

IHP news 741 : Gearing up for a big week

(15 September 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,

*With **three (!) UN High-Level meetings on health** coming up next week, and having dedicated some bedtime reading over the past week to the [final drafts](#) of respective **political declarations** – it **remains to be seen** if Member States will agree to them – I thought it'd be nice to awaken my (usually dormant) '**inner global health diplomat**', with some final suggestions for the people in New York next week. So here we go.*

We welcome the [G20 New Delhi Leaders' Declaration](#) and the little progress made over there to deal with the many wicked challenges of the 21st century. **We certainly acknowledge** that it was a major PR victory for Mr Modi and his BJP gang_ (*and we loved the cotton scarfs and photo-ops with thuggish leaders!*).

We urge everybody in New York to read carefully the G20 leaders' trademark lofty commitments to "build more resilient, equitable, sustainable and inclusive health systems to achieve UHC." **We can't wait** till they also cough up the resources for them.

We also reaffirm "the fundamental role of equitable, people-centered and community-based primary health care in preventing, preparing for, and responding to pandemics, with the goal of achieving UHC and other SDG (health) targets, as envisioned in the Alma-Ata and Astana Declarations."

We express concern however that the **Gates Foundation** still seems to insist on (mainly) low-cost interventions, for example in its latest "Imagine a World" [Goalkeepers](#) report - even if **we acknowledge** [SDG 3.1](#) requires far more attention.

We express deep concern that even as the world is heading for a steep cliff, Global Health (power) still doesn't seem ready to "Imagine a World Beyond Bill". (*now going for a slightly less diplomatic remark 😏 :)* **We're basically sick and tired** that "Goalkeepers" with ultra-deep pockets continue to dominate much of the global health agenda and [discourse](#). **We do acknowledge**, however, that money still rules the world – as Saudi oil is also showcasing in Global Football these days – and that meaningful involvement of civil society in global health governance tends to remain rhetoric of the sort that would make Emmanuel Macron, Barack Obama and Ursula von der Leyen proud.

We are, however, **encouraged** that at last the UN [put it bluntly](#): "Phase out fossil fuels NOW or face disaster".

Not finding planetary disaster all too enticing, **we therefore call for** heeding the horrible planetary lessons from 2023, and the fact that we already [crossed six planetary boundaries](#) (*and counting*), and **commit to** doing everything we can to help facilitate a “**social tipping point**” sooner rather than later to at last “**accelerate**” towards a fairer world in which we all learn to live within planetary boundaries, and perhaps – who knows – claw our way back to a [safe operating space for humanity](#).

We do acknowledge, however, that sadly, we ourselves are not made up of steely ‘Greta material’. Neither are most of you, we suspect.

Not being part of the ‘Group of Friends of the Private sector’ nor of the ‘Friends of Innovation, Public-Private Partnerships and Blended Finance’, we certainly have no intention to **unleash the full potential** of the private sector to get to that more harmonious future world.

Finally, while **we acknowledge**, in line with the [SDG political declaration](#), that the **SDG agenda is in peril** halfway the trajectory, we do not think that “accelerating/supercharging the SDGs” is the (only) [way to go](#) as things stand.

And so **we commit to** help **scale up, mainstream** & otherwise **catalyze** [alternative economic paradigms](#) and [transformative SDG “resets”](#) (while fully realizing that in the end, Homo “Overshoot” Sapiens will probably still end up going for [geoengineering](#), probably egged on by a dumb billionaire or two who aim to ‘Save the Planet’, and crash off the cliff)

Enjoy your reading.

Kristof Decoster

Featured Articles

Embodiment of caste: Decoding the underlying mechanisms of health inequity in India

Malu Mohan (Consultant with National Institute of Epidemiology, Chennai, India) & Sapna Mishra (independent public health researcher, India)

Health inequities are significantly driven by social processes such as stigma, prejudice, discrimination, social exclusion, and marginalization. Yet, until the first half of the 20th century, these processes were rarely considered while explaining differences in health outcomes. The second half of the twentieth century saw the [emergence](#) of an understanding of social determinants of health. Many studies have established that marginalized groups experienced worse health outcomes. But how exactly social determinants translate into biological vulnerability and poor health needs deeper elucidation. To explain this, we need to answer another question: “Who and what drives the current and changing patterns of social inequalities in health?”. We attempt to use this question in decoding health inequities among three diverse marginalized groups in India by drawing upon eco-social theory as laid out in a [seminal paper](#) by Nancy Krieger.

Embodiment, caste and health

The prevalent theories of the 20th century, such as [the psychosocial theory or the political economy of health](#) perspective, acknowledge the role of social factors in producing disproportionate health outcomes in certain social groups. They fail, however, to chart the exact causal connections between the larger socio-political and economic phenomena and the biological mechanisms producing health inequalities. In 2001, Nancy Krieger proposed a way out in her seminal work on [Eco-social theory and embodiment](#) (PS: she coined the term 'ecosocial theory' in 1994).

In the words of Krieger, [Embodiment](#) is “a concept referring to how we literally incorporate, biologically, the material and social world in which we live, from conception to death; a corollary is that no aspect of our biology can be understood absent knowledge of history and individual and societal ways of living”. This concept has been extensively used to explain how [racism produces ill health](#) among African Americans, Hispanics, and others.

In India, caste is one of the longest-surviving social hierarchies deeply embedded in unequal power relations. Although the extant [literature](#) highlights caste as a correlate of health outcomes, the underlying mechanisms through which casteism produces health inequities are yet to be decoded. We both work in the area of occupational health and have used three diverse experiences of specific marginalized groups to demonstrate how multiple disadvantages, including caste, class, and gender, often intersect to create context-specific *pathways of embodiment*.

The case of Dalit women agricultural workers

The reports from [Jagrutha Mahila Sanghatane \(JMS\)](#), a Dalit women agricultural labourers collective working in the drought-prone district of Raichur, Karnataka, give us an insight into the triple sources of disadvantages faced by Dalit women agricultural labourers - as Dalits, women, and agricultural labourers. (*Dalit (meaning oppressed/broken) is a terminology used to refer to the lowest stratum of people in the Hindu social order*)

High levels of undernutrition and nutritional disorders like anaemia are prevalent in this group. The hard physical labour contributing to musculoskeletal disorders and the direct, prolonged exposure to the hot sun leading to dermatological conditions, dehydration and even heat stroke are some of the direct manifestations. Reproductive health concerns, like infections, often have fatal consequences due to a lack of regular health care.

The community has a long history of suffering caste-based oppression. The experience, memory or anticipation of indignity, oppression, and trauma within the centuries-long oppressive structure can constantly evoke fear, anxiety, insecurity, and anger. These emotions trigger the endocrine pathways of “fight or flight”. Chronic triggering of this pathway and the constant psychological stress associated with poverty are known to increase the [allostatic load](#) (i.e. cumulative burden of chronic stress and life events) and, consequently, the risk of non-communicable diseases.

Dalit manual scavengers

The [precarious nature of manual scavenging](#) exposes workers to hazardous circumstances and enhances their risk for injuries, dermatological problems, musculoskeletal disorders, and infections, as documented in the literature. Many resort to alcohol and other harmful exposures to cope with the distressing nature of the work. Economic and material deprivation and occupational segregation restricting access to education, information and health care is another critical pathway to ill health. They hardly seek health care since this requires taking time off, which could lead to loss of work.

The vulnerability of this occupational group, who are again mostly Dalits, is based on a specific dilemma. If they seek social dignity and leave this traditional caste-assigned occupation, they must subject themselves to economic insecurities and deprivation by joining the wider proletariat. If they continue the occupation for economic security, they will have to accept a very low social status as their everyday reality. Hence, a critical pathway of embodiment in this group would be the chronic biological response to the trauma involved in the daily struggle of making a living, whether they go for the first or second option.

Dalit women cashew processing workers from Kerala

Musculoskeletal pain, Genito-urinary and reproductive infections, and hypertension/diabetes have been reported among the [women workers from the cashew processing units in Kerala](#). These could be potentially linked to gender and caste-based job segregation, gender disparity in wages (since the beginning, Dalit women have been largely relegated to the physically gruelling and monotonous task of shelling cashew nuts), deplorable living and working conditions, including long working hours without breaks, lack of clean and functioning toilets, poor access to a healthy diet, and psychological stress of intergenerational deprivation.

These stories, though limited, reflect the role of caste in producing part of the health inequities in our country. However, the pathways through which caste, independently and together with other potential factors, create and amplify health inequities need to be interrogated. An eco-social approach provides the appropriate platform to dig deep into these pathways and present compelling research evidence to prompt greater action. Such evidence delineating the specific causal pathways between caste and ill health also places the onus of *accountability and agency* on the larger socio-political structures to institute corrective measures instead of engaging in victim-blaming.

The authors would like to acknowledge Dr. TK Sundari Ravindran, Visiting fellow, United Nations University, and Professor Rakhil Gaitonde, Sree Chitra Tirunal Institute for Medical Sciences and Technology, for their valuable inputs.

People, planet, care: A personal reflection on the Zagreb Degrowth week

Remco van de Pas (senior research associate at the Centre for Planetary Health Policy in Berlin and a lecturer in Global Health at the Institute of Tropical Medicine, Antwerp)

I've just been to a place that not only dealt with a war in the nineties, but in more recent times also with an [earthquake](#), [flooding](#) (in 2020 and again in [2023](#)), a [summer storm](#) that damaged 10.000 trees, a heatwave, the Covid-19 pandemic, as well as economic instability and inflation. The country also introduced the Euro this year – another expansion of the liberalised Eurozone. In recent years

German supermarkets and drugstores have invaded the market here. The municipal government of the semi-peripheral [capital of Croatia, Zagreb](#) (where I just returned from), was close to bankruptcy last year. There's however also another side to the story, on which I will elaborate in this blog.....

To continue reading, see IHP - [People, planet, care: A personal reflection on the Zagreb Degrowth week](#)

Highlights of the week

Read of the week

Nature Comment - The Sustainable Development Goals should be reset to prioritize poverty, health and climate

I Kickbusch & A Alakija; <https://www.nature.com/articles/s41591-023-02546-7>

Very cool article – though I'm afraid it comes too late to ward off the vicious cycle the world already finds itself in.

“The UN SDGs will only improve human health if they are accompanied by systemic change that addresses global power imbalances.”

“....The most recent [Human Development Report](#) suggests that the world has changed too much to continue with the SDGs as they are. It proposes that the world is caught in a new ‘uncertainty complex’ with “acute crises giving way to chronic, layered, interacting uncertainties at a global scale, painting a picture of uncertain times and unsettled lives”. The report describes the world as being caught in three volatile crosscurrents: the dangerous planetary changes of the Anthropocene, including climate change; the pursuit of sweeping societal transformations on par with the Industrial Revolution; and the vagaries and vacillations of polarized societies. COVID-19 has shown the extent to which health has become an integral dimension, and sometimes driver, of this uncertainty complex, becoming highly politicized in the process. This health uncertainty demands new approaches, but the political system does not seem to be ready for them.....”

Four issues that have troubled the SDGs need to be addressed. **Promote the wellbeing economy; recognize power inequalities; prioritize planetary health; reform global financing;**. The last bit dwells on the **‘political fragmentation’** we witness now.

G20 Leaders' summit (Delhi)

We start with **some analysis and reactions on the global health related paragraphs**, then offer **more general analysis** of the joint Leaders declaration.

For the Full text of the **G20 Leaders' declaration**: [One Earth - One Family - One future](#)

Some analysis & reactions on the global health related sections

Check out the paragraphs ‘**Strengthening Global Health and Implementing One Health Approach**’ (28) and ‘**Financing-Health collaboration**’ (29). Good to read these two paragraphs [in full](#).

Global Health Now - A Blueprint for Inclusive Health Architecture: Insights from India's G20

Mansukh Maviya (*India's Union Health and Family Welfare Minister.*) [Global Health Now](#);

The **official Indian stance** re the G20's global health track record.

“G20 ministers, policymakers, and multilateral bodies have steadfastly backed the health agenda proposed under India’s G20 presidency led by India’s Prime Minister Narendra Modi, emphasizing innovation and universal health service accessibility and affordability. This process has fostered a consensus that global collaborative efforts are essential for preventing, preparing, and responding to health crises. **Key global health actions** encompass forging consensus on a global digital health initiative to unite digital health endeavors worldwide, an equitable medical countermeasure platform, traditional medicine’s wisdom for future health, and climate and health priorities....”

Times of India: G20 leaders stress on achieving UHC, enhancing pandemic preparedness

[Times of India](#)

This article summarizes neatly what the Declaration entails, with respect to global health.

G20 finance-health task force advances global health financing strategies

<https://ehealth.eletsonline.com/2023/09/g20-finance-health-task-force-advances-global-health-financing-strategies/>

“Under India’s leadership in the G20, significant progress is being made in the realm of health financing through the G20 Joint Finance-Health Task Force (JFHTF). ...”

“...**Looking ahead, the task force is likely to** develop an operational playbook to ensure swift and adequate pandemic response financing, create a pandemic stress test, and strengthen its supportive role to the World Health Organization (WHO) in the global health architecture, all while considering country-specific circumstances. **Key achievements under the Indian Presidency** include the Framework for Economic Vulnerabilities and Risks (FEVR) and a report on mapping pandemic response financing options and identifying gaps.”...

TGH - The G20 Summit Showcased India’s Ambitions in a Geopolitical World

D Fidler; <https://www.thinkglobalhealth.org/article/g20-summit-showcased-indias-ambitions-geopolitical-world>

Analysis. **“The New Delhi declaration positioned global health within a nonaligned development strategy.”**

“...the declaration reflects India’s attempt to elevate itself as a global, nonaligned power that champions a development agenda for low- and middle-income countries (LMICs). ...As past G20 summits have, the New Delhi gathering included global health in its declaration. Read against India’s interests, global health issues fold into its objectives of nonalignment and development. ...”

“...Viewed with India’s nonalignment strategy in mind, the declaration contains a wide-ranging [development agenda](#) that seeks to increase economic growth for, resource transfers to, and global governance involvement of LMICs in the [Global South](#). ...The New Delhi declaration embedded health issues within its development strategy. “

“...The familiarity of the health portions of the New Delhi declaration suggested that G20 members were not focused on transformative actions. The more interesting questions arise from how the priority given to development—informed by India’s nonalignment strategy—could affect global health diplomacy. ...India’s nonalignment push also signals that high-income democracies will need to increase their development assistance substantially, especially on climate change, to retain credibility with India and the Global South.”

PS: **“... Any demise of the G20 would undermine the group’s ability to address global health issues. That scenario highlights the extent to which the future of global health is caught between great-power competition and momentum for nonalignment in the Global South. If the scenario comes to pass, it would not be a death knell for global health diplomacy. It would, however, signal that such diplomacy will look quite different from the period in which Western democracies dominated global health. “**

Do check out some more reactions from global health stakeholders & observers (on X/Twitter) :

- **Tedros: “We welcome the @g20org Leaders’ comprehensive commitment to health in the New Delhi Declaration, including to [strengthen @WHO](#). We will continue to work closely with #G20 countries towards a healthier, safer, fairer future for all. “**

PS: **“In his remarks delivered at the G20 Summit, Dr Tedros forwarded his gratitude to the G20 leaders for establishing the G20 Joint Finance-Health Task Force and the Pandemic Fund, and urged them to accelerate efforts towards UHC, support a strong pandemic accord, and forge a new global economy that preserves and promotes links between the health of people and planet.”**

- **Peter Singer: thread:**

#G20 leaders declaration rightly puts emphasis on accelerating progress on #SDGs. Includes many of the methods to do so such as digital & data; sustainable finance & impact investing; and partnerships. ... “Here is the core global health section in #G20 leaders declaration. **There’s a lot going on here in terms of content. In terms of methods of accelerating SDGs (and making this sustainable), I particularly like the mention of local & regional R&D and manufacturing capacities.”**

“#G20 leaders declaration: **good to see this focus on finance-health collaboration**. Will be important to balance finance for pandemic preparedness & response with innovative approaches to #SDG finance as we see in other parts of the declaration. 3/n”

- **Maria Neira (WHO):**

“**Included at the G20! “Enhance the resilience of health systems and support development of climate- resilient and low-carbon health systems** in collaboration with MDBs, and support the work of the WHO-led Alliance for Transformative Action on Climate and Health (ATACH)”. “

- **Katri Bertram**

“**Recommend you read the #G20 Leaders' Declaration section not for what's INCLUDED, but what is explicitly EXCLUDED - in terms of issues, population groups, rights (!), processes, and initiatives/funds.** “

General analysis

Guardian - G20 leaders agree joint declaration after deal on Ukraine statement

<https://www.theguardian.com/world/2023/sep/09/g20-leaders-agree-joint-declaration-after-deal-on-ukraine-statement>

“*Indian official says there was ‘100% consensus from all countries’ on all 83 paragraphs in declaration.*” **Including on the Ukraine related paragraphs (8 and following).**

“**...Among the other issues** addressed in the joint statement were **agreements around climate financing, global debt, reform of institutions like the World Bank and a new “green development pact” among member states**. The declaration also ratified the African Union officially joining G20, after India extended an invite to the group during its presidency.”

“**Kant said the declaration was the “most ambitious document on climate action” so far**, with commitments to triple renewable energy capacity globally by 2030 and a statement that developing countries will need \$5.9tn (£4.7bn) in funding to achieve their climate targets. **However, there was no new language on the G20’s efforts to move away from fossil fuels**, with the member states – which are home to 93% of the world’s operating coal power plants – **committing only to a “phase down” of coal....”**

- See also UN News – [UN welcomes G20 leaders’ declaration in New Delhi](#)

“**The UN welcomed the adoption on Saturday of the G20 New Delhi Leaders’ Declaration**, describing it as an example of effective leadership at a time of great divisions in the world.”

“**Stéphane Dujarric, the spokesperson for UN Secretary-General António Guterres, said the UN particularly welcomed the declaration’s language about accelerating progress towards the Sustainable Development Goals (SDGs)....”**

Guardian (Analysis) - Watered-down G20 statement on Ukraine is sign of India's growing influence

P Wintour (diplomatic editor); <https://www.theguardian.com/world/2023/sep/10/watered-down-g20-statement-on-ukraine-is-sign-of-indias-growing-influence>

We quite enjoyed this insightful analysis by Patrick Wintour. **“Joe Biden’s need to nurture alliances to contain China sees Ukraine perceptibly slipping down list of priorities.”**

Chatham House (Expert Comment) - The G20 lives on, but mistrust between the West and China hampers progress

C Butler; <https://www.chathamhouse.org/2023/09/g20-lives-mistrust-between-west-and-china-hampers-progress>

“The leaders’ declaration ensures the G20 will survive, but members have to take more risk in trusting each other to deliver what is urgently required.”

“The agreement on a [leaders’ declaration](#) at New Delhi’s G20 summit was critical. It keeps the group alive as a vehicle for the US, its allies and the major emerging economies – particularly China – to work together on addressing escalating economic and social challenges. But the G20 still failed to take the kind of urgent, ambitious action required, in large part due to a continuing lack of trust between the US and China.”

“...compared with the scale of the challenges the world now faces – particularly on climate change and the related threat of food insecurity, but also on debt distress and future threats to global health – the outcome was disappointing. “

Devex – G20 endorses multilateral development bank reform — but will it be enough?

<https://www.devex.com/news/g20-endorses-multilateral-development-bank-reform-but-will-it-be-enough-106183>

“Leaders of the world’s 20 largest economies backed a joint agreement calling for “better, bigger and more effective” multilateral development banks, or MDBs, at the G20 summit in New Delhi, India, last weekend, endorsing a road map on reforms which they say could free up an extra \$200 billion in lending to help tackle growing global challenges such as climate change. The declaration stopped short of offering any firm financial commitments, however, which experts say are needed alongside reforms. The fear is that without a fresh injection of cash from donors, funding gaps will force a trade-off between action on climate change and poverty alleviation in the lowest-income countries.”

PS: “...Implementation of these measures “will potentially yield additional headroom of approximately \$200 billion over the next decade,” said India’s Finance Minister Nirmala Sitharaman at a press briefing on Saturday. However, **this figure falls far short of the additional \$3 trillion per year in capital that the expert group’s report estimated will be required by 2030**, if the goals of an expanded mandate are to be met. The report warned that without a commensurate increase in

donor capital, reforms alone would be insufficient to address the unprecedented funding demands of the 21st century....”

CGD (blog) -The G20 and the MDBs: Diss and Dissonance

K Mathiasen; <https://www.cgdev.org/blog/g20-and-mdbs-diss-and-dissonance>

“This year’s G20 was notable for its emphasis on multilateral development bank (MDB) reform, with US National Security Advisor Jake Sullivan [conveying](#) in advance that the President would focus “a lot of his energy... on the modernization of the multilateral development banks, including the World Bank and the IMF.””

Mathiasen’s assessment: “... It is standard fare for the G20 to issue lofty statements without any real muscle behind them, but the discordance in this year’s declaration is especially grating because explicitly and implicitly, the G20 have heaped exceptionally large burdens on the MDBs all in the context of what the leaders acknowledge are cascading crises and heavy debt loads. Among the sweeping goals embedded in the declaration are: eliminating hunger and malnutrition, strengthening health systems, delivering quality education, advancing gender equality, addressing climate change, narrowing skills gaps, protecting biodiversity, mobilizing private investment, and supporting digital transformation.... Most of these development challenges are especially intractable in the Global South, and for many of them the road from ambition to delivery runs right through the MDBs. **But the MDBs cannot deliver on new mandates—much less their current ones—through balance sheet optimization and internal reforms alone. Without new resources they are just being set up to fail.** Appetite without sustenance is a lose-lose proposition, and the commitment to “explore options” for boosting MDB capacity is pretty thin gruel.”

Reuters – G20 admits African Union as permanent member at New Delhi summit

[Reuters](#):

“The African Union was made a permanent member of the G20, comprising the world's richest and most powerful countries, Indian Prime Minister Narendra Modi said at the bloc's summit in New Delhi on Saturday. The African Union, a continental body of 55 member states, now has the same status as the European Union - the only regional bloc with a full membership. **Its previous designation was "invited international organisation"**. Modi, in his opening remarks at the summit, invited the AU, represented by Chairperson Azali Assoumani, to take a seat at the table of G20 leaders as a permanent member.....”

PS: “... The document showed that the group agreed to address debt vulnerabilities in low and middle-income countries "in an effective, comprehensive and systematic manner", but did not make any fresh action plan. The draft also shows countries pledged to strengthen and reform multilateral development banks, while it accepted the proposal for tighter regulations of cryptocurrencies. It also agreed that the world needs a total of \$4 trillion low-cost financing annually for energy transition....”

“... The Declaration did not talk about a fossil fuel phase-down.”

- And via Devex’s final take: [Not just better, but bigger](#)

“Bucking widespread skepticism, leaders of the Group of 20 major economies converging in New Delhi, India, managed to produce a joint [declaration](#)... Diplomatic kerfuffle aside, **the two-day summit this past weekend wrapped up with some big deliverables, notably India’s invitation for the 55-member African Union to join the G20, significantly expanding the global south’s representation in the club of leading economies.** Meanwhile, an [ambitious deal](#) to build a rail and shipping corridor linking India with the Middle East and Europe was seen as a pointed response to China’s Belt and Road-driven infrastructure spending spree.”

PS: “While it may not have garnered as many headlines, **World Bank President Ajay Banga made some ambitious declarations of his own, vowing** that: “**After we deliver a better bank, we will need a bigger Bank.**” That comes on the heels of U.S. President Joe Biden’s [pledge](#) to show low- and middle-income countries that the U.S. is a better alternative to China — a pledge underpinned by increasing the lending firepower of the World Bank and International Monetary Fund. “President Biden has been committed to fundamentally reshaping and scaling up the World Bank to more effectively deliver both poverty reduction and inclusive economic growth, while also addressing global challenges from climate to migration and to the recovery from COVID-19,” U.S. National Security Advisor Jake Sullivan [told reporters](#) heading into the G20. In August, the administration [asked](#) the Congress for \$3.3 billion in additional funding for the bank, which it said it could leverage to provide “over \$27 billion in U.S.-backed financing and grants for developing countries,” **with the potential to [grow that](#) to more than \$100 billion if other countries chip in. ...**”

ORF - Accelerating Global Health: Pathways to Health Equity for the G20

N M Khenka & S Reddy; [ORF](#)

Compendium on the state of public health in G20 nations. “... In this spirit of global solidarity and health equity, **this compendium offers itself as a platform for debate around key issues in public health.** ... The curated essays in the volume discuss the state of public health in G20 countries and **explore current initiatives that are being taken to promote health equity.** It consists of country-specific studies and also regional and global perspectives that can enlighten readers about the issues pertaining to public health challenges, including emerging infectious diseases, access to vaccines and drugs, and environmental pollution....”

“...*Accelerating Global Health: Pathways to Health Equity for the G20* is **not just a compendium of essays but a collective call to action.** The chapters in the monograph address a raft of intersecting issues around public health, from global, regional and local perspectives. The aim is to initiate dialogue that furthers research methodologies, conceptual frameworks and the larger policy agenda in G20 member states. ...”

Coming up soon: UNGA78 (18-26 September, New York)

<https://www.un.org/en/ga/78/meetings/> For a chronological overview/provisional schedule.

UN News -Taking the pulse of the planet as the world gathers at the UN

<https://news.un.org/en/story/2023/09/1140552>

“The **78th session of UNGA begins on 6 September and will be followed by a series of key meetings and summits on 18 September**, not forgetting of course the General Debate where each Member State enjoys a global platform to focus on issues of international importance....

Here’s what to look out for at UNGA 78: **Centre piece: SDG summit (18-19 Sept); Climate ambition summit; Three UN HL meetings on health; Preparations for UN Summit of the Future (in 2024).**

UNGA78: ‘Action is what the world needs’ - UN chief

<https://news.un.org/en/story/2023/09/1140697>

“The UN Secretary-General had a clear message on Wednesday to world leaders arriving in New York next week: **“This is not a time for posturing or positioning.” “Action is what the world needs”** he said defining the gathering of 193 Member States for the UN General Assembly High Level Week as a “one of a kind moment” to both assess the state of world affairs but also “act for the common good.””

Run-up to the 3 UN HL meetings on Health

All three are scheduled next week.

We start this section with a **Twitter thread by Nina Schwalbe:**

<https://twitter.com/nschwalbe/status/1702333059671191688>

“Next week, in New York, the #UNGA78 will review three political declarations related to TB, HIV and pandemic prevention, preparedness, and response (PPR). **Whether they will be adopted is anyone’s guess. The three declarations have all been contentious. Member states have been unable to reach consensus due to disagreement on a range of highly politicised issues. So what happens next?”**

“**A few options are being considered:** UNGA’s ceremonial adoption next week, with “explanations of positions” (e.g. disassociations) (weakening the effort) ; @UN_PGA withdrawal of the text from consideration and no outcome document(s).” Continued negotiation is not being considered. “

WHO - Unprecedented focus on global public health at UN General Assembly

<https://www.who.int/news/item/12-09-2023-WHO-urges-focus-on-health-goals-at-UN-General-Assembly>

Press statement WHO ahead of next week’s UN HL meetings on Health. **““WHO urges world leaders to commit to progress on pandemic prevention, preparedness and response and to secure health for all, end TB, and reinvigorate SDGs.”**

“WHO is urging leaders meeting at the 78th session of the United Nations General Assembly (UNGA 78) in New York **to put health for all on the highest political agenda** and apply lessons learned from

the COVID-19 pandemic. WHO's appeal comes as the world faces multiple humanitarian and climate-related crises which are threatening lives and livelihoods around the world. **WHO's call to accelerate the achievement of health targets comes ahead of the Sustainable Development Goals Summit (SDG Summit) and an unprecedented number of health-focused high-level meetings at UNGA**, aimed at strengthening pandemic prevention, preparedness, and response, delivering universal health coverage (UHC) and ending TB. As government leaders gather to make commitments around three major health issues, **they have a chance to demonstrate that health is an investment, not a cost**, and is fundamental to thriving, resilient families, societies and economies...."

"... **Dr Tedros will lead WHO's delegation to UNGA** and, along with senior leadership, will participate in high-level meetings along with a number of other events, **including the launch of an updated UHC Global Monitoring Report...."**

- Do check out also Tedros' [opening remarks at the WHO media briefing – 14 September 2023](#) in which he looks ahead at all 3 UN HL meetings, one by one, with WHO's specific 'asks'.

UNGA - Health-related Processes - Political Drafts

<https://www.un.org/pga/77/2023/09/01/letter-from-the-president-of-the-general-assembly-health-related-processes-political-drafts/>

If you want to check out the **final political declarations** for all 3 UN HL meetings on health.

HPW - 'From Vegetables to Potatoes to Shoes': Activists Express Frustration at UN Declarations on Pandemics, Universal Health Coverage and Tuberculosis

<https://healthpolicy-watch.news/from-vegetables-to-potatoes-to-shoes-activists-express-frustration-at-un-declarations-on-pandemics-universal-health-coverage-and-tuberculosis/>

Coverage of a webinar from this week (hosted by the O'Neill Institute's Global Health and Politics Initiative, among others). Whereby **the TB declaration seems to be considered slightly better than the other two**.

"Leading global health experts and activists have expressed frustration and disappointment at the draft political declarations on pandemics, universal health coverage (UHC) and tuberculosis that world leaders are expected to adopt at the United Nations General Assembly (UNGA) next week. **Key criticisms of the three declarations are that they offer no advancement on previous international agreements, are devoid of human rights safeguards and do not chart a clear path to improved access to healthcare and medicines, particularly in low-middle income countries and among vulnerable groups.**

PS: "**Lucica Ditiu, Executive Director of the Stop TB Partnership (STBP)**, confessed to being "a bit sour and grumpy and frustrated" by what she described as **the erosion of long-established language on gender rights and human rights in all three declarations...."**

“... The TB draft declaration, does, however, contain some wins, Ditiu and others agreed. But there remains uncertainty around consensus support around the final draft, which “will go directly to the UN HLM without having clarity if the consensus was reached” as the silence procedure that the agreed-on declaration had been placed under was broken twice “for political terminology”. “

On the pros: “Notably, the latest draft offers “specific, measurable and time-bound targets to find, diagnose, and treat people with TB with the latest WHO recommended tools (para. 48 a and b), as well as time-bound and specific targets for funding the TB response and R&D (para. 62 & 68),” in the words of a civil society analysis of the TB declaration.... Another big win for the TB community is stronger language around a commitment “to strengthen financial and social protections for people affected by TB and alleviate the health and non-health related financial burden of TB experienced by affected people and their families” (para. 81) and to ensure that by 2027 “100% of people with tuberculosis have access to a health and social benefits package so they do not have to endure financial hardship because of their illness” (para. 48 c). Other positive notes include the explicit recognition that it is a human right to enjoy the benefits of scientific progress.....”

MSF – Universal Health Coverage targets leave behind the most vulnerable

<https://www.msf.org/universal-health-coverage-targets-leave-behind-most-vulnerable>

Interview with **Mit Phillips (MSF)** . **“There is little attention being given to the most vulnerable in the current UHC agenda and country plans.** The focus is on long-term plans and system change, but the crucial link to the direct response to patients’ health needs is missing. **UHC needs to focus on measures that aid the most vulnerable people,** who cannot afford to wait for theoretical plans to bear fruit.””

“...Most UHC plans rely heavily on domestic resource mobilisation. But countries with the weakest health systems also tend to have the smallest tax bases. **In most contexts where MSF works, public budgets for health have been undermined and suffer from austerity measures** since the COVID-19 pandemic and the global economic crisis. Patients already face gaps in essential medical supplies and services. At the same time, there is a reduction of international funding for health, with strong cuts in countries like South Sudan, Sierra Leone, etc. This undermines strategies to ensure essential care free of charge. How can countries with crippling staff shortages and stock outs of essential medicines hope to provide UHC to their people? **To compensate for the losses in healthcare coverage and the increased precariousness of people, UHC plans need to urgently address financial access barriers. User fees should be abolished for essential care.”**”

““Most country UHC-plans don’t just neglect the needs and vulnerabilities of migrants, asylum seekers, non-residents, or marginalised people; they often deliberately exclude these people from social protection schemes.”

- Related **MSF report - [Urgent measures needed to address gaps in Universal Health Coverage targets](#)** “The information presented in this report is **based on the country experiences of 20 separate contexts where MSF is operational.**” (conclusions from p. 42 on, and then 6 recommendations)

PHM's Global Health Governance report - Draft political declaration on pandemic prevention, preparedness, and response avoids commitment on key issues

<https://mailchi.mp/phmovement/draft-political-declaration-on-pandemic-prevention-preparedness-and-response-avoids-commitment-on-key-issues?e=572a638250>

Recommended in-depth analysis. **“Instead of ‘mobilising political will’ for equity and effectiveness, the draft declaration opts for a superficial diplomatic consensus.”**

“... PHM sees the draft political declaration ([text of 23 August](#)) as deeply disappointing ([detailed commentary here](#)). Instead of ‘mobilising political will’ on the key issues it avoids commitment in favour of a superficial consensus. **However, the debate continues in the Intergovernmental Negotiating Body (INB) and the Working Group on Amendments to the International Health Regulations (WGIHRs) over how best to prevent, prepare for, respond to and recover from pandemics. This political declaration is not the last word.”**

PHM's (detailed) critique provides a broad ranging analysis of the key issues, ranging from reform of intellectual property laws through to the big challenges of equity, debt, solidarity, finance, and human rights. ...

O'Neill Briefing: The United Nations Political Declaration on Pandemic Prevention, Preparedness, and Response

Lawrence O. Gostin Sarah Wetter Sam Halabi Alexandra Finch;

<https://oneill.law.georgetown.edu/publications/oneill-briefing-the-united-nations-political-declaration-on-pandemic-prevention-preparedness-and-response/>

Good stuff as well. **“We examine key aspects of the draft Political Declaration, how they purport to correct governance failures during COVID-19, and why they fall far short.”** With focus on Equity in Health and Countermeasures; Global Governance and Accountability; Pandemic Financing; Pandemic Prevention and One Health.

IHP (blog) – Travel and tourism absent from UN draft declaration on pandemics – squawk code 7500

<https://www.internationalhealthpolicies.org/blogs/travel-and-tourism-absent-from-un-draft-declaration-on-pandemics-squawk-code-7500/>

By **Samuel d'Almeida**. He argues that the UN should adopt a risk-based approach to the commercial determinants of health, which encompass the travel and tourism sector in a pandemic.

Lancet Review - Scientific advances and the end of tuberculosis: a report from the Lancet Commission on Tuberculosis

M Reid et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01379-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01379-X/fulltext)

Update of the previous (2019) Lancet Commission on TB, **published also ahead of next week's UN HLM on TB.**

“..... As background to the HLM and as an update to our initial report, **this follow-up report** outlines roadblocks that have undermined progress towards ending tuberculosis over the past 5 years; endorses a new set of tools that can catalyse response efforts and should be implemented urgently; provides a revised assessment of the crucial investment priorities; and restates the importance of stronger health systems, emboldened community engagement, action on crucial social determinants of tuberculosis, sustained political will, and increased financial investments as prerequisites to ending tuberculosis.....”

With a number of recommendations.

- Related **Lancet Comment** - [Beyond individual inclusion, investment in affected communities is needed to end tuberculosis](#) (by B Beko et al)

“The 2023 UN High-Level Meeting offers an opportunity to make this change happen by committing substantial resources to affected populations so they can take up tuberculosis leadership where their expertise is sorely needed..... “ Authors list the many potential benefits of community-centred tuberculosis care.

- Related Lancet Editorial - [Tuberculosis: a different way of doing things](#) : pointing to the recent RATIONS study (on ‘food as the TB vaccine we already have’).

“... The findings should be taken up by policy makers as a key method of preventing tuberculosis in countries where undernutrition and tuberculosis are common, including means to better leverage food systems for broader health given severe global food insecurity. But beyond its immediate applications, the study provides a salutary lesson for global health. **RATIONS shows how the underlying determinants of health are amenable to intervention with measurable effects on important clinical outcomes.** Issues such as nutrition, poverty, and inequalities are regularly acknowledged, but rarely specifically targeted and acted on....”

And some more links:

- UHC 2030 - [UN High-Level Meetings on Health: Summary of the Coalition of Partnership's webinar on keeping the momentum high](#)

Summary of webinar on Monday.

Among others with the **view of Katie Dain** (NCD Alliance): “These three High-Level Meetings in just over a week are a major opportunity to review concrete progress on global health priorities. This has provided a welcome impetus for the global health community, which is so often so siloed. What we need to ensure is that the words made in New York by our heads of state translate into action at the country level. The High-Level Meetings are the beginning, and not the end. After the High-Level Meetings, we’re aiming for **signs of success**: Expressions of sustained concern and commitment by political leaders on the issues. Accelerated action and implementation of the commitments and policies. Adequate and sustained investment and resourcing. We need to see the finances committed. “

- [UHC 2030 - The UN High-Level Meeting on UHC 2023](#)

Including an Information Hub at the bottom.

- MSF Access - [• Ahead of UN TB High-Level Meeting, US corporations J&J and Cepheid must pledge access to lifesaving TB medicines and tests for everyone in need](#)

Pandemic Accord negotiations (Geneva)

WHO - INB Bureau to develop a proposal for negotiating text of the pandemic accord

<https://www.who.int/news/item/13-09-2023-inb-bureau-to-develop-a-proposal-for-negotiating-text-of-the-pandemic-accord>

(press statement after last week's INB meeting) “The Drafting Group of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (WHO CA+) held **discussions and informal meetings from 4 – 6 September 2023** in order to advance work on a pandemic accord. **During the meeting, informal meetings of the INB Drafting Group discussed the following articles of the INB Bureau's text:** Article 4 (Pandemic prevention and public health surveillance) and Article 5 (Strengthening pandemic prevention and preparedness through a One Health approach) (jointly) co-facilitated by India, United Republic of Tanzania and the United Kingdom; Article 9 (Research and development) co-facilitated by Mexico and Norway; Article 11 (Co-development and transfer of technology and know-how) co-facilitated by Colombia, the Philippines and Saudi Arabia; Article 12 (Access and benefit-sharing) co-facilitated by Australia and Ethiopia; and Article 13 (Supply chain and logistics) co-facilitated by Indonesia and Pakistan.”

“The INB Bureau will develop a proposal for negotiating text of the WHO CA+ for the consideration of the INB at its next meeting... It was agreed that the proposal for negotiating text would be without prejudice to the right of any Member State to present textual proposals and to the status of the compilation document. It was decided that **the seventh meeting of the INB will take place from 6-10 November and will resume from 4-6 December 2023**, to allow the presentation and consideration of the negotiating text of the WHO CA+.”

Geneva Health Files - Some Countries May Push For More Time To Conclude Negotiations For The Pandemic Accord; First Draft Likely By Mid-October

https://genevahealthfiles.substack.com/p/some-countries-may-push-for-more?r=97mey&utm_source=substack&utm_medium=email

As usual, very insightful analysis by Priti Patnaik – of **the INB Drafting Group meeting from last week (4-6 Sept).**

“In today's story, we report about a few countries feeling the need for an extension of the timeline to conclude the negotiations for a pandemic accord. While this has not been formally discussed or

decided yet, it is for the first time we notice that some countries are giving a serious consideration to the idea of asking for more time.....”

A few chunks and quotes:

PS: in terms of the process - a **first draft is aimed for by October 16, 2023.** “...The Bureau also suggested that the **seventh meeting of the INB will be spread across two separate sessions - November (6-10) and December (4-6)** “to allow the presentation of the draft Pandemic Agreement and for INB Members and relevant stakeholders to exchange views.””

“For some of countries in favour of buying additional time to conclude the negotiations, the motivations appear largely to have “meaningful” provisions instead of an instrument that merely ticks the boxes on certain issues, diplomats said. “We want to have concrete provisions on matters say, on access and benefits sharing, for example. There is no point is having a framework convention by May 2024, if it does not have some solid provisions to address equity”, a developing country diplomat said. The amount of additional time necessary will depend on the substance of the provisions, the diplomat added. ...**For countries including in the Africa Region, and for many in Asia, having an additional protocol on ABS that might follow subsequently, does not appear to be a strategy they would be comfortable with.....”**

“...To be sure, for numerous countries meeting the May 2024 deadline is a political priority. So although some recent media reports suggest that there is no interest in the pandemic treaty discussions, **in Geneva it appears countries continue to be committed to these negotiations.** This is even as they may seek additional time....”

...Countries have been discussing a range of issues in the informals sessions for the last few months including on research and development, technology transfer, pathogens access and benefits sharing supply chain networks, and on pandemic prevention and public health surveillance, and One Health.” **“ABS Vs Tiered Pricing? “**

Finally, re **Potential areas of trade offs between provisions:** “While it is simply too early to tell where the chips will fall, **there are some emerging indications on areas of potential compromise and trade offs across issues in the context of these discussions.** We reported earlier this week that a for few developing countries, walking away from strong language that dilutes intellectual property protection during public health emergencies, could potentially be an option, in return for an effective ABS mechanism that promises them resources and timely access to medical countermeasures. In simplistic terms, matters of surveillance, access to information, and one health are some of the priorities for many developed countries. For developing countries, a strong set of provisions on access and benefits sharing, and access to medical countermeasures are key.....”

HPW - WHO Pandemic Treaty: The Good, The Bad, & The Ugly – An Interview With Larry Gostin

<https://healthpolicy-watch.news/who-pandemic-treaty-the-good-the-bad-the-ugly-an-interview-with-larry-gostin/>

Wide-ranging interview, and absolute must-read.

“Lawrence O. Gostin is “confident” that countries will adopt a pandemic accord at the 2024 World Health Assembly. The question is whether it will include the kind of “robust norms” necessary to ensure that the new accord is “transformative” with respect to correcting disparities and injustices uncovered in the last pandemic, and effective in its enforcement of new norms. As the head of Georgetown’s WHO Collaborating Center in national and global health law, Gostin is [playing a key behind-the-scenes role in negotiations](#). Here is his take on what is at stake and what choices need to be made....”

“...Key obstacles revolve around equity, funding, compliance, and accountability...”

- Finally, we also flag a related X/Twitter thread by Nina Schwalbe: <https://twitter.com/nschwalbe/status/1702071626399945015>

“Today, the Co-Chairs of the Intergovernmental Negotiating Body (#INB) gave an update to “relevant stakeholders.” What did we learn?”

Among others: “On the 22nd, there will be a closed meeting to stocktake of progress and a proposal to transition from drafting to negotiations....”

“...The co-chairs emphasised: **Member States are committed to deliver by the World Health Assembly in May '24**. The INB agreed definitively that **the accord is under Article 19**. The decision is yet to be taken about whether it is a “Convention”, “Agreement”, or “Other Instrument”.

More on Pandemic Preparedness & Response

Pandem-ic - Data is essential to navigating an era of pandemics

M Dhaliwal, J Guzman & P Schellekens; <https://pandem-ic.com/data-is-essential-to-navigating-an-era-of-pandemics/>

“A rebranded data analytics initiative by CGD and UNDP to support equitable pandemic preparedness and protection.”

“ [Pandem-ic](#), started as a passion project of Philip Schellekens and has become an authoritative source of data and insights on pandemic inequities during the COVID-19 pandemic. [Pandem-ic](#) has focused on inequalities across countries (hence, the “ic” suffix) with respect to pandemic severity, the Omicron escalation, and global vaccine equity. Underpinning these themes is a commitment to tracking inequalities and uncovering struggles that would otherwise remain under the radar, as with excess mortality for example Philip has now donated [Pandem-ic](#) to the Center for Global Development (CGD) and the United Nations Development Programme (UNDP) and will remain in an advisory role. CGD and UNDP are delighted to partner on the next phase of [Pandem-ic](#). By leveraging the cutting edge of data analytics, we will expand beyond COVID-19 to provide actionable insights on global health equity across infectious disease threats of pandemic potential, including how to move evidence and data into action and policy.”

“Pandem-ic is a collective effort focused on dissecting inequalities by providing accessible and relevant data with dynamic visualizations, policy insights and recommendations that help make sense of where we are and how to move forward. All website visitors are free to browse the data, insights, and articles to explore these topics further and understand how we might better – and more equitably – address the pandemics of the future...”

More on Global Health Governance

Foreign affairs - The Roots of the Global South’s New Resentment

Mark Suzman; <https://www.foreignaffairs.com/africa/roots-global-souths-new-resentment>

“**How Rich Countries’ Selfish Pandemic Responses Stoked Distrust.**” Ridiculous piece by the Gates Foundation CEO. It’s like one would ask Tony Blair for his current stance on the Iraq war.

Quote: **"Two kinds of failings defined the COVID-19 era for low-income countries: the global North’s hesitation to share resources equitably and its unwillingness to treat global South countries as equal partners in addressing a shared crisis"**

And then **rewriting among others again Covax’s history** “... From the start of the pandemic, the Gates Foundation argued that lifesaving vaccines, tests, and treatments should be distributed based on need, not wealth, and we helped found and fund the Access to COVID-19 Tools Accelerator and COVAX because of that conviction... **COVAX could succeed, however, only if rich countries cooperated and provided significant resources.** On both counts, they came up short. For COVAX’s funding model to work, rich countries had to purchase at least some of their COVID-19 vaccine supply from the program, delivering COVAX the revenue to broker more affordable deals for low-income countries. But after regulators began to approve these vaccines at the end of 2020, wealthy countries delayed promised financial contributions and cut side deals with manufacturers, buying up most of the vaccine supply before anyone got a shot. The negative consequences of these actions were especially visible in Africa, where the Gates Foundation does most of its work....”

PS: Related **tweet Tim Schwab** summarized it well: **“Perverse, bizarre & shameful. The Gates Foundation is now scapegoating its philanthropic failures on rich nations--for not adequately subsidizing Gates's interventions. Also: Gates is now speaking on behalf of the global south (poor nations)???”**

Virchow Foundation – Rose Gana Fomban Leke awarded the 2023 Virchow proze for global health

<https://virchowprize.org/rose-leke-awarded-2023-virchow-prize-for-global-health/>

Well deserved obviously. But I’m betting the Foundation has also been following the debate in BMJ Global Health in recent months.

“The Virchow Foundation for Global Health is honoured to announce Rose Gana Fomban Leke as the 2023 Virchow Prize for Global Health Laureate. With this award, Professor Leke’s distinctive and

exceptional lifetime achievements comprising outstanding contributions to global health, **pioneering infectious disease research towards a malaria-free world and relentless dedication in advancing gender equality are recognized....** Rose Leke, a distinguished **scientist and immunologist from the University of Yaoundé in Cameroon**, has dedicated her life as a researcher to eradicating malaria, addressing health inequities and structural disparities, and combating communicable diseases, making her an internationally celebrated advocate for global health. The Virchow Prize Committee states that Leke’s innovative research and courageous leadership have led to transformative initiatives on the African continent and beyond in combating widespread diseases, advancing scientific approaches and addressing challenging structural concerns and important cultural contexts....”

She’s also the Chair of GAVI’s Independent Review Committee.

Access to Medicines & Health technologies

NPR - Whatever happened to the project to crack the wealthy world's lock on mRNA vaccines?

<https://www.npr.org/sections/goatsandsoda/2023/09/12/1195753898/whatever-happened-to-the-project-to-crack-the-wealthy-worlds-lock-on-mrna-vaccin>

Encouraging **Progress report re Afrigen Biologics and Vaccines – and the mRNA hub.** Must-read.

HPW - Strengthening Africa’s Medicines Regulatory Framework is ‘Essential’ for Local Vaccine Production

<https://healthpolicy-watch.news/africas-regulation-of-medicines-is-slowly-moving-forward/>

“Strengthening Africa’s medicines regulatory framework is key to achieving the “bold goal” of having 60% of the continent’s vaccines produced locally by 2040, said Margareth Ndomondo-Sigonda, head of health at the African Union’s development agency, **AUDA-NEPAD**. But only 7% of African country’s national medicines regulatory agencies (NMRA) have “moderately developed capacity”, and more than 90% of the agencies have “either minimal or no capacity at all”, Ndomondo-Sigonda told the **opening of a conference on regulation strengthening hosted by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA on Tuesday.**”

“However, **she mentioned a number of hopeful signs:** five NMRAs have attained World Health Organization (WHO) Maturity Level Three, which “essentially is a sign of having a robust regulatory system. In addition, stronger NMRAs such as in South Africa and Egypt have started to work together. Regional regulatory bodies have also been set up in west, east and southern Africa. **But real change will happen once a sizeable number of the continent’s 55 countries have signed and ratified the African Medicines Agency (AMA), which aims to harmonise the regulation of medicines on the continent....**”

PS: “...The Partnership for African Vaccine Manufacturing (PAVM), also established during the pandemic, is overseeing the local production of vaccines with the assistance of Nepad-AUDA’s **African Medicines Regulatory Harmonisation Initiative. Once the AMA is operational – it is**

in the process of being set up in Rwanda – it will take on the responsibility of ensuring coordinating regulatory systems strengthening, explained Ndomondo-Sigonda. **She expressed concern that countries such as Nigeria, Tanzania and South Africa have yet to ratify the AMA and deposit their instrument of ratification** – formal notification that their governance structures have ratified the treaty.....””

Cidrap News - Agreement aims to improve access to new antibiotics in low-resource countries

<https://www.cidrap.umn.edu/antimicrobial-stewardship/agreement-aims-improve-access-new-antibiotics-low-resource-countries>

“The Global Antibiotic Research & Development Partnership (GARDP) today announced a major step in its efforts to bridge global gaps in access to innovative, critically needed antibiotics. Under a sublicense agreement with GARDP, India-based Orchid Pharma will manufacture cefiderocol, an antibiotic for difficult-to-treat, gram-negative bacterial infections developed by Japanese drugmaker Shionogi. The agreement will enable Orchid to produce the drug cheaper and make it available in low- and middle-income countries (LMICs), many of which are confronting rising rates of antimicrobial resistance (AMR) with a limited arsenal of antibiotics. **The agreement builds on a partnership between GARDP, Shionogi, and the Clinton Health Initiative (CHAI) announced last year,** under which Shionogi agreed to grant GARDP the license for cefiderocol. CHAI will work with Shionogi to transfer technology and convey essential manufacturing information to Orchid and other sublicensees to help reduce manufacturing costs, **which will make the drug more affordable—** pending local authorization or national regulatory approval—**for the 135 LMICs that don't currently have access to it.....”**

WHO, WIPO, WTO renew commitment to support integrated solutions to global health challenges

https://www.wto.org/english/news_e/news23_e/igo_13sep23_e.htm?utm_source=divr.it&utm_medium=twitter

“....At their third meeting since the onset of the COVID-19 pandemic, the Directors-General of WHO, WIPO and the WTO agreed to shift the focus of trilateral cooperation from the response to the COVID-19 pandemic to increasing and broadening support for more effective and sustainable use of flexibilities in the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to increase access to health technologies and to be better prepared for future pandemics.”

“... To mirror this broader focus of trilateral cooperation, and to respond to members' evolving needs, the Directors-General agreed to expand the use of the [WHO-WIPO-WTO COVID-19 Technical Assistance Platform](#) beyond COVID-19. They agreed that the platform would be adapted to enable members to seek assistance for any issues at the crossroads of public health, trade and IP.”

Planetary Health

Guardian - 'A critical moment': UN warns world will miss climate targets unless fossil fuels phased out

<https://www.theguardian.com/environment/2023/sep/08/un-report-calls-for-phasing-out-of-fossil-fuels-as-paris-climate-goals-being-missed>

From end of last week. "Governments failing to cut emissions fast enough to meet Paris agreement goals and avoid disaster, **major stocktake report** says."

"... **Meeting the goals will require "phasing out all unabated fossil fuels"**, the report says, in an acknowledgment that some oil-producing countries may find hard to take. **The need to phase out fossil fuels has not been explicitly adopted by the UN before**, under successive rounds of climate talks..."

"... **The report**, which was expected next week but was [published hurriedly in draft by the UN on Friday](#), will form the basis of the first "global stocktake" under the 2015 Paris agreement. That process is meant to track countries' efforts to meet the goals of the treaty. However, the 47-page UN report does not set out in detail which countries are falling behind, nor does it contain specific recommendations directed at particular countries or regions. Instead, the global situation is described in broad and general terms that were largely predictable, as it has been clear for some time that the world is far off track to stay within the tougher of the Paris goals, of limiting temperature rises to 1.5C above pre-industrial levels..."

"... **The global stocktake will form the basis of negotiations at the next UN climate summit, Cop28**, to be held in **Dubai** in November."

- See also UN News – [Window to reach climate goals 'rapidly closing', UN report warns](#)
"The world is not on track to meet the long-term goals set out in the Paris Agreement for limiting global temperature rise, **a major UN report warned on Friday**, calling for a commitment to decisive action. Simon Stiell, Executive Secretary of the **UN Framework Convention on Climate Change (UNFCCC) which issued the report**, called for "greater ambition and accelerating action"."

"... **The report** summarizes 17 key findings from technical deliberations in 2022 and 2023 on the implementation status of the [Paris Agreement](#) on climate change and its long-term goals, based on the best scientific information. The Agreement committed all countries to limit temperature rises as close as possible to 1.5°C above pre-industrial levels. **It found that in all areas, ranging from mitigating climate change impacts to addressing loss and damage, "much more needs to be done"...."**

- And HPW - [Global Climate Stocktake Urges More Action – And Trillions More Dollars](#)

"... Some of the paths to achieving this include economic diversification and "strategically deploying international public finance" to support climate action in developing countries. **"It is essential to unlock and redeploy trillions of dollars to meet global investment needs, including by rapidly shifting finance flows globally to support a pathway towards low GHG emissions and climate-resilient development,"** asserts the stocktake...."

Oxfam - G20 countries failing by big margins to cut greenhouse gas emissions to below 'catastrophic' levels

<https://www.oxfam.org/en/press-releases/g20-countries-failing-big-margins-cut-greenhouse-gas-emissions-below-catastrophic>

Published ahead of the G20 Leaders' summit. **"Global greenhouse gas (GHG) emissions are set to rise by 10.6% by 2030 instead of falling by the 45% needed to limit the increase in global temperature to 1.5 °C. The G20 countries are the worst and most-responsible offenders, says Oxfam. [New research](#) commissioned by Oxfam and released today shows that under the G20's current carbon reduction pledges, their per capita GHG emissions in 2030 will collectively remain at similar levels as they are today – nearly double the amount needed to avoid catastrophic impacts...."**

Devex - Africa's inaugural climate summit ends with mixed reviews

<https://www.devex.com/news/africa-s-inaugural-climate-summit-ends-with-mixed-reviews-106157>

Recommended final analysis of the **Nairobi climate summit from last week.**

"Africa's first climate summit ended on Wednesday with the adoption of the Nairobi Declaration, which calls for new global taxes to fund climate change action, an increase in Africa's renewable generation capacity, and a new debt relief architecture. Though some experts lauded the declaration as a bold step in the right direction, others said it placed a lot of emphasis on establishing systems that generate revenue for climate finance but lacked details and promoted false solutions as a viable alternative to phasing out harmful fossil fuels."

"The declaration is laced with calls for green growth, cries for finance and veiled references to carbon trading, technology and the like, which open routes for green colonialism and render the continent nothing better than a vast carbon sink and experimental grounds for polluting nations and corporations," Nnimmo Bassey, director of Health of Mother Earth Foundation, said."

- Related: Guardian analysis - [Africa is talking but is anyone listening? Analysing the Africa Climate Summit](#) (including with the views of some 'absent' African powerhouses)

Climate Change news - African leaders skirt over fossil fuels in climate summit declaration

[Climate Change News](#);

"A joint statement forming the basis of Africa's negotiating position for Cop28 is silent on the role of oil and gas."

Guardian - Earth 'well outside safe operating space for humanity', scientists find

<https://www.theguardian.com/environment/2023/sep/13/earth-well-outside-safe-operating-space-for-humanity-scientists-find>

“First complete ‘scientific health check’ shows most global systems beyond stable range in which modern civilisation emerged.”

“Earth’s life support systems have been so damaged that the planet is “well outside of the safe operating space for humanity”, scientists have warned. Their assessment found that **six out of nine “planetary boundaries” had been broken** because of human-caused pollution and destruction of the natural world. “

“... **Prof Johan Rockström**, the **then director of the Stockholm Resilience Centre** who led the team that developed the boundaries framework, said: “Science and the world at large are really concerned over all the extreme climate events hitting societies across the planet. But **what worries us, even more, is the rising signs of dwindling planetary resilience.**”... “

“... The assessment, which was [published in the journal Science Advances](#) and was based on 2,000 studies, indicated that several planetary boundaries were passed long ago.” “... **Phasing out fossil fuel burning and ending destructive farming are the key actions required.**”

- For the **paper in Science Advances: [Earth beyond six of nine planetary boundaries](#)** “... This planetary boundaries framework update finds that six of the nine boundaries are transgressed, suggesting that Earth is now well outside of the safe operating space for humanity. “

Guardian - Environmental activists killed at a rate of one every other day in 2022 – report

<https://www.theguardian.com/environment/2023/sep/13/environmental-activists-killed-at-a-rate-of-one-every-other-day-in-2022-global-witness-report-aoe>

“At least 177 people were killed last year for defending the environment, according to new figures, with a fifth of killings taking place in the Amazon rainforest.”

“Murdered by organised crime groups and land invaders, environmental defenders were killed at a rate of one every other day in 2022, **figures from the NGO Global Witness** show. **Colombia was the most deadly country**, recording 60 murders. **Indigenous communities were disproportionately represented in the figures**, making up 34% of all murders, despite representing about 5% of the world’s population. The new figures mean that at least 1,910 environmental defenders have been killed between 2012 and 2022, according to Global Witness, with most of the murders going unpunished.....”

Guardian - Experts call for global moratorium on efforts to geoengineer climate

<https://www.theguardian.com/environment/2023/sep/14/experts-call-for-global-moratorium-on-efforts-to-geoengineer-climate>

“Techniques such as **solar radiation management** may have unintended consequences, scientists say.”

“Governments should place a moratorium on efforts to geoengineer the planet’s climate, as greenhouse gas emissions continue to rise and the climate crisis takes hold, a panel of global experts has urged. “

“Geoengineering is highly controversial, but discussions of its feasibility are gathering pace as the impacts of extreme weather, driven by climate breakdown, grip the planet. There is no global agreement on geoengineering, and no rules on what countries, or businesses, can do. **In a [report published on Thursday](#), the Climate Overshoot Commission called on governments to phase out fossil fuels, put more resources into adapting to the impacts of extreme weather, and start using technologies to remove carbon dioxide, such as carbon capture and storage and the capture of carbon directly from the air. Governments should also allow academics to investigate the possibilities of geoengineering, chiefly in the form of solar radiation management, which involves attempting to reduce the amount of sunlight striking the Earth’s surface, for instance through whitening clouds to be more reflective, or setting up mirrors in space. **But governments should not embark on any such activities, the panel warned, because of the dangers involved in tinkering with the global climate in ways that are not yet well understood.....”****

Devex - How Pakistan's massive floods sparked Malawi's record cholera outbreak

<https://www.devex.com/news/how-pakistan-s-massive-floods-sparked-malawi-s-record-cholera-outbreak-106138>

“... extreme weather in one part of the world can be linked to health outbreaks in another.”

“A significant case of this happened last year. **Pakistan’s floods that submerged one-third of the nation fueled its [largest cholera outbreak](#) in decades of more than [335,000 suspected cases](#). Malawi also experienced flooding and Cyclone Freddy which fueled its largest cholera outbreak on record — with nearly [59,000 cases](#). A group of researchers recently [published a paper](#) that presented “strong evidence” linking the two crises in both countries — the strain of the bacteria that causes cholera was new to Malawi and is the same strain that circulated during Pakistan’s floods some 3,800 miles away.....”**

“...This is not the first time that a strain has moved from a South Asian nation to an African one — and having this knowledge can actually be key to preparation, [Tulio de Oliveira](#), director of the Centre for Epidemic Response and Innovation at [Stellenbosch University](#) in South Africa, told Devex. De Oliveria is one of the co-authors of the paper. He added that **when there is a large outbreak in South Asia with a new strain of cholera, African public health officials should ramp up surveillance to identify if this new strain lands within their borders. That might then give them a few months lead time in order to prepare for a larger outbreak. **And with the climate changing, it becomes a more pressing need.....”****

Human Resources for Health

People’s Dispatch - Community health workers in South Asia forge joint struggle for rights and recognition

<https://peoplesdispatch.org/2023/09/09/community-health-workers-in-south-asia-forge-joint-struggle-for-rights-and-recognition/?ref=peoples-health-dispatch.ghost.io>

“...Frontline health workers have issued a joint document calling on governments and international agencies to recognize and uphold their essential rights....”

“Community health workers in India, Pakistan, and Nepal have now joined together to release a [Charter of Demands](#) calling upon governments as well as international agencies to recognize and uphold their rights. Beginning with the declaration “Community health work is work!,” the document has been supported by the Global Union Federation and Public Services International (PSI).....”

Covid vaccines: to boost or not to boost?

Science - Should I get a COVID-19 booster?

J Cohen; <https://www.science.org/content/article/should-i-get-covid-19-booster>

“Scientists continue to debate the pluses and minuses of extra doses of vaccine.”

“...*Science* spoke with clinicians, vaccine researchers, and biostatisticians about how they view the value of these latest shots. Several cautioned against falling into extremist camps—boosters are worthless or everyone must get boosters. “I just want people to have tempered expectations,” says Natalie Dean, a biostatistician at Emory University who specializes in evaluating vaccines. “There is room for reasonable debate about how much added value there is for a young, healthy person....”

“...Everyone *Science* spoke with said yes, if you are elderly, immunocompromised, or have medical conditions that make you particularly susceptible to harm from the virus. “For people who are at high risk of severe disease, I think the answer is pretty simple and largely noncontroversial: A 4- to 6-month period of protection has a meaningful clinical benefit,” Barouch says. “It’s clear that that population benefits from a boost and probably more than one boost for the year.”

“... What are the downsides of a recommendation to boost all ages? It could cause confusion, and for some, the risks could outweigh potential benefits....”

... What’s the bottom line? Vaccine experts agree that booster shots will help the most vulnerable, but there’s little consensus about who else will benefit from them.”

Nature - COVID boosters are back: what scientists say about whether to get one

<https://www.nature.com/articles/d41586-023-02840-x>

“Many countries heading into autumn are targeting high-risk people for vaccinations, leaving lower-risk people uncertain about the right choice.”

Gates Foundation- 2023 Goalkeepers report

FT - Low-cost health measures could drive big fall in maternal mortality, says report

<https://www.ft.com/content/2d26c1ba-8f51-43d8-a3a5-b96b5b387df8>

“A series of low-cost measures to make childbirth safer could save the lives of 2mn more mothers and babies around the world by 2030, said a leading philanthropic organisation. The Bill & Melinda Gates Foundation on Tuesday said **since 2016 progress in reducing global maternal mortality had stalled**, partly because of disruption caused by the coronavirus pandemic. In some countries, including the US and Venezuela, maternal death rates had risen in recent years. With nearly 800 women dying in childbirth every day, **the foundation called for “immediate action” to meet the UN’s sustainable development goal of cutting the maternal mortality rate to less than 70 out of 100,000 births, and newborn mortality to at least as low as 12 deaths per 1,000 births, by 2030**. The current projection is for 138 maternal deaths per 100,000 births by that date, or almost double the target, it said. **Foundation co-chairs Melinda French Gates and Bill Gates outlined seven “innovations” and practices** — many low-cost and deliverable by midwives and birth attendants — that could prevent deaths from childbirth complications such as post-partum haemorrhages, sepsis and other infections. Measures such as increased use of antibiotics and anaemia treatments including micronutrient supplements **could save 2mn additional lives by 2030, and 6.4mn lives by 2040**, they added. The report said **“policy changes . . . and more investment in women’s health and healthcare workers, including midwives”** would be needed to reduce maternal mortality.....”

“... The **report noted 18 key indicators in the UN’s SDGs** — from poverty to gender equality, education to food security, health to climate — **may not be achieved by the 2030 target**. But if **health authorities implemented the recommended innovations and increased use of vaccines or malaria bed nets**, “then it’s absolutely possible to reverse the setbacks and to reach the SDGs”, [Mark] Suzman added.”

PS: “.... **Robert Yates**, director of the global health programme at London-based think-tank Chatham House, said Covid-19 had exposed global under-investment in health. **While he welcomed investment in the interventions recommended by the Gates Foundation, increased funding in infrastructure, workers, ambulances and commodities was also required**. “If we’re going to see improvements in maternal mortality, there’s a role for the international community to help,” he said, but added it would be **“big increases in domestic public financing [that will] make the difference”**.”

- Check out the full [2023 Goalkeepers report](#)

PS: “.... **Typically, we focus only on low- and middle-income countries (LMICs)**, but researchers believe many of these breakthroughs could also be used to fight the epidemic of maternal mortality globally, including in the United Kingdom and the United States, where death rates for Black mothers have doubled since 1999.....”

- More coverage via HPW – [Simple Measures Could Save Millions of Mothers and Babies – And Put SDGs on Track](#)

PS: “... Meanwhile, BMGF co-chair Bill Gates spoke of the importance of data about the causes of babies’ deaths, recalling how the BMGF supported the Child Health and Mortality Prevention Surveillance (CHAMPS) initiative since 2015. “Even 10 years ago, public health officials had only the vaguest information about why babies were dying,” said Gates.” Back then, any record of a child’s death would generally list one of the four most common causes: diarrhoea, malnutrition, pneumonia, or premature birth. But each was a vast ocean of different illnesses, each with scores of different causes and cures. Pneumonia, for example, is linked to more than 200 types of pathogens.” **The Foundation funded three studies to fill in the gaps – CHAMPS to uncover the most inscrutable causes of death, PERCH, which examined the causes of childhood pneumonia, and GEMS which looked at diarrhoeal diseases.”**

- And via Devex - [Gates Foundation pushes for refocus on maternal and newborn health](#)

To put **SDG 3.1** back on track, in other words.

“Reducing infant and maternal mortality rates should be central to efforts to achieve the [United Nations’ Sustainable Development Goals](#) yet seems to be falling off the radar for many world leaders, according to the [Bill & Melinda Gates Foundation](#). “

“...This year’s report’s heavy emphasis on maternal and infant mortality reflects the foundation’s concerns about the decline in aid funding directed toward achieving the SDG aimed at ending all preventable child deaths by 2030 and reducing the maternal mortality rate to less than 70 out of every 100,000 births, according to Gates Foundation CEO Mark Suzman. That dip in funding is linked to a general decline in international aid, he said, noting that aid to Africa [declined by nearly 8%](#) last year. The war in Ukraine and the fiscal crises facing many high-income countries also have contributed to reduced funding for “high impact interventions like health,” he said at a press briefing. “That’s one of the reasons why we’d like to use the report to remind people that saving a child’s life and saving a mother’s life is not remotely political. It’s a shared goal that every country in the world did sign up to join as part of the Sustainable Development Goals,” Suzman said.....”

Some more reports, new strategies, rankings....

Devex - Auditors attack €500M EU-UN effort against gender violence

<https://www.devex.com/news/auditors-attack-500m-eu-un-effort-against-gender-violence-106146>

“A European Union effort to combat violence against women and girls by giving nearly half a billion euros (\$505.6 million) to the United Nations has had little impact and is yet to prove its value for money, according to a much-anticipated report out this week. The report, which was published by the European Court of Auditors on Monday, said it was difficult to assess the effectiveness of the Spotlight Initiative, which focuses on issues such as domestic violence, sexual and gender-based violence. The audit will inform deliberations in Brussels over whether to fund another stage of the Spotlight Initiative, with the U.N. pushing for an additional €300 million over five years.....”

“Launched in 2017, Spotlight saw the EU allocate €465 million to U.N. agencies such as UN Women, the U.N. Population Fund, and the U.N. Development Programme for work in more than

26 countries across four continents. The EU managed a further €32 million itself as part of a call for proposals from civil society.....”

Also with a reaction by the Spotlight Secretariat.

Global Sustainable Development Report (GSDR) 2023

<https://sdgs.un.org/gsdr/gsdr2023>

Cfr a tweet: **“New UN Global Sustainable Development Report by an independent group of scientists calls for transformational shifts rooted in science that would urgently reverse course and turbocharge the #SDGs.”**

“Times of Crisis, Times of Change: Science for Accelerating Transformations to Sustainable Development”, the [2023 Global Sustainable Development Report \(GSDR\)](#), finds that at this critical juncture, midway to 2030, **incremental and fragmented change is insufficient to achieve the SDGs** in the remaining seven years. **Implementation of the 2030 Agenda requires the active mobilization of political leadership and ambition for science-based transformations.** This must be achieved globally - leaving no country, society or person behind. The report is an invitation to embrace transformations with the urgency needed to accelerate progress towards the SDGs. **The GSDR 2023 highlights key transformations needed in different sectors** and provides key findings from the literature, practical examples and tools for progress towards the SDGs....”

- And some key messages via a **Nature Comment** - [What scientists need to do to accelerate progress on the SDGs](#)

“Drilling down into why the UN Sustainable Development Goals are so hard to achieve, and showing policymakers pathways to follow, will help the planet and save lives.”

“...Moving the deadline back by a decade or two won’t help — **on the current trajectory, model projections suggest that the world will not achieve any of the SDGs even by 2050.** The response must be to double down and strengthen efforts. Achieving the SDGs requires much more than niche innovations; it will take wholesale systemic transformations in areas ranging from how water is managed to how food is grown. It’s crucial that scientists support policymakers and others in rethinking institutions, systems and practices. **Here we highlight three priority areas: removing roadblocks to progress; identifying transformation pathways; and improving governance....”**

Guardian - \$1bn ‘war on drugs’ has fuelled human rights abuses over past decade, says report

https://www.theguardian.com/global-development/2023/sep/12/1bn-war-on-drugs-has-fuelled-human-rights-abuses-over-past-decade-says-report?CMP=share_btn_tw

“Aid tied to drug prevention programmes given to 92 lower-income countries, including Afghanistan after the Taliban takeover.”

“Almost \$1bn (£800m) of aid has been spent on a global “war on drugs” over the past decade that has fuelled human rights abuses, [according to a new report.](#) Analysing data from the Organisation

for Economic Co-operation and Development (OECD), the NGO **Harm Reduction International (HRI)** found that, between 2012 and 2021, **the US and the EU spent \$550m and \$282m of their aid budgets respectively on programmes that supported drug control policies.** The UK has spent \$22m since 2012 – more than \$10m of that in 2012 – which has been used to support surveillance capabilities in Colombia, Mozambique and the Dominican Republic, and undercover policing in Peru. Under Joe Biden, the US has hugely increased the amount of aid spent on narcotics control from \$31m in 2020 to \$309m in 2021. Some of the money has been used by the Drug Enforcement Agency to train police and special units in Vietnam and Honduras, which have been accused of arbitrary arrests and killings.....”

Center for Economic & Social rights - Transforming the Global Economic System: our 2023–2027 Strategy

<https://www.cesr.org/transforming-the-global-economic-system-our-20232027-strategy/>

With the new **goal, objectives, and tactics for the next four years.**

“We will **focus on the areas of the global economic system where we see the greatest need and opportunity for us to help bring about change:** Rethinking international financial institutions’ role and governance. Ensuring fairer financial flows and wider fiscal space. Advancing a reparations-based framework to radically scale up resources for climate justice. Reversing the trend of financialization in international development, climate action, and biodiversity protection. Weakening the dominance of market-based narratives and building support for alternative economic visions.”

“**Our overarching goal is to strengthen cross-movement mobilization through a transformational rights-based agenda.** This requires us to advance rights-based reforms; to identify synergies between alternative economic visions and agendas; to collect evidence with partners that decodes injustices; and to challenge the narratives that sustain the status quo. We will build on what we have achieved in 30 years of work to advance economic, social, and cultural rights....”

CGD (blog) - Commitment to Development Index 2023: Development Under Attack

B Cichoka et al ; <https://www.cgdev.org/blog/commitment-development-index-2023-development-under-attack>

« **This year’s 20th anniversary publication coincides with the midway point for achieving the SDGs by 2030.** But it **also occurs against a series of global challenges**—not least, Russia’s invasion of Ukraine, an increase in extreme climate-related events, and the aftermath of COVID-19. Each of these crises has an outsized impact on lower-income countries, but also affects high-income countries' focus and the level of resources they have available. **So, which countries are maintaining their commitment to international development; and what are the wider trends we see?** We highlight **four key findings.....** »

Sweden still tops the list, Germany is now second.

- See also CGD - [Commitment to Development Index 2023](#) (by I Mitchell et al)

As a reminder: “**The Commitment to Development Index (CDI) ranks 40 of the world’s most powerful countries on policies that affect global development.** ... Because development depends on much more than just how foreign aid budgets are spent, **the CDI covers eight distinct policy areas:** Development finance; Investment; Migration; Trade; Environment; Health; Security; Technology.”

Global Health Events

WHO - Global stakeholders agree to a new charter on patient safety rights

<https://www.who.int/news/item/14-09-2023-global-stakeholders-agree-to-a-new-charter-on-patient-safety-rights>

“**The WHO-hosted [global conference on patient safety and patient engagement](#) concluded yesterday with agreement across a broad range of stakeholders on a **first-ever Patient safety rights charter.** It outlines the core rights of all patients in the context of safety of health care and seeks to assist governments and other stakeholders to ensure that the voices of patients are heard and their right to safe health care is protected.”**

“...The global conference on patient engagement for patient safety was the key event to mark [World Patient Safety Day \(WPSD\)](#) which will be observed on **17 September** under the theme “Engaging patients for patient safety”.”

Global health governance & Governance of Health

NEJM Perspective - Threatening the Global AIDS Response — Obstacles to PEPFAR’s Reauthorization

Salim S A Karim et al ;

https://www.nejm.org/doi/full/10.1056/NEJMp2310330?query=featured_home

The authors conclude: « The world has benefited from the sustained leadership and bipartisan support for PEPFAR in the U.S. Congress since its initiation. Its reauthorization should not be held hostage to policies about health care that are only distantly related, if at all, to the primary goals of the PEPFAR program. **As scientists with long experience in the AIDS response, we call on Congress to reauthorize PEPFAR for its next 5-year term with no encumbrances or currently proposed prohibitions.** Such a reauthorization is critical not only to the global AIDS response but also to responses to future pandemics and threats to global security. »

They see several reasons to object strenuously to the proposed restrictions on PEPFAR, based on their consequences for public health as well as the rationale for their use. An essential global AIDS control program is in jeopardy. The implications are profound.

« **First,** if PEPFAR receives anything less than its 5-year reauthorization, global efforts to prevent and treat HIV infections around the world will be compromised, with predictable effects.... **Second,**

the available evidence contradicts the contention that the global gag rule reduces abortions. ... **Third**, curtailment of funding for PEPFAR will affect the public health care infrastructure that many countries have used to support responses to Covid-19 and many other infectious and chronic diseases. ... Many countries will be unable to respond to future health and pandemic threats without PEPFAR's continued support. **Fourth**, the lawmakers stalling PEPFAR's reauthorization are seeking to restrict activities, such as medically justified abortion counseling, that are deemed lawful in many recipient countries, even when PEPFAR funds are not being used for those activities. Implementing the global gag rule would be illegal in some countries that receive PEPFAR support (such as South Africa) where abortion laws require health care providers to, at the minimum, refer patients for abortion services when they are clinically indicated. **Fifth**, without PEPFAR's support for HIV treatment and prevention in more than 50 countries where AIDS remains a problem, there is little chance of reaching the global 2030 goal of "Ending HIV/AIDS as a Public Health Threat," which is an AIDS-related target of the Sustainable Development Goals of the United Nations."

- Related: [JAMA viewpoint - PEPFAR Reauthorization by Congress Urgent for Global Health \(by Monica Gandhi & Eric Goosby\)](#)
- Related: [AP - Republican opposition to abortion threatens global HIV/AIDS program that has saved 25 million lives](#)

Also with the view of **John Nkengasong**.

And: "**Mark Dybul**, who helped create and lead PEPFAR under Bush, **warned that weakening PEPFAR would also hurt the diplomatic goodwill the U.S. has created in developing regions**. "It's no secret that we are in a geopolitical struggle for influence in Africa with Russia and China," he said. "And our biggest influence in many ways, visible and most impactful, is PEPFAR." ..."

Helen Clark joins The Elders as group continues push for courageous leadership on existential threats

<https://theelders.org/news/helen-clark-joins-elders-group-continues-push-courageous-leadership-existential-threats>

"The Elders today welcomed former New Zealand Prime Minister and UNDP leader Helen Clark as the newest member of their group...."

WHO appoints Martin Taylor as new Representative to China

<https://www.who.int/china/news/detail/06-09-2023-who-appoints-martin-taylor-as-new-representative-to-china>

"**The World Health Organization (WHO) is pleased to announce Mr Martin Taylor as the new WHO Representative to China**. Mr Taylor brings to this vital role over two decades of experience in global health and development, and an understanding of China drawing on 8 years of previously living and working in the country...."

Devex - Money Matters: What does China spend on aid?

<https://www.devex.com/news/money-matters-what-does-china-spend-on-aid-105870>

(gated)

“How much cash does China actually spend on aid? We looked at the research to find out. **We found that if China decided to record its giving using the official development assistance, or ODA, system, it would likely be the world’s sixth-largest donor....**”

“... It is an interesting question how much of the world’s aid is, in one way or another, **dictated by China**. The Asian nation’s Belt and Road Initiative has poured serious cash into countries around the world, partly as a means to court favor and **swing the political balance away from the West**, and it’s got everyone spooked. China committed over \$1 trillion for more than 10,800 projects between 2000 and 2017.”

CFR - The Role of U.S.-China Competition in Global Health Aid

S Patel; <https://www.cfr.org/blog/role-us-china-competition-global-health-aid>

“The United States and China are **competing to offer health aid to nations in the South Pacific.**”

Devex - UK government aid match scheme attacked as 'charity washing'

<https://www.devex.com/news/uk-government-aid-match-scheme-attacked-as-charity-washing-106165>

“A United Kingdom aid match-funding scheme to encourage public donations to development projects in low-income countries has been criticized for using its aid budget to boost the “reputations” of government ministers. ...”

And a link:

- Africa CDC - [Africa CDC and France sign Memorandum Of Understanding to Strengthen Public Health Systems in Africa](#)

UHC & PHC

HP&P - Do private health providers help achieve Universal Health Coverage? A scoping review of the evidence from low-income countries

Laura Coveney, David Musoke, Giuliano Russo;

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czad075/7246627?login=true>

“... Although private providers are an integral part of world health systems, their contribution to achieving UHC is unclear, particularly in low-income countries (LICs). **We scoped the literature to map out the evidence on private providers’ contribution to UHC progress in LICs...**”

“... We identified 34 papers documenting how most basic health care services are already provided through the private sector in countries such as Uganda, Afghanistan and Somalia. **A substantial proportion of primary care, mother, child and malaria services are available through non-public providers across all 27 LICs.** Evidence exists that **while formal private providers mostly operate in well-served urban settings, informal and not-for-profit ones cater for underserved rural and urban areas.** Nonetheless, there is evidence that the quality of the services by informal providers is suboptimal. A few studies suggested that the private sector fails to advance financial protection against ill-health, as costs are higher than in public facilities and services are paid out of pocket. **We conclude that despite their shortcomings, working with informal private providers to increase quality and financing of their services may be key to realizing UHC in LICs.**”

BMJ Opinion - The two simple and very human reasons why all health systems, including the NHS, are bound to fail

R Smith; <https://www.bmj.com/content/382/bmj.p2080>

“... **two simple human factors make health (sickness) systems unsustainable: more sick people and more health professionals able to do more for them.** Breaking out of this cycle will not be easy, but I’ve floated some ideas that revolve around devising a system that starts with health rather than sickness.”

Pandemic preparedness & response/ Global Health Security

TWN - WHO: INB Bureau to develop another draft negotiating text

<https://www.twn.my/title2/health.info/2023/hi230902.htm>

“**In the drafting group meeting of the Intergovernmental Negotiating Body (INB) held on 4 – 6 September, Member States decided to entrust the Bureau to develop another draft text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (the pandemic instrument). This will be a proposal for the negotiating text for the consideration of the 7th Meeting of the INB (INB7) that will be held on 6 – 10 November and resumed on 4 – 6 December. The Bureau will develop and circulate the proposal in English by 16 October and this will be translated into all U.N. languages by 30 October....**”

“**TWN learned that a proposal to mandate the Bureau to develop “the negotiating text” was not accepted by the Member States on Wednesday who insisted on the need to examine the proposal before accepting it as the negotiating text.** Further the report of the drafting group meeting, as seen by TWN, states that this mandate of Bureau is without prejudice to the right of any Member State to present textual proposals and to the status of the compilation document containing all Member State textual proposals submitted in April to the INB....”

PS: Check out also the section on **“E.U.’s Benefit Sharing proposals fails to gather support”**.

Science News - U.S. cancels program aimed at identifying potential pandemic viruses

<https://www.science.org/content/article/u-s-cancels-program-aimed-identifying-potential-pandemic-viruses>

“Critics feared DEEP VZN research projects could help viruses jump from animals to humans”.

Plos Med - Real-time surveillance of international SARS-CoV-2 prevalence using systematic traveller arrival screening: An observational study

A Kucharsky et al ; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004283>

« ... As well as elucidating previously unmeasured infection dynamics in these countries, our analysis provides a proof-of-concept for scalable and accurate leading indicator of global infections during future pandemics.”

Geneva Health Files - The Architecture for Pandemic Prevention, Preparedness, & Response (PPPR): Views from Civil Society Leaders on the UN High Level Meetings

https://genevahealthfiles.substack.com/p/the-architecture-for-pandemic-prevention?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email

By the Coalition of Advocates for Global Health and Pandemic Preparedness. With 4 key asks.

BMJ GH (Analysis) - Comparing research and development, launch, and scale up timelines of 18 vaccines: lessons learnt from COVID-19 and implications for other infectious diseases

W Mao et al ; <https://gh.bmj.com/content/8/9/e012855>

“The COVID-19 pandemic has demonstrated that the research and development (R&D), launch and scale up timelines of vaccines can be drastically shortened. This study compares such timelines for eighteen vaccines and identifies lessons and implications for accelerating the R&D, launch and scale up process for other vaccine candidates. ...”

Clinical trial for Crimean-Congo haemorrhagic fever vaccine launched

<https://www.ndm.ox.ac.uk/news/first-volunteers-receive-vaccine-for-crimean-congo-haemorrhagic-fever-in-clinical-trial>

“A University of Oxford study has administered a new vaccine against tick-borne virus Crimean-Congo haemorrhagic fever (CCHF) to volunteers for the first time. CCHF is on the World Health Organization's top priority watchlist for viruses that could cause a future pandemic, and yet no approved vaccines currently exist....”

And a link:

- BMJ GH (Commentary) - [Is the proposed global treaty an answer for public health emergencies?](#) (by T J Gandhi et al)

Planetary health

IISD - Co-benefits of Climate-SDG Synergies Far Outweigh Trade-offs: UN Report

[IISD](#);

“The report shows there are strong “win-win synergies” between addressing climate change and achieving the SDGs. It finds that the 2030 Agenda for Sustainable Development and the Paris Agreement on climate change are mutually reinforcing and that advancing their implementation simultaneously can have significant co-benefits for both agendas, which “far outweigh trade-offs”.”

The report is titled, ‘**Synergy Solutions for a World in Crisis: Tackling Climate and SDG Action**’.

Guardian - Deadly humid heatwaves to spread rapidly as climate warms – study

<https://www.theguardian.com/environment/2023/sep/08/deadly-humid-heatwaves-to-spread-rapidly-as-climate-warms-study>

“Small rise in global temperatures would affect hundreds of millions of people and could cause a sharp rise in deaths.” University of Oxford, UK, led the study with colleagues at the Woodwell Climate Research Center in the US.

Lancet Planetary Health - Global health burden and cost of lead exposure in children and adults: a health impact and economic modelling analysis

B Larsen et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(23\)00166-3/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(23)00166-3/fulltext)

“Lead exposure is a worldwide health risk despite substantial declines in blood lead levels following the leaded gasoline phase-out. **For the first time**, to our knowledge, **we aimed to estimate the global burden and cost of intelligence quotient (IQ) loss and cardiovascular disease mortality from lead exposure.**”

Findings: “... We estimated that children younger than 5 years lost 765 million (95% CI 443–1098) IQ points and that 5 545 000 (2 305 000–8 271 000) adults died from cardiovascular disease in 2019 due to lead exposure. 729 million of the IQ points lost (95·3% of the total global IQ loss) and 5 004 000 (90·2% of total) cardiovascular disease deaths due to lead exposure occurred in LMICs. IQ loss in LMICs was nearly 80% higher than a previous estimate. Cardiovascular disease deaths were six times higher than the GBD 2019 estimate. The global cost of lead exposure was US\$6·0 trillion (range 2·6–9·0) in 2019, which was equivalent to 6·9% (3·1–10·4) of the global gross domestic product. 77%

(range 70–78) of the cost was the welfare cost of cardiovascular disease mortality, and 23% (22–30) was the present value of future income losses from IQ loss.”

“Our findings suggest that global lead exposure has health and economic costs at par with PM2.5 air pollution.....”

- Coverage for example via Vox - [Lead poisoning could be killing more people than HIV, malaria, and car accidents combined](#)

Guardian - US behind more than a third of global oil and gas expansion plans, report finds

<https://www.theguardian.com/environment/2023/sep/12/us-behind-more-than-a-third-of-global-oil-and-gas-expansion-plans-report-finds>

“Study highlights conflict between Washington’s claims of climate leadership and its fossil fuel growth plans.”

“Canada and Russia have the next biggest expansion plans, calculated based on how much carbon dioxide is likely to be produced from new developments, followed by Iran, China and Brazil. The United Arab Emirates, which is to host the annual UN climate summit this year, [Cop28 in Dubai in November](#), is seventh on the list. **The data, in a report from the campaign group Oil Change International**, also showed that five “global north countries” – the US, Canada, Australia, Norway and the UK – will be responsible for just over half of all the planned expansion from new oil and gas fields to 2050....”

Guardian - Antarctica may have entered ‘new regime’ of low sea ice as global warming ramps up

<https://www.theguardian.com/world/2023/sep/13/antarctica-global-warming-sea-ice-caps-regime-shift>

“**Record low Antarctic sea ice in recent years may be a sign the region has entered a “new regime” of low sea ice coverage driven by warming, research suggests.** The study, conducted by Australian scientists, describes a “breakdown” in the link between [sea ice and the atmosphere over Antarctica](#). It suggests that the area may have “entered a new regime in which previously important relationships no longer dominate sea ice variability”.....”

Development Today- New donors to Brazil’s Amazon Fund face financing bottlenecks

<https://www.development-today.com/archive/2023/dt-6--2023/bottlenecks-for-new-donors-to-brazils-amazon-fund>

“**Five new donors - the US, the EU, Switzerland, the UK, and Denmark - that have pledged support to Brazil’s Amazon Fund face bottlenecks.** The 15-year-old fund has been slow to disburse money and hundreds of millions of dollars remain unspent. Experts call for a new type of financing window to speed up funding of urgent forest protection measures in Brazil.”

Covid

Stat - Amid another rise in cases, Covid's new normal has set in

H Branswell; <https://www.statnews.com/2023/09/10/covid-cases-rise-new-normal-coronavirus/>

Even if focused on the US, recommended read.

“Among people who are still paying attention to [Covid-19](#), there’s been a recent surge — not just in viral activity but in the concern once again being paid to Covid. ... While the angst is understandable, there’s something we need to grasp at this point in our coexistence with SARS-CoV-2: **This is our life now. “I see so many people say: ‘Remember, Covid’s not over,’” Jennifer Nuzzo, an epidemiologist and director of Brown University’s Pandemic Center, told STAT. **“Covid’s never going to be over. You need to set expectations accordingly. It is never going to be over.”****

But we’re obviously in a different place now. Insightful read & analysis of the current situation.

PS: “... Osterholm said, who suggested we need to be thinking more about the now and the future, not just the past. “Before we were basically trying to completely avoid the virus,” he said. “Now we know it’s here. And now we know that we’re not going to shut down everything or even think about that. ... **So the point is: How do we live with it? And I think that’s the transition we’re in right now.**”

FT (Opinion) - The rush to outpace Covid variants

A Ahuja; <https://www.ft.com/content/0589e1b9-ab6d-42b2-ba1d-e52f84923afd>

“At least three descendants of Omicron have scientists on alert and vaccination programmes speeding up.

““I haven’t heard a good rationale why [the Covid booster] is not being offered like the flu jab,” says Devi Sridhar, chair of global public health at Edinburgh university. “That’s the million-dollar question right now.” Scientists are keeping tabs on at least three variants, all descendants of the XBB variant (itself a descendant of Omicron). ... The newest is BA.2.86, recorded in nine countries as of September 5 and designated a “variant under monitoring” by the World Health Organization. Nicknamed **Pirola.... A more dominant newcomer is EG.5.1, nicknamed **Eris**, which accounted for just under a quarter of all Covid samples sequenced in the UK in late August and has been escalated to a “variant of interest”. It was the fastest-growing variant in the Americas, Europe and the Western Pacific region, according to the WHO last month. Early indications are that it does not seem to cause more severe disease. Another variant, called FL.1.5.1 and informally labelled **Fornax** (furnace in Latin), is currently the second most common variant in the US. Encouragingly, the updated Covid jabs being rolled out this month in the UK and US are modelled on a variant resembling Eris and Fornax, and so should be effective. But reassurance should not equate to complacency....”**

The author concludes: **“... Learning to live with Covid should not mean resigning ourselves to depressing cycles of sickness, empty offices and deserted classrooms. We have safe and effective vaccines — let’s use them.”**

Health Policy - Belief in COVID-19 related conspiracy theories around the globe: A systematic review

E A Fotakis et al ; <https://www.sciencedirect.com/science/article/pii/S0168851023001884>

Key messages: « High prevalence of belief in COVID-19 conspiracy theories (CTs) around the world. Different COVID-19 CT endorsement patterns at the regional, country and conspiracy narrative levels. Context specific evidence based COVID-19 CT endorsement, prevention, mitigation and control policies are required. »

Cidrap News - Smart people first in line for COVID-19 vaccines, study suggests

[Cidrap](#);

“Intelligent people get their COVID-19 vaccines much faster, suggests a **study** of more than 750,000 people in Sweden published in the *Journal of Health Economics*...”

NPR - Unraveling long COVID: Here's what scientists who study the illness want to find out

<https://www.npr.org/sections/health-shots/2023/09/09/1198342040/long-covid-causes-treatment-research>

Scientists seem to make headway in learning about biological basis of long COVID, but many questions remain, conference attendees hear.

- Related: **Stat Opinion** - [Long Covid is a new name for an old syndrome](#) (by Steven Phillips et al). Cool piece.

BMJ GH - National and subnational governance and decision-making processes during the COVID-19 pandemic in Nigeria: an empirical analysis

<https://gh.bmj.com/content/8/9/e012965>

By S Mukherjee et al.

And a link:

- Plos GPH - [The role of civil society organizations \(CSOs\) in the COVID-19 response across the Global South: A multinational, qualitative study](#) (by Adam C Levine et al)

Mpox

Lancet World Report – What happened to the mpox pandemic?

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01956-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01956-6/fulltext)

“Herd immunity, vaccination, and behaviour change have all been suggested as reasons why the mpox epidemic slowed. Tony Kirby reports.”

“...**Christophe Van Dijck (Institute of Tropical Medicine Antwerp)** suggests that a network effect might have accounted for the reduction in cases....”

““I think it was a **combination of a number of factors that helped stop the mpox epidemic**, and we will not be able to disentangle them all now”, says **Kai Jonas**, an expert on behaviour change and Professor of Applied Social Psychology, with specific focus on LGBTQI+ diversity and health (Maastricht University, Maastricht, the Netherlands). **“Most likely the network assumption holds some truth to it, as well as the behavioural change assumption of individuals reducing the numbers of sexual partners and frequency of sexual activity....”**”

Infectious diseases & NTDs

FT special report: Communicable Diseases

<https://www.ft.com/reports/communicable-diseases>

“Climate change helps the spread of infectious diseases. Plus: rise in fungal infections highlights risks of antimicrobial resistance; Sydney shows how to almost eliminate HIV transmission; wait goes on for effective Long Covid treatments.”

<https://www.ft.com/reports/communicable-diseases>

- Including – [Lessons not learnt from Covid-19](#) (by Andrew Jack)

‘While conflict, climate change & economic growth are set to be prominent in their discussions, **the existential threat of communicable disease has largely fallen off the international diplomatic agenda’ ...”**

PS: “**Tim Evans** [*long time no see*], director of the School of Population and Global Health at McGill University, **calls for the development of more “entrepreneurial spirit” in public health**. “We don’t need another sub specialist in neurology or a top-notch biostatistician. The fundamental type of work we’re missing is someone who says ‘I love a challenge like how to mobilise people within 24 hours to secure supply chains for personal protective equipment’.””

- And [We need transformational change to be ready for the next pandemic](#) (by E J Sirleaf)

“ ... **political leaders must treat pandemic risks as existential**. This is one of very few threats that can change the world as we know it, within days....”

Telegraph – India races to contain outbreak of deadly Nipah virus

<https://www.telegraph.co.uk/global-health/science-and-disease/nipah-virus-outbreak-kerala-india-deaths-infections/>

“It is the fourth time the virus – which has a fatality rate as high as 75 per cent – has emerged in the state of Kerala.”

BMJ Editorial - Prevent TB to end TB

B Basnyat et al ; <https://www.bmj.com/content/382/bmj-2023-077431>

« **Scaling up preventive therapy** should be an urgent priority in regions that need it most.”

« ... **TB preventive therapy**, long neglected as an effective component of strategies to eliminate tuberculosis, is a course of medication to treat people who are infected with *Mycobacterium tuberculosis* but do not have active TB disease....”

HIV Prevention Choice Manifesto for Women and Girls in Africa launched

https://www.unaids.org/en/resources/presscentre/featurestories/2023/september/20230912_choi-ce-manifesto

“**UNAIDS Executive Director, Winnie Byanyima**, joined women’s coalitions, government officials, development partners and community groups from across East and Southern Africa **to launch the HIV Prevention Choice Manifesto**. Led by the African Women Prevention Community Accountability Board and supported by the International Community of Women Living with HIV (ICW) East Africa and Advocacy for Prevention of HIV and AIDS (APHA), **the Choice Manifesto advocates for choice in the HIV prevention options available for women and a commitment to expanding access to long-acting HIV health technologies**. Further, these options should be people centred, women-centred and women-led....”

Lancet Infectious Diseases (Mediawatch)- Aging with HIV in sub-Saharan Africa

Hollie Sherwood-Martin; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(23\)00570-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(23)00570-4/fulltext)

“**The population of people aged 50 or over with HIV in sub-Saharan Africa is approaching 4 million**; a testament to the success of HIV treatment and rollout of antiretroviral therapy (ART), but also a dilemma in and of itself. In countries where stigma prevails and access to healthcare, accurate reporting, and data sharing are hindered by both socio-economic and political circumstances, **how can we support this population, and what support exactly do they need?** *Ageing with HIV in sub-Saharan Africa: health and psychosocial perspectives* is **a broad study of this demographic, and an incredible showcase into the reality of living and ageing with HIV**, an epidemic long considered a disease of the young. Editors Mark Brennan-Ing, Kristen Porter, Jennifer Kaufman, Catherine

MacPhail, and Janet Steely have collated an impressive anthology of studies ranging from health and medical studies to psychosocial perspectives, from Uganda to South Africa, in a body of work designed to **not only inform, but also to encourage further aid for “the largest regional population of older adults with HIV on the planet”....”**

Brown University – Malaria-causing parasites resistant to both treatment and detection have emerged in Ethiopia

[Brown](#);

News release of this study in *Nature Microbiology* - [Plasmodium falciparum resistant to artemisinin and diagnostics have emerged in Ethiopia](#)

WHO Bulletin – Elimination and eradication goals for communicable diseases: a systematic review

L Khawar et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.289676.pdf?sfvrsn=5d9b98bf_3

Findings : «We identified **nine goals for 27 infectious conditions**, ranging from disease control to eradication. In comparison with the hierarchy of disease control, as defined at the Dahlem Workshop in 1997, six goals related to disease control with varying levels of advancement, two related to elimination and one to eradication. Goals progressed along a disease-control continuum, such as end of disease epidemic to preelimination to elimination as a public health problem or threat. We identified the use of non-standardized terminology with certain goals, including virtual elimination, elimination of disease epidemics, public health threat and public health concern....”

NCDs

Annual Global Week for Action on NCDs (14-21 September)

<https://actonncds.org/>

Ongoing – with theme: **‘Bridging the care gap’**.

International Journal for Equity in Health -Addressing cancer care inequities in sub-Saharan Africa: current challenges and proposed solutions

O Omotoso et al; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-023-01962-y>

Review. **“Cancer is a significant public health challenge globally, with nearly 2000 lives lost daily in Africa alone.** Without adequate measures, mortality rates are likely to increase. **The major challenge for cancer care in Africa is equity and prioritization, as cancer is not receiving adequate attention from policy-makers and strategic stakeholders in the healthcare space.** This neglect is affecting the **three primary tiers of cancer care: prevention, diagnosis, and treatment/management.** To promote cancer care equity, addressing issues of equity and

prioritization is crucial to ensure that everyone has an equal chance at cancer prevention, early detection, and appropriate care and follow-up treatment. **Using available literature, we provide an overview of the current state of cancer care in Africa and recommendations to close the gap.....”**

And a link:

- Plos GPH - [Global implementation research capacity building to address cardiovascular disease: An assessment of efforts in eight countries](#) (by M B Weber et al)

Mental health & psycho-social wellbeing

WHO launches new resources on prevention and decriminalization of suicide

<https://www.who.int/news/item/12-09-2023-who-launches-new-resources-on-prevention-and-decriminalization-of-suicide>

“Today the World Health Organization (WHO) launches two resources designed to strengthen suicide prevention efforts: [Preventing suicide: a resource for media professionals \(2023 update\)](#) and a [policy brief on the health aspects of decriminalization of suicide and suicide attempts.”](#)

Plos GPH - Interventions to increase help-seeking for mental health care in low- and middle-income countries: A systematic review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002302>

by M van den Broek et al.

Social & commercial determinants of health

Guardian – Snack attack: how the west exported unhealthy eating to Africa and Asia

<https://www.theguardian.com/global-development/2023/sep/14/snack-attack-how-the-west-exported-unhealthy-eating-to-africa-and-asia>

“From rickshaw riders in Bangladesh to schoolchildren in Kenya, **people in lower-income countries are turning to ultra-processed convenience foods**, as experts warn of an inevitable disease toll to follow....”

Sexual & Reproductive health rights

MSF - Abortion: Women more at risk of death in fragile and conflict-affected settings

https://www.msf.org/abortion-women-more-risk-death-fragile-and-conflict-affected-settings?utm_source=twitter&utm_medium=organic&utm_campaign=September

New research from last week.

SS&M - “Mothers get really exhausted!” the lived experience of pregnancy in extreme heat: Qualitative findings from Kilifi, Kenya

<https://www.sciencedirect.com/science/article/pii/S0277953623005804>

By F Scorgie et al.

Plos GPH - Opportunities to sustain a multi-country quality of care network: Lessons on the actions of four countries Bangladesh, Ethiopia, Malawi, and Uganda

Seblewengel Lemma et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0001672>

“The Quality of Care Network (QCN) is a global initiative that was established in 2017 under the leadership of WHO in 11 low-and- middle income countries to improve maternal, newborn, and child health. The vision was that the Quality of Care Network would be embedded within member countries and continued beyond the initial implementation period: that the Network would be sustained. This paper investigated the experience of actions taken to sustain QCN in four Network countries (Bangladesh, Ethiopia, Malawi, and Uganda) and reports on lessons learned.”

HP&P – A scoping review considering the processes involved in changing abortion laws in Low- and Middle-Income Countries (LMICs)

<https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czad081/7272642?redirectedFrom=fulltext>

by Carmen Hall et al.

Neonatal and child health

Nature - Early-childhood linear growth faltering in low- and middle-income countries

J B-Chung et al ; https://www.nature.com/articles/s41586-023-06418-5?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1694622162

“...the highest incidence of stunting onset occurred from birth to the age of 3 months, with substantially higher stunting at birth in South Asia.”

Related (new) articles in Nature - [Child wasting and concurrent stunting in low- and middle-income countries](#) & [Causes and consequences of child growth faltering in low-resource settings](#)

Press release: [Malnutrition Early in Life Sets Stage for Poor Growth and Death](#)

“Malnutrition affects babies much earlier than thought, and more nutritional support is needed for mothers-to-be and their newborns to prevent disease, impaired cognition and death, according to new findings by researchers at UC San Francisco and UC Berkeley. In a trio of papers appearing in *Nature* on Sept. 13, 2023, the researchers offer the most comprehensive look yet at how [malnutrition](#) affects [growth](#) in the first two years of life, underscoring a devastating reality for millions of children in the Global South, particularly Asia....”

““Children whose growth begins to falter before they are six months old are much more likely to die and much more likely to have severe forms of growth faltering by the time they’re 18 to 24 months old,” said the papers’ senior author, Benjamin Arnold, PhD, MPH, associate professor at UCSF’s Francis I. Proctor Foundation. “This suggests there is a very narrow period in which we can intervene, ideally in the prenatal period. It also suggests broader interventions are needed to improve nutrition among women of childbearing age.””

HP&P - A scoping review on integrated health campaigns for immunization in low and middle income countries

S T Ahmed et al ; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czad082/7271633?redirectedFrom=fulltext>

“Health campaign integration is a key implementation strategy outlined by the World Health Organization to achieve universal health coverage. **This scoping review synthesizes the evidence on Integrated Health Campaigns (IHC) in the field of immunization in Low and Middle-Income Countries (LMICs) regarding the most common strategies, facilitators, and barriers.”**

Access to medicines & health technology

NYT (guest essay) - Equal Access to Safe Medicines Is a Global Human Right

V Krishnan; <https://www.nytimes.com/2023/09/11/opinion/india-medicine-safety.html>

Excerpt:

“... As Indian-made drugs began flowing across the globe, **the W.H.O. in 2001 set up a groundbreaking program to monitor safety and quality, called the Prequalification of Medicines Program, or P.Q.P.**, which set global standards for H.I.V. medicines made by different nations. A year later, it was expanded to include medicines used to treat tuberculosis and malaria. With that, there was new hope in the fight against three of the biggest plagues of our time. The program is one of those unsung policies that keep the global health structure ticking. **The P.Q.P. effectively became a de facto drug approval authority for developing countries, and today it ensures the safety of over 1,700 medical products** — including medicines, vaccines, diagnostics and a wide range of other medical and disease-control equipment. **Yet it does not cover all “essential medicines,” a regularly updated W.H.O. list of hundreds of drugs ranging from antibiotics to opioids and anesthetics that are considered vital for any basic health care system. The program should be expanded to cover all of these medicines.** However, it relies largely on voluntary and potentially unsteady philanthropic funding from organizations like the Gates Foundation. **Expanding it will surely require more funding, which should be borne by W.H.O. member states.** American and European regulators can and do conduct their own on-site inspections of foreign facilities churning out essential medicines. India has the largest number of Food and Drug Administration-approved plants outside the United States. But many developing nations remain vulnerable. **The recent deaths have drawn new attention to drug safety. The African Union is setting up its own drug regulatory agency.** Last month, a Gambian government task force recommended suing the Indian government over deadly cough syrup. Yet the administration of Prime Minister Narendra Modi of India last month pushed a bill through Parliament that features lighter punishments for manufacturing substandard medicines, highlighting why **individual nations cannot be relied on to address the problem.** India needs to clean up its act for its own good — its growth into a powerhouse of generic drug production has polluted its rivers with antibiotic waste, spawned dangerous superbugs and made it a global hot spot for drug-resistant tuberculosis. **For the rest of the world, the main benefit of India becoming the pharmacy of the poor was to break Big Pharma’s control of lifesaving medicines. More cases involving deadly Indian-made medicines could undo that positive achievement by causing irreparable harm to the global reputation of cheap generics.....”**

Medicines Law & Policy (Guest blog) – The European Commission’s proposal on a new EU-wide compulsory licensing regime

<https://medicineslawandpolicy.org/2023/09/the-european-commissions-proposal-on-a-new-eu-wide-compulsory-licensing-regime/>

By Olga Gurgula. Among others, relevant for INB negotiators.

Human resources for health

BMJ GH - ViSHWaS: Violence Study of Healthcare Workers and Systems—a global survey

<https://gh.bmj.com/content/8/9/e013101>

“To provide insights into the nature, risk factors, impact and existing measures for reporting and preventing violence in the healthcare system. The under-reporting of violence against healthcare workers (HCWs) globally highlights the need for increased public awareness and education. ... **The Violence Study of Healthcare Workers and Systems study** used a survey questionnaire created using Research Electronic Data Capture (REDCap) forms and distributed from 6 June to 9 August 2022....”

“...This global cross-sectional study highlights that a majority of HCWs have experienced violence, and the incidence either increased or remained the same during the COVID-19 pandemic.”

Decolonize Global Health

Journal des Africanistes - Repenser la santé mondiale depuis la perspective des penseurs décoloniaux originaires d’Afrique francophone

Lara Gautier, Youssouf Karambé, Jean-Paul Dossou, Elvire Toure-Pegnougo et Oumar Samb ;
<https://journals.openedition.org/africanistes/12604>

(in French) « Rethinking global health from the perspective of African Francophone decolonial thinkers.”

(from the translated abstract) “...Drawing on decolonial thinkers from French-speaking Africa, we analyze their potential for deconstructing "global health" interventions. We propose to **apply this analytical grid to the dissemination of family planning devices**, a well-known example of this type of intervention implemented in sub-Saharan Africa. **We show that family planning interventions have most often targeted the superficial dimensions of global health problems, bypassing the structures and mental models of African populations. ...**”

Miscellaneous

Nature (Editorial) - The world’s goals to save humanity are hugely ambitious — but they are still the best option

<https://www.nature.com/articles/d41586-023-02844-7>

Final overall assessment, after their separate analysis of the state of affairs on every single SDG.
“**Not one of the United Nations Sustainable Development Goals looks set to be achieved by 2030.**”

But deadlines can help focus the mind, and scientists should double down on their work to support the goals.”

PS: Nature concludes: “...**Policymakers and the UN are already discussing what should come after 2030.** One idea, which draws on studies of SDG interactions, is to focus on a smaller number of cross-cutting goals — including human well-being, energy decarbonization and sustainable and just economies **We strongly support efforts to learn from the past and to take heed of evidence. But completely replacing the goals after 2030 would be wrong-headed,** given how widely recognized they have become, and that they all remain essential to sustainable development. Any effort to replace them would detract from the spirit of inclusion that distinguished the SDGs project from previous goals. **But making no adjustments would also be foolhardy,** given all that’s been learnt over the past eight years. **This month’s summit is focused on re-energizing nations to push for the goals in the run-up to 2030. In the near term, that’s the right approach: even if most targets will be missed, it’s better to double down on efforts and use the deadline to focus minds than to give up and risk eroding fragile gains.** This unprecedented project was always going to involve tremendous hard work, and **a lot can be done in seven years. The world’s priority must be to make the greatest possible gains against the current goals — while using science to intelligently evolve them.”**

- Related – Science Editorial: [Science needed now, for action](#)

“In attempts to address such challenges, a **“science summit” is being convened at UNGA 78.** The goal is to develop and launch collaborations that demonstrate global science mechanisms and activities that support and validate sustainable development.”

“... One step toward a real-time system for describing trends that are relevant for policy-making in the UNGA just occurred during the **3rd International Forum on Big Data for Sustainable Development Goals in Beijing.** The World Meteorological Organization and the Group on Earth Observations **convened a panel of world-leading institutions to discuss how to best support policy development through key descriptors of sustainability. These descriptors integrate indicators across the 17 SDGs;** provide real-time information products on economy, environment, and social development; and highlight trends that can be used to correct policy and financing for sustainable development.....”

Nature - Bucking the system: the extraordinary story of how the SDGs came to be
[Nature;](#)

“Behind the UN Sustainable Development Goals is a stirring tale of people overcoming huge odds against hostile institutions.”

“The influential and ambitious United Nations Sustainable Development Goals (SDGs) were [the brainchild of two unsung Colombian women: Paula Caballero and Patti Londoño.](#) The two policymakers conceived the idea and persuaded the rest of the world to back it — and to let scientists design the goals free of political interference, as much as was practical. *Nature’s* Ehsan Masood reviews their recent memoir, along with that of **Richard Jolly,** whose long career as a development economist at the UN helped to inform the SDGs.”

Science (Policy Forum) – Four governance reforms to strengthen the SDGs

F Biermann et al ; <https://www.science.org/doi/full/10.1126/science.adj5434>

“...the 2022 SDG Impact Assessment, conducted by a global consortium of researchers, has shown that **the first phase of SDG implementation did not lead to a transformative reorientation of political systems and societies**. As the UN SDG Summit gets underway this month to review the halfway point in SDG implementation, and a further UN “Summit of the Future” is planned for 2024 to debate global governance reforms, **we present here a demanding yet realistic policy vision to adjust the course of SDG implementation.**”

Global Solidarity Report 2023

<http://globalnation.world/global-solidarity-report/>

“Measuring the strength and resilience of the international community, for the first time.”

“The Global Solidarity Report is a **publication of Global Nation, with support from the Bill & Melinda Gates Foundation and in partnership with Glocalities, Global Citizen, and Freuds...**”

“... which for the first time sets out to measure the strength and resilience of the international community. **Together, the 11 indicators create a single score to measure global solidarity.** ...”

“Our world is in the danger zone, with a score of 39 out of 100. ...”

And **some recommendations** to strengthen global solidarity and build a better future.

Including: **Cooperate against viruses** Expand the Pandemic Fund to protect the world & Agree on a Pandemic Accord (resp by Chikwe Ihekweazu WHO Assistant Director-General for Epidemic Intelligence and Surveillance Systems & Carolyn Reynolds Co-Founder, Pandemic Action Network)

Telegraph - More countries use wealth taxes to ease cost of living crisis

<https://www.telegraph.co.uk/money/tax/news/rich-hit-wealth-taxes-around-globe-cost-of-living-crisis/>

“The rich are increasingly being squeezed by wealth taxes as governments raise levies to pay for cost of living support. There was a “notable increase” in countries increasing net wealth taxes and property taxes last year, the **Organisation for Economic Co-operation and Development (OECD) said in its latest report on tax policy reform.....”**

CGD (blog)- Who the Next President of the EIB Is Matters for Global Development

S Pleeck et al; <https://www.cgdev.org/blog/who-next-president-eib-matters-global-development>

“As CGD prepares a series of interviews with candidates for the presidency of the (European Investment) bank, in this blog **we revisit the bank’s structure and mandate and look at why this appointment matters not only for investments within the European Union (EU) but also for the rest of the world.**”

“... EIB Global: The bank’s new development arm: In 2022, the EIB set up EIB Global—a branch for all its investments outside of the EU. With EUR10.8 billion, including a EUR1.8 billion support package to Ukraine, EIB Global provided 14 percent of the EIB Group’s total financing for 2022. EIB Global is almost entirely dependent on EU budget guarantees for its operations as the latter cover the risk of EIB loans outside the EU. **The branch has a key role in the implementation of the EU’s Neighbourhood, Development and International Cooperation Instrument (NDICI)—Global Europe through a EUR26.7 billion guarantee for projects for sovereign and commercial sub-sovereign counterparts and EUR3.5 billion for private sector operations in Africa, Caribbean and the Pacific . Additionally, the branch secured EUR2.2 billion in guarantees under the open architecture of the European Fund for Sustainable Development (EFSD+). **Mirroring the EU’s external priorities, EIB Global’s investments are heavily skewed towards the EU’s Neighbourhood and Sub-Saharan Africa.**”**

“... The nomination also occurs at a crucial time for MDBs as they engage in a reform agenda. As the Bretton Woods institutions and other MDBs reconsider their financial models and missions, the next president of the EIB will have to define how they want the bank to fit in this new system in the making. Should the bank add the protection of Global Public Goods to its mandate? Should it change its risk approach? Should it ask for a capital increase from its shareholders? These are all questions that the new president will face. **The designation of the new president will have major implications for the future of the EU, its neighbourhood and its development policy. Faced with growing financial needs and an important reform agenda, the next president will have to step up to the challenge....”**

Science News - U.K.’s ‘high-risk, high-reward’ research agency starts to take shape

<https://www.science.org/content/article/u-k-s-high-risk-high-reward-research-agency-starts-take-shape>

“Naming of eight program directors hints at ARIA’s future work.”

UK Government - UK to host global summit to turn the dial on world hunger

<https://www.gov.uk/government/news/uk-to-host-global-summit-to-turn-the-dial-on-world-hunger>

“The UK will host a global food security summit with the Bill & Melinda Gates Foundation and the Children’s Investment Fund Foundation (CIFF) to galvanize action to tackle hunger and malnutrition. It will focus on the best of science and innovation to prevent food insecurity and malnutrition. Nearly one billion people worldwide do not have enough to eat and 345 million face acute hunger and starvation. The UK will gather governments, international organisations, scientists, NGOs and the private sector **on 20 November for a reset moment on the global food security crisis.....”**

Science News - Red fire ants, a dreaded pest, have invaded Europe

<https://www.science.org/content/article/red-fire-ants-dreaded-pest-have-invaded-europe>

“After discovering one of the worst invasive species in the world **in Italy**, researchers plan swift eradication.”

Papers & reports

Globalization & Health – Why meta-regulation matters for public health: the case of the EU better regulation agenda

K Lauber et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-023-00971-4>

“Meta-regulation – the rules that govern how individual policies are developed and reviewed – has not received much attention in the study of health policy. We argue that these rules, far from value-free and objective, have significant potential to shape policy outputs and, as such, health outcomes. Channelling and operationalising wider paradigms like neoliberalism, they determine, for instance, what is considered ‘good’ policy, how decisions are made, based on which evidence, and whose voices matter. **Exploring an archetypal example of meta-regulation, the European Union’s Better Regulation agenda,** we illustrate why meta-regulatory tools such as impact assessment, stakeholder consultation, and evaluation – and the norms that underlie their application – matter for health. In so doing, we concentrate especially on the ways in which Better Regulation may affect interest groups’ ability to exert influence and, conversely, how actors have sought to shape Better Regulation. **We argue that attention to meta-regulation contributes to counter-balancing the focus on agency within debates at the intersection of globalisation and health, and notably those on regulatory practices and coordination.....”**

Development and Change - From Multiple Deprivations to Exploitation: Politicizing the Multidimensional Poverty Index

Nick Bernards; <https://onlinelibrary.wiley.com/doi/full/10.1111/dech.12788>

“.... The main observation I wish to make in this article is that poverty as conceived in the MPI, as well as in imitator indices like the World Bank's Multidimensional Poverty Measure (MPM), is multidimensional, but not relational. The index and its construction explore the intersections of different forms of poverty, but **almost by definition they hide from view, to borrow Bernstein's useful phrase, ‘the mechanisms that generate both wealth and poverty as two sides of the same coin of (capitalist) development’** (Bernstein, 1992: 24; see also Selwyn, 2014). In this sense, the MPI and like measures inevitably operate as a kind of fetish. They show how multiple forms of deprivation interact and attach a sophisticated quantitative metric to their depth and severity. All the while, however, they (deliberately or otherwise) obscure the social relations and histories behind these variegated forms of poverty. **By looking at the index, we learn in fine-grained detail how many people are poor, where and in what ways, but without a sense of how and why they became and remain impoverished and how such processes of impoverishment are integrally linked to the accumulation of wealth and capital elsewhere.** For this, I argue in the latter parts of this article, **we need to conceptualize poverty as an outcome of exploitation — the complex set of social relations through which value is appropriated from nature and labour and accumulated as wealth or capital.....”**

Research ethics - Researchers' responsibilities in resource-constrained settings: experiences of implementing an ancillary care policy in a vaccine trial in the Democratic Republic of the Congo

Gwen Lemey et al; <https://journals.sagepub.com/doi/full/10.1177/17470161231194139>

"In this paper, we discuss challenges associated with implementing a policy for Ancillary Care (AC) for related and unrelated (serious) adverse events during an Ebola vaccine trial conducted in a remote area of the Democratic Republic of the Congo."

Health Research Policy & Systems - Tracking global resources and capacity for health research: time to reassess strategies and investment decisions

T Adam et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-023-00979-7>

"The COVID-19 pandemic and more recently the Monkeypox outbreak emphasize the urgency and importance of improving the availability and equitable distribution of resources for health research across rich and poor countries. Discussions about the persistent imbalances in **resource allocation for health research between rich and poor countries** are not new, but little or no progress has been made in redressing these imbalances over the years. This is critical not only for emergency preparedness, but for the worlds' ability to improve population health in an equitable manner. Concerned with the lack of progress in this area, **Member States of the World Health Organization requested the establishment of a Global Observatory on Health Research and Development**, with the aim of consolidating, monitoring and analyzing relevant information on health research and development, with a view to informing the coordination and prioritization of new investments. **In this commentary, we highlight some of the striking disparities from the Observatory's analysis over the 5 years since its establishment and reflect on what is needed to overturn stagnant progress.**

The Lancet Gastroenterology & Hepatology (Editorial)- Food as a global health and social priority

[https://www.thelancet.com/journals/langas/article/PIIS2468-1253\(23\)00291-1/fulltext](https://www.thelancet.com/journals/langas/article/PIIS2468-1253(23)00291-1/fulltext)

With **focus on the Horn of Africa** but also broader (eg: referring among others to 'New data [that] emphasise the potential of food as medicine. In the **RATIONS trial**, done in a population in India with high rates of undernutrition, household contacts of patients with confirmed pulmonary tuberculosis who received food rations had a 39% lower incidence of disease compared with contacts who did not receive ration...").

"We urge the scale-up of global funding to improve food security and promote climate resilience. Robust research to design better early warning systems, respond more effectively to potential crises, and define the benefits of nutritional interventions will be crucial to solidify political will...."

Global Public Health - Attention to the needs of women and girls in WASH: An analysis of WASH policies in selected sub-Saharan African countries

M A Dogoli et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2023.2256831>

« There has been a push for understanding gendered violence in WASH in recent times. Attention is therefore shifting to how these issues are conceptualised, considering their embeddedness in context. One step primarily is **to understand how existing policies in WASH acknowledge the needs of women and girls in WASH**. In doing this, **we conducted a summative content analysis of selected policy documents on WASH: five at the international level and five each from Ghana, Uganda and Kenya**. Findings suggest that existing policies inadequately acknowledge WASH related gender-based violence and pay little attention to the complex ways gender and WASH relations are intimately connected. Generally, a holistic policy approach for addressing gender-based violence in WASH is needed. The paper recommends a system policy approach to address the unique needs of women and girls in WASH in sub-Saharan Africa. »

Tweets

Health Justice Initiative

“**Competition Commission in SA has just launched an INVESTIGATION into Johnson & Johnson for:** *Excessive pricing on bedaquiline (TB). *Exclusionary conduct (patent "evergreening"). 'Unprecedented & welcomed'.”

Dr Tedros

“The world is far behind in delivering on the #HealthForAll promise. **At the #G20 Summit, Ajay Banga and I discussed the upcoming @WHO -@WorldBank report on universal health coverage that will be launched at #UNGA**. We agreed that now more than ever we need political commitment at the highest level to turn the tide.”

Benjamin Mason Meier

“**Worried that this escalating feud between @TheLancet & @WHO is undermining global health governance at a pivotal diplomatic moment**, I look forward to discussing this with my students – hoping that they will learn from the adults guiding global health policy.”

Was a reaction to a **tweet by Richard Horton** (on one by Tedros in a picture with Lula):

“Excuse me, but one can't help wondering what these widely distributed photo-opportunities really deliver, other than publicity for the individuals concerned. Fewer pictures please, and more action. twitter.com/drtedros/statu...”

Fifa A Rahman

“I’m biased as a health lawyer, but an **underemphasised and underprioritised expertise in Ministries of Health - health law training**. This is becoming increasingly apparent to me as I speak to Ministries across the Global South on the pandemic accord.”

“**Consultations, whether with Member States or with CSOs, should always maintain a good balance between both sides talking**. If you’ve got 80% global health agency and 20% Member State or CSOs, that’s not a consultation. That’s a **briefing**.”

Katri Bertram

“**Ahead of #COP28, I'm not a fan of calls to place human #health at the forefront and centre of #climatechange policy**. Place climate action at the forefront, and we will improve the health of the planet, all species, the environment - and people. #healthySocieties.”