

IHP news 727 : Stocktaking exercises

(9 June 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,

The week started with a well known (and tragic) [commemoration](#), on 4 June. I suspect the [Joint Statement](#) of **BRICS ministers of Foreign affairs** (who were meeting in South-Africa, a few days before), didn't hint at that poignant anniversary, though, in clause 3: *"The Ministers expressed concern about the use of unilateral coercive measures, which are incompatible with the principles of the Charter of the UN and produce negative effects notably in the developing world."*

Anyway, more than 30 years later, one of these BRICS countries, **India, is hosting the G20**. From **4-6 June, the 3rd Health Working Group Meeting took place in Hyderabad**. On the agenda, cfr. an [official G20 tweet](#) : *"Home to iconic monuments, unmatched cuisine & diverse cultures, #Hyderabad is all set to host the third #G20HWG Meet! Deliberations will **aim to build resilient health systems, address access to medical countermeasures & aid Universal Health Coverage**. #G20India."* **Digital health** was also fairly prominent on the agenda, and apparently there was even time for "the Ayurveda Philosophy for One Health". (As long as I don't have to start waving scepters, all fine with me 😊)

In the Economic Times, meanwhile, Dr Lakshmi Narasimhan Balaji pointed out in a related [viewpoint](#), *"As India steers the Presidency of G-20 countries this year, **it is perhaps for the first time that the Troika of G-20—the preceding presidency (Indonesia), the current presidency (India) and the succeeding presidency (Brazil)---are all from the Global South**. In practice this should mean establishing formal multi-country frameworks and ecosystems that give a strong voice to the Global South in the international decision-making, to ensure that **no country is left behind in any global health crisis...**"*. Let's hope we'll indeed see some of the latter in the [Pandemic Accord & IHR amendments](#) discussions, as well as in the final stretch of the **health related UN High-Level Meeting "zero draft"** negotiations, which are all [gearing up](#) now.

Since the beginning of this month, both **GAVI and the World Bank** have new chiefs, and this newsletter will pay quite some attention to [Ajay Banga's first messages](#). The World Bank's new boss apparently sent a welcome email to his staff last Friday, laying out his vision: *"**to create a world free from poverty on a livable planet**."* You will agree with me that this double mission is in the current circumstances – ahum - a tall order. We wish him well, though, in what some already call "[the apocalyptic twenties](#)".

In September, an **SDG summit** is also scheduled. With **the SDGs now halfway** (and "woefully off track"), the likes of Bill Gates & Bjorn Lomborg seem once again on the hunt for "[the best buys in health and development](#)". I can personally think of a few 'best buys' for the permacrisis era, but I doubt they're on their list.

In Bonn, Germany, intersessional climate talks are [“taking place against the backdrop of scorching heatwaves across many parts of the world”](#) (not to mention a crazy wildfires-related [haze](#) in Canada and Northern US states, that is causing an eery ‘Blade Runner 2049’ feel in quite some cities). It’s a preparatory technical meeting in the **run-up to COP 28** later this year. The latter – with the fossil fuel industry in [the front seat](#), it appears - is, like the SDG summit, also a ‘**Global Stocktaking**’ exercise (vs the Paris agreement, in this case), among others. As for my own ‘stocktaking’: with every passing day, our late-capitalist world seems to get [even more corrupt](#) and crooked. You wonder where this will end.

Nevertheless, we already flag here that later this month, a **GAVI Global Vaccine Impact conference** is planned in Madrid, Spain. And Emmanuel Macron and staff are no doubt at this very moment diligently preparing for a “grandiose” [Summit for a new Global Financial Pact](#) (22-23 June), in Paris. I trust Emmanuel will take the ‘leveraging, harnessing & catalysing’ language (as well as the required pomp and circumstance for such an event) to the next level. Earlier this week, in Le Monde, over 70 economists [called for a global tax on financial transactions](#) to finance the fight against poverty and global warming – not for the first time, I hear you say. According to them, the June Paris Summit is the ideal opportunity to make it happen. For maximum impact, and to go beyond yet another ‘[stocktaking exercise](#)’, I suggest these economists bang some “pots & pans” on the 22nd of June, though, at the venue 😊.

Last but not least, earlier this week, Brazil hosted the **establishment of [a new Global Council on Inequalities, HIV and pandemics](#)**, by UNAIDS in partnership with Michael Marmot’s Institute of Health Equity. While we’re waiting for WHO’s Social Determinants Report update, sorely needed.

Enjoy your reading.

Kristof Decoster

Featured Article

On declarative commitments for health & the upcoming UN High-Level meeting on Universal Health Coverage : “Time to go to the shops together”

Alison Mhazo (IHP correspondent 2023)

Here’s a short tale, well known in my country.

Growing up, a child would request to accompany an elder to the nearest shops. The elder would say yes. Time to depart, the child would gleefully trail the elder to the door. At the door, the elder would tell the child to go back in the house and take his shoes. Upon return, with the shoes in its hands, the elder has vanished.

The elder was not being dishonest. Dismissing a request is tough because it has to be done in the face of the child. The promise can be broken at a distance with less burden of shame.

Now, what has this to do with declarative commitments for health? The answer is: a lot. I will anchor my thoughts within the African context, but I believe it can also apply to 'global health'.

Can we go to the shops together?

The buzzword in global health is solidarity - going to the shops together. In September 2023, [three United Nations General Assembly \(UNGA\) High-level Meetings \(HLMs\) on health will take place](#) in New York, respectively on pandemic prevention, preparedness, and response (PPR); universal health coverage (UHC); and tuberculosis. In this article, we will focus on the UHC High Level (HL) meeting.

In September, 'the elders' (here: heads of state and government) will discuss how every 'child' (every citizen in the world, and especially citizens from low-and middle income countries) can get the health care they need without having to sell their cattle or incurring a debilitating medical debt. A lot of energy has already been invested in ['engaging stakeholders' to shape the agenda for the UNHLM](#). Indeed, it's exciting to plan to go to the shops together. There is already a [zero draft of the political declaration](#) emanating from the various consultations. And UHC 2030, a global movement that advocates for building stronger health systems for UHC, has made a strong call to 'move together towards UHC', [with an 8-point action agenda](#). So in many ways, things are looking not too bad, a few months before the UN high-level meeting.

Go back and take your shoes

Nevertheless, it's good to keep the above story in mind. Indeed, the breaking point for quite some declarative commitments is always when being told "to go back and take the shoes". History provides us with some examples.

The [Alma Ata declaration on Primary Health Care](#) (PHC) was a grand commitment with a lofty aspiration of achieving 'Health for all by 2000'. However, PHC is now a shadow of itself. It's for a reason that WHO and others emphasize [over and over again](#) the "importance of PHC on the road to UHC". Far too many countries have neglected PHC in recent decades.

Another example. In 2001, African "elders" met in Abuja and committed [to allocate 15% of their annual budget towards health](#). Regrettably, something happened when citizens were told "to go and take their shoes".

The UN High-Level meeting on UHC in 2019

In 2019 there was [a UNHLM on UHC which re-affirmed a commitment to health for all](#). The declaration, titled "Universal health coverage: moving together to build a healthier world", resulted in [the doubling of country commitments to UHC between 2019 and 2021](#). However, in 2022, that positive trend stagnated and even reversed in some countries. This can be partly attributed to the COVID-19 pandemic, but it is important to note that despite widespread UHC commitments in the aftermath of the 2019 declaration, at the point of "going to the shops together", [only 11% of countries adopted a roadmap or strategy to achieve UHC](#). In other words, yes, many commitments on UHC were made after the HL meeting, but in most countries, no concrete steps were made

towards financing and implementation. This underscores that if commitments are not carefully managed, they can be an obstacle to the progress they seek to achieve since they can give false comfort that something is being done.

How can declarative commitments be made to work?

The UN HLM on UHC in September 2023, the first one “post-pandemic”, is a grand opportunity. I propose two areas of rethink, directed to civil society and political figures:

1. Civil society should recognize that having issues of concern on the agenda is a notable milestone but not a breakthrough. For the latter, implementation is key. Of importance is to also recognize that to make progress on implementation, civil society doesn't always need to be confrontational. Yes, petitions can be powerful tools, in some settings, but they can also irritate those in authority, and trigger a vicious backlash. Sadly, as you know, in many settings around the world, there's a closed and/or shrinking space for civil society involvement. Civil society thus has to tailor its strategies, according to the domestic setting. This includes strategically locating power, and how to engage with it productively to bring about change. Learning the lessons from COVID-19, civil society should also reflect on the limitations of single-issue (disease focused) advocacy and start advocating for health-system wide improvements that are consistent with the tenets of UHC.

2. Political figures should realize that local action is superior to imported optimism. I do not expect less of Africans, but I am driven by pragmatism. Political leaders should keep an eye on the ambition but guided by reality. This is because by design, the discourse on UHC has tacitly assumed that requisite infrastructure and basic tools are in place to steer health systems towards UHC, with emphasis on re-designing health financing systems towards pooled pre-payment mechanisms. However, many African countries lack the basics: running water at the clinic, proper lighting for the local nurse to 'see' the patient properly at night or a life-saving antibiotic that costs two US dollars. I am of the opinion that UHC will remain a pipe dream if the foundational elements of the health system remain neglected. Therefore, African leaders should strategically prioritize and [sequence relevant reform reforms](#), starting by directing funding towards the basics, and then build progressively towards the UHC aspiration.

It's time to go to the shops together

UHC does not happen at the global level in meeting auditoriums. Although the global level is important, UHC mainly happens in homesteads, and it matters more to people who do not even know that the term exists. After the UNHLM, the terms of progress must urgently shift from expressing commitment to 'doing UHC'. One needs to realize that UHC is not a policy, it is an aspiration, and aspirations are achieved through a process, not wishes. Wishing is most certainly not a strategy. As the Arabic saying goes: *'A promise is a cloud; fulfillment is rain'*. Indeed some declarative commitments on health have remained just clouds, but history does not repeat itself, people do, and history can be undone! The 2023 UNHLM on UHC takes place at a *'now more than ever'* moment, shaped by the COVID-19 pandemic. But it will be to no avail if there is no follow-through action.

It is time go to the shops together, both domestically and globally - we have our shoes on!

On the author:

Alison Mhazo is a health policy and systems researcher from Zimbabwe. His areas of interest include access to medicines, governance, health financing and health system reform. He writes in his personal capacity. Twitter @tichmhazo. Email: alisonmhazo@gmail.com

Highlights of the week

G20 - 3rd Health Working group Meeting in Hyderabad, India (4-6 June)

- On the agenda, see Economic Times: [G20 Health Working Group meeting in Hyderabad from June 4-6 to focus on medical countermeasures](#)

“The HWG has proposed deliverables, including mapping of ongoing initiatives in health emergencies, prevention, preparedness, and response, and launch of a climate and health hub to work on the interface of climate change and its impact on health.”

“... The creation of regional vaccines, therapeutics and diagnostics (VTD), research and development manufacturing networks and creation of a Global Medical Countermeasures Coordination platform will also be discussed. Launch of a Global Initiative on Digital Health'- an institutional framework to converge existing digital health initiatives is also among the proposed deliverables.....”

And on the opening, via the **New Delhi Times** - [3rd G20 Health Working Group Meeting begins at Hyderabad, Telangana](#)

*“...The meeting was inaugurated by Union Minister of State for Health and Family Welfare, Dr Bharati Pravin Pawar. Highlighting the need for continuous strengthening of healthcare systems she stated “The threat of pandemics is far from over. **The need is to integrate and strengthen One Health-based surveillance systems.**” Adding further, she noted the alignment of G7 and G20 priorities, including the launch of MCM Delivery Partnership during Japan’s G7 Presidency which aligns with G20’s proposal of an end-to-end MCM ecosystem, she urged the G20 fraternity to facilitate on-going efforts, citing “Pandemics may not wait for the finalization of the Pandemic Treaty and hence, the time to act is now.” Dr Bharati Pravin Pawar also informed the delegates of India’s proposal a Global initiative on Digital Health, a WHO-managed network that intends to converge ongoing initiatives in use of technology in the global health arena for the purpose of bridging the digital divide.....”*

Finally, an official (G20) tweet re the agenda: *“Deliberations will aim to build resilient health systems, address access to medical countermeasures & aid Universal Health Coverage. #G20India.”*

3rd Health Working Group Meeting:

<https://crackittoday.com/current-affairs/3rd-health-working-group-meeting/>

Highlights: ***“India proposed a Global initiative on Digital Health, a WHO-managed network to converge ongoing initiatives in use of technology in the global health arena. ... Building consensus for an end-to-end Global Medical Countermeasure (MCM) ecosystem. Creation of an interim platform guided by the Intergovernmental Negotiating Body (INB) process for the Global Medical Countermeasure (MCM) ecosystem. Advocating against intellectual property rights barriers that hinder access to medical countermeasures in times of crisis. Accelerating vaccine research and development (R&D) for emerging pathogens and strengthening pandemic preparedness efforts. Establishing a Global Vaccine Research Collaborative to address gaps in vaccine development, enhance coordination, and foster an enabling environment for vaccine R&D. Emphasising equity in access to diagnostics, drugs, and vaccines during health emergencies. Mapping and integrating global initiatives for quick decision making and planning during crises. Addressing the challenges of zoonotic spillover of diseases transferring from animals to humans.”***

- Nevertheless, earlier this week there were some **varying assessments of India’s G20 global health leadership**, via Twitter:

Ilona Kickbusch

“India is the first #G20 presidency to assign such priority to health, tackling a wide range of agendas and involving a wide range of experts and actors. The impact of this deserves detailed analysis especially at a time when many other health negotiations are underway.”

Sridhar Venkatapuram

“so profoundly disappointed at India’s global health leadership during G20. While @DrSJaishankar is shifting geopolitical foundations, the health track is stale WHO agenda. What a lost opportunity for global health equity n justice. I guess we need to look towards Brazil. “

Katri Bertram

“Many people I’ve worked with are concerned #G20 is not managing to find a focus or much meaningful consensus on #health. The agenda below could not be more important, so hope we’ll all be proven wrong (Ministerials and Leaders Summit in August / September). #globalhealth”

PS: Finally, it appears IFPMA (and thus also its boss Thomas Cueni), is worried about some of the discussions taking place in the G20 3rd Health Working Group Meeting: Health Emergencies Prevention, Preparedness, and Response (HEPPR): <https://www.ifpma.org/news/g20-3rd-health-working-group-meeting-health-emergencies-prevention-preparedness-and-response-heppr/>

“.... Regarding Priority I, we are concerned that HEPPR presupposes the outcomes of the WHO Intergovernmental Negotiating Body (INB) and Working Group on Amendments to the International Health Regulations (2005) (WGIHR) negotiations.....”

See also (Thomas Cueni, in a blog on the World Health Assembly): ***[“...I was able to give a short statement at an important side event hosted by Norway and South Africa as a follow-up to the Medical Countermeasures \(MCM\) Conference held end of February in Johannesburg. This was also an opportunity to express concerns about any attempt to pre-empt the outcome of the INB and IHR](#)***

[negotiations by establishing an interim MCM platform, which could potentially prejudice the outcome of the formal negotiations.”](#)

Global Health Governance

Devex - Exclusive: Africa CDC head's bizarre entanglement with Clinton initiative

<https://www.devex.com/news/exclusive-africa-cdc-head-s-bizarre-entanglement-with-clinton-initiative-105403>

“In this exclusive report, Devex examines the complex and contentious nature of the relationship between Dr. Jean Kaseya, the new head of the Africa Centres for Disease Control and Prevention, and his former employer, the Clinton Health Access Initiative.”

*“... It’s been an eventful few months for Dr. Jean Kaseya, a Congolese medical doctor who took office in April as the new director general of the [Africa Centres for Disease Control and Prevention](#). At the end of last year, the [Clinton Health Access Initiative](#), or CHAI, decided not to renew his contract as senior country director in the Democratic Republic of Congo. In early February, Kaseya took the organization to his country’s labor court. But then Kaseya’s fortunes shifted dramatically. On Feb. 19, he [was appointed](#) as the surprise pick to the most prominent pan-African public health posting. **In the midst of his rise in prominence, however, a series of bizarre entanglements between Kaseya and CHAI, an influential international health organization, have unfolded. They are reported here for the first time after a nearly two-month investigation based on confidential internal reports, emails, text messages, and interviews.** The interactions reveal the complex and contentious nature of the relationship between Kaseya and his former employer and raise questions about the temperament of a man now charged with leading efforts to ensure the health of a continent of [over 1 billion](#) people.....”*

Bloomberg - World Bank’s New Chief Urges Faster Approvals and Focus on Climate Change

<https://www.bloomberg.com/news/articles/2023-06-02/new-world-bank-chief-banga-urges-faster-approvals-and-focus-on-climate-change#xj4y7vzkg>

*“On first day, Banga says the lender must evolve for challenges; Former Mastercard CEO takes over with **climate-change priority.**”*

Reuters - World Bank's new chief asks staff to 'double down' on development, climate efforts

<https://www.reuters.com/world/world-banks-new-chief-asks-staff-double-down-development-climate-efforts-2023-06-02/>

Banga’s updated vision: *“to create a world free from poverty on a livable planet.”*

FT - New World Bank chief under pressure as 'Bridgetown initiative' seeks \$100bn

[New World Bank chief under pressure as 'Bridgetown initiative' seeks \\$100bn | Financial Times \(ft.com\)](https://www.ft.com/content/2023-06-08/new-world-bank-chief-under-pressure-as-bridgetown-initiative-seeks-100bn)

"Ajay Banga faces calls for reform following proposal for fresh capital to drive climate and development finance."

"The World Bank is under increasing pressure to reform, following a call for \$100bn in fresh capital to drive climate and development finance ahead of a summit in Paris to be co-hosted by the leaders of Barbados and France. The proposal for extra capital and \$100bn in foreign exchange guarantees are central to a big update, put forward by Barbados's prime minister, Mia Mottley, of last year's so-called Bridgetown Initiative to overhaul the lending institutions, in a consultation document seen by the Financial Times. Mottley has led a push over the past year by smaller, less wealthy nations to secure more funds to help tackle climate change through reforming the World Bank and the IMF, which were set up after the second world war. The "Bridgetown 2.0" consultation document calls for new funding proposals to cut the "excessive risks" that poorer countries have to take to borrow to fund green investments...."

"... The Paris summit is expected to focus on several other areas, such as tackling debt for borrower countries, new sources of finance to deal with climate change, including selling carbon credits, and involving the private sector. Mineral supply chains and efforts to preserve biodiversity will also be discussed, a French official said."

WHO and the Global Fund announce commitment for enhanced collaboration

<https://www.who.int/news/item/08-06-2023-who-and-the-global-fund-announce-commitment-for-enhanced-collaboration>

"Today the World Health Organization (WHO) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) signed a new and revised Strategic Framework for Collaboration, designed to build stronger and more resilient health systems and maximize collaboration and impact in support of country, regional and global responses to major communicable diseases. The new five-year framework builds on the previous agreement signed in 2018. It aligns with the 2023-2028 Global Fund Strategy and the WHO General Programme of Work, which put communities at the centre of the health response and also address pandemic preparedness and challenges posed by climate change. The framework fits with broader collaboration platforms to accelerate support to countries to achieve the health-related Sustainable Development Goals (SDGs) including Universal Health Coverage (UHC). ..."

"... Through this new framework, WHO and the Global Fund will be leveraging their comparative strengths across 35 areas for collaboration divided into 4 categories: Health policies and normative guidance; Advocacy and health governance; Health products and innovations; Technical support and capacity building."

Devex - Abortion politics cast shadow over PEPFAR reauthorization

<https://www.devex.com/news/abortion-politics-cast-shadow-over-pepfar-reauthorization-105627>

“An unexpected campaign by conservative and anti-abortion activists to paint PEPFAR, the U.S. global AIDS initiative, as a source of funding for abortion has some advocates worried that plans to extend its legal authorization for another five years could be derailed.”

*“...Without full authorization, the [President’s Emergency Plan for AIDS Relief](#), or PEPFAR, which has saved 25 million lives since it was founded two decades ago, would be at risk of budget cuts, deprioritization, and diminished status. Several of its provisions and requirements would also expire, including those that direct PEPFAR’s focus areas and spending, as well as authorize U.S. contributions to the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#). **People working behind the scenes to support PEPFAR say the attack has less to do with the reality of how the initiative operates and more to do with a broader political push against President Joe Biden’s progressive policies at home and abroad. It also comes at a time when reproductive rights, and particularly abortion, seem especially politically divisive.**”*

“But PEPFAR — like all U.S. foreign assistance programs — is legally barred from funding abortion, and in many countries where it operates abortion is [heavily restricted](#). “PEPFAR seems to be caught in the crosshairs,” a global health executive told Devex on condition of anonymity.....”

“...While advocates say they still see a path to reauthorization this year, the sudden broadside has raised questions about the stability of political support for an initiative that has stood as a rare bipartisan bright spot since its creation by President George W. Bush in 2003. PEPFAR, which represents the largest-ever commitment by a single country to a single disease, will spend [\\$4.8 billion](#) in fiscal year 2023 on bilateral HIV efforts and just over \$2 billion for multilateral efforts including the Global Fund.....”

Devex - US lawmaker joins anti-abortion chorus of PEPFAR opponents

<https://www.devex.com/news/us-lawmaker-joins-anti-abortion-chorus-of-pepfar-opponents-105675>

“U.S. Representative Chris Smith, who in the past has championed PEPFAR, the U.S. global AIDS initiative, is adding his voice to critics who claim that the program is being used to fund abortion-related programs. “

Devex - PEPFAR chief rejects abortion funding allegations

<https://www.devex.com/news/pepfar-chief-rejects-abortion-funding-allegations-105687>

“The head of PEPFAR, John Nkengasong, acknowledged there have been some “challenging discussions” in recent weeks and said allegations that the U.S. global AIDS initiative offers a platform for abortion in Africa “is absolutely not the case.”....”

New global council on inequalities, HIV and pandemics being set up by UNAIDS in partnership with IHE

<https://www.instituteofhealthequity.org/resources-reports/new-global-council-on-inequalities-hiv-and-pandemics-being-set-up-by-unaid-in-partnership-with-ihe>

“New global council on inequalities, HIV and pandemics being set up by UNAIDS in partnership with the Institute of Health Equity (IHE).”

“Professor Sir Michael Marmot is to co-chair a new global council on inequalities, HIV and pandemics. The Council is being set up by UNAIDS, which is well positioned to engage all agencies and civil society collaboratively and inclusively given its unique position as the only joint UN programme. Social and economic inequalities are driving today’s pandemics, including COVID-19, AIDS and Monkey Pox (MPox). Michael will be joined as co-chair by the Nobel laureate in economics and University Professor at Columbia University Joseph E Stiglitz and First Lady of Namibia, Monica Geingos, UNAIDS Special Advocate for Young Women and Adolescent Girls.”

- Related: IPS – [Close Inequalities to End AIDS & Prepare for Future Pandemics](#) (by Winnie Byanyima & Michael Marmot)

“.... To overcome inequalities in accessing essential services, communities must be empowered to demand their rights. The AIDS movement is one of the best examples of how groups of people experiencing intersecting inequalities can unite to overcome them, leading to millions of lives being saved. Successive Commissions on Social Determinants of Health have brought together evidence on how the conditions in which people are born, grow, live, work and age are powerful influences on health equity. To bring together these two strands of knowledge over the coming months we will be convening global experts from academia, government, civil society, international development and the creative arts to build a Global Council to advance evidence-based solutions to the inequalities which drive AIDS and other pandemics. The council will unite experts from disparate fields of economics, epidemiology, law, and politics and will include ministers, mayors, and former heads of state, researchers and clinicians, health security experts, community leaders and human rights activists. The work of the Global Council will harness essential evidence for policymakers. It will elevate political attention to the need for action. Most crucially, it will help equip the advocacy of the frontline communities fighting for their lives, with what they need to shift policies and power. Appropriately, the Global Council is launching in Brazil.”

TGH - Leadership Is Essential to End the Pandemic Panic

M Cardenas, H Clark, J Liu, M Kazatchkine, D Miliband & E J Sirleaf;

<https://www.thinkglobalhealth.org/article/leadership-essential-end-pandemic-panic>

“Like pandemic threats, a high-level health threats council extends beyond health”.

As a response to an earlier TGH viewpoint by Ilona Kickbush, **a clearer view on what they imply with the need for a high-level Health Threats Council, by “.... co-chairs and members of the [Independent Panel for Pandemic Preparedness and Response](#) Health threats should have the same level of attention that we give to threats of war, terrorism, nuclear disaster and global economic instability. “**

“.... The council’s purpose would essentially be to maintain political commitment and accountability for pandemic preparedness and response. Between crises, the council would sustain support for pandemic readiness, ensuring that it remained on the agenda of presidents and prime ministers, who in turn would ensure that every sector of society remained prepared. When crises arise, global coordination mechanisms would be in place, and the council would help identify and solve

problems. Such a council could also help hold countries accountable for their pandemic preparedness through peer review, recognition, and diplomatic pressure when required. ...”

“... **We also underscore what the council would not be.** It would not be a new organ of the United Nations, nor would it have any formal governance functions or legal authority in relation to any international or regional organizations. It would not “take over” any of the work of the WHO or any other body. **Rather than “fragment the health system,” such a council would help connect health to the broader arena of global concerns beyond the control of the WHO and national health ministries. In practice, it would be an independent ally to the WHO in working toward the common goal of no more pandemics.....”**

Development Today - Report: Little evidence that result-based aid works, Gavi and Global Fund cause fragmentation

A D Usher; <https://www.development-today.com/archive/2023/dt-4--2023/report-little-evidence-that-result-based-aid-works-gavi-and-global-fund-cause-fragmentation>

(gated) “Result-based aid, where donors provide financing after outcomes are achieved, is not especially effective and may do more harm than good, according to a new study commissioned by the Swedish EBA. The author says funds like Gavi and the Global Fund “lead to fragmentation of institutions [and] tend to weaken existing health systems” in recipient countries.”

For the full report (by Geske Dijkstra), see [Payment by results in aid: a review of the evidence](#)

Dijkstra seems to recommend core funding or budget support instead.

European Journal of Public Health - EU Global Health Strategy: what are the challenges?

N Viberg, S S Peterson et al; <https://academic.oup.com/eurpub/advance-article/doi/10.1093/eurpub/ckad081/7191226?login=false>

“.... **As part of the Swedish presidency of the Council of Europe, the Karolinska Institutet (KI) arranged a seminar to contribute to the operationalization of the strategy.** Global health experts and stakeholders from Europe as well as other continents EU participated, representing academia, civil society organizations, policymakers and private sector. **While it is laudable that EU now has a global health strategy, what are the challenges, and how can it be operationalized? These were the core issues up for debate on the seminar.....”**

Health Finance Coalition Announces First Close of AfricInvest Managed Transform Health Fund

<https://healthfinancecoalition.org/health-finance-coalition-announces-first-close-of-africinvest-managed-transform-health-fund/>

“The Health Finance Coalition today announced the close of the first \$50 million for the pan-African Transform Health Fund (THF) managed by AfricInvest. With the first close, the THF will

begin investing in innovative models to improve access, affordability, resilience, and quality of healthcare in Africa. “

“The Fund is a joint venture between Health Finance Coalition and AfricInvest, bringing together commercial, public, and private donor investments from Royal Philips, Merck & Co., Inc., known as MSD outside of the United States and Canada, the U.S. International Development Finance Corporation (DFC), the International Finance Corporation (IFC), Swedfund, FSD Africa Investments, Grand Challenges Canada (with funding from Global Affairs Canada), U.S. Agency for International Development (USAID), Netri Foundation, Anesvad Foundation, Chemonics International, and MCJ Amelior Foundation.

The THF was publicly highlighted in December 2022 at the U.S.-Africa Leaders Summit in Washington, D.C., hosted by President Biden. THF is an innovative blended-finance fund that will invest in locally-led health supply chains, care delivery, and digital solutions in Africa. Under the management of AfricInvest, a leading pan-African investment platform active across private equity, venture capital and private debt, along with the Health Finance Coalition, a group of leading global health funders hosted by Malaria No More, the THF will finance enterprises that improve health system resilience and preparedness across the continent.....”

My take: what a whole lot of (blended) crap.

And **Karl Blanchet** asked a (rhetorical) question on Twitter: *“Do sub-Saharan countries really need another health fund adding a new layer of fragmentation?”*

Pandemic Preparedness & Response (& GHS)

HPW - Tight Deadline to Respond to ‘Zero Draft’ of UN Political Declaration on Pandemics Ahead of September Meeting

<https://healthpolicy-watch.news/tight-deadline-to-respond-to-zero-draft-of-un-political-declaration-on-pandemics-ahead-of-september-meeting/>

“Member states have been given nine days to comment on the ‘Zero draft of the Political Declaration on Pandemic Preparedness and Response, due to be adopted at the United Nations (UN) High-Level Meeting (HLM) on 20 September – with insiders describing the draft as “underwhelming”.....”

“... The first reading of the zero draft for member states takes place on 12-13 June, with two other readings planned before a final draft is presented on 24-25 July.”

PS: For the **view of one of these insiders, Nina Schwalbe**, see this Twitter thread:

<https://twitter.com/nschwalbe/status/1666162418857156611>

*“The “Zero Draft” political declaration for the UN General Assembly High-Level Meeting on Pandemic Preparedness and Response is out. **There is little new. Most content reiterates ongoing discussions. At 14 pages, it is not the “short” document many had called for.**”*

“The draft lacks any language on independent monitoring or compliance and is nearly silent on accountability for pandemic PPR commitments. It lists 29 principles, highlighting the impacts of the COVID-19 pandemic, including inequity and disruption to health and other systems.”

*... The draft includes **46 calls to action**, organized into: Equity; Global governance; Leadership and accountability; Overarching health-related issues; Financing and investments. Equity is the longest section and calls for: Equitable access to pandemic products, including through reducing trade barriers Addressing the needs of the vulnerable Ensuring humanitarian access Mainstreaming gender equity Adequate health worker compensation.*

“On global governance, it emphasizes the role of the WHO at the center of global health governance while also calling to broaden international collaboration and political commitment for pandemic PPR.”

*... The draft calls for mobilizing domestic resources as the main source of funding and sustainable financing for WHO. **Proposed follow-up includes the conclusion of the INB and WGIHR in 2024, a report to the UN Secretary-General, and a high-level meeting to review progress in 2026.***

*The document focuses on health with little attention to multisectoral action. It is silent on independent accountability or establishing a high-level political council. **Severely disappointing. But as negotiations start today, there is time for change.**”*

KEI - June 2023 – July 2023: WHO intensifies negotiations on the pandemic treaty and the amendments to the International Health Regulations

<https://www.keionline.org/38763>

*“In the aftermath of the World Health Organization’s (WHO) 76th World Health Assembly, the **pace of WHO negotiations on: 1) a pandemic treaty and 2) amendments to the International Health Regulations (IHR) will intensify over the coming months.** WHO’s informal list of intergovernmental meetings is published [here: https://apps.who.int/gb/gov/en/intergovernmental-meeting_en.html](https://apps.who.int/gb/gov/en/intergovernmental-meeting_en.html)....”* With an overview of all scheduled meetings in the coming weeks.

Graduate Institute (Governing Pandemics Initiative) – thematic text comparison of Zero draft of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its fourth meeting and the Draft Bureau’s text of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its sixth meeting

https://add8e83f-e0bf-4013-9ce0-9c1db8195ce2.usrfiles.com/ugd/add8e8_e3c6eac0ca7a4c24aa65197b03a16731.pdf

Brand new resource (6 June).

See also a related tweet from B Mason Meier, though: *“This analysis neglects to address the complete removal of article 14 of the #ZeroDraft, which - prioritized #HumanRights obligations in pandemics (14.1) & - provided specific obligations to prioritize protection and promotion of the #RightToHealth during pandemics (14.2)....”*

The Conversation - Removing antimicrobial resistance from the WHO’s ‘pandemic treaty’ will leave humanity extremely vulnerable to future pandemics

S R Van Katwijk; [The Conversation](#);

“In late May, the latest version of the draft Pandemic Instrument, also referred to as the “pandemic treaty,” was shared with Member States at the World Health Assembly. The text was made available online via Health Policy Watch and it quickly became apparent that all mentions of addressing antimicrobial resistance in the Pandemic Instrument were at risk of removal....”

That would be a big mistake, Van Katwijk argues.

The European Commission and WHO launch landmark digital health initiative to strengthen global health security

<https://www.who.int/news/item/05-06-2023-the-european-commission-and-who-launch-landmark-digital-health-initiative-to-strengthen-global-health-security>

“The World Health Organization (WHO) and European Commission have announced today the launch of a landmark digital health partnership. In June 2023, WHO will take up the European Union (EU) system of digital COVID-19 certification to establish a global system that will help facilitate global mobility and protect citizens across the world from on-going and future health threats, including pandemics. This is the first building block of the WHO Global Digital Health Certification Network (GDHCN) that will develop a wide range of digital products to deliver better health for all....”

“... Based on the [EU Global Health Strategy](#) and [WHO Global strategy on digital health](#), the initiative follows the 30 November 2022 agreement between Commissioner Kyriakides and Dr Tedros to enhance strategic cooperation on global health issues. This further bolsters a robust multilateral system with WHO at its core, powered by a strong EU. The first building block of the global WHO system becomes operational in June 2023 and aims to be progressively developed in the coming months.....”

BMJ Editorial - WHO ends public health emergency designation for mpox

C Carlson & R Katz; <https://www.bmj.com/content/381/bmj.p1190>

“Prevention of future health emergencies should be factored into these decisions.”

Re MPox’s end of a PHEIC: *“... In one sense, this is business as usual: these decisions are typical for the epidemiological evolution of an outbreak—and, more cynically, for the cycle of panic and neglect that defines global health. In another sense, however, this decision differs slightly from how*

previous PHEICs have been handled. The mpox emergency is the second shortest of the seven ever declared, lasting one day longer than the Zika virus emergency in 2016. Furthermore, the PHEIC has ended despite ongoing transmission. Previous PHEICs have also ended during ongoing transmission but only when disease elimination was implausible— for example, late in the H1N1 influenza and covid-19 pandemics, and after the introduction of Zika virus to the Americas. Mpox marks a departure from both major Ebola epidemics, where elimination was both plausible and desirable and emergency declarations were lifted only once that outcome was a virtual certainty. Though the mpox epidemic could be nearing its end, resurgence—or a slow trickle of cases, eventually leading to acceptance of global endemicity—remains possible..... “

“...The emergency has ended without meaningful change: in a post-PHEIC world the odds of another identical emergency are just as high.....”

And so: “..... As global focus shifts towards giving prevention equal priority to preparedness and response, **WHO and future emergency committees might consider making progress towards near term prevention a more explicit metric for success, starting at the point of PHEIC declaration. ...”**

Global health financing

World Bank (report) – From Double Shock to Double Recovery: Health Financing in a Time of Global Shocks

<https://www.worldbank.org/en/topic/health/publication/from-double-shock-to-double-recovery-health-financing-in-the-time-of-covid-19?cid=HNP TT health EN EXT&cid=HNP TT health EN EXT>

*“The June 2023 paper, “**Strong Advance, Early Retreat,**” provides a first, comprehensive analysis of government health spending trends in developing countries during the past three years of successive economic shocks (2019 to 2022).”*

Check out key messages.

*“ **During the first two years of the COVID-19 pandemic,** central government health expenditures soared in developing countries as governments began prioritizing health in their spending to combat the initial onset of the virus..... **After the initial strong response to the pandemic, health spending is no longer a priority for many governments.....** Rapid action of governments will be necessary to secure the prioritization of health spending and avoid further setbacks on the path toward the health-related SDGs.....”*

And a related WB blog - [Health financing in a time of global shocks: Strong advance, early retreat](#) (by C Kurowski et al)

*“....We found a complex pattern of central government spending on health, with trends that simultaneously hold promise, but also raise concerns. **After an initial strong response to the pandemic, health spending is for many governments no longer a priority – putting at risk GHS & progress towards the health related SDGs.**”*

Access to medicines & health technologies

Politico - Project NextGen has no warp speed

<https://www.politico.com/newsletters/future-pulse/2023/06/08/project-nextgen-has-no-warp-speed-00100956>

“Don’t expect the Biden administration’s bid to develop a new generation of Covid-19 vaccines to yield the rapid success of Operation Warp Speed. That’s what HHS Secretary Xavier Becerra said during POLITICO’s Health Care Summit yesterday in Washington. Becerra downplayed expectations that the administration would be able to repeat the success of Operation Warp Speed, which spurred the development of multiple Covid shots within a year of the disease’s arrival — unless the effort gets a lot more money from Congress. The recent deal to raise the debt ceiling preserved about \$5 billion in funding for Project NextGen, which aims to develop new Covid vaccines and treatments. But in an interview with POLITICO’s Adam Cancryn at the summit, Becerra lamented that Congress isn’t funding it like it did Operation Warp Speed....”

Devex - How can medical oxygen maintain the momentum it saw during COVID-19?

<https://www.devex.com/news/how-can-medical-oxygen-maintain-the-momentum-it-saw-during-covid-19-105011>

“The pandemic drove attention and funding to oxygen, a lifesaving medicine that was previously neglected. That’s where the Access to COVID-19 Tools Accelerator, or ACT-A, Oxygen Emergency Taskforce came in, raising more than \$1 billion since its launch in February 2021 to help low- and middle-income countries respond to medical oxygen needs. The question facing the community of advocates, funders, and implementers now is how to maintain that momentum.....”

*“The path to ending preventable deaths from hypoxemia, or blood oxygen deficiency, became more clear at the [76th World Health Assembly](#) in Geneva last week, with the launch of the new **Global Oxygen Alliance**, which will replace and continue the work of the ACT-A Oxygen Emergency Taskforce. But while ACT-A focused on emergency access to oxygen, the alliance will [expand on that purpose to include sustained support for oxygen systems in low- and middle-income countries](#).*

“And in another win, the [World Health Organization’s 194 member states](#) unanimously adopted [a resolution on increasing access to medical oxygen](#). It urged member states to ensure its availability and affordability in health care facilities, with specialized infrastructure, high quality medical devices, and a trained health workforce.”

“What are the key next steps to ensure the adoption of the resolution and launch of the alliance actually translate to low- and middle-income countries having a sustainable supply of medical oxygen in neonatal, intensive care, and surgical units, or wherever patients may need air to breathe?...”

1. Countries should build national oxygen strategies..... 2. Funding should evolve from emergency response to long-term sustainability..... 3. Global health organizations should measure progress and ensure accountability.....”

TGH - Build an Oxygen Ecosystem

Amy Maxmen; <https://www.thinkglobalhealth.org/article/build-oxygen-ecosystem>

“COVID drew attention to the need for medical oxygen. Now donors need a plan to make it sustainable.”

Institut Pasteur de Dakar and Mastercard Foundation Announce Unprecedented Partnership to Expand Workforce for Vaccine Manufacturing in Africa

<https://allafrica.com/stories/202306020306.html>

“The Institut Pasteur de Dakar (IPD) and the Mastercard Foundation have announced a historic \$45 million partnership named MADIBA (Manufacturing in Africa for Disease Immunization and Building Autonomy), a significant step towards achieving vaccine manufacturing autonomy in Africa. The multi-year project, aimed at developing and building a world-class workforce to support vaccine manufacturing, will establish a Centre of Training Excellence to equip talented young people, particularly young women, with specialized skills in vaccine research, manufacturing, production, and distribution. Based in Senegal, MADIBA aligns with the “Plan Sénégal Émergent” (Emerging Senegal Plan) to manufacture half of the country’s pharmaceutical products by 2035 as well as the African Union’s ambitious target to fulfill 60 percent of the continent’s vaccine needs by 2040. As a blueprint for future vaccine manufacturing facilities across Africa, MADIBA marks a crucial first step towards vaccine self-sufficiency in Africa.”

“In February 2023, the Africa Centres for Disease Control and Prevention (Africa CDC) launched the Regional Capability and Capacity Centre Network (RCCCN), focusing on talent development for manufacturing and research, and selected IPD as its inaugural centre.....”

Health Action International (Policy brief) – IP in a post-pandemic world

<https://haiweb.org/publication/ip-in-a-post-pandemic-world/>

“This policy brief looks at some of the interventions designed during the COVID-19 pandemic to counter an impact of excessive use of IP protection tools. Secondly, it assesses recent post-pandemic policy discussions, at every level, regarding the role of IP in relation to access to innovation. Finally, it sets out several recommendations on the management of IP and related policy processes in order to improve access to health technologies.”

Commercial determinants of health

HPW – E-cigarettes Are a ‘Trap’ to Recruit Children Not Harm Reduction – Tedros

<https://healthpolicy-watch.news/e-cigarettes-are-a-trap-to-recruit-children-not-harm-reduction-tedros/>

“Electronic cigarettes are a trap to recruit children, not part of harm reduction, said Dr Tedros Adhanom Ghebreyesus, Director General of the World Health Organization (WHO) at the global body’s weekly media conference. “When the tobacco industry introduced electronic cigarettes and vaping, one narrative they really tried to sell is that this is part of harm reduction. It’s not true. It actually is a trap, meaning kids are being recruited at the early age of 10,11,12 to do vaping and e-cigarettes,” said Tedros in one of the sharpest rebukes of the industry yet. Children are attracted to e-cigarettes and vaping because think that it’s cool, and it comes in different colours and flavours, he added. “Then they get hooked for life and most actually move into regular cigarette smoking,” said Tedros, who also stressed that e-cigarette and vaping were also harmful to health in themselves. He appealed to WHO member states to regulate e-cigarettes and vaping to protect their citizens.....”

Related:

- FT Op-ed – [Vaping as a cure for smoking has brought its own ills](#) (by D Strain)

“Marketing attractive nicotine products to children risks a whole generation’s health”.

NCDs

NCD Alliance/The George Institute for Global Health (report) - Paying the Price: A deep dive into the household economic burden of care experienced by people living with noncommunicable diseases

<https://ncdalliance.org/resources/paying-the-price-a-deep-dive-into-the-household-economic-burden-of-care-experienced-by-people-living-with-NCDs>

From early May. ***“This policy report, authored by the NCD Alliance and The George Institute for Global Health, provides a thorough examination of the economic burden of noncommunicable diseases on households and the mechanisms to reduce out of pocket payments experienced by people living with NCDs.”***

“A new 2023 umbrella review of recent literature on out-of-pocket spending for noncommunicable disease (NCD) treatment and care confirms that poor and marginalised groups are hit hardest by NCDs, with a greater economic burden observed among people living with NCDs in low- and middle-income countries (LMICs) compared to high-income countries. Of the relevant peer-reviewed systematic reviews identified in the study, the majority focused only on high-income countries, or on a mix of high- and low- and middle-income countries. Just 5% of studies identified (4 of 75) were focused on low- and middle-income countries only, while no relevant systematic review was identified that looked at out-of-pocket spending for people living with NCDs in low-income countries. Nevertheless, the review demonstrated that across countries, the people who are most likely to pay out-of-pocket for healthcare are the poor, marginalised groups, those living in rural areas, and very young and older persons. ...”

The SDG agenda is halfway...

Gates Notes - We're not reaching the Global Goals. What now?

Bill Gates & Bjorn Lomborg; https://www.gatesnotes.com/Global-Goals-Op-Ed?WT.mc_id=20230601110000_Global-Goals-Op-Ed_BG-TW_&WT.tsrc=BGTW

"How to find the best buys in health and development."

*".... in a recent [project](#) led by Bjorn and featured in his new book, **Best Things First**, economists identified 12 highly efficient policies that deliver enormous benefits at relatively low costs.In all, the project found that the 12 policies would save more than 4 million lives a year by 2030 and generate annual economic benefits worth \$1.1 trillion for low- and lower-middle income countries. At a cost of about \$35 billion per year (in 2023 dollars) between now and 2030, that's a return of roughly 52 times the investment....."*

PS: given the names of the authors, you might want to ignore this. Or at the very least, if we really want to get the SDGs on track, complement their 'best buys' with some vital other stuff.

Geneva Solutions - The uncertain prospects of the UN's future summit

<https://genevasolutions.news/global-news/the-uncertain-prospects-of-the-un-s-future-summit>

*".... With less than a year and a half to plan for it, **the Summit of the Future** was still far from rolling off the tongues of Geneva diplomats. A plan to remodel global governance and remind governments of their commitments to their populations, at the centre of an international conference in New York, remained somewhat abstract – if not confusing – to many by mid-May. **Known as [Our Common Agenda](#)**, the plan was presented by UN secretary general António Guterres in 2021 in response to a [request](#) from member states at the height of the Covid-19 pandemic to address weaknesses in global governance and backsliding fundamentals....."*

"....Devex recently [reported](#) that the Group of 77 coalition at the UN of 134 developing countries and China, demanded in April that preparations for the future summit be put on hold for the rest of the year over concerns that Sustainable Development Goals (SDGs) may be sidelined seven years ahead of their sell-by date, at a time when a redoubling of efforts is needed....."

"....The developing countries feel that greater attention needs to be given to ensuring that the SDGs adopted in 2015 are implemented. Some of the same states had already succeeded in getting the future summit to be postponed from 2023 to 2024....."

Related: UN News - [New UN reports aim to avert continued social, economic and environmental 'breakdown'](#)

"Reforming the global financial system, moving beyond Gross Domestic Product (GDP) as a measure of economic progress, and addressing technology challenges are crucial to achieving a more just and equitable future for all, UN Secretary-General António Guterres said on Monday. He was speaking at UN Headquarters in New York, where he presented three new policy briefs on these themes to Member States. "They touch on some of the most serious challenges we face –

challenges that may determine whether we are able to achieve the vision of the 2030 Agenda and the Sustainable Development Goals, or whether we continue towards a future of continued social, financial, political and environmental breakdown,” he said. The briefs are intended to inform discussions ahead of the crunch SDG Summit in September, marking the midpoint towards achieving the Goals, and the related Summit of the Future next year. They are the latest in a series of 11 briefs based on proposals contained in [Our Common Agenda](#), the Secretary-General’s 2021 report that outlines a vision for future global cooperation and multilateral action. ...”

Planetary Health

Guardian - Countries must put aside national interests for climate crisis, UN says

<https://www.theguardian.com/environment/2023/jun/05/countries-must-put-aside-national-interests-for-climate-crisis-un-says>

“The world is at a “tipping point” in the climate crisis that requires all countries to put aside their national interests to fight for the common good, the UN’s top climate official has warned. I.e. Simon Stiell, the executive secretary of the UN Framework Convention on Climate Change.

*“...Stiell was addressing representatives from nearly 200 countries gathered in Bonn, the UN’s climate headquarters, to discuss **how to forge a “course correction”** that would put the world on track to meet the aspirations of the 2015 Paris climate agreement, and limit global heating to 1.5C. He urged countries to put aside their differences, after more than 30 years of negotiations since the [United Nations](#) framework convention on climate change (UNFCCC) was signed in 1992....”*

*“...The **Bonn conference**, a preparatory meeting intended to lay the technical groundwork for the much bigger **Cop28 summit that starts in November**, opened amid long-simmering contentions. The start of the conference was delayed by two hours as delegates wrangled over the agenda for the next nine days of talks, and the talks have had to start work with a draft agenda while arguments rumbled on. The Guardian understands that **the EU and many developing countries wanted an agenda item to discuss the “mitigation work programme”, which deals with countries’ commitments to cut greenhouse gas emissions, while China fought for a mandate to discuss countries’ plans for adapting to the impacts of the climate crisis.** Other key sources of contention included a resolution to phase out fossil fuels, the role of renewable energy, the issue of loss and damage, which refers to funds to help rescue and rehabilitate poor countries struck by climate disaster, and the global stocktake, which is an assessment of how far off track governments are in meeting their Paris pledges....”*

TWN - Bonn Climate News update 5 June - What to expect at the intersessional Climate Talks

<https://twm.my/title2/climate/news/Bonn24/TWN%20update%201.pdf>

“The 58th sessions of the UNFCCC’s subsidiary bodies (the Subsidiary Body for Implementation [SBI] and the Subsidiary Body for Scientific and Technological Advice [SBSTA] are meeting in Bonn, Germany from 5 to 15 June, 2023. The Bonn talks are taking place against the backdrop of

scorching heatwave across many parts of the world, including from Asia to Africa and Europe, in part, attributed to climate change and global heating..... Amid this grim alarm, the Bonn talks are also expected to be 'heated' on many fronts, especially along North-South lines. Some of the main issues to watch at the SBs are set out below.....”

Guardian - Climate crisis: rich nations undermining work to help poor countries, research suggests

<https://www.theguardian.com/environment/2023/jun/05/climate-crisis-rich-nations-undermining-work-to-help-poor-countries-research-suggests>

“Oxfam report says only \$11.5bn (£9.2bn) of climate finance in 2020 devoted to helping vulnerable states.”

“Rich nations are undermining work to protect poor and vulnerable countries from the impacts of the climate crisis, by providing loans instead of grants, siphoning off money from other aid projects or mislabelling cash, new research suggests. Only \$11.5bn (£9.2bn) of climate finance from rich countries in 2020 was devoted to helping poor countries adapt to extreme weather, despite increasing incidences of climate-related disaster, according to a report from the charity Oxfam. “

“... Estimates suggest that the \$100bn figure should be exceeded this year, but Oxfam said standard estimates overstated the true amounts. That is because some of the money has been taken from existing overseas aid budgets, and some of what is counted as climate finance includes funds primarily allocated to development projects such as health and education, with only tangential benefits to the climate. Oxfam also argues that finance should be provided in the form of grants rather than loans, though some donor countries defend the use of loans. If all of these sums are stripped out, then only \$21bn to \$24.5bn of the \$88bn remains as pure climate finance without strings attached, according to Oxfam in its Climate Finance Shadow Report 2023, published on Monday.”

“Climate finance will come under close scrutiny this week, at UN negotiations to be held in Bonn, ahead of the Cop28 climate summit that starts on 30 November.....”

Guardian - Rich countries with high greenhouse gas emissions could pay \$170tn in climate reparations

https://www.theguardian.com/environment/2023/jun/05/climate-change-carbon-budget-emissions-payment-usa-uk-germany?CMP=share_btn_link

“Rich industrialised countries responsible for excessive levels of greenhouse gas emissions could be liable to pay \$170tn in climate reparations by 2050 to ensure targets to curtail climate breakdown are met, a new study calculates. The proposed compensation, which amounts to almost \$6tn annually, would be paid to historically low-polluting developing countries that must transition away from fossil fuels despite not having yet used their “fair share” of the global carbon budget, according to the analysis published in the journal Nature Sustainability.” (by A Fanning & J Hickel)

“...The compensation system is based on the idea that the atmosphere is a commons, a natural resource for everyone which has not been used equitably. It is the first scheme where wealthy countries historically responsible for excessive or unjust greenhouse emissions including the UK, US, Germany, Japan and Russia, are held liable to compensate countries which have contributed the least to global heating – but must decarbonise their economies by 2050 if we are to keep global heating below 1.5C and avert the most catastrophic climate breakdown.....”

Decolonize Global Health

The Collective - Decolonizing Global Health: Human Rights

<https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/jashodhara-dasgupta/decolonizing-global-health-human-rights.html>

“What must be overturned to decolonize human rights? This was the topic of a conversation between Collective members in April.”

“Following the Collective conversation led by David McCoy in October 2022, David McCoy, Seye Abimbola and Sakiko Fukuda-Parr have launched a conversation series on Decolonizing Global Health. The first event of the new series was held on April 24, 2023 and focused on human rights. Moderated by Sakiko Fukuda-Parr, speakers included three Collective members with a lifelong experience of human rights advocacy to achieve health justice and equity: Jashodhara Dasgupta, Anand Grover and Alicia Ely Yamin.....”

Human Resources for Health

BBC – Ghana patients in danger as nurses head for NHS in UK - medics

<https://www.bbc.com/news/world-africa-65808660>

“The recruitment of nurses by high-income countries from poorer nations is "out of control", according to the head of one of the world's biggest nursing groups.”

“The comments come as the BBC finds evidence of how Ghana's health system is struggling due to the "brain-drain". Many specialist nurses have left the West African country for better paid jobs overseas. In 2022 more than 1,200 Ghanaian nurses joined the UK's nursing register.....”

“This comes as the National Health Service (NHS) increasingly relies on staff from non-EU countries to fill vacancies. Although the UK says active recruitment in Ghana is not allowed, social media means nurses can easily see the vacancies available in NHS trusts. They can then apply for those jobs directly. Ghana's dire economic situation acts as a big push factor. Howard Catton from the International Council of Nurses (ICN) is concerned about the scale of the numbers leaving countries like Ghana. "My sense is that the situation currently is out of control," he told the BBC.....”

“We have intense recruitment taking place mainly driven by six or seven high-income countries but with recruitment from countries which are some of the weakest and most vulnerable which can ill-afford to lose their nurses.”....”

Miscellaneous

Devex - Why low-income nations are ‘cracking’ under debt pressure

<https://www.devex.com/news/why-low-income-nations-are-cracking-under-debt-pressure-105670>

*“The lowest-income nations are spending far too much on servicing their unsustainable levels of debt, leaving them cash-strapped and unable to make the investments they need to break cycles of poverty, [according to new World Bank data](#). High debt servicing costs are also preventing governments from making climate investments that will help prevent worsening disasters such as droughts and floods. **The world’s poorest 28 nations, with a combined population of more than 700 million people, now spend, on average, about 11% of their total government expenditures just on debt interest payments — double what they spent a decade ago, the data show.** The interest payments, combined with the government wage bills, make up nearly half of all public expenditures, leaving vastly reduced fiscal space for spending on everything else.”*

*.... latest **biannual World Bank Global Economic Prospects report** [was] released Tuesday and focuses on the plight of the poorest 28 countries. **About half of the 28 countries are in debt distress or very close, and the rest are all at risk — a sharp increase from 2015,** the bank’s latest data shows. This leaves many of them unable to borrow to fund their development or paying very high prices on their borrowings, causing the heavy debt repayment problems.....”*

HPW - New ‘Lab’ Aims to Leverage Digital Tools for Health Policy Making

<https://healthpolicy-watch.news/new-lab-aims-to-leverage-digital-tools-for-health-policy-making/>

*“A new collaboration called the **“Global Health Policy Lab” (GHPL)** aims to **develop digital tools that strengthen the available global capacity to identify, benchmark, disseminate and assess the impact of relevant health laws and policies within the field of global health.** The lab, a partnership between the [Harvard Health Systems Innovation Lab](#) and the [Charité Center for Global Health](#) was announced on the sidelines of the [World Health Assembly](#) in Geneva last month. The partners will work to make science and evidence-based policy-making a “universal reality,” they said, with the end goal of improving access and quality of care across the globe.....”*

*“Policy design is painful, but policy implementation is even more painful,” said **Dr. Rifat Atun**, Director of the Harvard Health Systems Innovation Lab at Harvard School of Public Health. “We are therefore committed to innovate on how these challenges are addressed: with rigorous learning and collaboration, democratization and dissemination through machine learning and AI.” **Part of the collaboration will include building an accessible “Digital Repository” of health laws and policies,** which will be disseminated through a yearly report that includes analysis of health policy trends, challenges, opportunities and threats. Foundational to the lab is digitalization and use of new technologies to drive better care.”*

“... The GHPL is funded by the [Virchow Foundation for Global Health](#) and being run in collaboration with the World Health Summit.....”

TGH - Health Practitioners Say #MeToo

<https://www.thinkglobalhealth.org/article/health-practitioners-say-metoo>

“Unmasking widespread sexual harassment and abuse in the global health sector.” Interview with Ann Keeling (Women in Global Health) & others.

Some papers, reports, series,

WHO - Basic energy access lags amid renewable opportunities, new report shows

<https://www.who.int/news/item/06-06-2023-basic-energy-access-lags-amid-renewable-opportunities--new-report-shows>

“Global energy access gap persists: 675 million people without electricity, 2.3 billion people reliant on harmful cooking fuels.”

“A new report by the International Energy Agency (IEA), the International Renewable Energy Agency (IRENA), the United Nations Statistics Division (UNSD), the World Bank, and the World Health Organization (WHO), released today, finds that the world is not on track to achieve the Sustainable Development Goal (SDG) 7 for energy by 2030.”

*“This year marks the halfway point for achieving SDGs by 2030. SDG 7 is to ensure access to affordable, reliable, sustainable and modern energy. The goal includes reaching universal access to electricity and clean cooking, doubling historic levels of efficiency improvements, and substantially increasing the share of renewables in the global energy mix. **Attaining this goal will have a deep impact on people’s health and well-being, helping to protect them from environmental and social risks such as air pollution, and expanding access to primary health care and services.**”*

*“... The report also finds that mounting debt and rising energy prices are worsening the outlook for reaching universal access to clean cooking and electricity. **Current projections estimate that 1.9 billion people will be without clean cooking and 660 million without electricity access in 2030 if we do not take further action and continue with current efforts. These gaps will negatively impact the health of our most vulnerable populations and accelerate climate change. According to WHO, 3.2 million people die each year from illness caused by the use of polluting fuels and technologies, which increase exposure to toxic levels of household air pollution....”***

Coverage via HPW – [Slow Transition to Clean Energy Puts Billions at Risk of Household Air Pollution.](#)

Lancet Infectious Diseases (Series) - Lessons from COVID-19 to manage infectious diseases in low-income and middle-income countries

<https://www.thelancet.com/series/LMICs-lessons-from-COVID-19>

*“The end of the emergency phase of the COVID-19 pandemic announced by the World Health Organization (WHO) on May 5th, 2023, is an opportunity to look back at the inequities that hampered the public health response in low-income and middle-income countries. It is time to reshape our vision of global health and learn from past mistakes to improve the management of infectious diseases and strengthen health systems in the Global South. **This Series aims at bringing together the opinions of local experts on how we can capitalise on the experience of COVID-19 to leverage the potential opportunities for sustainable vaccine capabilities in Africa, combat the increasing threat of antimicrobial resistance, and establish more equitable structures to ensure effective and fair collaboration among stakeholders and nations during future pandemics.**”*

Do start the 3-paper Series with the introductory Comment, [**Lancet Infectious Diseases \(Comment\) - Leveraging the positives from the pandemic to strengthen infectious disease care in low-income and middle-income countries**](#)

*“... Despite the many failures of global solidarity, the pandemic also showcased the resilience and innovative capacity of LMICs, providing some positive aspects and a roadmap for continued improvement in infectious disease and health system strengthening. **Three pieces in this Series explicitly amplify the voices of experts in LMICs on how to leverage the potential opportunities for sustainable vaccine capabilities in Africa, combating the increasing threat of antimicrobial resistance (AMR), and establishing more equitable structures to ensure effective and fair collaboration among stakeholders and nations during future pandemics.....**”*

BMJ Collection - Gender equality and pandemic response

<https://www.bmj.com/gender-and-pandemic-response>

*“A **BMJ collection of articles, produced by a collaborative effort led by the United Nations University’s International Institute for Global Health, Malaysia, and the School of Public Health at the University of the Western Cape, South Africa, and supported by the Bill & Melinda Gates Foundation, lays out a shared global research agenda on sex differences and gender equality priorities for the covid-19 response and beyond.** Drawing on their intersectional feminist model of research and stakeholder engagement, the authors identify thematic and unmet research needs to support crisis response with a forward looking view to strengthen the integration of sex based differences and gender inequalities in country, regional, and global health research efforts. The collection provides instructive insights on how a collaborative feminist and decolonial approach can be used to develop the shared global research agenda, including crowdsourcing, use of digital platforms for engagement, inclusive conversations and leadership, and open consensus building.;...”*

Do start with the **Editorial** by J Clark et al – [**No pandemic preparedness and research without gender equality**](#)

Global health governance & governance of health

People's Dispatch - Is corporate influence on World Health Organization set to increase?

<https://peoplesdispatch.org/2023/05/29/is-corporate-influence-on-world-health-organization-set-to-increase/?ref=peoples-health-dispatch.ghost.io>

*“As the ongoing World Health Assembly discusses funding for the WHO, there are **rising concerns of the agency being further dependent on corporate and other non-member donors whose contributions are for specific programs.**”*

*“...**KM Gopakumar specifically highlighted concerns about the proposition of a WHO Investors’ Forum.** According to him, the idea would “seriously undermine the role of the vast majority of Member States in WHO’s governance. The forum participants, primarily consisting of philanthropic foundations and private sector entities, would de facto control WHO’s priorities,” he is quoted saying in the release. The current version of the decision would diminish the voice and participation of countries from the Global South in WHO decision-making, while a smaller group of high-income nations and corporate entities would wield significant influence. Such a scenario would gravely undermine the WHO’s ability to fulfill its mandate of safeguarding global health, despite recent reminders of the agency’s critical role in the world’s health needs.”*

Barrons - How the WHO Foundation Tackles Global Health Crises

<https://www.barrons.com/articles/tennessees-most-expensive-home-just-got-a-10-million-price-cut-f79406ab>

Speaking of ‘corporate influence on WHO’, here’s an **Interview with Anil Soni, CEO of the WHO Foundation.**

*“.... **he believes it’s necessary to “align private capital with public good” to meet today’s global health challenges.** A key way to do this is via capital that earns a financial return. **In September, the foundation launched the US\$200 million Global Health Equity Fund** with the Israel-based venture capital firm OurCrowd as general partner. A goal of this venture fund is to “identify breakthrough technologies that can have an impact on health.” A second goal is to encourage entrepreneurs who receive this venture capital “to commit to equitable access,” Soni says, meaning, whatever technologies the fund backs need to be made available to low-income countries in addition to wealthy countries.”*

Globalization & Health - Opportunities and challenges of trilateral South–South cooperation for transforming development assistance for health: evidence from a DRC–UNICEF–China maternal, newborn, and child health project

A Huang et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-023-00934-9>

« ...This study addresses whether and how trilateral South–South cooperation can transform traditional development assistance for health (DAH) and explores the opportunities and challenges of trilateral South–South cooperation for transforming future DAH, in the theme of “the emerging development partner’s DAH transformation facilitated by a multilateral organization”.”

Global Health: Science & Practice - An Evaluation of Local Implementing Partner Performance During the First 2 Years of the USAID/PEPFAR Transition

L A White et al; <https://www.ghspjournal.org/content/early/2023/06/08/GHSP-D-22-00337>

“We examine local partner performance across the HIV/AIDS clinical cascade during the USAID/PEPFAR transition to local partners.”

People’s Dispatch - 60 years of Cuban international medical solidarity

[60 years of Cuban international medical solidarity](#)

“The last week of May marks the **60th anniversary of the first Cuban medical brigade**. Despite the blockade and smear attempts, Cuban nurses and doctors continue to stride towards Health for All.”

United Nations Secretary-General Appoints Dr Githinji Gitahi among Other Global Leaders to Spearhead Fight against Malnutrition

<https://newsroom.amref.org/press-releases/2023/06/united-nations-secretary-general-appoints-dr-githinji-gitahi-among-other-global-leaders-to-spearhead-fight-against-malnutrition/>

“Dr Githinji Gitahi, Group CEO – Amref Health Africa has been appointed as a member of the **Scaling Up Nutrition (SUN) Movement Lead Group – a global initiative dedicated to eradicating all forms of malnutrition by 2030**. The movement prioritizes nutrition action and collaboration, which includes supporting countries to implement policies and legislation that guarantees the availability of sustainable and nutritious diets for children, adolescents, mothers, and families.....”

Global health financing

World Bank - World Bank Support for Domestic Revenue Mobilization : An Independent Evaluation

<https://ieg.worldbankgroup.org/sites/default/files/Data/Evaluation/files/domestic-revenue-mobilization.pdf>

“... This evaluation assessed the relevance and effectiveness of World Bank– supported strategies and interventions between fiscal year (FY)16 and FY19 to help client countries enhance DRM....”

PS: related **tweet Kalypso Chalkidou**: “Despite the increasing attention on DRM, tax yields have been on a declining trend over the past decade. “

Devex - Scoop: First look at draft text for Macron's global financing summit

<https://www.devex.com/news/scoop-first-look-at-draft-text-for-macron-s-global-financing-summit-105635>

(gated) *“Three weeks out, organizers are still deciding whether to try and negotiate a joint text.”*

Macron is *“spearheading a summit whose aim is nothing less than to forge a global compact between wealthy nations and the global south on climate change and the world’s thorniest development challenges. You’ve got to give it to Macron — when he goes big, he goes “Vive la France!” big. But so far, the Paris summit — now less than three weeks out — only seems to be big on lofty promises and light on actual commitments, according to a possible declaration outline seen by my colleague Vince Chadwick. The draft declaration was intended as a basis for internal discussions, an Elysée official tells Vince, adding that the final format and conclusions of the summit are still “up for debate.” The document is peppered with mind-numbing diplo-speak — “differentiated pathways of transition according to national circumstances and priorities, defined nationally” — and predictable development pledges on issues such as climate finance commitments, debt relief, multilateral bank reform, private sector investment, etc.....”*

See also ONE’s newsletter, [Aftershocks](#):

*“....A **leaked document suggests** that many of the specifics remain undecided, including whether to even issue a final outcome statement. The leaked document does hit the key notes: reform the World Bank and other similar institutions, increase climate finance, unlock new mechanisms for rechanneling Special Drawing Rights (SDRs), and address the debt crisis. **President Emmanuel Macron has two weeks to turn this from what looks like a stocktaking exercise into an event that delivers progress toward actual economic transformation....”***

Official website -Summit for a new Global Financial Pact (22-23 June)

<https://nouveaupactefinancier.org/en.php>

With the **upcoming summit in Paris in 4 slides**. Do check them out, as they give a good overview of what Macron & co have in mind.

Social Watch - - UN: “The international financial architecture is not fit for purpose and morally bankrupt

R Bissio; <https://www.socialwatch.org/node/18690>

“.... A reform in the international financial architecture is needed and urgent. High level UN officials and civil society agreed on that proposition during the UN Summit on the Least Developed Countries. “The international financial architecture is absolutely no longer fit for purpose. It is morally bankrupt” said UN deputy secretary general Amina Mohammed in a candid dialogue with civil society organizations at the closure of the Civil Society Forum on the last day of the Summit on the Least Developed Countries held in Doha last March 2023....”

PS: “...Nevertheless, “we have a great opportunity” in the coming presidencies of the G20: “We've just had Indonesia chairing the G20, and credit to them that they kept the G20 alive. It is still the only forum, as imperfect as it may be, for us to come broader than the G7. **We are on India's watch right now. And then the G20 will be chaired by Brazil and South Africa. That's a number of developing countries that really need to build a consensus within the G20 on how financing will change, to enable resources flow to, in particular, LDCs.”....”**

UHC & PHC

International Social Security Review - The role of mutuals and community-based insurance in social health protection systems: International experience on delegated functions

M Niang, V Ridde et al ; <https://onlinelibrary.wiley.com/doi/10.1111/issr.12323>

Scoping review. “...This article presents the results of a scoping review to produce a global overview of the available knowledge concerning the delegation of functions to mutuals/CBHI in national social health protection systems....”

IDS (report) - Towards Digital Transformation for Universal Health Coverage

G Bloom et al; <https://www.ids.ac.uk/publications/towards-digital-transformation-for-universal-health-coverage/>

“The Covid-19 pandemic has re-emphasised the need to ensure equitable access to safe, effective and affordable health services. The very rapid shift to the use of smartphone apps and telephone consultations (telemedicine) has highlighted the potential impact of digital innovations on the capacity of health services to meet this need. It is time to take digital health seriously. **In 2021, The Lancet and the Financial Times published a report by a commission of experts entitled Governing health futures 2030: growing up in a digital world.** It describes the many ways that digital technologies are affecting health and access to health services (Kickbusch et al. 2021). The report emphasises the changing inter-relationships between the health and digital technology sectors and makes the case for effective governance of digital health. It outlines measures that can be taken to influence the speed and direction of change, with the aims of building trust and ensuring that the needs of poor and vulnerable people are met. Its focus is on global trends and global responses. **This report complements that document by focusing on actions that LMICs can take to ensure that digital innovations contribute to their strategies for improving health and access to health services.”**

CGD Notes - Generating and Using Cost Evidence to Inform Provider Payment Rates: Lessons from High-Income Countries for India's National Health Insurance Program

L Guinness et al; <https://www.cgdev.org/publication/generating-and-using-cost-evidence-inform-provider-payment-rates-lessons-high-income>

“PM-JAY, India’s national health insurance program, is the largest publicly funded health insurance program in the world. It has reformed the way in which the poor and vulnerable access hospital care in India. The size of this program and the inclusion of private providers in delivering care has led to the implementation of a provider case-based payments scheme. In this note, we examine approaches used to collect cost data for informing case-based payments to document the strengths and weaknesses and identify lessons for PM-JAY.”

Health Research Policy & Systems - Stakeholder perceptions and experiences from the implementation of the Gratuité user fee exemption policy in Burkina Faso: a qualitative study

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-023-01008-3>

By A Banke-Thomas et al.

Pandemic preparedness & response/ Global Health Security

KFF (brief) - The New Pandemic Fund: Overview and Key Issues for the U.S.

J Michaud et al; <https://www.kff.org/global-health-policy/issue-brief/the-new-pandemic-fund-overview-and-key-issues-for-the-u-s/>

« this brief reviews the evolution and establishment of the Pandemic Fund, describes the Fund’s governance and operations, and discusses key issues and challenges for the Fund – particularly related to U.S. engagement – as it continues to make its transition from concept to implementation....”

CGD - Resource Allocation Framework for Pandemic Risk and Surveillance: Version 1.0

V Fan; <https://www.cgdev.org/publication/resource-allocation-framework-pandemic-risk-and-surveillance-version-10>

“This proposed Resource Allocation Framework may inform country-level allocation decisions by the Pandemic Fund for its first call for proposals supporting surveillance, laboratories, and human resources. This framework incorporates three measures of pandemic risk and one index of need for surveillance capacity for an overall allocation index.”

Geneva Health Files – Human Rights Challenges in the Pandemic Treaty Negotiations [Guest Essay]

https://genevahealthfiles.substack.com/p/human-rights-challenges-in-the-pandemic?utm_source=substack&utm_medium=email

With a guest essay by B Mason Meier et al.

“... While the negotiations are very much fluid at this stage, matters such as human rights, among a wide range of other areas, could be relatively easily traded for other matters of “greater priority” by countries. In fact, experts say, in these kinds of negotiations, human rights considerations are often the earliest casualties. There are early indications that this could be so - some countries believe that a WHO treaty is not a place to negotiate human rights. This is even as COVID-19 resulted in many WHO member states committing flagrant violations of human rights. In today’s edition we bring you a guest essay from a group of human rights scholars, keen on shaping the discussions towards a new Pandemic Accord in a way that reflects such considerations in the governance of pandemics. In this piece, they pick apart current provisions and suggest priorities for the on-going negotiations. The authors say, “Framing the substance of the Pandemic Treaty, human rights must be central to global health obligations, as the right to health provides a central normative foundation in preparing for and responding to pandemics.”....”

BMJ Feature - What could the next pandemic be?

<https://www.bmj.com/content/381/bmj.p909>

*“Covid-19 reminded the world just how suddenly a pandemic can break out. **Mun-Keat Looi** looks at the threats that now occupy experts’ minds.”*

Telegraph - Scientists set AI to work on finding vaccines to combat the next Disease X

<https://www.telegraph.co.uk/global-health/science-and-disease/scientists-ai-artificial-intelligence-vaccine-disease-x/>

“Artificial intelligence will help build a ‘vaccine library’ for future scientists faced with the ‘inevitable’ outbreak of a novel pathogen.”

“... AI created by researchers at Leipzig University, in Germany, will be used to build up a “vaccine library” that future scientists can access and quickly design new jabs when faced with an outbreak of a novel pathogen – a so-called “Disease X”. The technology will analyse the genetic structures of pathogens taken from 10 high-risk viral families that have the potential to mutate and trigger a pandemic. Scientists from Leipzig University will initially focus on modelling protein sites in paramyxoviruses and arenaviruses, which include Nipah virus and Lassa virus, that have the potential to generate strong immune responses in humans....”

“... Leipzig University’s research is being supported by the Coalition for Epidemic Preparedness Innovations (CEPI), which announced on Tuesday that it has provided £1.5 million in funding to the project. Dr Richard Hatchett, CEO of CEPI, said the creation of a global vaccine library was crucial to better preparing the world against future pandemics....”

Lancet Planetary Health - An immediate way to lower pandemic risk: (not) seizing the low-hanging fruit (bat)

S A Osofsky et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(23\)00077-3/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(23)00077-3/fulltext)

“... Cornell University College of Veterinary Medicine (CVM) experts and colleagues from the Wildlife Conservation Society have partnered on a new analysis in The Lancet Planetary Health focused on how such surges in deaths, illness, and suffering – as well as their economic costs – can be prevented in the future. One basic solution, the authors argue, may lie in a global taboo against harming or disturbing bats and their habitats.”

“A global taboo is needed whereby humanity agrees to leave bats alone, not fear them or try to chase them away or cull them, but to let them have the habitats they need and live undisturbed by humans....”

Planetary health

Guardian - Global greenhouse gas emissions at all-time high, study finds

<https://www.theguardian.com/environment/2023/jun/08/global-greenhouse-gas-emissions-at-all-time-high-study-finds>

“Scientists say world is burning through ‘carbon budget’ that can be emitted while staying below 1.5C.”

“Greenhouse gas emissions have reached an all-time high, threatening to push the world into “unprecedented” levels of global heating, scientists have warned. The world is rapidly running out of “carbon budget”, the amount of carbon dioxide that can be poured into the atmosphere if we are to stay within the vital threshold of 1.5C above pre-industrial temperatures, according to a [study published in the journal Earth System Science Data](#) on Thursday. **Only about 250bn tonnes of carbon dioxide can now be emitted, to avoid the accumulation of CO2 in the atmosphere that would raise temperatures by 1.5C. That is down from 500bn tonnes just a few years ago, and at current annual rates of greenhouse gas emissions, of about 54bn tonnes a year over the past decade, it **would run out well before the end of this decade.....”****

“...P Forster, lead author, ... said **the rate of annual increase in emissions had slowed down, but far stronger action was needed.....”**

WHO - Launch of consultative process towards REACH 2035 Agenda: Research for Action on Climate Change and Health

<https://www.who.int/news/item/06-06-2023-launch-of-consultative-process-towards-reach-2035-agenda--research-for-action-on-climate-change-and-health>

“WHO is launching the development of a global research agenda to catalyze research that will inform the mutual integration of climate and health action. The Research for Action on Climate Change and Health agenda – REACH 2035 – will establish shared, forward-looking research priorities to meet the evidence needs of policy makers, program implementers, and advocates in protecting against and responding to the health impacts of climate change.....”

Will be launched in summer.

Science (Policy Forum) - Credibility gap in net-zero climate targets leaves world at high risk

J Rogelj et al ; <https://www.science.org/doi/10.1126/science.adg6428>

“Looking at policies instead of promises shows that global climate targets may be missed by a large margin.” “...By evaluating policy characteristics of countries’ net-zero targets, we can assign the targets credibility ratings, then estimate how greenhouse gas (GHG) emissions and temperature are differentiated by our confidence in the targets. When we consider the credibility of current climate pledges, our assessment shows that the world remains far from delivering a safe climate future.”

Lancet Planetary Health – June issue

[https://www.thelancet.com/issue/S2542-5196\(23\)X0006-0](https://www.thelancet.com/issue/S2542-5196(23)X0006-0)

Start with the **Editorial** – [Aiming to deliver more of what matters](#)

With focus on “.... **the Council on the Economics of Health for All** ?????? formed in 2020 by WHO, with an explicit remit to rethink the economy from a health for all perspective. **The council has just published its report [Health for All: Transforming economies to deliver what matters](#)**. The report sets out **13 recommendations grouped under four pillars**: governing health innovation for the common good, adequately valuing and measuring human and planetary health, financing health, and creating dynamic public sector capacities to achieve health for all. **Of these pillars adequately valuing and measuring human and planetary health is the most directly relevant here.**”

Make sure you also check out:

Comment – [Can One Health fight H5N1 avian influenza?](#)

Review - [Indigenous communities and the mental health impacts of land dispossession related to industrial resource development: a systematic review](#)

Navdanya - Manifesto - Making Peace with the Earth Through Diversity, Mutuality, Non-Violence & Care

<https://navdanyainternational.org/wp-content/uploads/2023/06/Manifesto-Making-Peace-with-the-Earth-DWD-Rev4.pdf>

On Environment Day, this manifesto was launched in Rome - "Making peace with the Earth," the harvest of the work in India last March as Diverse Women for Diversity. An **Ecofeminist manifesto**.

Guardian - Carbon capture and storage is ‘no free lunch’, warns climate chief

<https://www.theguardian.com/environment/2023/jun/06/carbon-capture-and-storage-is-no-free-lunch-warns-climate-chief-hoesung-lee>

“IPPC chair Hoesung Lee says over-reliance on the technology could mean the world misses 1.5C target.”

Guardian - US deal could plug Turkmenistan’s colossal methane emissions

<https://www.theguardian.com/environment/2023/jun/02/us-deal-turkmenistan-colossal-methane-emissions>

“The central Asian country has the worst rate of climate-heating ‘super-emitter’ events in the world.”

“The US is in negotiations with Turkmenistan over an agreement to plug the central Asian nation’s colossal methane leaks. Turkmenistan was responsible for 184 “super-emitter” events in which the powerful greenhouse gas was released in 2022, the highest number in the world. One caused climate pollution equivalent to the rate of emissions from 67m cars. US officials hope that some leaks from Turkmenistan’s oil and gas industry could be halted by the start of the UN’s Cop28 climate summit in late November. Success would represent a major achievement in tackling the climate crisis.....”

PBS - UN delegates agree to produce draft treaty to end global plastic pollution

<https://www.pbs.org/newshour/world/un-delegates-agree-to-produce-draft-treaty-to-end-global-plastic-pollution>

“Global negotiators have agreed to craft a draft treaty to end plastic pollution, a preliminary but crucial step toward tackling one of the most lasting sources of human waste.

Environmental advocates cautiously welcomed the outcome of five days of U.N. talks in Paris on plastic pollution, but expressed concern that the petroleum industry and some governments would water down the eventual treaty. Most plastic is made from fossil fuels.”

“Delegates at the Intergovernmental Negotiating Committee for Plastics agreed Friday evening to produce an initial draft before their next meeting in Kenya in November, participants said. The committee is charged with developing the first international, legally binding treaty on plastic pollution, on land and at sea.....”

- Related coverage: HPW – [Zero-Draft of Global Plastic Pollution Agreement Expected Within Months](#)

Plos Climate - Leveraging the Global Stocktake for effective sectoral climate governance

Harro van Asselt et al; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000229>

“At the next United Nations (UN) climate conference in the United Arab Emirates at the end of 2023, the first Global Stocktake (GST) of the Paris Agreement is due to conclude. The main goal of this process is to feed into a new round of Nationally Determined Contributions (NDCs) by Parties to the Agreement for 2035. In addition, the GST is aimed at identifying opportunities for strengthening international cooperation to achieve the Paris goals. The GST represents the first opportunity for

Parties and other stakeholders to collectively highlight opportunities for international climate cooperation. Specifically, outcomes should plant the seeds for the development of concrete sectoral decarbonization roadmaps that could guide international cooperation in years to come.....”

Guardian - Too late now to save Arctic summer ice, climate scientists find

<https://www.theguardian.com/environment/2023/jun/06/too-late-now-to-save-arctic-summer-ice-climate-scientists-find>

“Ice-free summers inevitable even with sharp emissions cuts and likely to result in more extreme heatwaves and floods...”

“... It is now too late to save summer Arctic sea ice, research has shown, and scientists say preparations need to be made for the increased extreme weather across the northern hemisphere that is likely to occur as a result. Analysis shows that even if greenhouse gas emissions are sharply reduced, the Arctic will be ice-free in September in coming decades. The study also shows that if emissions decline slowly or continue to rise, the first ice-free summer could be in the 2030s, a decade earlier than previous projections. the new research, published in the journal Nature Communications, projects the loss of summer sea ice in the 2050s in the low emissions scenario....”

Science - Will Brazil’s Supreme Court deal a blow to Amazon protection efforts?

[Will Brazil’s Supreme Court deal a blow to Amazon protection efforts? | Science | AAAS](#)

“Justices to rule this week on major Indigenous land rights case.”

“Brazil’s Supreme Court is expected to issue a ruling this week that could determine the fate of controversial legislation that conservationists fear will undermine efforts to protect the nation’s forests. Indigenous and environmental groups are urging the court to reject a long-standing legal bid to weaken the ability of Brazil’s roughly 300 Indigenous groups to lay claim to traditional territories. If the justices rule in their favor, the decision—expected Wednesday—would also prevent Brazil’s Senate from finalizing a closely related bill, approved last week by the Chamber of Deputies, that could dramatically reduce the land area governed by Indigenous groups....”

Lancet Comment – Human health depends on thriving oceans

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01162-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01162-5/fulltext)

“... The role of high seas for human and ecosystem health has attracted the attention of the international community for over 20 years. In March, 2023, a Draft Agreement on Biodiversity Beyond National Jurisdiction—the Treaty of the High Seas—was finalised by the UN. This Treaty is a pioneering instrument for managing the biodiversity in areas beyond national jurisdiction. This Agreement comes at a time when the effects on human health arising at the ocean–climate nexus are exacerbated by increasing ocean warming, heatwaves, ocean acidification, and deoxygenation, and in coastal areas, by sea-level rise and seawater intrusion....”

Covid

Globalization & Health - Unintended consequences of implementing non-pharmaceutical interventions for the COVID-19 response in Africa: experiences from DRC, Nigeria, Senegal, and Uganda

I Diallo et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-023-00937-6>

«*non-pharmaceutical interventions (NPIs)* implemented to control the spread of the pandemic had numerous positive consequences. However, there were also unintended consequences—positively or negatively related to the nature of the interventions, the target, the level and duration of implementation. *This article describes the unintended economic, Psychosocial and environmental consequences of NPIs in four African countries.....*”

Guardian - Revised report on impact of Covid lockdowns ‘adds little insight’

[Guardian](#);

“*Book based on May 2022 review ‘did lockdowns work?’ examines whether legally enforced interventions prevented deaths.*”

Guardian - Long Covid can impair quality of life more than advanced cancers, study says

<https://www.theguardian.com/society/2023/jun/08/long-covid-impact-quality-of-life-cancer-study>

“*Some patients’ health-related life quality scores worse than those of people with stage 4 lung cancer.*”

Science - Could fused neurons explain COVID-19’s ‘brain fog’?

<https://www.science.org/content/article/could-fused-neurons-explain-covid-19-s-brain-fog>

“*Studies in dish suggest SARS-CoV-2 causes brain cells to stick together, but more research is needed to determine the significance.*”

NEJM (Perspective) - The Origins of Covid-19 — Why It Matters (and Why It Doesn’t)

L Gostin et al ; <https://www.nejm.org/doi/full/10.1056/NEJMp2305081>

« *Irrespective of Covid’s origins, future outbreaks could result from deliberate, accidental, or natural causes, and improving our ability to understand and prove theories will be critical. We propose three important steps for fortifying pandemic preparedness.....*”

Infectious diseases & NTDs

Telegraph - 'Measles is the canary in the coal mine': World's most infectious disease makes unwanted comeback

<https://www.telegraph.co.uk/global-health/science-and-disease/measles-resurgence-who-pandemic-vaccines-immunisation/>

"Progress has been undermined by the pandemic, which forced countries to suspend immunisation services and redirect health resources."

*"Long considered the world's most contagious disease, measles is making an unwanted comeback. Cases of the childhood illness plummeted during the height of the pandemic – the result of social distancing and mask wearing – but that trend is now rapidly reversing. **"We are starting to see cases of the disease tick up globally,"** says Dr Patrick O'Connor, a measles expert at the World Health Organisation (WHO). **"A disruptive outbreak is classed as one where there are more than 20 cases of the disease per million people, and every month we are seeing more and more countries fall into that category."**..."*

*"... The consequences of this are now starting to crystallise. Dr Gunter Boussey, a senior health specialist for Unicef who works across South Asia, said outbreaks of measles are occurring in Afghanistan, India, Pakistan, Nepal – and even in the Maldives, where it was classed as eliminated in 2020. The disease is a particular threat in countries where health services are poor and hunger is rife. Set against this backdrop, measles is often one of the first diseases to rear its ugly head. **"Measles is the canary in the coal mine,"** says Dr Boussey. **"It's the first sign of a weakening health system."**...."*

HPW - Tanzania's Declares Marburg Outbreak Over

<https://healthpolicy-watch.news/tanzanias-declares-marburg-outbreak-over/>

"Tanzania declared the end of its Marburg Virus Disease outbreak on Friday, two months after the outbreak was first detected in the north-western Kagera region. Nine cases (eight confirmed and one probable) and six deaths were recorded in the outbreak, which was declared on 21 March after laboratory analysis confirmed that the cause of deaths and illnesses that were reported earlier in the region was Marburg. The last confirmed case tested negative for a second time on 19 April, setting off the 42-day waiting period before the end of the outbreak could be declared...."

Reuters - Marburg viral outbreak in Equatorial Guinea ends, says WHO

[Reuters](#);

As of Thursday. Statement by WHO Afro.

Reuters - HIV alarm in Uganda as anti-gay law forces LGBT 'lockdown'

<https://www.reuters.com/world/africa/hiv-alarm-uganda-anti-gay-law-forces-lgbt-lockdown-2023-06-08/>

“ The HIV/AIDS treatment centre in Kampala is almost empty, days after Uganda enacted one of the most draconian anti-gay laws on Earth. The usual daily influx of around 50 patients has all but dried up, say staff. Antiretroviral drugs pile up unused. Andrew Tendo, resident medical officer at the US-funded clinic, warned that new waves of HIV infections were forming even as vulnerable people stayed away from treatment centres, afraid of being identified and arrested under the new laws. “The LGBT community in Uganda is on lockdown now,” he said. “They don't have preventive services. They cannot access condoms ... they cannot access ARTs (antiretrovirals).”

Genetic Engineering and Biotechnology News - Fighting Malaria Based on the Targeting of Biological Clocks

<https://www.genengnews.com/news/fighting-malaria-based-on-the-targeting-of-biological-clocks/>

“... researchers looking for other ways to fight the mosquito-borne parasites that cause the disease have zeroed in on a potential new target: biological clocks. In a new study, “The parasite intraerythrocytic cycle and human circadian cycle are coupled during malaria infection” published in PNAS, researchers analyzed gene activity in patients who showed up at medical facilities along the Thailand-Cambodia border, showing signs of a malaria infection in their blood.”

AMR

Cidrap News - Study finds high rate of improper antibiotic prescribing for kids in low-income countries

<https://www.cidrap.umn.edu/antimicrobial-stewardship/study-finds-high-rate-improper-antibiotic-prescribing-kids-low-income>

*“A study conducted in three low- and middle-income countries (LMICs) found extensive inappropriate antibiotic prescribing in young children. The **study**, published yesterday in **PLOS Medicine**, determined that more than three quarters of consultations resulting in an antibiotic prescription for children age 2 and under in Madagascar, Senegal, and Cambodia involved a diagnosis that didn't require an antibiotic. Factors associated with an increased risk of an inappropriate prescription included being older than 3 months of age and living in rural settings....”*

For the **study in Plos Med**, see [Inappropriate antibiotic prescribing and its determinants among outpatient children in 3 low- and middle-income countries: A multicentric community-based cohort study](#)

Plos Med - Collateral impacts of pandemic COVID-19 drive the nosocomial spread of antibiotic resistance: A modelling study

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004240>

by David R M Smith et al.

NCDs

BMJ GH (Editorial) - To advance global surgery and anaesthesia, train more advocates

D T Jumbam et al ; <https://gh.bmj.com/content/8/6/e012848>

“.... The global surgery and anaesthesia movement, which aims for equitable access to safe, timely and affordable surgical and anaesthesia care for all, is currently at a crossroads that marks an opportunity for remarkable momentum generation if seized.

“...front-line surgical and anaesthesia providers, who live every day in the reality of resource-constrained health systems, can also be the most powerful change agents because the stakes are so high for them and the patients they treat. They are also the ones to whom politicians are ultimately accountable. Yet it can be argued that their voices have not been adequately elevated locally and globally. This is partly because much of the global surgery discourse seems to occur on platforms and locations that are largely inaccessible to them. Much of the global surgery discourse has been happening in high-income country (HIC)-centric spaces, such as publications in elitist journals and conferences that are primarily in North America and Europe. For sustainable impact, global surgery needs to become a topic of debate and discussion in local media. Television programmes, radio shows, newspapers, social media platforms, community groups and other media should be platforms where consequential local problems of surgical access and quality are discussed and organic solutions advanced. Basically, global surgery will not truly be a ‘global’ problem unless it first becomes a ‘local’ problem....”

“...In November 2022, inspired by the Aspen Institute’s New Voices Fellowship and a previous editorial in BMJ Global Health, Operation Smile, the University of Global Health Equity and Nkafu Policy Institute launched the Global Surgery Advocacy Fellowship. The fellowship aims to provide surgical and anaesthesia care providers in LMICs with skills to be advocates for surgical care within their communities and globally....”

Social & commercial determinants of health

Guardian - Chemical industry used big tobacco’s tactics to conceal evidence of PFAS risks

<https://www.theguardian.com/environment/2023/jun/07/pfas-3m-dupont-chemical-industry-health-toxic-study>

“DuPont or 3M scientists discovered PFAS toxicity internally, but did not publish findings or report them to the EPA, study says.”

“... Like the tobacco industry before it, the chemical industry managed to keep PFAS’s health risks hidden from the public for decades. A new peer-reviewed [study](#) dissecting PFAS producers’ public relations strategies provides a smoking gun timeline composed of industry studies and comments from DuPont and 3M officials showing they knew the dangers, but publicly insisted the chemicals were safe.....”

Sexual & Reproductive health rights

International Journal for Equity in Health - Going deeper with health equity measurement: how much more can surveys reveal about inequalities in health intervention coverage and mortality in Zambia?

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-023-01901-x>

By A K Blanchard et al.

Lancet GH - Prevalence of and risk factors for microscopic and submicroscopic malaria infections in pregnancy: a systematic review and meta-analysis

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00194-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00194-8/fulltext)

by A M van Eijk et al.

Neonatal and child health

Guardian - Jump in child deaths reveals impact of industrialisation on Amazon’s Indigenous peoples

<https://www.theguardian.com/global-development/2023/jun/05/jump-in-child-deaths-reveals-mining-impact-on-amazon-indigenous-peoples>

“As an economic boom’s gains pass them by, people in unprotected land have been hit by hunger and disease, with infant mortality rates seven times higher than the rest of Brazil. The infant mortality rate among the Indigenous peoples of Brazil jumped by 16% last year, according to new data, as experts warn that the expansion of legal and illegal extractive industries in the Amazon rainforest has had profound effects on the health and quality of life of Indigenous people living in unprotected areas.....”

Access to medicines & health technology

Politico - After a 70-year wait, will Europe's new patent system be a total flop?

<https://www.politico.eu/article/70-year-wait-europe-unitary-patent-system/>

"The unitary patent system launches on Thursday but more than 400,000 patents have been opted out."

"Pharmaceutical companies are opting out of a new unified patent system that European Union countries launched last week. The new system is supposed to be inventor-friendly, providing a single patent that protects inventions in the 17 EU countries that have signed on while establishing a single Unified Patent Court where those patents can be challenged. But companies can opt to stick with the old system, and POLITICO's Helen Collis reports that early data shows that many of the firms choosing to do so are drugmakers. In the old system, inventors are awarded patents by either national courts or the European Patent Office. A European patent covers as many as 39 countries, including all EU members, but in practice it's a bundle of patents — one for each country — enforced nationally. Any judgment on a unitary patent by the Unified Patent Court would be effective in all 17 countries. The complexity of the old system suits the industry because it forces competitors to challenge patents in multiple jurisdictions. If a generics company won its challenge to a unified patent, it would automatically gain access to all markets under the system. Sticking to the national system "allows you strategically to better defend your patents," said Sergio Napolitano, general counsel at Medicines for Europe, the generics lobby. "This fragmentation is especially to the detriment of generic companies because they have to litigate country by country...."

FT - US cancer drug shortage forces doctors to ration life-saving treatments

[US cancer drug shortage forces doctors to ration life-saving treatments | Financial Times \(ft.com\)](#)

"Healthcare groups call for reforms to pharma supply chains as up to half a million patients could be affected."

"A severe shortage of cancer therapies is forcing thousands of patients to miss life-saving treatments, several leading healthcare organisations have warned. There are 14 oncology medicines listed "in shortage" by US regulators, including the generic chemotherapy drugs cisplatin and carboplatin, which are first-line treatments for many common types of cancer. Julie Galow, chief medical officer at the American Society of Clinical Oncology, said hospitals were already rationing some drugs and doctors were being forced to make difficult decisions about delaying chemotherapy treatment or using substitute medicines, which may not be as effective. Galow said the crisis was particularly acute due to the widespread use of chemotherapy drugs. Between 100,000 and 500,000 patients could be affected by shortages of cisplatin and carboplatin, highlighting the urgent need for policymakers to strengthen supply chains, she said."

".... supply chain experts say generic drugs, which require complex manufacturing processes to make and yet tend to be sold very cheaply, are most vulnerable to shortages. They make up 90 per cent of all drugs sold in the US but just 18 per cent of all drug costs, according to a March report by the Senate Committee on Homeland Security and Governmental Affairs. "We need to rethink the

*entire marketplace for generics, which is where most of the shortages can be found,” said Laura Bray, founder of Angels for Change, a non-profit group advocating for action to end drug shortages. She said the **generics industry had become a race to the bottom on price that made quality control more difficult, particularly for complex medicines such as chemotherapy drugs.** When only a handful of companies supply a medicine a single event can cause the type of “perfect storm event”, which is occurring with chemotherapy drugs, said Bray....”*

“Most generic companies rely on active pharmaceutical ingredients produced in lower-cost countries, mainly China and India, to make drugs....”

BMJ GH (Analysis) - COVID-19 vaccines and the pandemic: lessons learnt for other neglected diseases and future threats

Peter J Hotez et al ; <https://gh.bmj.com/content/8/6/e011883>

*“Through the experiences gained by accelerating new vaccines for both Ebola virus infection and COVID-19 in a public health emergency, **vaccine development has benefited from a ‘multiple shots on goal’ approach to new vaccine targets. This approach embraces simultaneous development of candidates with differing technologies, including, when feasible, vesicular stomatitis virus or adenovirus vectors, messenger RNA (mRNA), whole inactivated virus, nanoparticle and recombinant protein technologies, which led to multiple effective COVID-19 vaccines.** The challenge of COVID-19 vaccine inequity, as COVID-19 spread globally, created a situation where cutting-edge mRNA technologies were preferentially supplied by multinational pharmaceutical companies to high-income countries while low and middle-income countries (LMICs) were pushed to the back of the queue and relied more heavily on adenoviral vector, inactivated virus and recombinant protein vaccines. **To prevent this from occurring in future pandemics, it is essential to expand the scale-up capacity for both traditional and new vaccine technologies at individual or simultaneous hubs in LMICs. In parallel, a process of tech transfer of new technologies to LMIC producers needs to be facilitated and funded, while building LMIC national regulatory capacity, with the aim of several reaching ‘stringent regulator’ status.** Access to doses is an essential start but is not sufficient, as healthcare infrastructure for vaccination and combating dangerous antivaccine programmes both require support. **Finally, there is urgency to establish an international framework through a United Nations Pandemic Treaty to promote, support and harmonise a more robust, coordinated and effective global response.”***

Plos GPH - REASSURED diagnostics at point-of-care in sub-Saharan Africa: A scoping review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0001443>

by B Moetlhoa et al.

Reuters - Moderna, Pfizer hit with new patent lawsuits over COVID vaccines

[Reuters:](#)

“Biotech firm Promosome LLC sued Moderna , Pfizer and BioNTech , in federal court in San Diego, California, on Tuesday, accusing their COVID-19 vaccines of infringing a patent related to messenger

RNA technology.....” *“The lawsuits add to a web of patent disputes between biotech companies over technology used in the coronavirus shots, including a case brought last year in Massachusetts by Moderna against Pfizer and its partner BioNTech. Promosome accused the companies of copying technology that allows for doses of mRNA that are small enough to use safely and effectively in the vaccines.”*

Human resources for health

BMJ Opinion - Breaking barriers and building bridges: reimagining a feminist health workforce

Zaida Orth et al; <https://www.bmj.com/content/381/bmj.p1268>

*“..... global commitments to empower and invest in the health workforce, though well intentioned, rarely address the root causes of these oppressive structures. In this context, **it is worth considering why transforming the health workforce through a feminist approach is the answer. What would a feminist health workforce look like, and how can we work towards creating it?....”***

IJHPM - Characteristics of Medical Deserts and Approaches to Mitigate Their Health Workforce Issues: A Scoping Review of Empirical Studies in Western Countries

https://www.ijhpm.com/article_4458.html

by L E Flinterman et al.

Decolonize Global Health

European Journal of Public Health - The ‘decolonization of global health’ agenda in Africa: harnessing synergies with the continent’s strategic aspirations

<https://academic.oup.com/eurpub/article/33/3/358/7188227?login=false>

By Aloysius Ssenyonjo, Phillip Wanduru, Elizabeth Omoluabi, Peter Waiswa.

Miscellaneous

IDS - Conference to convene debate on the future of global tax governance

<https://www.ids.ac.uk/news/conference-to-convene-debate-on-the-future-of-global-tax-governance/>

“A century since the League of Nations first began to discuss international taxation, global tax governance has reached a critical juncture. As the OECD’s Inclusive Framework negotiations draw towards a conclusion, there is a sense that the decade-long experiment to reform international tax rules has disappointed. While the outcome includes numerous changes to accommodate lower-income countries, it redistributes few taxing rights to them, creates more complexity, and comes at considerable cost in terms of tax sovereignty. One of four holdout countries, Kenya, has now signed on, apparently as a condition of trade negotiations with the US. **There is a growing appetite for more radical redistribution and simplification, which is unlikely to be satisfied by the “two-pillar” solution.”**

“Meanwhile, at the United Nations, the Committee of Experts is setting a different course, and expanding their agenda to include topics such as wealth and environmental taxes. Intergovernmental discussions set to begin in 2023 could lead to a new global tax convention that reshapes the landscape.”

“Against that backdrop, the International Centre for Tax and Development (ICTD) [hosted] a conference in Nairobi from June 5-7 titled ‘Global Tax Governance at a Crossroads’ in partnership with the Kenya School of Revenue Administration.....”

Valuing What Counts: Framework to Progress Beyond Gross Domestic Product

UN SG Guterres (on LinkedIn) ;

<https://www.linkedin.com/pulse/valuing-what-counts-progress-beyond-gross-domestic-product-guterres/>

UN SG Guterres: **“..... I have introduced a series of proposals, not to replace gross domestic product, but to outline a path to develop complementary metrics that more fully recognize what matters to people, the planet and our future.**

“..... I present three proposals to help develop a universal and comprehensive measurement of progress and sustainable development to complement GDP.

- A) A renewed political commitment from UN member countries to create a conceptual framework that can accurately “value what counts” for people, the planet and the future, anchored in the 2030 Agenda.**
- B) The elaboration of a robust technical and scientific process, informed by sound and disaggregated data, resulting in a UN value dashboard featuring a limited number of key indicators that go beyond GDP.**
- C) A major capacity-building and resourcing initiative to enable countries to use the new framework effectively.”**

World Bank (blog) - The prosperity gap: A proposed new indicator to monitor shared prosperity

A Kraaj et al ; https://blogs.worldbank.org/developmenttalk/prosperity-gap-proposed-new-indicator-monitor-shared-prosperity?CID=WBW_AL_BlogNotification_EN_EXT?cid=SHR_BlogSiteShare_EN_EXT

“Since 2013, the World Bank has enshrined promoting shared prosperity as one of its twin goals, alongside the elimination of extreme poverty. The shared prosperity goal “...seeks to increase sensitivity to distributional issues, shifting the common understanding of development progress away from average per capita income and emphasizing that good growth should benefit the least well-off in society.” (World Bank (2015), p.10). The World Bank tracks shared prosperity by monitoring growth in average incomes in the bottom 40 percent of the income distribution in all countries. This measure has a certain intuitive appeal. But it also has three significant shortcomings:.... “

“... Can we have a measure of shared prosperity that unambiguously rewards growth among the poorest? That makes sense both at the country level and at the global level? That is as easy to understand and to explain as growth in the bottom 40 percent? In a new paper (Kraay et al. (2023)), we propose such a measure: the global prosperity gap. It measures the global average shortfall in income from a standard of prosperity set at \$25 per day (adjusted for differences in purchasing power parity across countries). It is defined as the average factor by which incomes need to be multiplied to bring everyone in the world to the prosperity standard.”

See also WB (blog) - [Can we have a welfare index that is easy to understand but also distribution sensitive?](#)

Devex - Japanese aid: A primer

<https://www.devex.com/news/japanese-aid-a-primer-105520>

(gated) *“Japan spent \$17.6 billion in official development assistance in 2021. We looked into how the money was distributed.”*

Reuters - World's first vaccine against deadly swine fever nears approval in Vietnam

[Reuters](#);

“Vaccines against African swine fever being tested in Vietnam are close to approval, global and U.S. veterinary officials said, in what would be a major breakthrough to tackle the deadly animal disease that regularly ravages pig farms worldwide. African swine fever has for years disrupted the \$250 billion global pork market. In the worst outbreak in 2018-19, about half the domestic pig population died in China, the world's biggest producer, causing losses estimated at over \$100 billion....”

“... After decades of failed attempts due to the complexity of the virus, two vaccines co-developed by U.S. scientists being tested in large pilot schemes by Vietnamese companies are showing "very promising" results, Gregorio Torres, head of the science department at the World Organisation for

Animal Health (WOAH), told Reuters in a telephone interview. Both vaccines have received approval in Vietnam for pilot commercial use, now completed. The next step will be nationwide authorisation, the first ever for an African swine fever vaccine, and possible sales overseas.....”

Guardian - New World Bank business ratings will examine countries' worker rights

https://www.theguardian.com/business/2023/jun/07/new-world-bank-business-ratings?CMP=Share_iOSApp_Other

“Business Ready pilot edition to debut in 2024, replacing Doing Business ratings that were found to be influenced by political pressure.”

“... Set to debut in the spring of 2024, Business Ready’s pilot edition aims to cover an initial group of 54 economies in Asia, Latin America, Europe, the Middle East and sub-Saharan Africa, according to the bank. The bank plans to add more countries as it refines its methodologies, which for the first time call for examining a country’s records pertaining to workers’ rights, as defined by the International Labor Organization. Assessments of women’s and gender rights as well as examinations of culture in general are also being implemented as the World Bank eventually hopes to be able to rank economies on the local and regional level, said Kasey Henderson, whose Washington DC-based Global Situation Room firm is working with the bank on Business Ready’s messaging....”

“... Whatever the case, the World Bank anticipated that other areas assessed by Business Ready would include worker safety, environmental sustainability and market competition, rather than just viewing everything from what Norman Loayza – the director of the bank’s Indicators Group – called “the perspective of the private entrepreneur”.....”

- Related tweet C Kenny:

“Huh. A Guardian article on the new Doing Business report largely quoting at length the PR firm the World Bank hired to market the rankings. In case you were worried, apparently they will be widely used, rapidly become a benchmark and be a force for good.”

Papers & reports

Health Promotion International - Addressing the digital determinants of health: health promotion must lead the charge

I Kickbusch et al; <https://academic.oup.com/heapro/article/38/3/daad059/7188360?login=false>

On Health Promotion needing to adapt to the digital world of health; digital determinants being major drivers of health inequity; digital transformation as both a tool and hurdle for health promotion; and **five ways in which health promotion can shape better health futures.**

“... The Geneva Charter calls for coordinated action to address the digital determinants of health. For guidance on what these actions should be, policymakers and other stakeholders need look no

further than the five action areas of the Ottawa Charter and the recommendations of the Lancet and Financial Times Commission on Governing Health Futures 2030 (GHFutures2030). Together, these two documents provide a roadmap for the shifts required in our management of health promotion in the digital age.....”

IJHPM - A Social, Not a Natural Science: Engaging With Broader Fields in Health Policy Analysis; Comment on “Modelling the Health Policy Process: One Size Fits All or Horses for Courses?”

J Parkhurst; https://www.ijhpm.com/article_4459.html

*“Powell and Manninon’s recent editorial discusses how different ‘models’ of the policy process have been applied within the health policy field. **They present two ways forward for scholarship:** more ‘home grown’ development of health-specific models, or **deeper engagement with broader public policy scholarship. In this paper I argue for the latter approach for several reasons. First, health policy analysis is a social, not a natural science – and as such is not exceptional to other forms of policy scholarship. Second, many ‘health policy models’ are often grounded in conceptual work from elsewhere (or may not be health specific). Finally, there has been significant work to develop more nuanced understandings of theories, models, and frameworks available to particular analytical tasks and questions. As such, the growing body of global health policy scholarship may find it can benefit more from deeper engagement with existing conceptual work than constructing its own new models in most cases.”***

- Related: IJHPM – [Is It Time to Explore the Health Policy Process Within Governance and Health Systems Frameworks?; Comment on “Modelling the Health Policy Process: One Size Fits All or Horses for Courses?”](#)

(by Stephen Peckham)

IJHPM - International Journal of Health Policy and Management (IJHPM): A Decade of Advancing Knowledge and Influencing Global Health Policy (2013-2023)

M Moradzadeh et al;

https://www.ijhpm.com/article_4453_0f316304b033badb6d4e21eed9d177b1.pdf

*“...This editorial aimed to provide an assessment of the progress and evolution of the IJHPM over the past decade. Despite being a relatively new journal in the health policy and management field based in a resource-limited LMIC, the IJHPM has demonstrated remarkable growth in both quality and quantity measures. With its emphasis on timely high-quality publication and a commitment to fostering scholarly discourse, **the IJHPM has become one of the leading and reputable journals for researchers in the health policy and management field....”***

Lancet Comment - WASH and health: from global estimates to whys and hows

L Heller et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00765-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00765-1/fulltext)

Comment linked to a **new study in the Lancet**: [Burden of disease attributable to unsafe drinking water, sanitation, and hygiene in domestic settings: a global analysis for selected adverse health outcomes](#)

“New, relevant studies have been published, improving our understanding of the extent to which different interventions in water, sanitation, and hygiene (WASH) can reduce childhood diarrhoea and the burden of a series of health outcomes. Jennyfer Wolf and colleagues estimated the WASH-attributable burden of diarrhoea, acute respiratory infections, undernutrition, and soil-transmitted helminthiasis. In contrast to previous estimates, based on other criteria, the authors used SDG indicators for WASH services as counterfactual minimum risk exposure levels. “

“... According to their estimates, the WASH-attributable disease burden combined across the four outcomes amounts to 1.4 million deaths and 74 million disability-adjusted life-years (DALYs). A substantial proportion of overall deaths and DALYs was attributable to inadequate WASH: 2.5% of all deaths and 2.9% of all DALYs in the total population and 7.6% of all deaths and 7.5% of all DALYs in children under 5 years. 69% of diarrhoea, 14% of acute respiratory infections, 10% of undernutrition, and the entire burden of soil-transmitted helminthiasis could have been prevented with safe WASH in 2019....”

“The study confirms considerable differences in the WASH-attributable burden of disease between countries: 270 000 deaths in low-income countries, 975 000 deaths in lower-middle-income countries, and 112 000 deaths in upper-middle-income countries, compared with 44 000 deaths in high-income countries. Substantial variations were found in the WASH-attributable fraction of the different diseases. The authors argued that the estimates are lower than those from the Global Burden of Disease (GBD) Study 2019 and that these differences most likely arise from more up-to-date epidemiological evidence and the different counterfactual exposure levels, which reflect the internationally agreed SDG standard, more attainable than a theoretical zero-risk scenario....”

Health Research Policy & Systems - Embedding rapid reviews in health policy and systems decision-making: Impacts and lessons learned from four low- and middle-income countries

R C Robson et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-023-00992-w>

“Demand for rapid evidence-based syntheses to inform health policy and systems decision-making has increased worldwide, including in low- and middle-income countries (LMICs). To promote use of rapid syntheses in LMICs, the WHO’s Alliance for Health Policy and Systems Research (AHPSR) created the Embedding Rapid Reviews in Health Systems Decision-Making (ERA) Initiative. Following a call for proposals, four LMICs were selected (Georgia, India, Malaysia and Zimbabwe) and supported for 1 year to embed rapid response platforms within a public institution with a health policy or systems decision-making mandate.....”

Health Equity - Global Health Equity Requires Global Equity

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10029999/>

By N Maani, S Galea et al.

Global Public Health -How resilience affected public health research during COVID-19 and why we should abandon it

F Chabrol et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2023.2212750>

« ...In this commentary, we add to the existing critiques of resilience in the social sciences by reflecting on the effects of resilience when used to frame empirical inquiries and to draw lessons from the crisis. Resilience as a concept is unable to address crucial structural issues that health systems already faced throughout the world, and it remains a non-neutral political notion. We argue that we need to resist a generalised view of resilience and work with alternative imaginaries.”

Global Public Health - Structural competency, Latin American social medicine, and collective health: Exploring shared lessons through the work of Jaime Breilh

<https://www.tandfonline.com/doi/full/10.1080/17441692.2023.2220023>

By M Harvey et al.

“**Structural competency** is a recent framework for understanding and addressing the structural drivers of disease. **Latin American Social Medicine and Collective Health** is a decades-long movement similarly concerned with the study and transformation of social structures to achieve health equity. **In this paper, we put insights from Latin American Social Medicine and Collective Health into conversation with the developing structural competency framework.** We focus specifically on insights from Jaime Breilh’s new article summarising his theoretical work on medical ethics and rights in this special issue and his new book, *Critical Epidemiology and the People’s Health.....*”

Blogs & op-eds

IHP - Care is the beating heart of an economy moving Beyond Growth

R van de Pas; <https://www.internationalhealthpolicies.org/featured-article/care-is-the-beating-heart-of-an-economy-moving-beyond-growth/>

Blog written after the Beyond Growth conference from a few weeks ago in Brussels, reflecting on what it should imply for global health.

“.... In addition to (merely) focusing on the intermediate and proximate individual, medical and ecological risk factors of health, planetary health actors should also engage with actions targeting the [structural](#), [commercial](#) and [political determinants](#) of ill health, disease and inequity. This is where interdisciplinary and intersectoral cooperation with the ‘beyond growth’ economics community makes much sense. **The health community could [collaborate on the four policy principles of biocapacity, fiscal fairness, wellbeing for all, and citizen assemblies and make them relevant and \(try to\) apply them on the health sector itself.](#)** So far, the planetary health community has mainly focused on ecologically targeted actions such as [One Health approaches](#) and [sustainable health care](#). There is however a need to urgently engage with [broader, more politically oriented initiatives](#), involving also the 3 other post-growth policy domains.....”

Speaking of Medicine (blog) - Transforming health systems: Equipping primary care to manage the health of Singaporeans

<https://speakingofmedicine.plos.org/2023/06/05/transforming-health-systems-equipping-primary-care-to-manage-the-health-of-singaporeans/>

By guest contributors **Chuan De Foo and Hui Xiang Chia.**

“Singapore has achieved one of the highest life expectancies in the world with a low government health expenditure of just 3.2% of GDP, demonstrating its ability to deliver good health outcomes cost-effectively. However, as the country is rapidly ageing, healthcare needs are rising in tandem, driving healthcare expenditure to triple from 2010 to 2019. To address this challenge, the Ministry of Health unveiled the national vision for the healthcare system in 2017, termed the 3 Beyonds – beyond healthcare to health, beyond hospital to community, and beyond quality to value. In 2022, this paved the way for Healthier SG, a major reform to manage the health of the population through preventive and holistic care approaches.....”

“Healthier SG presents a window to leverage on synergies between primary care and population health management. Population health principles should be actively incorporated in the strategy, policies, and implementation of health systems. Below we discuss how population health has been and will be incorporated into Singapore’s primary care transformation.”

BMJ GH (blog) - Preventing femicides in Latin America: a biosocial approach

D d del Valle et al ; <https://blogs.bmj.com/bmjgh/2023/06/02/preventing-femicides-in-latin-america-a-biosocial-approach/>

“Gender-based violence (GBV) is a pervasive [violation of women’s rights](#) that predominantly occurs [at the hands of men](#) and represents a growing public health crisis. While intimate partner violence and sexual coercion are prevalent types of GBV, [femicide](#) is by far the most severe. Latin America (LATAM) has gained the unfortunate distinction of being the deadliest region for women, hosting [eight of the top ten countries](#) with the highest femicide rates in the world. **This piece examines femicide in LATAM through a biosocial lens with the aim to explore potential root causes and highlight areas of opportunity to prevent femicides and GBV for the women in this region.....”**

Katri Bertram - Communication – empty shells don’t make pearls

<https://katribertram.wordpress.com/2023/06/05/communication-empty-shells-dont-make-pearls/>

“What twenty years of global health communication, advocacy, fundraising and strategy development have taught me.”

Tweets of the week

Ilona Kickbusch

*“As we consider the many determinants of health let’s keep the #publichealth dictum in mind that shows the enormous impact of small changes in LARGE POPULATIONS and **let’s be very strategic about our focus and campaigns especially commercial determinants of health** #DDoH.”*

Dimitri Eynikel

“The @EU_Commission asked members of @Europarl_EN to sign a non-disclosure agreement over a meeting with them over @pfizer vaccine contract. Concerning development and bad precedent that EC is applying industry tactics to shut transparency.”

Felix Litschauer

“Adopting a Drowning Resolution at #WHA without even mentioning one of the most common reasons: deadly migration routes across water. That's how political selective perception works. @PHMglobal <https://who.int/news/item/29-05-2023-76th-world-health-assembly-adopts-first-ever-resolution-on-drowning-prevention#:~:text=Today%20the%2076%20th%20World%20Health%20Assembly%20adopted,to%20accelerate%20action%20on%20drowning%20prevention%20through%202029....>”