

IHP news 725 : Geneva – part 3

(26 May 2023)

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

Dear Colleagues,

As you can imagine, it's been a long week over here in Geneva. With a cumulative lack of sleep built up as the days were progressing, I'm afraid I got grumpier as well with every passing day. Apologies for this, certainly towards people I might have spoken later in the week. When I'm exhausted, the Schopenhauer in me tends to take over from the more sociable version of 'Kristof the Belgian' – as I seem to be known in certain corners (*good they didn't pronounce it like 'Attila the Hun'* 😊). And that's taking into account that even in ordinary times, I'm probably nearer Ron DeSantis than Bill Clinton on the spectrum of social skills.

Anyway, just a couple of short reflections perhaps as “**the Geneva week**” is almost finished for me. By the way, I hope you enjoyed [‘Geneva-part 1’](#) (published on Saturday evening) and [‘Geneva-part 2’](#) (from Wednesday morning). We are very grateful to the excellent coverage and analysis by Devex, Health Policy Watch, Geneva Health Files, Politico, Geneva Solutions, and others.

Dr Tedros put it accurately, at the start of this WHA76, when stating “***This is the moment for us to write a new chapter in global health history, together; To chart a new path forward, together; To make the world safer for our children and grandchildren, together.***”

Unfortunately, as is mankind's annoying habit, we seem to be royally wasting the moment.

That certainly seems to go for the **Pandemic Accord negotiations** – as you probably already know, the new draft is considered [a big disappointment in many corners](#). A few telling tweets perhaps from experts. **Sophie Harman** : “*What a colossal waste of time and resource. The *only* justification for a Pandemic Treaty (rather than focusing energy on the IHR) was to address equity in access to vaccines & medical counter-measures. Anyone surprised by this outcome?*” Her pal **Clare Wenham** reacted to this: “*Nope - zero surprise - and imagine that the content is going to get more vanilla as the next year progresses. Particularly around equity now the multilevel platform being developed (away from legal system... if that ever mattered anyway!)*”. True, ‘vanilla’ pretty much sounds like the outcome I would have expected all along from one of the key proponents of this Pandemic Treaty in the early days, our own Charles Michel 😊. More to the point though, I agree with the People's Vaccine Alliance (and [Mohga Kamal-Yanni](#) in particular) that ‘**equity is not an optional extra**’, and so it seems time to play hardball for poorer nations in these negotiations.

Over to **planetary health** then. I got to talk to an ultra-smart and articulate WHO staff member, who arrived – though from a different angle – at the same dire conclusion as new scientific research, published earlier this week, which argued that “[Global heating will push billions outside the ‘human climate niche’](#)”. On the stairs outside Serpentine bar, the staff member told me, “just read the Scripture from the Prophet [Isaiah 24:1-13](#).” Titled: “**The Lord's Devastation of the Earth**”. So, from

whichever paradigm you look at the current permacrisis, it appears many of us seem to agree that mankind is in [deep, deep trouble](#) (True, the staff member also pointed out there is actually a way forward, see [Romans 8:19-25](#) but I didn't get there yet 😊.)

Anyway, while the climate emergency was being discussed in multiple sessions and the public health community even seems excited about their (brand new) 'health day' at COP 28, I doubt the planetary emergency was high enough on the agenda. Personally, I'm part of the ones mentioned in [HPW coverage of Wednesday's strategic roundtable on climate and health](#) : "...There have been worries among health & climate activists that **the UAE which is hosting this year's COP, and is a major fossil fuel producing country, could use health as a fig leaf to obscure the lack of progress on real reductions in climate emissions.**"

In many ways, it seems (**very**) 'incremental progress' seems the most we can hope for in venues like this. I'm afraid that won't suffice to deal with the permacrisis we face.

Anyway. All in all, it was good to be in Geneva and meet with some IHP readers, hear from some insiders and relative outsiders on the 'state of affairs' at a number of global and regional health actors, [read about](#) and witness the **increased politicization of WHA** (for the reasons you know), and go to a number of side events as well. With perhaps for me as the main highlight, **the official launch of the report by M Mazzucato et al. "charting the route for reorienting economies to deliver health for all"**. Hope this report by the **WHO Council on the Economics of Health for All** will indeed help to pull this vital transformation off in the decade(s) to come, as time is surely running out. (PS: at the side event's evening reception, I also enjoyed a glass of white wine, which they already served *before* the event (!), which was nice for a change after having attended an NCD Alliance side event where alcohol had gone totally missing (unlike coca cola) 😊).

Finally, I also indulged – with my colleague Radhika Arora – in a coffee on a posh hotel terrace, overlooking the lake of Geneva. Characters over there, many of whom looking and smartly dressed like "Emily in Paris" ' [Antoine Lambert](#), were no doubt slightly baffled to see us show up there. But hey, this was also the week of Cannes, so for about 30 minutes we couldn't care less 😊!

Enjoy your reading.

Kristof Decoster

Featured Article

WGH pushes for gender equity at #WHA76 and on the ground, but there's still a long way to go

Deepika Saluja (co-founder Women in Global Health, India; & EV 2016)

As we advocate for health equity in global health settings in different parts of the world, one can see some of the inequities in full display and even amplified in Geneva at the 76th World Health

Assembly (WHA76), which I'm currently attending. From restricted access to civil society, to representation among delegates - in terms of youth engagement, the LGBTQIA+ community, people with disabilities, and certainly community health workers (CHW), who have been mentioned in almost every panel, but where are they?

Throughout my time here in Geneva, I have been asking the more seasoned delegates at #WHA76 whether they have seen any impact or change in policies over the years, by being at these "supremely high-level" events and if so, how long it takes for the change to materialize. 'It is a slow process', 'sometimes it takes decades to see the changes in the policy', 'it's a long-term game that requires perseverance and persistent advocacy', I often hear...

Refreshingly, Women in Global Health (WGH) is attempting to change the narrative and accelerate progress on gender equity in global health, through targeted evidence and strategic advocacy. Indeed, in recent years, WGH's steady drum beat on inequities in the healthcare workforce, through its continued engagement with countries during WHAs as well as at Executive Board meetings, is slowly starting to pay off. More specifically, over the last year, WGH has sent specific data points, messages and key asks on the Pandemic Accord, Universal Health Coverage (UHC) and Prevention of Sexual Exploitation and Harassment (PSEAH), ahead of negotiation sessions. We are now able to track our language and asks, as they start to be reflected in some of the key documents. Key leaders and allies are also joining the movement, using our data points, and integrating gender dimensions in their statements, interventions and work.

It was also inspiring to see [WGH allies and gender champions](#) such as Dr Githinji Gitahi, CEO of Amref Health Africa, step down from a #panel on climate and health and invite women with relevant expertise to join on the spot, as he did at #WHA76. All of this demonstrates the strength of the WGH movement which thrives on the values of gender equity, challenging power and privilege in global health, and demanding accountability.

Having said that, while we have seen some accomplishments so far, including here at WHA76, much more work remains to be done. For instance, advocacy on CHWs' rights is growing in strength and scope, but we have yet to see an impact. Yes, member states and other stakeholders are explicitly acknowledging that women who make up 70% of the healthcare workforce are burned out and leaving the profession in a 'great resignation' wave, which adds to the global shortage of healthcare workers. However, the main narrative in response to this 'great resignation' has been to train healthcare workers in large numbers, instead of addressing the root causes of safe and decent work, fair pay, harassment free workplace, gender-equal leadership. Conversations at some of the digital health events at WHA76 largely focused on training the CHWs to use smart digital tools, for example, while missing out completely on the contextual realities and challenges they encounter on the ground.

I was able to raise some pertinent [ground-level concerns women and girls experience](#) to access their sexual and reproductive health rights on a daily basis in a deeply patriarchal society like India. It is time that we use the [opportunity of being at venues like WHA76](#) to act upon the wealth of knowledge civil society brings into the discussions and respond to the needs of women and health care workers.

We also need to continue to advocate for gender equal leadership in Global Health. With an increase of 9% in women-led member state delegations to WHA76 (from 23% in 2022 to 32% in 2023), it is conceivable to strive for at least 50-50 representation at WHA77!

Highlights of the week

76th World Health Assembly (continued) – from Wednesday on (Geneva)

Below you'll find **some of the main coverage and analysis since Wednesday morning**, more or less chronologically again.

PS: For quick overviews per day, do check out **WHO's Daily updates**:

Eg: [Daily-update--24-may-2023](#) (Work continues to strengthen preparedness and response for health emergencies; Delegates discuss critical financing needs to address climate related health crisis)

& [Daily update: 25 May 2023](#) (Progress and challenges in women's, children's and adolescent health; Member States urge WHO to keep momentum on work to prevent and respond to sexual misconduct; sustainable financing – feasibility of a replenishment mechanism; Delegates support maintaining momentum and innovations to end TB)

All with related documents.

And PHM daily briefs: <https://phmovement.org/phm-76th-world-health-assembly-may-2023>

Coming up in the Lancet (tomorrow): WHO regional elections—more transparency and scrutiny essential

Having seen a near final draft, a few quotes from this short Letter:

*“There are many weighty issues on the agenda of the World Health Assembly this week. Worryingly, no agenda item or side events were devoted to **the Regional Director elections this year...**”*

*“...the Independent Panel on Pandemic Preparedness and Response argued that in **“the recruitment of the RDs [Regional Directors]...the appointment might be more based on competencies and objectives, rather than on political merit”**A transparent selection process that rewards those candidates with the best mixture of technical and managerial competence to support countries and the political savvy to ensure that our collective health trumps short-term national interests would help. The current closed process does not serve that end....”*

Let's hope some member states will indeed call for this issue to be placed on the EB agenda at the end of the month. So stay tuned for this letter.

HPW - WHO Condemns Russian aggression in Ukraine, Calls for Immediate Halt to Attacks on Health Facilities

<https://healthpolicy-watch.news/who-condemns-russian-aggression-in-ukraine-calls-for-immediate-halt-to-attacks-on-health-facilities/>

From Wednesday. ***“In a strong move against the ongoing Russian aggression in Ukraine, the World Health Assembly passed a [resolution](#) condemning the violence and calling for an immediate halt to Russian attacks on health facilities. Russia and Syria floated a [resolution](#) that made no mention of the Russian aggression, which failed to find any support in the Assembly. The resolution was passed with 80 members voting in favour and nine opposed. Another 52 members abstained from voting while 36 were absent – out of the 177 WHO member states attending WHA and were eligible to vote.”***

FIFA and WHO extend collaboration to promote health through football

<https://www.who.int/news/item/24-05-2023-fifa-and-who-extend-collaboration-to-promote-health-through-football>

“FIFA and WHO extend Memorandum of Understanding for four more years; WHO Director-General Dr Tedros Adhanom Ghebreyesus and FIFA President Gianni Infantino sign new agreement in Geneva, Switzerland; Both organizations reiterate commitment to continue working together to promote health through football.”

“FIFA and WHO have agreed to extend their collaboration and to continue to use the power of football to promote healthy lifestyles and equal access to health services worldwide....”

PS: Dr Tedros has many good friends & connections, but also a few ‘dodgy brothers’. I reckon Infantino as one of the latter.

HPW - NCD Advocates Call for Stronger Global Action to Curb Harmful Industries

<https://healthpolicy-watch.news/ncd-advocates-call-for-stronger-global-action-to-curb-harmful-industries/>

Coverage of a side event. ***“.....There needs to be stronger global action to prevent interference in health policy by industries selling products that harm people – tobacco, alcohol, ultra-processed food and fossil fuel. This is the call from advocates for non-communicable diseases (NCD) attending a side event at the World Health Assembly in Geneva, which is due to debate a political declaration on NCD prevention and control on Wednesday.....”***

“The industries that produce and market these products are more interested in profit than in healthy people and healthy communities,” said José Luis Castro, President and CEO of Vital Strategies, at a WHA side event hosted by his organisation and the NCD Alliance. To help countries navigate the complexities of addressing NCDs, the World Health Organization (WHO) has come up with “[Best Buys](#)” – evidence-based strategies for countries to use, including taxing unhealthy products (officially called Appendix 3 of the [WHO Global NCD Action Plan](#)). WHO NCD Director Dr Bente Mikkelsen said that the “[Best Buys](#)” now consisted of 90 interventions, 28 of which are “considered

to be the most cost-effective and feasible for implementation”, and that countries should select these based on “their own epidemiology”. However, **she acknowledged that the “commercial determinants” of health – industry influence – are so strong in many countries that they cannot implement some of the “Best Buys”, and that “it’s all about the country’s leadership”. Castro believes that “Best Buys” should be modified to include “more explicit recommendations against corporate influence” because “corporate influence worldwide has been identified as the main reason why Best Buys’ implementation falls short”.....”**

Global Oxygen Alliance Launched to Boost Access to Lifesaving Oxygen

<https://www.theglobalfund.org/en/news/2023/2023-05-24-global-oxygen-alliance-launched-to-boost-access-to-lifesaving-oxygen/>

“... the Oxygen Emergency Taskforce of the Access to COVID-19 Tools Accelerator (ACT-Accelerator) was launched in February 2021 to coordinate the response of multilateral agencies and mobilize grant financing to help low- and middle-income countries deal with acute oxygen shortages. As WHO declares an end to COVID-19 as a global health emergency, a new Global Oxygen Alliance (GO₂AL) is launched by global health partners to continue the essential work of the ACT-A Oxygen Emergency Taskforce, which raised more than US\$1 billion to boost access to medical oxygen, including financing to expand production, lower the price of oxygen and provide technical support to governments. Taskforce achievements include negotiating ground-breaking agreements with the world’s two largest medical oxygen suppliers, drawing up plans to increase regional production of oxygen in low- and middle-income countries, and helping more than 100 countries to upgrade their treatment facilities....”

PS: “GO₂AL is also closely collaborating with the Lancet Global Health Commission on Medical Oxygen Security, launched in September 2022 to address major gaps in oxygen research, mobilize a broad coalition to accelerate delivery of medical oxygen and reduce mortality and morbidity globally..... GO₂AL was established in April 2023 with Unitaid and the Global Fund to Fight AIDS, Tuberculosis and Malaria as Co-Chairs, the Pan American Health Organization (PAHO) and the Africa Centres for Disease Control and Prevention (Africa CDC) as Vice-Chairs, and the World Health Organization (WHO), UNICEF and Unitaid sharing the secretariat....”

“Members of the ACT-A Oxygen Emergency Task Force have chosen to join GO₂AL, including: Access to Medicine Foundation; Africa CDC; Bill and Melinda Gates Foundation; Clinton Health Access Initiative; The Every Breath Counts Coalition; The Global Fund to Fight AIDS, Tuberculosis and Malaria; PAHO; PATH; Save the Children; UNICEF; Unitaid; UNOPS; USAID; WHO; and the World Bank. **New members, including representation from low- and middle-income countries, civil society and communities, are being invited as GO₂AL strives to build a stronger and a more diverse and inclusive membership.”**

HPW - UN Climate Conference to Feature First Ever Official ‘Health Day’

<https://healthpolicy-watch.news/un-climate-conference-to-feature-first-ever-official-health-day/>

Coverage of the Strategic Roundtable on climate & health, on Wednesday. **“More lives are being lost to climate change every year than in the Holocaust and World War II, warned US Special Climate Envoy in an address before World Health Assembly delegates.”**

“In a precedent-setting move, the UN’s annual Climate Conference of Parties (COP28) scheduled for 30 November – 12 December in Dubai will have a formal day in its calendar dedicated to health and climate change. The summit will also host a first-ever climate and health ministerial, WHO’s Director General Dr Tedros Adhanom Ghebreyesus said on Wednesday. “The climate crisis is a health crisis, fueling outbreaks contributing to higher rates of non-communicable diseases and threatening to overwhelm our health workforce and health infrastructure,” Tedros said, speaking at a climate and health technical briefing event on the sidelines of the World Health Assembly, also attended by the Chief Executive of COP28, Adnan Z. Amin as well as by US Climate Envoy John Kerry, who appeared virtually. “

“There have been worries among some health and climate activists that the United Arab Emirates which is hosting this year’s COP, and is a major fossil fuel producing country, could use health as a fig leaf to obscure the lack of progress on real reductions in climate emissions. “

“... ‘Massive course correction’ is needed says COP28 CEO: “However, the lead advisor to the COP28 President, CEO Adnan Z Amin, came out sounding bullish about the level of ambition for the event being planned. The Kenyan diplomat and former director-general of the International Renewable Energy Agency (IRENA), told the WHA delegates that a “massive course correction” will be required by countries at the annual meeting to rein in fossil fuel emissions sufficiently to meet the 2015 Paris Agreement limiting global temperature rise to 1.5 degrees Celsius, Adnan Z Amin, the CEO of COP 28, told the several hundred WHA delegates gathered for the briefing Wednesday. ... “We will need to decarbonize, we will need to reduce emissions by 43% by 2030. This is the decade of action,” Amin said. He added that the focus of COP28 will be on potential solutions ranging from finance to technology. “This COP must be a COP of solutions. Not a COP of wishful thinking”....”

PHM - WHO Heading Towards New Disastrous Era of Health Financialization

<https://phmovement.org/press-release-who-heading-towards-new-disastrous-era-health-financialization>

From a press conference on Wednesday. ***“WHA76 decisions on sustainable financing raises concerns. “***

“The ongoing 76th World Health Assembly (WHA) is discussing, among many important agenda points including tackling “Matters Emanating from the Working Group on Sustainable Financing.” For a long time, WHO has been facing a funding crunch, coupled with a very inefficient sourcing of its funding. Finally, two years ago, a Working Group on Sustainable Financing was established with the task of assessing reasons for the funding crunch and making recommendations to resolve it. The Working Group correctly analysed that WHO is suffering from a structural lack of flexible funding that is adversely impacting its work and priorities. The 75th WHA adopted the recommendations of the Working Group and entrusted the Secretariat with developing a replenishment mechanism to broaden the financial base. In a surprise turn, the decision on replacement mechanism, calls for earmarked funding alongside unearmarked funding. This is nothing but the institutionalisation of the earmarked contribution that has led to the dismal functioning of the WHO at various levels, including the increasing penetration of the private philanthropic sector in the organization. At a press conference today, civil society organisations raised serious concerns about the issue of WHO funding and the pathways being created for private sector investments.”

HPW - WHO Budget Replenishment Draft Resolution Keeps Door Open to 'Earmarked' Donations

<https://healthpolicy-watch.news/who-budget-replenishment-draft-resolution-keeps-door-open-to-earmarked-donations/>

Published on Thursday afternoon. ***“The World Health Assembly is poised to pass a resolution enabling an “investment round” in late 2024 to boost the World Health Organization’s (WHO) finances – but avoids mentioning the establishment of a “replenishment fund”. The resolution also allows for member states and donors to continue to provide funds to the WHO that are earmarked for specific health programmes – something that the WHO’s Working Group on Sustainable Financing advised that the organisation moves away from as this skews the work of the global body.”***

“This is according to a copy of the draft resolution leaked to Health Policy Watch, based on member state discussions late on Wednesday. The US is widely believed to have pushed for the continued inclusion of earmarked funds as a condition of its support for the resolution. The formation of a WHO Investor Forum has also been mooted ahead of the investment round, according to those close to discussions. The resolution also urges member states to pay their membership fees – which the assembly earlier resolved would now cover 20% of the budget (up from an estimated 14%).....”

HPW - Huge Support for Universal Health Coverage and NCD Measures, But No Adoption of Replenishment Fund

<https://healthpolicy-watch.news/huge-support-for-universal-health-coverage-and-ncd-measures-but-no-adoption-of-replenishment-fund/>

And this is from Thursday evening. ***“An impossibly long list of member states lined up to address universal health coverage (UHC) and non-communicable diseases (NCDs) at the World Health Assembly on Thursday afternoon, indicating the centrality of these issues for countries. There was near-universal support for primary health services to be the backbone of UHC, with disease prevention as the other key pillar – particularly to prevent NCDs. A number of countries including Canada, the US and Norway called for sexual and reproductive services accessible to young people to be included as part of primary health. “***

“Many member countries called for the three United Nations High-Level Meetings – on UHC, tuberculosis and pandemic preparedness – in September to be aligned with the WHO’s processes, including negotiations on a pandemic accord. The WHO’s updated policy options and interventions to prevent and control NCDs – referred to as “Best Buys” – also enjoyed widespread support. ...”

“... However, the same spirit of agreement was absent in Committee B, with a divergence of opinion among member states’ opinions on a “replenishment mechanism” proposed by the WHO Director-General to ensure more sustainable financing of the organisation. The US made it clear that it did not support the replenishment mechanism – a view that ultimately held sway. “We agreed to support planning for the secretariat’s proposed new initiative for sustainable financing for WHO with the understanding that we’ve moved to a more streamlined approach of innovative fundraising through an investment round, and that we’re not approving a replenishment mechanism for WHO,” stated the US....”

Geneva Solutions - WHO's big idea: what if countries peer-reviewed each other's health systems?

<https://genevasolutions.news/global-health/who-s-big-idea-what-if-countries-peer-reviewed-each-other-s-health-systems>

Must-read. Some excerpts:

*“As ministers from across the world gather in Geneva for the World Health Assembly, **the idea of a universal review of countries’ health systems and pandemic preparedness is gaining ground.** Such a mechanism could better equip the world to face the next pandemic. “*

*“Perhaps one of the most positive and palpable results of the proximity between international organisations offered by Geneva’s multilateral ecosystem is **the Universal Periodic Review (UPR), a state-led, peer-reviewed and cooperation-based process, set up by the UN Human Rights Council in 2006, and meant to ensure the respect of human rights worldwide. As the World Health Organization (WHO) celebrates its 75th anniversary and holds its World Health Assembly from 21 to 30 May, several countries are considering introducing a similar mechanism: the Universal Health and Preparedness Review (UHPR).**”*

*“... The UHPR rests on the idea that it’s in every country’s best interest that the health system of their neighbour is working well. In order to raise all country standards, the health review would follow the same approach as the Human Rights Council’s UPR: **no naming and shaming, no pillorying a country for its health record, but rather helping it improve.** The periodic health review **would take place every five years and governments would be free to choose whether to submit to it or not.** The evaluation **would consist of two phases:** At the national level, the government and civil society organisations would assess what is working and what isn’t in the country’s health system. By engaging all actors, this first phase would help “strengthen national capacities in terms of preparation for a health emergency” and “update a health security action plan”. ... The second phase of the UHPR would consist of a peer review by WHO member states, where every country would be assisted by a group of three countries called the troika. States would hold a dialogue to share their conclusions on the country’s report, make recommendations on gaps detected and exchange best practices. The process would take place during a special session at the WHO and the final report would be submitted to the health organisation’s executive board, followed by the World Health Assembly.”*

*“... **The UHPR is already in the works. Four states have launched phase one, consisting of a national review, or check-up, of their own health systems.** This is the case of the Central African Republic (the UHPR’s first proponent), Iraq, Portugal and Thailand. **Several other countries have also shown interest,** including Switzerland, the United States, Germany, France, the United Kingdom, Benin, Cameroon, Indonesia, Luxembourg and the Maldives. **The first peer review may be held as soon as July.** “The mechanism could be included in the future pandemic treaty that will be struck by May 2024....”*

Twitter thread Nina Schwalbe re Pandemic Accord

<https://twitter.com/nschwalbe/status/1661738950107734018>

Starting with: *“The Intergovernmental Negotiating Body for a #PandemicAccord has its first draft! It contains a proposal for an “Implementation and Compliance Committee” (Chapter III, Articles 20-22). An improvement to previous drafts - but the devil is in the details (which are TBD)....”*

“The Committee would review and promote states' accordance with treaty obligations, using: - “facilitative” methods (e.g., technical support); information submitted by State Parties; - “other relevant information” (unspecified)”

...

- Check out also another great Twitter thread by [Adam Strobeyko](#):

“ The new Draft of the #PandemicInstrument prepared by the Intergovernmental Negotiating Body is now online. The new document appears to place emphasis on pandemic prevention and constitutes a step back for equity.....” “ Below are some preliminary observations and comparisons....”

People’s Vaccine Alliance – Equity not an optional extra in pandemic treaty, civil society says

<https://peoplesvaccine.org/resources/media-releases/equity-in-pandemic-treaty/>

“Responding to the [leaked redrafted Pandemic Accord](#) text, Mohga Kamal-Yanni, Policy Co-Lead for the People’s Vaccine Alliance, said: “The Pandemic Accord is the world’s great chance to right the wrongs of the COVID-19 pandemic. But this new draft is weak on practical actions to secure equitable access to medical products, and lacks the concrete measures needed to mandate the sharing of technology and know-how with developers in low and middle-income countries. An essential clause which would waive intellectual property rules in pandemics remains, but it is framed as ‘optional.’ Equity is not an optional extra. “Rich countries and pharmaceutical companies seem to want lower-income countries to share pathogens without any commitment to share medical products, technology, or knowhow in return. They don’t want to recognise that it’s a two-way street. If they want access to pathogens – and to profit from resulting countermeasures – they need to guarantee benefits in return.”

Science (Policy Forum) – Implementation, compliance, and pandemic legal obligations

M Ecclestone-Turner et al; <https://www.science.org/doi/10.1126/science.adh2080>

“Negotiations ought not focus on enforcement and sanctions.”

“Member states of the World Health Organization (WHO) are undertaking ambitious governance reforms to prevent, prepare for, and respond to pandemics by concurrently negotiating both a new international legal instrument (henceforth called “the Pandemic Treaty”) and amendments to the International Health Regulations (IHR). We therefore find ourselves at a critical juncture in global health governance, with the opportunity to strengthen pandemic prevention, preparedness, and response through international law. One issue being given considerable prominence in each of these negotiations is how compliance by member states with their obligations can best be achieved. We argue that any efforts to ensure compliance with these instruments should be seen

as part of broader efforts to ensure effective and equitable implementation, as opposed to being overly focused on formal compliance mechanisms and the possibility of punitive action in response to noncompliance.”

Geneva Solutions - Pandemic treaty talks: Is there room for indigenous knowledge?

<https://genevasolutions.news/global-health/unusual-suspects-is-who-ready-to-include-indigenous-knowledge-in-future-pandemic-treaty>

*“As the WHO attempts to keep the attention of the international community firmly on the pandemic ball in an bid to prevent future health crises, communities most affected by Covid-19 are feeling left out of health discussions. **Indigenous groups are calling for inclusion in the dialogue.**”*

*“...A first draft of the pandemic treaty, scheduled to be adopted in 2024, circulated among delegates on Monday and seen by Geneva Solutions, mentions one option to include a section on one health and another one to scrap it altogether. In the first option, countries would commit “to promote and implement a one health approach at national, and, as appropriate, at regional and global levels”. It calls for a strengthening of synergies “with other existing instruments that address the drivers of pandemic, such as climate change, biodiversity loss, ecosystem degradation and increased risks at the human-animal-environment interface due to human activities”. **The draft doesn’t mention Indigenous or traditional knowledge.** “*

“Inviting the “non-usual suspects”: To make One Health a reality would, according to experts, require the participation of communities on the frontlines of nature conservation and which were the most vulnerable to the recent pandemic. But negotiations over the pandemic treaty are strictly limited to members of the Intergovernmental Negotiating Body (INB) – WHO countries and regional organisations –, therefore excluding civil society groups, including Indigenous community representatives.....”

PS:

*“... On Monday, Neira was moderating a **side event during the annual World Health Assembly (WHA) on health and climate**, at which **health ministers expressed their support for an intergovernmental WHO initiative, the [Alliance for Action on Climate Change and Health \(ATACH\)](#)**, which promotes climate mitigation strategies and the development of more climate-sustainable health systems. **Brazil, which just joined the initiative, is expected on Wednesday to present at the WHA a draft [resolution on Indigenous peoples’ health](#)**, together with a number of other countries, including Amazon basin nations.”*

*“**The document**, which recognises the communities’ vulnerabilities, **urges governments to work with Indigenous peoples, with their free, prior and informed consent, on health strategies and policies and to provide health services during future pandemics.** It also encourages countries to explore ways to integrate traditional medical knowledge in their health systems and to “adopt an inclusive and participatory approach in the development and implementation of research and development to promote Indigenous health, taking into account their traditional knowledge and practices”.....”*

HPW - WHA76: Countries Commit to Increased Polio Immunisation

<https://healthpolicy-watch.news/wha76-countries-commit-to-increased-polio-immunisation/>

“Countries expressed concern at an uptick in polio cases last year and discussed ways to double down on routine immunizations – interrupted by the pandemic and conflicts – at Thursday’s World Health Assembly. Polio is currently the only official global public health emergency.”

Devex - Physical and mental health must be treated the same: experts at WHA

<https://www.devex.com/news/physical-and-mental-health-must-be-treated-the-same-experts-at-wha-105584>

“Governments are finally waking up to the world’s growing mental health crisis but countries must make substantial reform, and not just in their health sectors, to make headway, health experts said during the 76th World Health Assembly in Geneva.”

*“... despite these huge needs, in 2020, governments worldwide spent on average just over 2% of their health budgets on mental health and many low-income countries reported having fewer than one mental health worker per 100,000 people, according to the World Health Organization. **Mental health may now be a major talking point, but serious action is needed to tackle the growing epidemic, experts agreed during a Devex-hosted panel as part of Devex CheckUp @ WHA 76 in Geneva....”***

Devex – Broken trust

<https://www.devex.com/news/devex-newswire-at-wha-we-talk-africa-s-trust-deficit-and-how-to-fix-it-105581>

“Devex’s World Health Assembly side event kicked off with a talk about trust, which is in short supply in Africa after the continent found itself last in line for the COVID-19 vaccines that wealthier countries snatched up for themselves. “The world has moved on. The world is saying the pandemic is now over. **It’s not over. We don’t have tests. We don’t have treatments,**” Dr. Ayoade Alakija, the World Health Organization’s special envoy for the Access to COVID-19 Tools Accelerator, or ACT-A, told my colleague Rumbi Chakamba in a wide-ranging interview on the health inequities plaguing Africa. **Acknowledging these failures is the first step toward mending that fractured trust**, Alakija said. “It is only when we recognize what has been broken that we can fix it.”...”

For more, see **Devex - [How can Africa’s trust be restored after the pandemic shattered it?](#)**

Interview with Ayoade Alakija.

Quote: ***“... Alakija said conversations around how to strengthen ACT-A are ongoing “largely because the actors around the table are the same. You know, whatever you do, people have been talking about various countermeasures, platforms, and this and that but ... **you can put lipstick on a pig, it’s still a pig**. Pigs are really cute, so this is no disrespect to pigs, but what we need is to fix, fundamentally, the system itself.”***”

Global Fund and Partners to Invest US\$54 Million in Laboratory Systems to Accelerate Pandemic Preparedness

<https://www.theglobalfund.org/en/news/2023/2023-05-25-global-fund-and-partners-to-invest-usd54-million-in-laboratory-systems-to-accelerate-pandemic-preparedness/>

*“ Today **at the World Resilience Summit**, IQVIA and (RED) joined the Abbott Fund, The Rockefeller Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria in **a US\$54 million catalytic fund**. **The Laboratory Systems Integration Fund aims to advance laboratory systems’ readiness and capability ratings in over a dozen low- and middle-income countries across Africa, Asia and Latin America to detect and respond to potential local health threats before they become global pandemics.....”***

For more on this **World Resilience Summit** (organized on Wednesday evening), see *the HPW coverage - [World Resilience Summit Galvanises Public-Private Solutions to Feed into Pandemic Accord Negotiations](#)*

*“.... **leaders from the public and private sectors [had] discussed three different areas related to pandemics – prevention, preparedness and response – at the invitation-only summit hosted by the World Climate Foundation and the Geneva Health Forum. The World Resilience Summit’s steering committee intends to draft recommendations for public-private partnerships in each of the three areas to “add value with public-private partnership solutions in the implementation of the upcoming pandemic treaty drafted by the WHO.”***

Lancet World Report - Diagnostics get global recognition

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01044-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01044-9/fulltext)

*“**A raft of new recommendations on diagnostics, including establishing national strategies and adopting lists of essential diagnostics, have been welcomed by experts.** Udani Samarasekera reports.”*

*“**Leading diagnostics experts have welcomed a new resolution on strengthening global diagnostics capacity at the 2023 World Health Assembly in Geneva, Switzerland.** The resolution covers in vitro and non-in vitro medical devices used for diagnosing, screening, monitoring, prediction, and staging or surveillance of diseases and health conditions. It urges WHO Member States to establish a national diagnostics strategy as part of their national health plans, which would cover regulation, assessment, and management of diagnostics. **The resolution is crucial because it is “raising awareness of the importance of diagnostics at the global level”**, says pathology expert Michael Wilson, Denver Health and Hospital Authority (Denver, CO, USA). “Diagnostics have been under-recognised and undervalued, leading to the current state...where less than half of the world’s population has access even to basic diagnostics”, he explains. Kenneth Fleming, emeritus fellow of Green Templeton College, University of Oxford (UK), **calls the resolution “a key first step” to get diagnostics on the global agenda**, adding “we will not get anywhere unless and until governments and funders recognise the issue””*

*“....**Experts note that implementation of the resolution is now key.”***

*“**Not in the resolution but “absolutely vital to long-term success” is the creation of an International Alliance for Diagnostics to provide advocacy, support, and monitoring for the resolutions’***

ambitions, commented Fleming. **The Lancet Commission authors are in the process of setting up such an Alliance initially with global non-governmental organisations FIND and the Clinton Health Access Initiative and hope to launch it in early 2024.** “To really move the dial is a 10–30-year project. This will need long term consistent, persistent, resilient attention...The International Alliance—which is a key recommendation of the Lancet Commission—can provide the necessary long-term advocacy and leadership”, Fleming concluded.”

Finally, **a few more snippets from the WHA** (and check out also the section ‘Tweets’, below):

- [Global Declaration to Eliminate Cervical Cancer](#)

Do sign it!

- HPW - [WHA adopts resolution over Palestinians' access to health care](#)
- [The Rockefeller Foundation and World Health Organization Announce Partnership To Expand Global Pandemic Preparedness in Era of Climate Change](#)

“The Rockefeller Foundation and the World Health Organization (WHO) have announced a new partnership to strengthen the WHO Hub for Pandemic and Epidemic Intelligence. As part of the collaboration, the Foundation is investing US\$ 5M in partners working with WHO to cultivate global networks for pathogen detection and strengthen pandemic preparedness capabilities, including broadening surveillance for diseases worsened by rising temperatures and extreme weather. “

- **WHO signs Collaboration Agreement with Google to improve public health**

“WHO and Google are announcing a multi-year Collaboration Agreement to continue providing credible health-related information to help billions of people around the world respond to emerging and future public health issues.” See [here](#)

- **Lancet Letter – Call for standardised emergency preparedness and response**

S Kundu et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01070-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01070-X/fulltext)

“The 7-8 magnitude earthquake that shook Türkiye and Syria in February, 2023, left more than 15 000 people dead and more than 70 000 with traumatic injuries. The human toll of this disaster divulged the breadth of challenges in emergency assistance including, surgical, anaesthesia, and obstetric care. Due to the increasing burden of climate change and mass casualty incidents across the globe, WHO is emerging with solid commitments to emergency preparedness and response with the Emergency, Critical, and Operative Care Services resolution at the 76th World Health Assembly. This renewed commitment by WHO and its member states underlies an important call to action for national governments to identify and evaluate the deficiencies of their disaster preparedness strategies and channels for funnelling these financial and political commitments and investments into system-level changes.....” “.... The implementation of this resolution is a crucial step towards enhancing health-care delivery and promoting greater resilience in the face of emergencies across health systems.”

More on Global Health Governance & Financing

Development Today - Gavi donors to decide on fate of billions in unspent COVID dollars

Ann Danaiya Usher; <https://www.development-today.com/archive/2023/dt-4--2023/donors-must-decide-what-to-do-with-billions-of-unspent-covid-vaccine-dollars-sitting-in-gavi>

(gated) “One year ago, the vaccine alliance Gavi mobilised USD 4.8 billion for vaccines in the final fund-raising push of the pandemic. This absorbed most of the donor funds available to battle COVID-19 at the time, despite warnings that a more holistic approach was needed. Today, more than half of this money remains unspent, and donors are about to decide what to do with it. One option being considered is to set it aside in preparation for the next pandemic.”

Cfr tweet: “Special report: **Gavi has \$2.7b unspent money for #COVID #vaccines**. Donors must decide what to do with it. One option is to set it aside for the next pandemic as a **“Day Zero” fund.**”

“COVID-19 is no longer a WHO Public Health Emergency of International Concern but rather an “ongoing health issue.” This new status of COVID-19 adds urgency to the question of what to do with the left-over COVAX money.”

“Any significant change in the use of these funds would probably have to be decided by each donor. Karin Westerberg at the Swedish Ministry of Foreign Affairs says: “This would require an individual national assessment.””

Global Fund Observer - The Pandemic Fund continues to generate debate

<https://aidspan.org/the-pandemic-fund-continues-to-generate-debate/>

*“Sometimes a topic is discussed at the Board meeting which not only results in an unexpected outcome but also gives rise to continued debate. Yes, we are talking about **the Board’s decision not to approve a Decision Point regarding how the Global Fund should engage with the Pandemic Fund; and the subsequent ongoing discussion among stakeholders on what such collaboration should look like**. Our follow up article to this, [Civil society proposes an engagement mechanism with the Pandemic Fund](#), discusses the various arguments and stakeholders’ views. However, what is not in contention is that a **wealth of experience already exists in dealing with pandemics through the Fund’s COVID-19 Response Mechanism** and it would make little sense not to be able to bring this to bear for Pandemic Fund applications, including all the processes set up to manage such funds, report on them, and so on and so forth...”*

PHM Policy brief - Has the Leopard Changed its Spots? A PHM Policy Brief on World Bank’s Rethink on Primary Health Care

<https://phmovement.org/phm-policy-brief-world-banks-rethink-primary-health-care>

“This policy brief is to inform on recent developments in the policy discourse around Primary Health Care (PHC) at the global level. This could help health activists leverage some positive developments in this discourse to shape national policies, as well as alert and educate countries on

some problematic aspects of these proposed design changes that should be negotiated with, or even resisted and rejected. **The most articulate expositions of this new discourse is the World Bank document: “Walking the Talk- Reimagining Primary Health Care” (World Bank, 2021)** but there is one more document from the World Bank “Change Cannot Wait: Investing in Health System Resilience for the Anthropocene” (World Bank, 2022) and a WHO document on “Operational framework for Primary Health Care” (World Health Organization & United Nations Children’s Fund, 2020) which promote the same discourse. The Lancet Commission on Financing of Primary Health Care (Hanson et al., 2022) is more nuanced on some of the key features, but essentially it is also very much within this framework. “

Lancet Offline: China—what is to be done?

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01047-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01047-4/fulltext)

“... The G7 Hiroshima Leaders’ final Communiqué rejected Truss's call for a more aggressive stance towards China. Instead, they sought to build “constructive and stable relations”. Rather than withdraw from dialogue, the G7 concluded that “It is necessary to cooperate with China...on global challenges as well as areas of common interest”. They went further, calling on the Chinese Government “to engage with us”, including on global health. The G7 goal was “de-risking and diversifying”, not decoupling. That said, western political leaders promised to engage “candidly” with China, and the Communiqué cited G7 concerns about Taiwan, Tibet, Xinjiang, Hong Kong, and the South China Sea. These remarks were met with sharp criticism from Chinese authorities. The China Daily wrote that the G7 was nothing more than a “finger-pointing bloc that advertises its own version of world order”. But behind these predictable statements, the actions of Chinese people and government institutions do not conform to western clichés of the kind advanced by Truss. The Chinese academic medical community, for example, is committed to promoting ever closer research cooperation, with the aim of upgrading the quality of China's science and medicine. I visited the China Association for International Exchange of Personnel in Beijing, part of the Ministry of Science and Technology, which exists for exactly this purpose.

Horton then goes on dwelling about Daniel Bell’s view, and concludes: *“We must certainly be vigilant. But, as Bell suggests, our vigilance should be tempered by humanity and the desire for engagement, not ostracism. Science and medicine have important parts to play in that endeavour.”*

Access to medicines & health technologies

MSF Access (report) - Ensuring Access to New Treatments for Ebola Virus Disease

<https://msfaccess.org/ensuring-access-new-treatments-ebola-virus-disease>

This report was launched on Wednesday at the WHA. **“After nearly half a century without any treatments, the world now has two approved treatments for Ebola virus disease (EVD) – mAb114 and REGN-EB3.** The approval of these treatments was the outcome of a collective effort, comprising contributions by patients and survivors, the US and European governments, countries affected by EVD, pharmaceutical corporations, the World Health Organization and non-governmental organisations (NGOs). **However, more than two years after their approval, the process of ensuring that people who need these treatments can access them is at a standstill.** As crucial contributors to

the R&D of these treatments, survivors, affected countries and NGOs should have a say in this process. But decisions related to access and affordability are currently left only to the private corporations holding legal rights and regulatory data, and to the goodwill of these corporations and national governments. **This MSF report takes stock of the varied public contributions to the R&D of these treatments and their access challenges. It makes recommendations to improve access and availability of the treatments, ensure transparency of processes and decisions regarding stockpiles, and recalibrate R&D for future treatments for EVD and other diseases with epidemic and pandemic potential.**

Basically, **the U.S. has stockpiled Ebola treatments**, preventing access in countries that desperately need them, argues MSF.

Related tweet by M Pai:

“The world now has 2 approved treatments for Ebola Q: Guess which country has stockpiled nearly all of them? A: USA Q: Guess which region has seen ALL the outbreaks of Ebola but has no access to the treatments? A: Africa.”

Guardian - ‘A gamechanger’: new meningitis vaccine hailed as major step

<https://www.theguardian.com/global-development/2023/may/25/a-gamechanger-new-meningitis-vaccine-hailed-as-major-step>

“Successful trials in Africa of NmCV-5 vaccine open the door to affordable treatment for disease that kills 250,000 people a year.”

*“An effective, affordable meningitis vaccine has been successfully tested in Africa, raising hopes for the elimination of a disease **that kills 250,000 people a year**. The NmCV-5 vaccine, developed by the Serum Institute of India and **global health organisation Path**, will protect against the five main meningococcal strains found in Africa, including the emerging X strain, for which there is currently no licensed injection. Vaccine trials were conducted among 1,800 people aged from two to 29 in Mali and the Gambia in 2021, according to a **report published on Wednesday in the New England Journal of Medicine**. Researchers found that NmCV-5 generated a strong immune response against all five strains.....”*

*“.... Ed Clarke, a co-author of the study, said: “We are excited about the results. We expect NmCV-5 to provide children and young adults with reliable protection against meningitis caused by the meningococcal bacteria in **Africa**.” It should be **“gamechanging for epidemic meningitis control in the ‘meningitis belt’**”, he added. “We look forward to seeing the vaccine rolled out in the region as soon as possible.”.... The World Health Organization wants **vaccine-preventable meningitis reduced by 50% and deaths by 70% by 2030.....”***

PS: related NEJM editorial - [Global Control of Meningococcal Disease](#) (by David S Stephens)

*“The exclusively human pathogen *Neisseria meningitidis*, which was first described in 1805 after an outbreak of 33 cases in Geneva, Switzerland, has been feared worldwide for more than 215 years as a cause of epidemics, pandemics, and sporadic cases of meningitis, rapidly fatal sepsis, and less commonly, pneumonia, often in otherwise-healthy young persons.. Although disease rates have been decreasing in many regions of the world owing in part to the introduction of highly effective*

vaccines, case fatality remains high at 10 to 20%, and 11 to 19% of persons who survive infection have long-term consequences such as neurologic disabilities,”

Planetary Health

People’s Health Tribunal finds Shell and Total Energy guilty of harming African communities

<https://peoplesdispatch.org/2023/05/24/peoples-health-tribunal-finds-shell-and-total-energy-guilty-of-harming-african-communities/>

*“Environmental, health, and human rights activists deplored the actions of extractive corporations in Africa, who exploit natural resources and sow poverty and disease, during a **People’s Health Tribunal.**”*

*“A **panel of environmental and human rights activists acted as judges in a People’s Health Tribunal organized by African communities impacted by the operations of extractive corporations Shell and Total Energy.** Supported by organizations like Medact, We the People, the People’s Health Movement, #STOPEACOP, and others, **they found the corporations guilty of harming the health of people across Africa.....”***

Nature (World Report) - Against climate hypocrisy: why the IPCC needs its own net-zero target

[Nature](#);

*“A **robust strategy to slash the IPCC’s carbon emissions would be a testbed for international climate policy — and serve as an example of effective action.**”*

*“The **United Nations Intergovernmental Panel on Climate Change (IPCC) should practise what it preaches and aggressively limit its own emissions,** argues climate scientist Benjamin Sanderson. Replacing in-person meetings, and the requisite long-haul flights, could drastically cut its carbon footprint while decreasing demographic and social barriers to attending. “IPCC members should remember that nobody is better placed to demonstrate how to eliminate emissions,” Sanderson says.”*

PS: also a good read for part of the ‘Global Health’ family, I reckon :)

Global health governance & governance of health

Lancet World Report - Non-profit to appeal in court dispute with Global Fund

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01045-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01045-0/fulltext)

“A court case was dismissed for lack of jurisdiction, but the judge said that The Global Fund had intentionally smeared IRD, which supports tuberculosis care in Pakistan. Talha Burki reports.”

“The dispute between Interactive Research and Development (IRD) and The Global Fund to Fight AIDS, Tuberculosis and Malaria has been simmering for several years. It relates to IRD's partnership with a recipient of The Global Fund tuberculosis grant for Pakistan, in which capacity it ran several research and implementation programmes, including psychosocial support services for patients with multidrug-resistant tuberculosis and conducting prevalence surveys. But in 2021, The Global Fund published a report saying that an investigation into IRD revealed “evidence of non-delivery, fabricating and inflating programmatic achievements, and unsupported expenses”....”

LSE - Why African countries struggle to exercise their agency in the World Trade Organization

<https://blogs.lse.ac.uk/businessreview/2023/05/18/why-african-countries-struggle-to-exercise-their-agency-in-the-world-trade-organization/>

“African countries suffer from severe capacity constraints in their engagement with the core functions of the World Trade Organization. To strengthen the link between the WTO and these countries' development objectives, there is an urgent need to address deficits in the technical capacities of African missions in Geneva. Colette Van der Ven and David Luke share these and other insights from recent research on African agency in the WTO.”

UHC & PHC

UHC 2030 - Putting communities at the heart of health systems strengthening to achieve UHC

<https://www.uhc2030.org/news-and-events/blog/putting-communities-at-the-heart-of-health-systems-strengthening-to-achieve-uhc/>

“The [UHC2030 Health Systems Strengthening Related Initiatives](#) calls on governments and partners to reorient health systems towards primary health care, reinvigorate progress on universal health coverage, and ensure that no one is left behind.”

Pandemic preparedness & response/ Global Health Security

Plos GPH - Assessing the impact of regional laboratory networks in East and West Africa on national health security capacities

A League et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0001962>

« *Our study objective was to assess whether membership in regional laboratory networks in Africa has an effect on national health security capacities and outbreak response.....* »

Planetary health

Plos Climate - Human migration on a heating planet: A scoping review

R Issa et al ; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000214>

“...Whilst people’s migration outcomes may be influenced by climate change, the interaction of heat with migration and migrants is little understood. **This scoping review explores the relationship between heat and human migration**, focusing on i) whether and how heat functions as a driver of migration, and ii) how migrants are impacted by heat across the migratory journey.”

Lancet Letter – Shelter is key to delivering on COP27 commitments

Sean A Kidd et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00722-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00722-5/fulltext)

“...**We argue that shelter should be a key factor in the articulation of vulnerability in the loss and damage response.** Access to adequate shelter is a variable that will be useful in identifying vulnerable populations at the country level and vulnerable subpopulations within countries; it is also a metric that can help assess the effects of interventions and can be tangible in efforts to account for the use of funds. Furthermore, prevention-oriented interventions that centre on housing can greatly reduce the impacts of climate change on health.....”

Covid

Reuters - BioNTech is proceeding with COVID-shot in line with WHO guidance

[Reuters](#);

“ *Germany's BioNTech said it was on track to introduce a COVID-19 shot by the early fall in the northern hemisphere that is adapted to currently dominant virus variants in line with recommendations by the World Health Organization.* ”

Science – The COVID-19 virus mutated to outsmart key antibody treatments. Better ones are coming

<https://www.science.org/content/article/covid-19-virus-mutated-outsmart-key-antibody-treatments-better-ones-coming>

“Researchers aim to make monoclonal antibodies that mutations in SARS-CoV-2 won’t thwart.”

“As pandemic slows and COVID-19 funding dwindles, researchers worry companies won’t have incentives to bring improved antibodies to market...”

And a link:

- IDS - [Learning from a people’s agenda for pandemic preparedness](#)

“Together with 50 researchers from 25 countries, across six continents from Ghana to Guatemala, Brazil to Bulgaria, we have identified the key lessons from their local areas to produce a [People’s Agenda for Pandemic Preparedness...](#)”

AMR

CGD (blog) - Two Key Recommendations to Improve the Global Procurement Systems for Antimicrobials

A McDonnell et al; <https://www.cgdev.org/blog/two-key-recommendations-improve-global-procurement-systems-antimicrobials>

*« Last year, CGD set up a [working group on antimicrobial procurement](#) that brought together key people from government, academia, civil society, international organisations, and industry, **with the aim of finding better policy options that address the limitations of current procurement systems for antimicrobials in low- and middle-income countries (LMIC)**. These options are aimed at improving access, addressing stewardship, and promoting the development of LMIC-specific products. **This blog outlines two draft recommendations that the working group has been considering: what a global agreement or ‘Grand Bargain’ for antimicrobial procurement should include, and what a global procurement hub could look like.**”*

The Conversation - Wastewater is a valuable source of information - Africa’s scientists need to use it to find drug-resistant bacteria

<https://theconversation.com/wastewater-is-a-valuable-source-of-information-africas-scientists-need-to-use-it-to-find-drug-resistant-bacteria-202050>

by A L K Abia et al.

Guardian - Scientists use AI to discover new antibiotic to treat deadly superbug

<https://www.theguardian.com/technology/2023/may/25/artificial-intelligence-antibiotic-deadly-superbug-hospital>

“AI used to discover abaucin, an effective drug against A baumannii, bacteria that can cause dangerous infections.”

*“According to a **new study** published on Thursday in **the science journal Nature Chemical Biology**, a group of scientists from McMaster University and the Massachusetts Institute of Technology have discovered a new antibiotic that can be used to kill a deadly hospital superbug.*

The superbug in question is Acinetobacter baumannii, which the World Health Organization has classified as a “critical” threat among its “priority pathogens” – a group of bacteria families that **pose** the “greatest threat” to human health....”

NCDs

FT - Africa healthcare faces dialysis challenge

<https://www.ft.com/content/9937f0ca-6d49-4362-a237-daf396b90c1c>

“Continent’s rising demographics present an opportunity for private providers.”

Re the “... **Africa Healthcare Network**, which ranks 13th in the latest FT-Statista list of the fastest-growing companies in Africa. “... **AHN, its office in Nairobi, builds and manages dialysis centres in Kenya’s hospitals** — be they faith-based, such as PCEA Kikuyu, private or public — and facilitates access to treatment by the country’s nephrologists...”

*“... **AHN was founded in 2015** by two nephrologists, Brian Pereira and Lloyd Vincent, along with Pereira’ son, Nikhil, a former Morgan Stanley investment banker who had deferred his MBA studies at Harvard Business School. Investing personal funds, **they launched the business’s first dialysis centre in Rwanda**: “We decided to make a for-profit that achieves social impact metrics with increased and higher quality of care, while making it affordable relative to existing operations,” explains Nikhil Pereira. “Effectively, more affordable than the government, more affordable than private and even non-profit providers,” he adds. **With an eye on expanding its business to Zambia and Botswana, AHN has more than 30 healthcare centres across Rwanda, Tanzania and Kenya — the latter its fastest-growing market.** Since 2016, the company has **received financing from Asia Africa Investment and Consulting, a Japanese investment fund, as well as from the US International Development Finance Corporation.** In addition, it is finalising \$25mn in financing from two major private equity funds to continue its expansion, says Nikhil Pereira....”*

*“... **Most of AHN’s centres are in operation in countries where there is a national health insurance scheme....”***

The Lancet: New study shows low back pain is the leading cause of disability around the world

<https://www.healthdata.org/news-release/lancet-new-study-shows-low-back-pain-leading-cause-disability-around-world>

On a new IHME study in the Lancet Rheumatology.

“In 2020, 619 million people suffered from lower back pain globally. By 2050, 843 million people are projected to fall into this category. Risk factors are work-related ergonomic factors, obesity, and smoking.....” “Increase in low back pain cases will be driven by population growth except in Asia and Latin America, where the main driver will be an aging population.”

Mental health & psycho-social wellbeing

Speaking of Medicine (blog) - Mind Matters: India’s Mental Health Budget Crisis

<https://speakingofmedicine.plos.org/2023/05/25/mind-matters-indias-mental-health-budget-crisis/>

By guest contributors Manisha Shastri and Sayali Mahashur.

Related **tweet** by M Pai: *“Less than 1% of India’s total budget for health is allocated for mental health @ManiFaa & @SMahashur @CMHLPIndia make a case for urgently addressing this gap @PLOGPH blog.*

Social & commercial determinants of health

Globalization & Health - Evolution of the major alcohol companies key global policy vehicle through the prism of tax records 2011–19

M Lesch et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-023-00933-w>

*“Important insights have been generated into the nature of the activities of the **International Center for Alcohol Policies (ICAP)**. Its successor, **the International Alliance for Responsible Drinking (IARD)** is less well understood. This study aims to rectify evidence limitations on the political activities of the alcohol industry at the global level.”*

Conclusion: *“... **This study sheds light on the political activities of the alcohol industry at the global level.** It suggests that the evolution of ICAP into IARD has not been accompanied by shifts in the organisation and activities of the collaborative efforts of the major alcohol companies.....”*

And a link:

- Global Health Action - [The role of principled engagement in public health policymaking: the case of Zambia's prolonged efforts to develop a comprehensive tobacco control policy](#)

Sexual & Reproductive health rights

Lancet Comment – WHO Global Position Paper and Implementation Strategy on kangaroo mother care call for fundamental reorganisation of maternal–infant care

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01000-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01000-0/fulltext)

By G Darmstadt et al.

Neonatal and child health

Lancet Editorial – Childhood as a commodity: ending child labour

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01046-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01046-2/fulltext)

*“... Although much attention on child labour is rightly paid to low-income and middle-income countries (LMICs), the New York Times report shows that it is an issue in high-income countries (HICs) too; the exploitation and commodification of childhood is a matter of international responsibility. **Despite a unanimous UN General Assembly resolution declaring 2021 as the International Year for the Elimination of Child Labour, progress towards Sustainable Development Goal target 8.7—to end child labour in all its forms by 2025—has faltered. For the first time in two decades, child labour is increasing globally.** The most recent global data from UNICEF and the International Labour Organization (ILO) show a rise from 151.6 million children in 2016 to 160 million in 2020...”*

Access to medicines & health technology

South Centre (Research paper) - A Response to COVID-19 and Beyond: Expanding African Capacity in Vaccine Production

C M Correa; <https://www.southcentre.int/research-paper-178-22-may-2023/>

*“... Various initiatives have been launched to overcome the dependence of African nations on vaccines produced elsewhere. If implemented in timely and effective ways, those initiatives will contribute to the diversification of African economies and strengthen the capacity of nations on the continent to address their public health needs during pandemics and at other times. **While establishing a viable vaccine industry on the continent presents serious challenges, the African Continental Free Trade Area (AfCFTA) can provide the framework for leveraging economies of scale to stimulate the production of needed vaccines across the region.**”*

BMJ GH Editorial – Achieving universal access to rapid tuberculosis diagnostics

<https://gh.bmj.com/content/8/5/e012666>

“... To facilitate the development of significant plans to scale up WRDs (i.e. WHO-recommended rapid diagnostic), the WHO, following extensive consultations, issued in April 2023 the WHO Standard: Universal Access to Rapid TB Diagnostics, with 12 benchmarks across four steps in a care cascade (figure 1) to achieve universal access to WRDs, increase bacteriologically confirmed TB and drug resistance detection, and reduce the time to diagnosis...”

Politico - How China could choke EU supply of medicines

<https://www.politico.eu/article/china-taiwan-conflict-health-care-could-choke-europes-supply-of-medicines-warn-producers/>

“Europe relies on China for the production of certain key drugs such as antibiotics.”

“A conflict between China and Taiwan could have a catastrophic effect on China's supply of vital drugs into Europe, medicines manufacturers based on the Continent have warned. "A crisis in Taiwan could cause total shortages of some medicines," said Roberta Pizzocaro, president of Olon, a Milan-based company that makes around 300 different pharmaceutical ingredients that go into finished drugs. "It would be a dramatic situation."....”

- And via [Politico](#):

“Besties with Beijing: Increasingly, companies are touting the [rise of China](#) as a hub for innovative pharmaceuticals. The subtext is clear: One part a warning to Europe to not make its rules too restrictive lest it fall behind a key rival in the R&D race; another part a reminder that there are greener pastures to decamp to if Brussels turns the screws on the industry too much. But Kuiper warns that China may not be all it's cracked up to be. The country, for example, eventually supported a TRIPS waiver on COVID vaccines. “

Human resources for health

Human Resources for Health - The roles and involvement of global health partners in the health workforce: an exploratory analysis

A Nove, G Cornetto et al; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-023-00825-5>

Review article.

“Development partners and global health initiatives are important actors in financing health systems in many countries. Despite the importance of the health workforce to the attainment of global health

targets, **the contribution of global health initiatives to health workforce strengthening is unclear.** A **2020 milestone in the Global Strategy on Human Resources for Health** is that “all bilateral and multilateral agencies have participated in efforts to strengthen health workforce assessments and information exchange in countries.” This milestone exists to encourage strategic investments in the health workforce that are evidence-based and incorporate a health labour market approach as an indication of policy comprehensiveness. **To assess progress against this milestone, we reviewed the activities of 23 organizations (11 multilaterals and 12 bilaterals) which provide financial and technical assistance to countries for human resources for health, by mapping grey and peer-reviewed literature published between 2016 and 2021. “**

“... Health workforce investments are widely recognized as essential for the achievement of global health goals, and some partners identify health workforce as a key strategic focus in their policy and strategy documents. However, most do not identify it as a key focus, and few have a published specific policy or strategy to guide health workforce investments. Several partners include optional health workforce indicators in their monitoring and evaluation processes and/or require an impact assessment for issues such as the environment and gender equality. Very few, however, have embedded efforts in their governance mechanisms to strengthen health workforce assessments. On the other hand, most have participated in health workforce information exchange activities, including strengthening information systems and health labour market analyses. **Although there is evidence of participation in efforts to strengthen health workforce assessments and (especially) information exchange, the achievement of this milestone of the Global Strategy requires more structured policies for the monitoring and evaluation of health workforce investments to optimize the value of these investments and contribute towards global and national health goals.”**

Reuters - Britain plugs nursing gaps with international staff amid WHO concern

<https://www.reuters.com/world/uk/britain-plugs-nursing-gaps-with-international-staff-amid-who-concern-2023-05-23/>

Some news from that ‘rogue nation across the Channel’ :) :

“UK nursing register sees record international joiners; About 10% of international staff from 'red-list'; NHS Employers say recruiters have to follow rules; Non-EU joiners make up post-Brexit shortfall in EU staff.”

“Britain recruited a record number of international nurses in the last financial year to plug hospital staffing shortages, with as many as 10% coming from so-called "red-list" countries where health staff should not be actively recruited. Britain has long hired from abroad to staff its state-run National Health Service (NHS), and its vote to leave the European Union in 2016 meant the number of EU staff has dropped sharply in recent years. In the year to March, nearly half of the 52,148 nurses, midwives and nursing associates who joined the British register were internationally educated, according to the Nursing and Midwifery Council (NMC). Nearly 3,500 came from Nigeria, which is on the World Health Organization's safeguards list. The two biggest international contributors to Britain's nursing workforce - India and the Philippines - are not on the red-list.Jim Buchan, senior fellow at the Health Foundation, said the numbers arriving in Britain from red-list countries, notably Nigeria and Ghana, had gone up markedly.....”

Decolonize Global Health

Lancet Correspondence - Community engagement: learning from low-income countries

R Kutalek et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00568-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00568-8/fulltext)

*“...the COVID-19 pandemic response showed that **community engagement models**, largely developed for health crises in low-income countries, could be equally important in high-income countries. **This knowledge transfer from low-income to high-income countries would be a genuinely welcome development in global health**, which is largely dominated by high-income country institutions and their conceptual underpinnings....”*

BMJ GH- A pragmatic approach to equitable global health partnerships in academic health sciences

<https://gh.bmj.com/content/8/5/e011522>

by J A Amisi et al.

Miscellaneous

Gates Foundation launches AI ‘Grand Challenge,’ as it weighs risk and reward in the developing world

<https://www.geekwire.com/2023/gates-foundation-launches-ai-grand-challenge-for-the-developing-world/>

*“The Bill & Melinda Gates Foundation is offering up to \$100,000 each to projects that test new ways of using AI to overcome everyday obstacles and solve seemingly intractable problems in low- and middle-income countries. In a request for proposals, the Gates Foundation says it’s seeking “innovative and safe approaches to the use of the Large Language Model (ChatGPT-4, or other credible source with equivalent capability) to build an evidence base” in areas including health, gender equality, financial inclusion, agriculture, and education. With **a \$3 million total budget**, the **new AI Grand Challenge** is a small slice of the Gates Foundation’s \$67 billion endowment. But it promises to fund dozens of grassroots AI projects, and the foundation calls it a first step....”*

- Related – [The first principles guiding our work with AI](#) (by M Suzman)

“Artificial intelligence could drive progress for people. But we must center equity and access.”

IISD - G7 Leaders Recommit to Achieve SDGs by 2030, Net Zero by 2050

<http://sdg.iisd.org/news/g7-leaders-recommit-to-achieve-sdgs-by-2030-net-zero-by-2050/>

Overall analysis of the G7 meeting in Hiroshima. *“The leaders reaffirm their commitment to revitalizing international cooperation and strengthening multilateralism to reverse the setbacks in progress towards the SDGs, and highlight the importance of addressing development, humanitarian, and peace and security issues together. The leaders are “steadfast” in their commitment to keeping the 1.5°C temperature goal “within reach” by scaling up action during this decade, “halting and reversing biodiversity loss by 2030, and ensuring energy security, whilst leveraging synergies and recognizing the interdependent nature of these challenges”.*

Don't hold your breath.

Papers & reports

Book (European Trade Union Institute):- Transformative ideas – ensuring a just share of progress for all

Edited by Kalina Arabadjieva, Nicola Countouris, Bianca Luna Fabris and Wouter Zwysen;

https://www.etui.org/sites/default/files/2023-05/Transformative%20ideas-ensuring%20a%20just%20share%20of%20progress%20for%20all_2023.pdf

Online available. With contributions by Olivier de Schutter, Kate Wilkinson, Guy Standing and many others.

BMJ GH - Characteristics of successful government-led interventions to support healthier populations: a starting portfolio of positive outlier examples

P Bragge et al ; <https://gh.bmj.com/content/8/5/e011683>

“Despite progress on the Millennium and Sustainable Development Goals, significant public health challenges remain to address communicable and non-communicable diseases and health inequities. The Healthier Societies for Healthy Populations initiative convened by WHO’s Alliance for Health Policy and Systems Research; the Government of Sweden; and the Wellcome Trust aims to address these complex challenges. One starting point is to build understanding of the characteristics of successful government-led interventions to support healthier populations. To this end, this project explored five purposefully sampled, successful public health initiatives: front-of-package warnings on food labels containing high sugar, sodium or saturated fat (Chile); healthy food initiatives (trans fats, calorie labelling, cap on beverage size; New York); the alcohol sales and transport ban during COVID-19 (South Africa); the Vision Zero road safety initiative (Sweden) and establishment of the Thai Health Promotion Foundation. For each initiative a qualitative, semistructured one-on-one interview with a key leader was conducted, supplemented by a rapid literature scan with input from an information specialist. Thematic analysis of the five interviews and 169 relevant studies across the five examples identified facilitators of success including political leadership, public education, multifaceted approaches, stable funding and planning for opposition. Barriers included industry opposition, the complex nature of public health challenges and poor interagency and multisector coordination. Further examples building on this global portfolio will deepen understanding of success factors or failures over time in this critical area.”

Tweets of the week

Geneva Health Files

"The Bureau's Text #PandemicAccord is everywhere. #WHA76 @WHO Member states must realize that it will not be possible to keep a lid on "treaty negotiations" in the digital age."

M Pai

"Consequences of the nexus between Big Pharma & high-income country leadership: - Destroyed global vaccine equity during Covid - Actively deleting equity clauses in pandemic accord negotiations - Kept domestic drug prices sky high within many countries Connect the dots."

WHO Afro

"New Initiative launched today at #WHA76! A joint regional initiative by #African health ministers, @WHOAFRO & @Amref_Worldwide aims to strengthen health systems against climate change impacts & safeguard health and livelihoods from increasingly severe climatic shocks."

Laura Jung

"Ministers are followed by a panel of funding orgs @wellcometrust @RockefellerFdn @WorldBankAfrica - which highlight the cost of inaction & commit to climate health funding. As @daktari1 @Amref_Worldwide frames it "true love is where the money is".

Geneva Health Files

"Is it already time to decolonize the conversation around local production? #WHA76"

Mogha Kamal-Yanni

"Rich countries did not push for removal of mention of intellectual property waiver in early drafts of the pandemic treaty but dilute commitment texts gradually. Therefore, LMICs must prevent a diluted treaty that is only clear on their commitment to surveillance and sharing pathogens while having vague nice words about rich countries "encouraging" "when appropriate" pharma to be charitable to poor countries! @peoplesvaccine."

Kee Park

"I wonder how many lives we can save if governments reduced their military spending even by 10% and used it for improving health for their people. #PeaceforHealth @DrTedros @WHO #WHA76."

Ashley Furlong

"Climate & health leaders are eyeing COP28 as key moment to put health at center of climate crisis response — if politicians will listen."

Gavin Yamey

“The Lancet Commission on Investing in Health is doing an update of its own projections on whether countries are back on track for the 2035 “convergence” targets (maternal, child, HIV & TB mortality); our 1st meeting is next week, at Harvard .”

Max Roser

*“Some statistics are worth knowing by heart: **The average – mean – income in the world per person is \$18 per day.** This is adjusted for differences in price levels. It means that if incomes could get perfectly equally distributed in the world all of us would live on \$18 per day.”*

Eloise Todd

“Listening to Martin Seychell at the #EU event #WHA76. “Team Europe has committed just under half the \$1.5B pledged to the Pandemic Fund so far” (in fact now it’s nearer 2B) Team Europe must lead the way to help achieve \$10.5B/year for the @Pandemic_Fund, we need MS to step up.”