4618-bb07-16c96e81b6ee>

“Scandal spurs questions about quality control at Indian companies and regulatory oversight in poorer countries.”

“India, which has 20 per cent of the global market for generic drugs, supplies more than 50 per cent of generic drugs sold in Africa, according to Invest India, the government’s national investment promotion and facilitation agency.....”

- Related – Reuters: [How cough syrup gets poisoned](#)

“...The global market for children’s over-the-counter cough, cold and allergy remedies in 2022 was worth about \$2.5 billion, according to market research firm Euromonitor.”

*“These medicines combine active ingredients such as paracetamol (known as acetaminophen in the United States) to reduce fever with a syrup made from glycerin or propylene glycol that is safe, sweet and easy to swallow. In **Gambia, imported cough syrup for children was found by global health officials to be contaminated with two highly toxic substances: ethylene glycol (EG) and diethylene glycol (DEG).** Both can be a byproduct of making propylene glycol, said Dr Chaitanya Kumar Koduri, director of regulatory engagement at U.S. Pharmacopeia (USP), a non-profit that helps set drug-making standards globally....”*

Devex Opinion - Adopting WHO's oxygen resolution is imperative to save lives

Z Katz et al; <https://www.devex.com/news/opinion-adopting-who-s-oxygen-resolution-is-imperative-to-save-lives-105120>

“...At the end of January, WHO’s executive board announced its plan to introduce the [Increasing Access to Medical Oxygen resolution](#) for adoption at this year’s World Health Assembly. Although this received little fanfare outside of those working directly in respiratory care, it marks a significant milestone in global health efforts to address medical oxygen shortages in low- and middle-income countries.”

*“... The Access to COVID-19 Tools Accelerator estimates that globally a minimum of [\\$1 billion](#) remains unfunded in the near term to deliver medical oxygen to meet the most immediate needs in LMICs. Considering the number of lives taken by hypoxemia annually, this should not be an insurmountable number. It is our hope that **WHO’s medical oxygen resolution, and a new global oxygen alliance being set up, called GO2AL**, will result in more governments, donors, and partners across the world paying attention to this global health crisis and prioritizing improving oxygen availability. **The resolution recognizes the vital importance of medical oxygen supplies particularly for reducing maternal, newborn, and child mortality, and urges countries to undertake 20 actions to scale up access to medical oxygen**”*

Cholera

Reuters - Mozambique records rise in cholera cases, Malawi sees decline - WHO

[Mozambique records rise in cholera cases, Malawi sees decline - WHO | Reuters](#)

“Mozambique recorded an increase in the number of cholera cases in the last few weeks, the World Health Organization said on Wednesday, even as many other African countries reported a

decline. The country has received approval for an additional 1.3 million cholera vaccine doses to help control the spread, the agency said, but the **shortage of vaccines still remains to be addressed.**

Mozambique's neighbor **Malawi, which has been battling the deadliest cholera outbreak in its history, was now seeing a sustained decline in cases and deaths,** WHO official and epidemiologist Dr Otim Ramadan said.....”

- See also HPW - [As Cholera Cases Spike, There is No Short-Term Solution to Vaccine Shortage](#)

“**Five months after the World Health Organization (WHO) announced that countries affected by cholera had to start rationing vaccine doses due to shortages, there is no immediate solution – yet cases are spiking. In 2022, 36 million vaccine doses were produced and a similar number is expected this year.....**”

“**The South Korean manufacturer is making significant efforts with the help of [vaccine platform] Gavi, Bill and Melinda Gates Foundation and others to improve their production. Whether this will suffice to meet the need, that’s another story,**” Philippe Barboza, team lead for cholera at the World Health Organization (WHO) told a **briefing on Wednesday.** He added that there are plans to bring in a new manufacturer from South Africa for oral cholera vaccines but that will take time. ... “This is possibly a long-term solution. The question is what are we going to do in between?” “

PS: “**The caseload for cholera during the first two months of 2023 is 40% higher than the caseload for the whole of 2022, according to WHO.** The outbreak is severe in Burundi, the Democratic Republic of Congo (DRC), Malawi, Mozambique and Tanzania, said Barboza. **The case fatality rate (CFR) is 2.9% in Africa while the global average is 1.9%,** according to Dr Otim Patrick Ramadan, the incident manager for cholera at the WHO African Regional Office. “

Human Resources for Health

WHO renews alert on safeguards for health worker recruitment

<https://www.who.int/news/item/14-03-2023-who-renews-alert-on-safeguards-for-health-worker-recruitment>

“**The World Health Organization (WHO) released today an updated [WHO health workforce support and safeguards list 2023](#), identifying 55 countries as vulnerable for availability of health workers required to achieve the UN Sustainable Development Goal target for universal health coverage (UHC) by 2030.**”

“... **Of the 55 countries, 37 are in the WHO African region, eight in the Western Pacific region, six in the Eastern Mediterranean region, three in the South-East Asia region and one is in the Americas. Eight countries have been newly added to the WHO health workforce support and safeguards list 2023 since its original publication in 2020. ... The countries included in the WHO health workforce support and safeguards list 2023 have a UHC service coverage index below 55 and health workforce density below the global median: 49 medical doctors, nursing and midwifery personnel per 10 000 people.**”

PS: “... ***This issue will be discussed at the upcoming [Fifth Global Forum on Human Resources for Health](#), which will examine the required policy solutions, investments, and multi-sectoral partnerships to address health and care workforce challenges to advance health systems towards the attainment of UHC and health security....*** ... ***The Fifth Global Forum on Human Resources for Health will be held from 3 to 5 April 2023, during World Health Worker Week.***”

- See also Reuters: [Exodus of healthcare workers from poor countries worsening, WHO says](#)

“The trend for nurses and other staff to leave parts of Africa or Southeast Asia for better opportunities in wealthier countries in the Middle East or Europe was already under way before the pandemic but has accelerated since, the U.N. health agency said, as global competition heats up....”

PS: “... *Some 115,000 healthcare workers died from COVID around the world during the pandemic but many more left their professions due to burnout and depression, [Jim Campbell] said. As a sign of the strain, protests and strikes have been organised in more than 100 countries since the pandemic began, he added,.... Asked which countries were attracting more workers, he said wealthy OECD countries and Gulf states but added that competition between African countries had also intensified....”*

- And via UN News – [55 countries face a health worker crunch linked to COVID-19: WHO](#)

“Although many countries do respect existing WHO guidelines on recruitment of health care workers, the principle is not accepted wholesale, WHO warned. “What we are seeing is that the majority of countries are respecting those provisions (by) not actively recruiting from these (vulnerable) countries,” said WHO’s Dr Campbell. “But there is also a **private recruitment market that does exist and we’re looking to them to also reach some of the global standards that are anticipated in terms of their practice and behaviour.” Mechanisms also exist for governments or other individuals to notify WHO if they are “worried” about the behaviour of recruiters, the WHO official added....”**

- Related coverage: HPW - [WHO Raises Alarm Over Increased Healthcare Worker Migration to Rich Countries Post Pandemic](#)

UHC

Report - “Open and Inclusive: Fair Processes for Financing Universal Health Coverage.”

On Thursday, The Norwegian Institute of Public Health, the World Bank, and the Bergen Centre for Ethics and Priority Setting at the University of Bergen, in partnership with the University of Oslo and the Norwegian Agency for Development Cooperation, hosted the **launch of the report, “Open and Inclusive: Fair Processes for Financing Universal Health Coverage”.**

Executive summary of the report (5 p):

<https://www.med.uio.no/helsam/english/research/centres/global-health/news-and-events/events/2023/executive-summary.pdf>

“... the report offers guidance on fair processes for decisions relating to health financing for UHC....”

AHAIC conference in Kigali: final coverage & analysis

Africa health security at risk; NCDs, climate change top causes

<https://jara.news/africa-health-security-at-risk-ncds-climate-change-top-causes/>

*“Health experts have warned that **the increase of non-communicable diseases (NCD) and the effects of climate change are threatening health security in Africa.** This was discussed during the **four-day Africa Health Agenda International Conference (AHAIC) that concluded March 8, 2023 in Kigali.**”*

PS: *“...Besides, he said although Africa contributes less in the emission of greenhouse gases and global warming, the continent remains the first to be affected by its effects. Therefore, [Gitinji] **urged Africa not to continue negotiating country by country, but as a collective** to ensure that Africa Union’s New Public Health Order, World Health Organization (WHO) Triple Billions 2025 target and strategies reflect people’s desires....”*

Tweet Amref Health Africa

“Data by @AfricaCDC reveals that a total of 973 million doses of COVID-19 were administered in Africa, with only 50 per cent of the population fully vaccinated, against WHO’s target of 70 per cent. #AHAIC2023”

Debt distress in Africa

CGD (blog) - Breaking the Logjam on African Debt Relief: A Third Way?

By W G Moore; <https://www.cgdev.org/blog/breaking-logjam-african-debt-relief-third-way>

Moore suggests a ‘third way’ to try do something about the current African debt distress. *“...The impasse is worsening economic difficulties in vulnerable economies, as countries find it difficult to pay for imports, provide basic public services, or service existing debt given high debt service costs. This stalemate is untenable. **The African Union, which has been demanding a permanent G20 seat to influence global governance, has an opportunity to advance a third way outside the two existing camps and present a proposal** which is able to a) acknowledge and account for China’s outsized and unique position among bilateral creditors and b) drive political consensus around an resolution based on the same principles as Multilateral Development Relief Initiative (MDRI), thereby preserving the preferred creditor status of the international finance institutions....”*

*“... A third way: [Development Reimagined, a consultancy that works on China-Africa issues, proposes a borrowers’ group as the counterpart to creditor groups like the Paris Club.](#) Like its creditor interlocutor, **the Lusaka Club (named for the Zambian capital) would be an informal convening of debtor countries to coordinate among borrowers and propose common positions on sustainable solutions in times of debt distress.** This recommendation imagines the **Lusaka Group as a project of the African Union, bolstering its [case for G20 membership](#)** by proposing a solution that could actually work....”*

Second high-level interregional meeting on the health of refugees and migrants (16-17 March,

<https://www.emro.who.int/refugees-migrants-health/index.html#messages>

“On 16–17 March 2023, the WHO Regional Office for the Eastern Mediterranean [hosted] the second high-level meeting on the health needs of migrants and refugees in the Region, in coordination with the Regional Offices for Africa and Europe with support from WHO’s Health and Migration Programme. The meeting focus[ed] on ways to ensure that refugees and migrants across the migration route have equitable access to health care in line with universal health coverage (UHC) and continuity of care....”

*“The meeting explore[d] opportunities for expanding cross-border and inter-regional collaboration through adoption of an action-oriented approach that aims to safeguard and improve the health of refugees through five identified transformative objectives, or pillars of action. It also reaffirm[ed] commitment to the WHO Global Action Plan on Promoting the health of refugees and migrants (WHO GAP). On conclusion of the meeting, an **outcome statement** [was] issued highlighting **the need for a whole-of-route approach** to strengthen collaboration along migration routes and ensure the inclusion of refugees and migrants in efforts to achieve UHC.”*

On the webpage: some resources, draft outcome statement,

Partnership for Healthy Cities Summit (London, 15 March)

Via [Global Health Now](#) :

“ Networks like the Partnership for Healthy Cities, founded in 2017 and now spanning 70 cities globally, have been advancing projects and pursuing stronger public health policies in numerous areas addressing NCDs and injuries. On March 15, the first-ever Partnership for Healthy Cities Summit recognized Mexico City and 4 other cities for their exemplary work to improve the health of their residents: Vancouver, Montevideo, Athens, Bengaluru.”

See also WHO - [Five cities recognized for public health achievements at Partnership for Healthy Cities Summit](#)

“Partnership for Healthy Cities award recipients include Montevideo, Uruguay for food policy; Mexico City, Mexico for road safety; Vancouver, Canada for surveillance; Athens, Greece for overdose prevention, and Bengaluru, India for tobacco control. The first-of-its-kind Summit was convened in London by Bloomberg Philanthropies, World Health Organization, Vital Strategies, and Mayor Sadiq Khan of London.”

HPW - Cities Adopt Healthy Policies Despite Pushback from Big Commercial Interests

<https://healthpolicy-watch.news/cities-adopt-healthy-policies-despite-pushback-from-big-commercial-interests/>

With some more coverage & quotes from the summit.

Excerpt: “...**Anna Gilmore, Professor of Public Health at the University of Bath in the UK, said that the “commercial determinants of health” was complex, and that “most commercial actors play an incredibly vital role in society”. However, she singled out four products – alcohol, tobacco, ultra-processed food and fossil fuel – as being responsible for between 19 and 33 million deaths a year. “That’s at least a third of all global deaths. Just by addressing those we can really achieve a huge amount,” said Gilmore. “The problems aren’t just these products,” said Gilmore, adding that the World Health Organization’s (WHO) Best Buys report, published in 2017, explained how to tackle NCDs and harmful products. “But many countries and cities and local governments are struggling to put these policies in place because they face opposition from incredibly powerful commercial actors,” added Gilmore. Big corporations consistently opposed Best Buy policies “using the same arguments and strategies” – and that it was possible to “predict and prepare and counter those industry efforts to derail policy”, said Gilmore. “But at the end of the day, of course, political will is vital.”...**”

Next-generation bed nets

Science - Next-generation bed nets get major endorsement from World Health Organization

[Next-generation bed nets get major endorsement from World Health Organization | Science | AAAS](#)

“Organization recommends switching to nets treated with new insecticide after studies showed major reduction in malaria cases.”

“...A new tool to fight the world’s deadliest animal—the malaria-carrying mosquito—may soon become more widely available. Yesterday, the World Health Organization (WHO) endorsed using a new kind of bed net treated with insecticides. It combines two chemicals to more effectively kill the mosquitoes that transmit the parasite that causes malaria, a disease that killed an estimated 619,000 people in 2022, most of them young children in sub-Saharan Africa. The new nets endorsed yesterday are treated with pyrethroid and a second chemical called chlorfenapyr. It is a relatively new insecticide that targets mosquitoes’ mitochondria, inducing muscle cramps and preventing them from moving or flying.....”

“This is the first time WHO has given its full recommendation to a new insecticide formulation. ...”

- Related: Devex – [WHO recommends new malaria bed nets to fight resistant parasites](#)

“Following the WHO recommendations, researchers anticipate the rollout of the new bed nets in malaria-endemic areas.....”

- And [Global Fund and Unitaid Welcome WHO Recommendation for Insecticide-treated Nets With Dual Active Ingredients](#)

“The Global Fund to Fight AIDS, Tuberculosis and Malaria and Unitaid welcome WHO’s recommendation for the widespread use of a new class of mosquito net that uses two active ingredients – pyrethroid and chlorfenapyr. The new net has demonstrated approximately double the protection against malaria provided by the standard pyrethroid-only nets in areas where mosquitoes have already developed resistance to pyrethroids.....”

Mental health children

FT Opinion -Smartphones and social media are destroying children’s mental health

<https://www.ft.com/content/0e2f6f8e-bb03-4fa7-8864-f48f576167d2?sharetype=blocked>

This piece went viral last week. ***“Evidence of the catastrophic effects of increased screen-time is now overwhelming”***

“ The theory that having social media and other digital delights within arm’s reach 24/7 may be having a harmful effect on mental health is not new. Its leading advocate is Jean Twenge, professor of psychology at San Diego State University and author of dozens of pioneering studies on the topic. But it is still far from universally accepted. The work of Twenge and her regular co-author Jonathan Haidt has at times been criticised for simply surfing the wave of popular opposition to big tech. Yet as evidence for their arguments mounts, many are now wondering why it has taken us so long to accept what was right in front of us. The signs are everywhere....”

Planetary health

Devex - African policymakers can't figure out how to handle climate and health

<https://www.devex.com/news/african-policymakers-can-t-figure-out-how-to-handle-climate-and-health-105136> (the title of this article was changed later to *“African policymakers ask for more data on climate and health”*, see below why)

“As extreme weather becomes the norm across the African continent, the health of vast swaths of the population is deteriorating..... But the urgency with which health responders must work to protect the health of the communities they support across Africa has not always translated into policy. Some policymakers are confused about how they should handle the intersection of health and the climate crisis within their borders. Speaking at the Africa Health Agenda International Conference held in Kigali last week, health experts said policymakers are asking for more data on cost-effective strategies they can roll out. “A lot of policymakers are saying: ‘We are tired of hearing the problems. We want to know the solutions,’” said Eliya Zulu, the executive director of the African Institute of Development Policy. “If we don't address it, it's actually going to affect the very survival of the continent.”...”

*““There's an enormous gap in terms of data in Africa and data generated by Africans,” said Marina Romanello, executive director of the Lancet Countdown on health and climate change. **And it's not***

just about producing the evidence, but ensuring it's produced in a way that promotes uptake in decision-making, Zulu said. Evidence previously generated has often focused on outlining the problems....."

*"...researchers told my colleague Sara Jerving that **they are working on building an evidence base around the most cost-effective strategies they can recommend to governments both to improve climate resilience and prevent some of the worst health impacts when climate emergencies strike.** **One issue they may want to quickly table is how to protect the supply chains that deliver essential medicines, such as HIV treatment, heart medicines, and cancer drugs.** As I reported this week, last year's floods in Pakistan showed just how vulnerable those connections are....."*

PS: *"... **The advocacy to integrate health into the climate change movement has been slow both on the continent and globally.** **But during the 26th U.N. Climate Change Conference initiatives around health were launched.** This included asking countries to sign on to commitments to develop climate-resilient and low-carbon sustainable health systems. **Twenty-four African nations have signed on to these commitments,** according to Brama Kone, technical officer in the climate change and health division of the World Health Organization Africa regional office. **WHO is working through its Alliance for Transformative Action on Climate and Health to encourage other countries to sign, while also supporting those that have to draft climate change national adaptation plans.**"*

- A related tweet by Shakira Choonara led to a change of the original title, into "[African policymakers ask for more data on climate and health](#) "

Shakira's tweet: *"Putting a spotlight on this topic is important, but **the title doesn't sit well Is it not policymakers worldwide who do not know how to handle the climate and health crisis? Also, the "why" Africa is struggling thanks to emissions outside of our continent needs to be highlighted.**"*

HPW - Some 90% of Countries Exceed WHO Air Pollution Guidelines

<https://healthpolicy-watch.news/90-of-countries-exceed-who-air-pollution-guidelines/>

*"Ninety percent of 131 countries exceeded the World Health Organization's (WHO) air pollution guidelines for fine particulate matter (PM 2.5) in 2022. This is according to **the fifth World Air Quality Report** released by Swiss company **IQAir** on Tuesday, based on data from over 30,000 air quality monitoring stations – government and non-government – across 7,323 locations in 131 countries. **PM 2.5 is made up of tiny particles in the air, including sulfates, nitrates, black carbon, and ammonium, and the WHO recommends that countries should ensure an annual average of five micrograms per cubic meter (µg/m3) or less to protect citizens' health. Only Australia, Estonia, Finland, Grenada, Iceland, and New Zealand met the WHO guideline....."***

FT Big Read – Is 1.5C still realistic? The crumbling consensus over key climate target

<https://www.ft.com/content/450a59bb-7c83-4d04-851f-0bbc120c09f7?sharetype=blocked>

Insightful (plus ominous) article. *"As the Paris Agreement goal for limiting global warming appears increasingly unachievable, **some are calling for a rethink of priorities.**"* With the views of climate scientists, business, Bill Gates and others.

Related tweet from J Rockström: *“‘Is 1.5°C still realistic?’ Is the wrong question. The question is ‘Is 1.5°C necessary?’. The answer from science is increasingly a clear YES. The world must therefore never give up on doing all it can to hold this physical limit.”*

Guardian - Global fresh water demand will outstrip supply by 40% by 2030, say experts

<https://www.theguardian.com/environment/2023/mar/17/global-fresh-water-demand-outstrip-supply-by-2030>

*“The world is facing an imminent **water crisis**, with demand expected to outstrip the supply of fresh water by 40% by the end of this decade, experts have said on the eve of a crucial UN water summit. Governments must urgently stop subsidising the extraction and overuse of water through misdirected agricultural subsidies, and industries from mining to manufacturing must be made to overhaul their wasteful practices, according to **a landmark report on the economics of water. Nations must start to manage water as a “global commons”**, because most countries are highly dependent on their neighbours for water supplies, and overuse, pollution and the climate crisis threaten water supplies globally, the report’s authors say. **Johan Rockstrom, the director of the Potsdam Institute for Climate Impact Research and a lead author of the report, told the Guardian the world’s current neglect of water resources was leading to disaster.....”** “We are misusing water, polluting water, and changing the whole global hydrological cycle, through what we are doing to the climate. **It’s a triple crisis.”**”*

“The report sets out seven key recommendations, including reshaping the global governance of water resources, scaling up investment in water management through public-private partnerships, pricing water properly and establishing “just water partnerships” to raise finance for water projects in developing and middle-income countries.....”

“The UN water summit, led by the governments of the Netherlands and Tajikistan, will take place in New York on 22 March.....”

UAE to highlight climate change risks to public health at COP28

<https://gulfnews.com/uae/uae-to-highlight-climate-change-risks-to-public-health-at-cop28-1.94482022>

*“Abu Dhabi: **The upcoming COP28 summit will dedicate an entire day to highlight the links between climate change and health**, and to push real action that mitigates these risks, the conference’s director general announced in the capital today. **“We will have a health day at COP28**, where we will work with member states and partners to ensure that we are breaking down silence, and we will bring together ministers’ policymakers, and practitioners from health, finance, climate, energy, and other sectors,” Majid Al Suwaidi, COP28 director general, said **at the first Forecasting Healthy Futures (FHF) Summit**. The FHF Summit itself comes amid mounting concerns about the adverse impacts of climate change on human health, and on disease control and elimination efforts. Gathering global health, climate and technology experts, **the three-day meet aims to create an action roadmap in the run-up to COP28.....”***

Polio

Stat - Polio cases derived from new oral vaccine reported for first time

<https://www.statnews.com/2023/03/16/polio-cases-derived-from-new-oral-vaccine-reported-for-first-time/>

*“...The Global Polio Eradication Initiative **announced Thursday** that six children in the Democratic Republic of the Congo and one in Burundi have been paralyzed by viruses from the new vaccine, which is referred to as novel oral polio vaccine, or nOPV2. (The “2” signals the vaccine targets type 2 polioviruses.) In addition, five environmental samples collected from Burundi contained the so-called type 2 circulating vaccine-derived polioviruses, or cVDPV2s. “We are disappointed,” said Ananda Bandyopadhyay, deputy director for technology, research, and analytics on the polio team of the Bill and Melinda Gates Foundation, a partner in the polio eradication effort. “Any such outbreak is disappointing.”....”*

Global health events

Science -Gene-editing summit touts sickle cell success, while questions on embryo editing linger

<https://www.science.org/content/article/gene-editing-summit-touts-sickle-cell-success-while-questions-embryo-editing-linger>

More coverage of the summit last week in London. *“Surge in trials that alter nonheritable DNA excites some researchers, but **others wonder whether even high-income countries can afford therapies.**”*

Global health governance & governance of health

Lancet World Report - Global health experts welcome Kasai dismissal

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00557-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00557-3/fulltext)

*“WHO's dismissal of Takeshi Kasai, Regional Director for the Western Pacific, **could pressure WHO leadership to take decisive action in other misconduct cases.** John Zarocostas reports from Geneva.”*

Among others, with the views of L Gostin & S Moon.

Quote: *“...WHO diplomats and experts have said that the historic decision is expected to increase scrutiny of WHO. Gostin said he would like to see the decisiveness and high moral ground be used not just in cases of racial and other exploitation and abuse cases, but also in sexual abuse of WHO workers and aid workers during the Ebola virus outbreak. “I think there's been wide documentation of very inappropriate and exploitative behaviour”, he said, “and WHO should be holding itself to the*

same standards”. “I do think they’ve used legal technicalities to get out of true accountability in sexual exploitation and abuse cases. Whereas here [the Kasai case], they have acted very well.””

IS Global - Spain and Global Health System Governance: What Are We Talking about When We Talk about Influence?

<https://www.isglobal.org/en/healthisglobal/-/custom-blog-portlet/espana-gobernanza-salud-global/2999103/0>

Report proposing concrete actions and approaches to increase Spain's influence in global health governance.

“...Over the past few months, [ISGlobal’s Policy and Global Development](#) department has been working with the [Elcano Royal Institute](#) to produce the report **Development Aid and Influence in the Global Health System (Ayuda al desarrollo e influencia en el sistema de salud global)**. The report describes all the work needed to identify who to ask for what, based on a specific case study: **how Spain influences two multilateral global health initiatives, COVAX and the Global Fund....”**

Devex - The UK government lays out its new development objectives

<https://www.devex.com/news/the-uk-government-lays-out-its-new-development-objectives-105108>

“Reforming the international financial system and campaigning for more functional and fair tax systems are among the United Kingdom government’s new international development initiatives as part of the Integrated Review Refresh, its guiding foreign policy strategy, updated after Russia’s invasion of Ukraine last year and published Monday.”

“... The **first initiative is the reform and “greening” of the global financial system** — so multilateral development banks, the International Monetary Fund, and capital markets “are better equipped to meet the needs of developing countries in dealing with the economic, debt, climate and nature crises.”.... **The review did not mention the Bridgetown Agenda by name** but Mitchell has previously expressed support for Barbadian Prime Minister Mia Mottley’s proposals to reform the international financial architecture..... It **also promised to support work to make global tax systems fairer and help recover money lost to illicit finance**, “so that low- and middle-income countries can self-finance their own development.” “

“... The **final initiatives dealt with global health — in particular pandemic preparedness and antimicrobial resistance — and coordinating an international response to attacks on women and girls....”**

- See also Devex – [UK ups defense spending, ignores aid](#)

“Leaders in the U.K. development sector reacted angrily Wednesday after the United Kingdom boosted defense spending in response to the war in Ukraine, but offered no money for aid. The U.K. government slashed spending on international aid from 0.7% of gross national income **to 0.5% in 2021**, citing the extraordinary cost of the pandemic. However several eye-catching spending measures in yesterday’s budget — including an additional £11 billion (about \$13.3 billion)

over five years for defense — prompted renewed accusations that money was available if needed, and that aid is simply not a priority for the incumbent Conservative government.....”

Guardian - UK aid to India does little for human rights and democracy, watchdog finds

https://www.theguardian.com/global-development/2023/mar/14/uk-aid-india-human-rights-democracy-watchdog?CMP=share_btn_tw

“Programme spent £2.7bn between 2016 and 2021 but is fragmented and lacks a clear rationale, report says....” **“Britain’s aid programme to India is fragmented, lacks a clear rationale and does little to counter the negative trends in human rights and democracy in the country, the government’s aid watchdog has found. ... The findings are likely to be used by those who claim the UK government risks using its aid programme to deepen its relationship with India, including seeking free trade deals, rather than attempting to reduce poverty, which is the statutory purpose of UK aid.”**

International Affairs - Explaining the failure of global health governance during COVID-19

Lee Jones et al ; <https://academic.oup.com/ia/article/98/6/2057/6765179?login=false>

“Global health governance (GHG) was one of COVID-19's earliest victims. Existing explanations of GHG's collapse are largely utopian, criticizing states for failing to empower the WHO with sufficient supranational authority. This misunderstands how GHG was supposed to work in the first place and hence mistakenly diagnoses the causes of failure. We argue that COVID-19 exposed the pathologies of an entire, neoliberal approach to global governance: metagovernance and state transformation. In this approach, international organizations are hollowed out and their role shifts to metagovernance—developing and disseminating ‘best practice’ policies, institutions and rules for states to embed domestically. Such global regimes' efficacy, therefore, depends on states' capacity to enforce global disciplines. However, nation-states are also hollowed out by neoliberal strictures, undermining practical implementation. Consequently, GHG was failing long before COVID-19, leaving the system dependent on ad hoc interventions by dominant states. With the latter also affected by COVID-19, GHG was left in disarray. Reform proposals should therefore focus less on global institutions and rules and more on building domestic capabilities.”

TGH - The Polarized Pandemic

D Fidler; <https://www.thinkglobalhealth.org/article/polarized-pandemic>

“COVID-19 has contributed to the fragmentation of domestic and international politics”.

“the question of how the COVID-19 pandemic will be described in the future cannot be definitively answered today. Some themes, however, suggest that COVID-19 will be remembered as the polarized pandemic that cast a divisive shadow on U.S. public health, domestic politics, and foreign policy. “

He concludes: “... As others have observed, the **COVID-19 pandemic reinforced and accelerated, rather than disrupted and diverted, domestic and international political developments under way**

before the Wuhan outbreak. This conclusion challenges the adage that pathogens do not recognize borders — a trope designed to elevate the imperatives of public health in policymaking. In light of the great influenza and COVID-19 pandemics, perhaps a different mantra is needed — that politics often prove impervious to pathogens.”

Devex - Why EU says its foreign aid is now ‘geopolitics on steroids’

<https://www.devex.com/news/why-eu-says-its-foreign-aid-is-now-geopolitics-on-steroids-105110>

(gated) “Here is what three “senior EU officials” told journalists about Brussels' latest attempt to make friends and influence people worldwide.”

European Council on Foreign Affairs - Rerouting goodwill: The risks of diverting aid from Africa to Europe

S Harcourt et al; ECFR;

“European countries risk undermining their Africa strategies if they continue to neglect the numerous crises on the continent and divert aid to Europe.”

Global health financing

Devex - Biden’s \$6.8T budget proposal would boost US foreign aid. Here’s how

<https://www.devex.com/news/biden-s-6-8t-budget-proposal-would-boost-us-foreign-aid-here-s-how-105081>

Including info on budgets proposed for global health programs.

PS: “....**The budget proposal spends a lot of ink on U.S. competition with China and lays out a series of plans to “out-compete” its rival. While there is bipartisan agreement on competing with China, actually doing so would “need a different scale of foreign aid than even this request,” said Tom Hart, president of the ONE Campaign. He also raised concerns about “instrumentalizing aid as a tool to compete with China rather than to improve lives and livelihoods of people around the world.”....**” “....The Cold War was a stark lesson in how providing foreign aid to further foreign policy priorities can have negative impacts and fail to help low-income people around the world. On the other hand “doing development well serves both purposes,” Hart said.”

KFF - Global Health Funding in the FY 2024 President’s Budget Request

<https://www.kff.org/news-summary/global-health-funding-in-the-fy-2024-presidents-budget-request/>

“... Most of the increase is for global health security (GHS), which totals \$1.2 billion (an increase of \$345 million above the FY 2023 enacted level) and includes \$500 million for the Pandemic Fund. “

UHC & PHC

IPU (Inter-Parliamentary Union)/WHO Handbook on UHC

<https://www.ipu.org/news/press-releases/2022-12/ensuring-universal-health-coverage-new-resource-parliamentarians>

“The IPU and the World Health Organization (WHO) have produced a handbook on universal health coverage (UHC) intended to help parliaments fulfil their roles as enablers of UHC.”

Check out the [Handbook](#).

*“... The handbook explains what UHC is and why it’s important, as well as **exploring the unique contribution that MPs can make to achieving universal health coverage with a focus on their legislative, financial, oversight and accountability roles** alongside case studies of best practice..... Finally, it offers **practical, actionable recommendations for MPs to advance UHC in their respective contexts and countries**, by, for example, placing UHC on parliamentary agendas, and advocating for the supplementation of relevant legislation with assessments and data analysis.*

*“...The IPU and WHO will put the handbook into practice to help national parliaments build the **necessary capacities to move towards UHC**. In May of this year, a first workshop took place in Benin, enabling 50 parliamentarians and parliamentary staff to analyze the strengths and weaknesses of the existing legal framework supporting UHC in the country.”*

BMJ GH - Innovations in mutuality: challenges and learnings for the Universal Health Insurance Plan in Mali

L Touré, V Ridde et al ; https://gh.bmj.com/content/7/Suppl_9/e011055

*“Many Sahel countries in Africa are looking for solutions for universal health coverage (UHC). **Mali is in the process of adopting the Universal Health Insurance Plan, which allows for the mutualisation of existing schemes**. Its operationalisation requires numerous adjustments to the current mutualist proposal and innovations in the system. **The study focuses on innovations experienced in mutuality and their conditions of scale for UHC in Mali.....”***

BMJ Open - Is Nigeria on course to achieve universal health coverage in the context of its epidemiological and financing transition? A knowledge, capacity and policy gap analysis (a qualitative study)

<https://bmjopen.bmj.com/content/13/3/e064710.full>

by J K Ogundeji, G Yamey et al.

CGD (Policy Paper) - iProSE: A Scale for Assessing Progress on Institutional Use of Evidence to Inform Priority Setting in Health

A Gheorghe et al ; <https://www.cgdev.org/publication/iprose-scale-assessing-progress-institutional-use-evidence-inform-priority-setting>

“...rigorous, explicit, evidence-informed priority-setting (EIPS) in healthcare is an essential instrument for achieving value for money in Universal Health Coverage (UHC). Growing pressures on healthcare budgets, combined with the post-COVID-19 fiscal crises and a plateauing of development assistance for health, make institutionalising of EIPS a particularly critical and timely policy goal. We introduce iProSE—the iDSI Progression Scale for institutionalising EIPS in healthcare. iProSE is a self-assessment scale aiming to help countries understand how far they have progressed in institutionalising EIPS and what can be their future priorities and to help development partners better tailor their country support in this area.”

SS&M - Does prospective payment influence quality of care? A systematic review of the literature

C Pott et al ; <https://www.sciencedirect.com/science/article/pii/S0277953623001697>

Key messages: *“How does prospective reimbursement affect quality of care? No strong evidence for significant improvements in quality of care is found. Results suggest that shifting treatment to post-acute facilities may occur. Decision makers should thus avoid low capacity in this area.”*

Pandemic preparedness & response/ Global Health Security

Third World Network - WHO: Confusion prevails over first draft of new pandemic instrument

N Ramakrishnan et al ; <https://twm.my/title2/health.info/2023/hi230303.htm>

Confusion prevailed over the development of the first draft of a new pandemic instrument at the end of the fourth meeting of the Intergovernmental Negotiating Body (INB) tasked by the World Health Assembly to draft and negotiate a “WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response” (WHO CA+). INB4 concluded with taking textual insertions on the Zero Draft of the proposed WHO CA+

“The INB is composed of Member States, mandated to draft, and negotiate WHO CA+. The 4th meeting took place at the WHO Headquarters in Geneva from 27 February to 3 March. The meeting considered the Zero Draft which was released during the first week of February. The INB Bureau with the help of the Secretariat may come up with a first draft of the pandemic instrument, after the textual insertions made during INB4 and INB5 (3 to 6 April), if requested by the Member States to that effect.....”

TWN - WHO: Text negotiations on equity proposals for International Health Regulations to start in April 2023

K M Gopakumar and Nithin Ramakrishnan;

<https://www.twn.my/title2/health.info/2023/hi230302.htm>

And on the IHR amendments process: “...*The Working Group on Amendments to the International Health Regulations (2005) (WGIHR) has decided to start text-based negotiations on proposals addressing equity during its third session that will take place on 17 to 21 April. This decision was taken at the second meeting of the Working Group on 20 to 24 February at the World Health Organization headquarters in Geneva.....*”

“...After the completion of the first reading there was a consensus to **cluster the proposals** and take these up for text-based negotiations.....”

Geneva Health Files – Is There a Case for “Common but Differentiated Responsibility” in Global Health?

https://genevahealthfiles.substack.com/p/is-there-a-case-for-common-but-differentiated?utm_source=substack&utm_medium=email

“In this edition, we bring you **an exploration of the principle of “Common but Differentiated Responsibility” in the on-going negotiations in global health.** My colleague **Nishant**, brings his legal expertise, and charts the origins of this principle in international environmental law, and the enthusiasm and reservations of countries for incorporating it in the current discussions. He also presents expert views on the rationale for CBDR in global health and the possibilities it holds.....”

“... **Should all countries have equal responsibility to prepare, respond and fight health emergencies? This paper argues that it is critical for countries to have “common but differentiated responsibilities” (CBDR) to address global health emergencies, like the one precipitated by the COVID-19 pandemic. This essay maps out the origin and the development of the principle of CBDR in the international legal framework, and how this has featured in the current negotiations. The essay also discusses the feasibility and possibility of incorporating the principle of CBDR under the global health law, as articulated by experts.....**”

PAHO - PAHO brings together health authorities in the Americas to discuss future pandemic international instrument

<https://www.paho.org/en/news/14-3-2023-paho-brings-together-health-authorities-americas-discuss-future-pandemic>

“**A preliminary draft for a new convention, agreement, or other international health instrument to strengthen pandemic prevention, preparedness and response was the focus of a regional meeting facilitated by the Pan American Health Organization (PAHO) in Washington, DC. During the meeting, representatives from health ministries and foreign affairs in the Americas were briefed on the latest deliberations of the Intergovernmental Negotiating Body (INB) – a process initiated to draft and negotiate a new instrument to be submitted for approval by World Health Organization (WHO) Member States in 2024.**”

Telegraph - Mutation in bird flu virus moves it a step closer to humans

[Telegraph](#);

“Changes in the H5N1 virus are 'concerning', according to the ECDC, and may suggest its potential to jump to humans is increasing”

BMJ Editorial - Controlling avian influenza

<https://www.bmj.com/content/380/bmj.p560>

“A One Health approach that links human, animal, and environmental health is essential”.

Planetary health

Guardian - Scientists warn of ‘phosphogeddon’ as critical fertiliser shortages loom

<https://www.theguardian.com/environment/2023/mar/12/scientists-warn-of-phosphogeddon-fertiliser-shortages-loom>

“Excessive use of phosphorus is depleting reserves vital to global food production, while also adding to the climate crisis.”

*“Our planet faces “phosphogeddon”, scientists have warned. They fear our misuse of phosphorus could lead to **deadly shortages** of fertilisers that would disrupt global food production. At the same time, phosphate fertiliser washed from fields – together with sewage inputs into rivers, lakes and seas – is giving rise to widespread **algal blooms** and creating aquatic **dead zones** that threaten fish stocks. In addition, overuse of the element is increasing releases of methane across the planet, adding to global heating and the **climate crisis** caused by carbon emissions, researchers have warned....”*

*““We have reached a critical turning point,” said Prof Phil Haygarth of Lancaster University. “We might be able to turn back but we have really got to pull ourselves together and be an awful lot smarter in the way we use phosphorus. If we don’t, we face a calamity that we have termed ‘phosphogeddon’.” This **growing strain on stocks has raised fears the world will reach “peak phosphorus” in a few years**. Supplies will then decline, leaving many nations struggling to obtain enough to feed their people. The prospect concerns many **analysts, who worry that a few cartels could soon control most of the world’s supplies and leave the west highly vulnerable to soaring prices. The result would be the phosphate equivalent of the **oil crisis of the 1970s**.....”***

Project Syndicate - The High Cost of Carbon Pricing

J Ghosh; [https://www.project-syndicate.org/commentary/carbon-border-taxes-protectionist-and-harm-developing-countries-by-jayati-ghosh-2023-03?](https://www.project-syndicate.org/commentary/carbon-border-taxes-protectionist-and-harm-developing-countries-by-jayati-ghosh-2023-03?barrier=access_payer)

*“Amid the growing enthusiasm for carbon border taxes, Western policymakers have largely ignored the negative impact on the world’s poorest countries. **For carbon-pricing policies to succeed,***

developed countries must show their commitment to shared prosperity by enabling knowledge-sharing and fostering equitable climate finance.”

IPBES - Methodological assessment regarding the diverse conceptualization of multiple values of nature and its benefits, including biodiversity and ecosystem functions and services

<https://www.ipbes.net/the-values-assessment>

“The summary for policymakers (SPM) and the chapters of the Methodological assessment regarding the diverse conceptualization of multiple values of nature and its benefits, including biodiversity and ecosystem functions and services (referred to as the “assessment of the diverse values and valuation of nature”), were approved and accepted respectively by the IPBES Plenary during its ninth session, held from 3 to 9 July 2022 in Bonn, Germany.”

“... presents 4 general perspectives to make new typology of values useful for decision-making. These are: living from, with, in & as nature.”

BMJ Opinion - Why COP28 must be a health COP

<https://www.bmj.com/content/380/bmj.p589>

“Global leadership appears not to recognise that the climate crisis is a public health crisis, write Emma L Lawrance and Mala Rao.”

Covid

Bloomberg – The worst Covid strategy was not picking one

<https://www.bloomberg.com/graphics/2023-opinion-lessons-learned-from-covid-pandemic-global-comparison/>

*“... Global deaths from the virus have dipped below 1,000 people per day for the first time since March 2020. But with almost 7 million dead, we must figure out a way to do better next time. And there will be a next time. **Bloomberg Opinion assessed countries by excess deaths**, a measure of actual deaths compared to expected deaths during a given period. ... Then we **distilled the list down to seven with strong lessons for the next pandemic.**”*

Devex - Over 6.5 million South Africans could be affected by long COVID

<https://www.devex.com/news/over-6-5-million-south-africans-could-be-affected-by-long-covid-105094>

“... [Research](#) from South Africa shows that nearly half the individuals that were hospitalized with COVID-19 and about one in five of those that were not hospitalized have symptoms of long COVID six

months after recovery. **Researchers extrapolated these findings and estimated that over 6.5 million South Africans could have long COVID.....”**

PS: “....There are some continental efforts to address the problem. Dr. Ahmed Oghwell Ouma, acting director of the [Africa Centre for Disease Control and Prevention](#) said the agency is working on a capacity building initiative to equip health workers to diagnose and manage long COVID. **The [World Health Organization](#)** is focused on strengthening the primary health care level to respond, Dr. Thierno Baldé, regional COVID-19 incident manager at WHO’s Regional Office for Africa, added.....”....”

Science - Unearthed genetic sequences from China market may point to animal origin of COVID-19

<https://www.science.org/content/article/covid-19-origins-missing-sequences>

“French scientist finds previously undisclosed data from Chinese research team”.

NBC - What people with ‘super immunity’ can teach us about Covid and other viruses

<https://www.nbcnews.com/health/health-news/are-immune-covid-science-trying-unravel-immunity-virus-rcna72885>

“Do a lucky few have a kind of biological armor against infection? **Scientists are just beginning to unlock the mystery of the true Covid dodgers.**”

“Three years into the pandemic, a select group of people have achieved something some once thought impossible: They have never tested positive for Covid. Scientists around the world are searching for the genetic reasons these people have dodged Covid — despite repeated exposure to the virus. ...”

Science - Do COVID-19 vaccine mandates still make sense?

<https://www.science.org/content/article/do-covid-19-vaccine-mandates-still-make-sense>

“**Ineffective or outdated requirements could undermine trust, some vaccine researchers warn.**”

“....**Heidi Larson and other vaccine acceptance researchers** who spoke to Science all emphasize that COVID-19 vaccines clearly prevent severe disease, but they **worry maintaining the mandates could undermine future public health efforts.** “Having to show these old vaccination proofs or certificates really doesn’t make sense, and it could cause harm, because **people might lose trust in the competence of the organization,**” says University of Konstanz psychologist Katrin Schmelz, whose research has found that ***institutional trust is crucial for health policy acceptance.***////”

Vox - The Covid mask wars have left us unprepared for the next pandemic

<https://www.vox.com/future-perfect/2023/3/8/23630644/cochrane-review-masks-covid-coronavirus-pandemic>

“The fallout from a misinterpreted review on mask science only underscores the need for better protections.” In-depth analysis of the **Cochrane review of a few weeks ago** on mask use.

Amnesty International (Briefing) - Inequality of pandemic proportions: State and pharma failures not to be repeated

<https://www.amnesty.org/en/documents/pol30/6518/2023/en/>

“As the Covid-19 pandemic enters its fourth year, this briefing identifies four key lessons from the failure of states and pharmaceutical companies to comply with their human rights obligations and responsibilities to ensure fair access to Covid-19 vaccines globally. It further makes concrete recommendations for structural changes to ensure the world can withstand future pandemics collectively, without leaving anyone behind.”

Atlantic - The Next Stage of COVID Is Starting Now

[Atlantic:](#)

(gated) *“What happens when everyone first gets immunity to the coronavirus as a very young kid?”*

And a few links:

- Cidrap News - [Paxlovid 80% effective against severe COVID when taken in first 5 days](#)
- Plos GPH - [Perceived coercion, perceived pressures and procedural justice arising from global lockdowns during the COVID-19 pandemic: A scoping review](#)

Infectious diseases & NTDs

Plos Med (Policy Forum) - The future of HIV testing in eastern and southern Africa: Broader scope, targeted services

A Grimsud et al ; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004182>

New Policy Forum. Including: *“...HTS programs [i.e. Scale-up of HIV testing services] should not reduce the volume of HIV testing. Rather HTS programs should broaden the scope of testing to encapsulate both prevention and treatment objectives and prioritize services to the people at the highest risk of HIV.”*

The Conversation - Marburg virus outbreaks are increasing in frequency and geographic spread – three virologists explain

A Hume et al ; <https://theconversation.com/marburg-virus-outbreaks-are-increasing-in-frequency-and-geographic-spread-three-virologists-explain-200486>

“Marburg virus and the closely related Ebola virus belong to the filovirus family and are structurally similar. We are virologists who study Marburg, Ebola and related viruses. Our laboratory has a long-standing interest in researching the underlying mechanisms of how these viruses cause disease in people.” “Marburg virus outbreaks have an unusual history.... ”

“...The increasing emergence and reemergence of zoonotic viruses, including filoviruses (such as Ebola, Sudan and Marburg viruses), coronaviruses (which cause SARS, MERS and COVID-19), henipaviruses (such as Nipah and Hendra viruses) and Mpox appear to be influenced by both human encroachment on previously undisturbed animal habitats and alterations to wildlife habitat ranges due to climate change. Most Marburg virus outbreaks have occurred in remote areas, which has helped to contain the spread of the disease. However, the large geographic distribution of Egyptian fruit bats that harbor the virus raises concerns that future Marburg virus disease outbreaks could happen in new locations and spread to more densely populated areas....”

Guardian - Virus outbreak in West Bengal leaves 19 children dead and thousands in hospital

<https://www.theguardian.com/global-development/2023/mar/15/virus-outbreak-in-west-bengal-leaves-19-children-dead-and-thousands-in-hospital>

“Indian state in crisis after adenovirus hits 12,000 people this year and families with sick children camp outside Kolkata hospital.”

Reuters - J&J's experimental dengue pill prevents infection in mice, monkeys

[Reuters:](#)

“An experimental pill for dengue developed by Johnson & Johnson (JNJ.N) proved effective against all four types of the virus in mice and prevented infection from two types in monkeys, according to data published on Wednesday.”

Lancet Comment – Finding a safe and effective vaccine for the Lassa virus

P O Okokohera; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00093-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00093-4/fulltext)

Comment linked to a **new Lancet study - Immunogenicity, safety, and tolerability of a recombinant measles-vectored Lassa fever vaccine: a randomised, placebo-controlled, first-in-human trial.**

AMR

Lancet Microbe - International manufacturing and trade in colistin, its implications in colistin resistance and One Health global policies: a microbiological, economic, and anthropological study

[https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(22\)00387-1/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(22)00387-1/fulltext)

“The emergence of colistin-resistant Enterobacterales is a global public health concern, yet colistin is still widely used in animals that are used for food as treatment, metaphylaxis, prophylaxis, and growth promotion. Herein, we investigate the effect of colistin-resistant Enterobacterales in Pakistan, global trade of colistin, colistin use at the farm level, and relevant socioeconomic factors.”

Interpretation of the findings: “...Regardless of 193 countries signing the UN agreement to tackle antimicrobial resistance, **trading of colistin as PRM, FPPs, and feed additive or growth promoter in low-income and middle-income countries continues unabated.** Robust national and international laws are urgently required to mitigate the international trade of this antimicrobial listed on WHO Critically Important Antimicrobials for Human Medicine.”

NCDs

Lancet Health Policy - Improving health outcomes of people with diabetes: target setting for the WHO Global Diabetes Compact

E W Gregg et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00001-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00001-6/fulltext)

*“The **Global Diabetes Compact** is a WHO-driven initiative uniting stakeholders around goals of reducing diabetes risk and ensuring that people with diabetes have equitable access to comprehensive, affordable care and prevention. **In this report we describe the development and scientific basis for key health metrics, coverage, and treatment targets accompanying the Compact....”***

Project Syndicate - Winning the Cancer War in Sub-Saharan Africa

M Mutebi; <https://www.project-syndicate.org/commentary/cancer-crisis-in-africa-needs-investment-in-testing-and-prevention-by-miriam-mutebi-2023-03?barrier=accesspaylog>

*“Noncommunicable diseases are expected to overtake infectious diseases as the region's leading cause of death by 2030, following a sharp increase in cancer-related mortality. **By investing in early detection measures like HPV vaccines and cervical cancer testing, African governments can save millions of lives.”***

Social & commercial determinants of health

International Journal of Social determinants of health and health services - Corporate Efforts to Adopt and Distort the Social Determinants of Health Framework

D U Himmelstein et al; <https://journals.sagepub.com/doi/full/10.1177/27551938231162573>

“Over the past two centuries, progressive scholars have highlighted the health-harming effects of oppressive living and working conditions. Early studies delineated the roots of inequities in these social determinants of health in capitalist exploitation. Analyses in the 1970s and 1980s that adopted the social determinants of health framework emphasized the deleterious effects of poverty but rarely explored its origins in capitalist exploitation. Recently, major U.S. corporations have adopted and distorted the social determinants of health framework, implementing trivial interventions that serve as rhetorical cover for their myriad health-harming behaviors, and the Trump administration cited social determinants to justify imposing work requirements for persons seeking health insurance through Medicaid. Progressives should raise the alarm against the use of social determinants of health rhetoric to bolster corporate power and undermine health.”

Guardian - Revealed: experts who praised new ‘skinny jab’ received payments from drug maker

<https://www.theguardian.com/business/2023/mar/12/revealed-experts-who-praised-new-skinny-jab-received-payments-from-drug-maker>

“Observer investigation finds Novo Nordisk gave millions to obesity charities and healthcare professionals, including expert who advised Nice....”

BMJ GH - Legislation on marketing of breast-milk substitutes in digital and social media: a scoping review

<https://gh.bmj.com/content/8/3/e011150>

By B Franco-Lares et al.

Mental Health

Lancet Psychiatry - The global impact of anxiety disorders

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(23\)00067-6/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(23)00067-6/fulltext)

by Rudolf Uhrer.

Sexual & Reproductive health rights

Lancet Comment - Stalled progress in reducing maternal mortality globally: what next?

C A Moyer et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00518-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00518-4/fulltext)

With a renewed call for a multisectoral approach.

And concluding: “...**Now is the time for governments, policy makers, health-care providers, and communities to recommit to preventing maternal deaths. Maternal health outcomes can be seen as a marker of the overall functioning of a health system, with a unique confluence of preventive care, chronic disease management, acute emergency care, and at times, surgical management. And while the 9 months of pregnancy remain central, the overarching issues before and after pregnancy—including poverty and environmental factors, lack of health insurance, high cost of care, functional inequities within the health system, structural racism, and a stretched health workforce—continue to determine whether mothers around the world live or die. We can do better.**”

Access to medicines & health technology

Politico - Your new medicine, brought to you by AI

<https://www.politico.com/newsletters/future-pulse/2023/03/13/your-new-medicine-brought-to-you-by-ai-00086702>

“The next blockbuster drug could be invented by artificial intelligence.”

*“Medicines designed by artificial intelligence for conditions including lymph cancers, inflammatory diseases and motor neuron diseases are reaching trials in humans, reports POLITICO’s Ashleigh Furlong. If successful, AI promises nothing less than a revolution for the pharmaceutical industry: It could dramatically reduce the time it takes to develop a new medicine, as well as help identify new drug molecules that have so far eluded scientists..... **The premise for using AI in drug discovery and development is straightforward:** Use algorithms to trawl through vast troves of data — including the structures of chemical compounds, animal studies and information from patients — to help identify what a future drug needs to target in the human body; which molecule would be best suited to do it; and most enticing, how to create new molecules altogether.....”*

The Journal of World Intellectual Property - Lessons from India and Thailand for Cambodia's future implementation of the TRIPS Agreement for pharmaceutical patents

<https://onlinelibrary.wiley.com/doi/10.1111/jwip.12267#.ZAfMCWoGatM.twitter>

By B Tenni, D Gleeson et al.

Nature News - Five steps to make MRI scanners more affordable to the world

<https://www.nature.com/articles/d41586-023-00759-x>

“Fifty years since the basis of magnetic resonance imaging was published, MRI scanners remain expensive — and impractical in many countries. Here’s how we are making them smaller and less costly.” With **focus on Africa**. And five suggestions.

*“... MRI is an indispensable part of clinical care, with more than 100 million scans performed worldwide annually, and around 50,000 machines in hospitals and clinics. However, **people in low- and middle-income countries (LMICs) have limited access to this technology**, despite constituting more than 70% of the world’s population. For example, **on average there are 0.7 MRI scanners per million people in Africa**, compared with 55 per million people in Japan, 40 in the United States and 35 in Germany. **Most systems are in big cities, distant from rural populations**. Of the scanners in Africa, 39% use obsolete hardware and software....”*

WSJ - Novo Nordisk to Slash Insulin Prices by Up to 75%

<https://www.wsj.com/articles/insulin-price-cut-novo-nordisk-cb0f2061>

“Insulin maker is the latest to plan sharp price cuts for the diabetes treatments.” In the US, where prices were skyrocketing.

BMJ GH – The quality of antiretroviral medicines: an uncertain problem

<https://gh.bmj.com/content/8/3/e011423> (by Ngan Thi Do et al)

*“Substandard and falsified (SF) antiretrovirals (ARVs) risk poor outcomes and drug resistance, potentially affecting millions of people in need of treatment and prevention. **We assessed the available evidence on SF ARV and related medical devices to discuss their potential public health impact....”***

Human resources for health

BMJ Analysis - Strikes, patient outcomes, and the cost of failing to act

<https://www.bmj.com/content/380/bmj-2022-072719>

“Ryan Essex and colleagues consider whether patients have more to gain than to lose from healthcare worker strikes in poorly functioning health systems.”

Key messages: **“...Strikes by healthcare workers are usually not just about pay but reflect dissatisfaction with underinvestment in health systems; The limited evidence base does not support**

the singular narrative that strikes are harmful to patients; In some contexts, patients may benefit when strikes bring about improvements to the healthcare system.”

Human Resources for Health - Global Strategy on Human Resources for Health: Workforce 2030 – A Five-Year Check-In

<https://www.biomedcentral.com/collections/workforce2030>

Collection edited by Ayat Abu Agla, Jim Campbell and Michelle Mclsaac.

With some recent new articles, well worth looking into.

BMJ GH - Strengthening capacity through competency-based education and training to deliver the essential public health functions: reflection on roadmap to build public health workforce

<https://gh.bmj.com/content/8/3/e011310>

By M B Hunter et al.

Decolonize Global Health

Lancet Offline: The silencing of the South

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00561-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00561-5/fulltext)

Horton reviews **Tiffany Nassiri-Ansari and David McCoy** (International Institute for Global Health at the United Nations University in Kuala Lumpur, Malaysia)’s compelling **deconstruction of the ARWU and THE (university) rankings**. And largely agrees with them, concluding: *“At a minimum, university rankings should be helping to create spaces for scholars worldwide to have a voice and a platform. If we truly believe in equity, we need to resist and repudiate the current discriminatory and exclusionary system of university rankings. It is a system that stains the reputation of scholarship.”*

Lancet (Comment) - Envisioning the futures of global health: three positive disruptions

Nelson K Sewankambo et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00513-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00513-5/fulltext)

Authors suggest **three positive disruptions to global health**.

*“...we should re-envision the ontology of global health (ie, the nature of global health practice) and the purpose it should serve..... We join Sæteren and Nåden in suggesting that **global health should be reconceptualised as a dignity-based practice**..... Second, redefining global health as a dignity-*

based practice has implications for what counts as legitimate knowledge.... **Proximity in knowledge production** is desirable for practical reasons.... For the third disruption, which conditions can allow the principles of dignity and epistemic justice to be translated into practice? **Broadening the repertoire of participatory methods used in global health research is a promising way forward.** By challenging the divide between researchers and participants, and encouraging collective enquiry and action, **participatory action research** provides a useful basis for this third disruption....”

Miscellaneous

Guardian - Extreme poverty could be eradicated globally by 2050 – report

https://www.theguardian.com/global-development/2023/mar/13/extreme-poverty-could-be-eradicated-globally-by-2050-report?CMP=tw_t_a-global-development_b-gdndevelopment

“The end of extreme poverty may finally be achieved by 2050, spurred by economic growth in low-income countries, according to a new economic forecast. Though the Covid pandemic began to reverse progress in eradicating extreme poverty, and additional challenges will emerge, the damage may have a very limited impact on the **overall trajectory of economic growth, according to a **Center for Global Development (CGD) report.**”** Authored by C Kenny & others.

UN News - UN expert calls for ‘new philosophy’ to better serve persons with disabilities

<https://news.un.org/en/story/2023/03/1134507>

“A “new philosophy” and broader approaches can transform services for persons with disabilities, a UN-appointed independent expert told the Human Rights Council on Monday. In his latest report to the Council, the **UN Special Rapporteur on the rights of persons with disabilities, Gerard Quinn, outlined how more inclusive policy approaches and innovative **private sector involvement can spur progress....”****

AP - Mexico to use traditional medicine, more Cuban doctors

<https://apnews.com/article/mexico-traditional-medicine-cuban-doctors-6407301f5283e3b8272339a1799a18d6>

“Health authorities in Mexico said Tuesday they will use more traditional medicine and more Cuban doctors in the country’s woefully under-equipped public hospital system. Zoe Robledo, the head of Mexico’s largest public hospital network, said at a news conference that the system will hire 753 practitioners of traditional massage and herbal treatments. The Social Security Institute will also employ “curanderos,” who are non-licensed healers who use bundles of herbs, smoke, alcohol and eggs to “draw” sickness out of the bodies of their patients.....”

UN News - Urgent investment needed to improve conditions for key workers: ILO

<https://news.un.org/en/story/2023/03/1134612>

“Essential workers who kept families, societies and economies going while the world was on COVID lockdown, need better pay and conditions urgently, if countries are to future-proof themselves from the next global crisis, UN labour experts [said on Wednesday.](#)”

“In a number of countries, key sectors are facing labour shortages, because people are increasingly reluctant to engage in work which is not properly, adequately, fairly valued by society and rewarded in terms of better pay and improved working conditions,” said Manuela Tomei, Assistant Director-General for Governance, Rights and Dialogue at the International Labour Organization ([ILO](#)). According to a **new report from ILO** drawing on data from 90 countries, key workers remain **severely “undervalued” and their contributions insufficiently recognized.....”**

Papers & reports

Lancet Global Health – April issue

[https://www.thelancet.com/issue/S2214-109X\(23\)X0005-9](https://www.thelancet.com/issue/S2214-109X(23)X0005-9)

Great issue. Of the articles that didn't appear online yet, do check out certainly:

- Comment linked to a new Systematic Review - [Measuring vulnerability to childhood cancer treatment delays in low-income and middle-income countries](#)
- Comment linked to a new study by Luke Allen et al - [Global NCD policy implementation stalls in the modern era](#) (by S P Kishore)

“How has policy implementation for non-communicable diseases (NCDs), the leading drivers of morbidity and mortality globally, fared in the modern era? What are the associations of unhealthy commodity consumption and corporate influence with national policy implementation? Which geopolitical areas have high policy implementation, and more importantly, which areas are of concern? And how did the onset of the COVID-19 pandemic intersect with national NCD policy setting? In this issue of The Lancet Global Health, Luke Allen and colleagues build on their previous work in putting forward key accountability metrics related to policy implementation, to aid civil society and governments in answering these fundamental questions, as part of efforts in working towards globally agreed goals (eg, reducing NCD-related premature mortality by 33% by 2030). Once again, Allen and colleagues focus on so-called best buy policies derived by WHO that span the prevention and control of NCDs. The 19 policies in total address the spread and scale of commercial, health-harming risks, and include policies on tobacco, alcohol, unhealthy food, sugar-sweetened beverages, child marketing, national NCD plans, and medication access.....
... The findings are both striking and sobering in four ways....”

- Comment - [Planning to introduce novel tuberculosis vaccines in high burden settings: how could this be done?](#)
- Comment - [Non-communicable diseases, injuries, and mental ill-health in Africa: the role of the Africa Centres for Disease Control and Prevention](#) (by Africa CDC staff)

We bet you didn't know about this Africa CDC (NCD) role.

*“...In September, 2020, in an important phase of the African continental response to the COVID-19 pandemic, Africa CDC began operationalising the institutional mechanisms to address the growing threat of NCDs, injuries, and mental health disorders. The development of a strategy to support health systems strengthening in African Union member states for NCD and injury prevention and control, and mental health promotion was prioritised. **This process was catalysed by the COVID-19 increased risks of morbidity and mortality for groups living with these conditions and the need for stronger health systems to prevent and manage both communicable and non-communicable diseases during complex emergencies.**”*

*“...The final six Africa CDC strategic priorities form a broad framework to focus activities across the continent..... Through the implementation of these new strategic priorities for NCDs, injuries, and mental health disorders with member states and partners, Africa CDC will set the benchmark and pace for real change, exactly where it is needed, and systems to cope with future social, demographic, and environmental challenges. **Explicitly weaving health systems, NCDs, injuries, and mental health through existing Africa CDC divisions and the broader African Union will consolidate the already important work on universal health coverage to strengthen the systems that safeguard the health of Africa's populations. Africa CDC invites member states, partners, and researchers to come together in support of these priorities.....**”*

- Comment - [The effects of racism, social exclusion, and discrimination on achieving universal safe water and sanitation in high-income countries](#)
- Health Policy Viewpoint - [When should global health actors prioritise more uncertain interventions?](#) (L Pierson & S Verguet)

*“Global health actors use economic evaluations, including cost-effectiveness analyses, to estimate the effect of different interventions they might fund. However, producing reliable cost-effectiveness estimates is difficult, meaning organisations must often choose between funding interventions for which reliable predictions of efficacy exist and those for which they do not. In practice, many organisations appear to be risk-averse, favouring more certain interventions simply because they are more certain. **We argue that this practice is not justifiable. Prioritising projects backed by greater evidence might often produce greater health benefits. However, a general tendency to prefer more certain interventions will cause global health actors to overlook opportunities to help less well-studied populations, support promising but complex interventions, address the upstream causes of illness, and conduct the most important impact evaluations. We argue that global health actors should instead adopt nuanced attitudes towards uncertainty and be willing to fund highly uncertain interventions in some cases. We further describe the considerations they should take into account in rendering these judgements.**”*

*“...we consider what attitudes towards uncertainty would allow global health actors **to more reliably identify efficient and equitable interventions.** **global health actors should strive to generate greater health benefits and support more disadvantaged populations, and these goals should determine their attitudes and actions towards uncertainty in each case.** To this end, global health actors should tolerate more uncertainty when sceptical prior beliefs about an intervention are not warranted, when implementing an intervention will generate information that could guide future investments, when a given kind of intervention is inherently uncertain, and when a decision is revisable. In addition, global health actors striving to reduce inequities might often need to tolerate greater uncertainty, given the lack of research on many disadvantaged populations. **Global health***

actors' attitudes towards uncertainty should thus be informed by the specific features of a prioritisation decision and the nature of the uncertainty underlying the construction of a cost-effectiveness estimate."

BMJ Collection – Quality of care

<https://www.bmj.com/qualityofcare>

"...This BMJ collection, in collaboration with the World Health Organization and the World Bank, offers critical thinking on both the unfinished agenda and emerging priorities for improving quality of care in low- and middle-income countries. Examples are primarily drawn from maternal, newborn and child health to illustrate current issues that warrant further attention and action as well as new and evolving opportunities for ensuring all people have access to quality health services."

SS&M - Food systems determinants of nutritional health and wellbeing in urban informal settlements: A scoping review in LMICs

A-S Roy et al; <https://www.sciencedirect.com/science/article/pii/S0277953623001612>

"Interconnected macro, meso & micro level factors shape inequities in urban food systems. Action is needed to improve the immediate food environment in informal settlements. The informal food sector is critical to the urban poor with overlooked potential. Women are key to household food provisioning and need to be supported."

BMJ GH - Local political climate and spill-over effects on refugee and migrant health: a conceptual framework and call to advance the evidence

K Bozorgmehr et al ; <https://gh.bmj.com/content/8/3/e011472>

"The health of refugees and migrants is determined by a wide range of factors. Among these, the local political climate in the postmigration phase is an important determinant which operates at interpersonal and institutional levels. We present a conceptual framework to advance theory, measurement and empirical evidence related to the small-area factors which shape and determine the local political climate, as these may translate into variations in health outcomes among refugees, migrants and other marginalised population groups. Using the example of Germany, we present evidence of small-area variation in factors defining political climates, and present and discuss potential pathways from local political climates to health outcomes."

Blogs & op-eds

Arise – Medical camps as research tools

V Rao et al; <https://www.ariseconsortium.org/medical-camps-as-research-tools/>

"Traditionally, medical camps by non-governmental organisations (NGOs), corporate sponsors, foundations, and other charitable institutions are seen as acts of charity. The communities that the

*camps support also see them as short, solidarity events. Weak public health systems, particularly those in preventive health, necessitate such acts of charity. Such camps continue to play a crucial role in helping individuals access better health primarily because the demand for decent and affordable healthcare outstrips its supply. **In our experience, however, apart from fulfilling the immediate, short-term needs of individual citizens, medical camps can also become an important research tool, aimed at strengthening the larger public health system.....***

“ARISE partner Society for Promotion of Area Resource Centers (SPARC) India works with the National Slum Dwellers Federation and Mahila Milan, a women’s collective. Together, we have over three decades of experience working on tenure security, access to sanitation, housing, etc. for the urban poor, which is aligned with the larger goal of improving health, dignity, quality of life and wellbeing of poor urban residents across the country. However, working directly with the public health system is a first for the alliance.....”

K Bertram - Global health is us

<https://katribertam.wordpress.com/2023/03/13/global-health-is-us/>

*“In this next article in a series unpacking my personal 2023 [global health manifesto](#), I explore my fourth value: **individual agency and responsibility (global health is us)**. “*

Tweets of the week

Fifa A Rahman

*“Looking forward to working on my **new role as civil society representative** (together with @mlewa_onesmus) on the **@WHO prototype working group for the future pandemic medical countermeasures platform**. Key reforms we want include regional implementation and intellectual leadership.”*

Soji Adeyi

(re the Devex interview with Seth Berkley)

*“Pathetic. **@Gavi leadership, please stop denying #COVAXfailed**. Unwise to deploy reductio ad absurdum. Need to rise above binary level of reasoning: equity called for a combination of 1)#TRIPS waiver & 2) knowledge sharing with delivery, not either/or. #COVID #vaccine @JMDBarroso”*

Sophie Harman

*“**The appt of DG of Africa CDC is getting v interesting**. First best woman for the job (more qualified by miles) doesn't get it (shocker politics matters more than experience). Now Kagame calls it out -*

DRC issue anyone?) Keep politics out of health, ay? ”

Fatima Hassan

"It is a CONTainer in 2023. It is @pfizer + @BioNTech_Group ruse of pretend self reliance for Africa... Let us call phrma out please. Share the tech, transfer the knowledge, waive the IP."

Dimitri Eynikel

(Twitter [thread](#) on the EC communication re the BioNTech containers news)

"I am uncomfortable with how @EU_Commission communicates about @BioNTech_Group vaccine production in Africa. The commission does not fund these containers, neither it seems does #teameurope. Yet at the same time EC & EU claim publicity related to this private project..."

Lara Brearley

(re the article in SS&M by Yazbeck et al) *"It's a shame - even immoral - that so many L&MIC countries have been encouraged to pursue an insurance model with the false premise that it will be pro-poor... #UHC"*

Nina Schwalbe

(re the Pandemic Fund) *"Questions for debate! If ONLY open to countries, regional entities and selected implementing agencies, how did they get >600 proposals? What was the breakdown between governments vs. implementing agencies? Should the call have been tailored to available resources?"*