IHP news 739: September is upon us

(1 Sept 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,

Check out below our two featured articles from this week – one on the need to integrate urban IDPs (Internally Displaced People) into Primary Health Care in Mali, another one looking ahead to next week’s International Conference on PHC in Addis. Let’s hope PHC will also get sufficient attention (i.e. beyond just rhetorical support) at UNGA78. For a neat overview of everything planned at the 78th session of the United Nations General Assembly later this month (including the 3 HL meetings on health), see UN High Level week.

In this issue we’ll pay among others attention to the Seventy-third session of the WHO Regional Committee for Africa; come back on the G20 Health Ministers meeting in India and a Global Fund-India summit (ahead of next week’s G20 Leaders’ summit); explore how experts are urging more scrutiny of WHO regional elections (via Devex); and there are also quite some PPR updates (including even some encouraging C-TAP news), papers & high-level advocacy, as it’s money time in the coming months in New York and Geneva. Though diplomats have a different notion of time :) True, Tedros reckons Pandemic Accord negotiations are going too slow (and every new draft seems watered down a tad more...), but we think it’s still a breakneck speed as compared to how the world is currently “tackling” the planetary emergency. Perhaps “a new economic narrative for health” (cf Ilona Kickbusch in a short piece for the World Health Summit’s newsletter) can help speed up things a bit on the latter front. Or, if we’re *really* optimistic, WHO’s Global Evidence-to-Policy Summit from this week .... ?

Something tells me, though, that back in 1938, “evidence-to-policy” wasn’t exactly top of Leaders’ mind (except in the defense sector). In the current ‘Rise of Authoritarians & Populist F****wits saying whatever while being cheered on by the media’ era, I doubt it’s much different. With exception, perhaps, of that one - rather scary - ‘innovation’, Artificial Intelligence. In a 21st century looking ever more dystopian, one wonders what sort of polity/entity will make best use of (or otherwise “unlock the potential of”) AI to ‘inform policies’.

Enjoy your reading.

Kristof Decoster
Featured Articles

Bridging gaps: Integrating Urban IDPs into Bamako Initiative-Driven Primary Healthcare in Mali

Houssynatou Sy  *(Health systems and Policy research unit, ITM)*

In recent years, the world has witnessed an alarming increase in the numbers of internally displaced people (IDPs). Today, IDPs represent the majority of the world’s displaced, with 71.1 million IDPs globally at the end of 2022. Of these, 62.5 million had been affected by conflict or violence and 8.7 million by disasters.

Research suggests that IDPs tend to experience worse health outcomes than refugees who attract more attention for research and funding. In addition, while IDPs in rural settings have rightly received attention, the challenges faced by their urban counterparts seem to be overlooked.

Mali – a country with a population of 23 million, has become an epicenter of civil conflicts, with more than 346,000 IDPs in 2020. Most IDPs fled toward the southern cities of Mali, where they settled with host families and in informal camps. Over the last ten years, the country has faced a complex challenge of integrating urban IDPs into community-based primary healthcare (PHC), leveraging the transformative spirit of the Bamako Initiative. As a reminder, the Bamako Initiative, launched in Mali in the late 1980s, champions community involvement, financial sustainability, and accessibility in healthcare delivery.

Mali’s health system & health risks for IDPs

Public spending on health is low in Mali. In 2019, less than 6% of the government budget was dedicated to health, far below the Abuja target of 15%. The government’s share of country current health expenditure can be considered as limited (e.g., 34.4% in 2020), especially within the context of external aid limitations and increasing poverty prevailing since the coup in 2020. So, the current situation is one of poor public health infrastructure, a shortage of trained health workers, and geographical and financial barriers that make it difficult for many Malians to access healthcare, especially within the context of external aid limitations and increasing poverty. Health indicators in Mali are among the lowest in the world, with high maternal (325/100,000) and under-five (97.1/1000) mortality rates, and a high prevalence of infectious diseases such as malaria.

Primary healthcare forms the foundation of Mali’s health system. Community health centers (CSCOMs) are usually the first point of contact with the health system for most individuals. They are also non-profit organizations managed by a user association, the Community Health Association (ASACO). These are composed of a dispensary, a maternity ward, and a pharmaceutical repository. Community health workers play a crucial role in providing basic healthcare services and co-exist with traditional healers.

Integrating IDPs into community-based primary health care is one way to bring medical services closer and ensure that IDPs, who often lack reliable transportation and face financial constraints, have easier access to essential services.
Indeed, with many IDPs moving into urban areas, overcrowding and poor sanitation can fuel communicable diseases, placing both IDPs and the host communities at risk. In addition, the trauma of displacement, separation from family, and exposure to violence can have severe psychological impacts on IDPs. Furthermore, malnutrition poses a severe health risk among urban IDPs, especially among children, leading to long-term consequences on physical and cognitive development.

The need for integrating urban IDPs in Bamako Initiative-driven PHC

Integrating urban IDPs allows for tailoring care to their beliefs and practices, fostering trust and cooperation. Community-based healthcare facilitates comprehensive care, and also plays a role in addressing the psychosocial challenges that often accompany displacement. Proactive disease prevention measures ensure that both IDPs and host communities are safeguarded. Most importantly involving IDPs in community health initiatives may empower them to take ownership of their well-being, fostering a sense of belonging, and promoting social cohesion. Finally, integrating IDPs into local healthcare networks may enhance data collection, enabling authorities to accurately assess healthcare needs and allocate resources effectively.

However, unlocking the full potential of integrating urban IDPs into Bamako Initiative-driven community-based PHC requires a symphony of collaborative efforts among various stakeholders: governments to prioritize healthcare equity and enact existing health and policies; urban communities to play an active role in ensuring healthcare services cater to the specific needs of IDPs; and non-governmental organizations and international partners to provide vital resources, and share technical expertise.

In a world marked by multifaceted crises, bottom-up research and policymaking taking into account urban IDPs and their host communities while tackling the complexity of their environment, is key to ensuring that healthcare is inclusive, accessible, and adapted to those who are on the run in their own country.

The International Conference on Primary Health Care (ICPH 2023) in Addis Ababa (5-7 Sept)

Resilient PHC: The Foundation of UHC in the SDG era

Anteneh Zewdie (The International Institute for Primary Healthcare, Ethiopia) and Yibeltal Assefa (School of Public Health, the University of Queensland, Australia)

In the 2018 Declaration of Astana, the global health community renewed its commitments to sustainable Primary Health Care (PHC) and Universal Health Coverage (UHC). Five years later, it feels like an opportune moment to review the strides made since then, as well as the challenges faced on
the journey. On September 5-7, the International Institute for Primary Health Care, based in Addis Ababa, Ethiopia, in collaboration with the Ministry of Health of Ethiopia and the Johns Hopkins Bloomberg School of Public Health organizes an International Conference on Primary Health Care 2023 (ICPHC2023) at the Skylight Hotel in Addis.

The overall goal of the conference is to facilitate the attainment of UHC and the health-related Sustainable Development Goals (SDGs) by strengthening the PHC movement globally. Hence the theme, “Resilient PHC: The Foundation of UHC in the SDG era”. ....

To read on, see IHP.

**Highlights of the week**

**The read of the week**

Lancet Global Health - From private incentives to public health need: rethinking research and development for pandemic preparedness


Must-read (*& act, we hpo*). “Pandemic preparedness and response have relied primarily on market dynamics to drive development and availability of new health products. Building on calls for transformation, we propose a new value proposition that instead prioritises equity from the research and development (R&D) stage and that strengthens capacity to control outbreaks when and where they occur. Key elements include regional R&D hubs free to adapt well established technology platforms, and independent clinical trials networks working with researchers, regulators, and health authorities to better study questions of comparative benefit and real-world efficacy. Realising these changes requires a shift in emphasis: from pandemic response to outbreak control, from one-size-fits-all economies of scale to R&D and manufacture for local need, from de novo product development to last-mile innovation through adaptation of existing technologies, and from proprietary, competitive R&D to open science and financing for the common good that supports collective management and sharing of technology and know-how.”

For a quick summary of the main points of the paper, do check out also the Press release - [Experts call for sharing of technologies and a new collaborative research approach for outbreak control](https://healthpolicy-watch.news/pandemic-proofing-the-world/)

HPW - Pandemic-Proof the World Through ‘Last Mile’ Innovation Based on Strong Regional R&D Hubs


Coverage of the paper, with key points. And the backdrop.

“The best way to pandemic-proof the world is through ‘last-mile innovation’ based on strong regional and subregional research and development (R&D) hubs that can tackle disease outbreaks”
before they become pandemics. These hubs should be led by local scientists and have the capacity to adapt established technologies without intellectual property restrictions to produce vaccines, treatments and diagnostics to address threatening pathogens. This is the argument put forward by a group of health experts in a paper published this week in The Lancet amid three separate global negotiations aimed at improving the world’s response to future pandemics....”

“They assert that there has been too much focus on building new vaccine manufacturing facilities in developing regions and argue that the Pandemic Fund and development banks could finance “R&D for the common good rather than just vaccine manufacture and distribution through a market approach”....”

PS: “.... The authors’ call comes as the Intergovernmental Negotiating Body (INB) working on a pandemic accord is set to meet in Geneva next week to continue negotiations. Issues of equitable access to pandemic countermeasures are being negotiated in specific articles on research and development and on technology sharing and co-development, and are considered some of the most difficult areas to solve. The G20 Health Ministers also recognised the need for “sustainable global and regional research and development networks to facilitate better access to VTDs (vaccines, treatments and diagnostics) globally, especially in developing countries” at its meeting last week. Meanwhile, the United Nations High-Level Meeting on pandemics is set for 20 September in New York, and will adopt a political declaration mapping out how to address future pandemics.....”

WHO Afro regional meeting (28 Aug-1 Sept, Botswana)

https://www.afro.who.int/about-us/governance/sessions/seventy-third-session-who-regional-committee-africa

The Seventy-third session of the WHO Regional Committee for Africa was held in a hybrid format from 28 August to 1 September 2023.

Some news snippets below:

WHO Afro - African health ministers kick off region’s flagship health meeting
https://www.afro.who.int/news/african-health-ministers-kick-regions-flagship-health-meeting

“The annual gathering – WHO Africa’s highest decision-making body – is taking place this year in Gaborone, Botswana, from 28 August to 1 September. The meeting [will] focus on a range of strategies to bolster health systems, enhance readiness and response to health emergencies, reinforce ways to tackle nutrition and food insecurity crises, as well as address the threat of infectious and chronic diseases among other challenges. .... With the acute phase of the COVID-19 pandemic now ended, countries are striving to rebuild from its devastating impact on economies, health and livelihoods, and drawing lessons on how to better prepare for future pandemics and shocks....

Also with opening quotes from Tedros, M Moeti (WHO Afro) and J Kaseya (Africa CDC).
HPW - Botswana’s Health System is Hailed at WHO Africa Meeting

https://healthpolicy-watch.news/botswanas-health-system-is-hailed-at-who-africa-meeting/?feed_id=24&_unique_id=64eccc28f18f7

“Botswana’s approach to health is an example to the African continent, with strong leadership, investment in research and development and universal health services available for a nominal charge, said Dr Jean Kaseya, head of the Africa Centres for Disease Control and Prevention (Africa CDC). Kaseya was speaking on Monday at the opening of the World Health Organization (WHO) Africa regional committee meeting being held in Botswana’s capital, Gaborone…..”

WHO - Botswana National HIV Reference Laboratory designated WHO Collaborating Centre of Excellence


“The Republic of Botswana and the World Health Organization today announced designation of the Botswana National HIV Reference Laboratory as a WHO Collaborating Centre of Excellence, in recognition of the laboratory’s excellence in the field of HIV diagnosis and the potential of deeper collaboration with WHO in advancing the health and well-being of people living with HIV….”

WHO Afro - African health ministers mobilize against dangerous threat of antimicrobial resistance


“African health ministers today endorsed a regional strategy to ramp up action against antimicrobial resistance, which is estimated to have directly contributed to 1.27 million deaths in sub-Saharan Africa in 2019…..”

And some links:

- WHO Afro - Funding crisis threatens Africa’s fight against neglected tropical diseases
- WHO Afro - Health leaders vow to enhance response as Africa marks a year without wild polio detection
- WHO Afro - Off-track cervical cancer progress risks 70 000 deaths every year in Africa

Some final analysis of the G20 Health Ministers’ summit

Hindustan Times - G20 has seeded crucial global health initiatives

M Mandavija (India’s Union Health Minister): https://www.hindustantimes.com/opinion/g20-has-seeded-crucial-global-health-initiatives-101693317224840.html
“India lays the foundation for inclusive and holistic universal health architecture ahead of September’s G20 summit”, at least according to India’s Union Health Minister, among others pointing to the Medical Countermeasures Platform & WHO’s Initiative on Global Digital Health (GIDH). (See https://twitter.com/mansukhmandviya/status/16967338028367880 for the full article)

Ayoade Alakija (blog) - Stitches in Time: Weaving India’s G20 Vision into the Global Health Fabric

Clearly, Ayoade sounds a bit carried away about India these days. Still, an informative blog on last week’s G20 HL events in India, also with a view on the G20 Leaders meeting end of next week.

A few excerpts that caught our attention:

“While political leaders often take center stage, India’s triumphant hosting of the G20 and its portrayal of the Global South’s potential is truly driven by the unsung civil servants executing the nation’s policies….”

“… Notable outcomes from the Joint Health and Finance Ministers’ meeting include both the framework for health, social, and economic vulnerabilities and risks as well as finance-health coordination. It also included asks for continued support for the Pandemic Fund; a commitment to surge financing mechanisms to ensure finance is available immediately to address an outbreak on day zero and the establishment and support for a Health Finance taskforce….”

“… The paramountcy of the INB process for pandemic treaty: As eloquently stated by H.E. Budi G. Sadikin, Minister of Health for Indonesia, “No matter the difficulty, our strength lies in unity.” It is imperative that we remain united in our pursuit to reshape the PPPR framework. At this crucial juncture in global health, we turn our attention to the UN High-Level Meetings in September and the forthcoming political declaration on Pandemic Prevention, Preparedness, and Response. As we advance the INB process for a Pandemic Treaty, I applaud the G20’s consensus on establishing a medical countermeasures platform. However, as I’ve voiced before, the G20 cannot single-handedly shape a pandemic response framework for the entire globe. I’m heartened to see the G20’s commitment to the INB process, ensuring a more equitable approach where all voices are valued, not just those of the wealthiest nations.”

“… Looking ahead to Brazil’s Presidency: I look forward to Brazil’s G20 Presidency, building on the inclusive processes India has initiated. As we continue to strengthen our global south voice in our contributions to these important dialogues, this moment in time of a global south Troika is a pivotal time for us to collectively shape our futures and rebalance power. Brazil has announced that in its G20 Presidency it will continue to prioritize PPPR with a focus on surveillance and regional production; equity with a focus on access to innovations for health along with research and development; digital health with a focus on access; and climate change and the nexus of health and climate. ….”
India-Global Fund summit in Delhi

These days, everybody seems to be lining up to become a “strategic partner” of Modi’s India. Let’s hope they won’t regret it in 5 or 10 years from now.

India and the Global Fund: A strategic partnership with a national, regional, and global future

Op-ed by the Chair of the Global Fund. “The Global Fund’s contribution extends to promoting the Indian Health Fund (IHF), which is designed to propel healthcare innovation.”

Cfr a tweet: “Lady Roslyn Morauta, Chair of @GlobalFund Board, joins the Global Fund-India Summit to highlight India’s strategic position to help other countries accelerate their own health gains & strengthen the fight against the world’s deadliest diseases....”

A few excerpts:

“The Global Fund invests over US$4 billion per year to fight infectious diseases in 120 countries. We believe there is a significant opportunity for India’s pharmaceutical industry and other private-sector companies to take a leading role in the global fight to end deadly communicable diseases. .... The Global Fund’s financial support plays a pivotal role in fostering innovation and scaling successful approaches in India and beyond. The partnership between India and the Global Fund is exemplified through initiatives like the Joint Effort to Eliminate TB (JEET). Led by the Global Fund in collaboration with Indian non-governmental organizations, JEET focuses on enhancing diagnosis and treatment accessibility by engaging physicians and hospitals. ....”

“The Global Fund’s contribution extends to promoting the Indian Health Fund (IHF), which is designed to propel healthcare innovation. IHF has played a pivotal role in facilitating new advancements within the Indian pharmaceutical domain, like the TrueNat molecular diagnostic technology by Molbio Diagnostics. This rapid molecular TB diagnostics option has earned WHO pre-qualification and is poised for worldwide adoption, serving as an alternative to the Cepheid GeneXpert machine test.....”

She concludes: “.... With India’s robust pharmaceutical sector, large scale digital health solutions, and determination to eliminate TB and the Global Fund’s significant grant investments, commitment to data-driven results, and global reach, we are destined to serve as essential strategic partners in accelerating the end of the world’s deadliest diseases.”

Global Health Governance

Africa CDC - First 100 Days: Delivering the New Deal
On Jean Kaseya’s track record so far.

“H.E. Dr. Jean Kaseya was appointed as the first Director General of Africa Centres for Disease Control and Prevention (Africa CDC) in February 2023 by the 36th Africa Union (AU) Assembly of Heads of State and Government. Upon assuming office on the 20th April 2023, he committed to three fundamental priorities: strengthening the institution by implementing robust governance, fostering technical expertise, and establishing clear authority; ensuring financial sustainability through effective innovative fund generation and effective utilization to achieve tangible outcomes; and enhancing New Public Health Order interventions by enabling swift and effective on-the-ground responses to outbreaks and health-related emergencies faced by our Member States.” “.... This report provides a comprehensive overview of the milestones, progress and achievements realized under the leadership of the Director General in his first 100 days in office.”

“As of July 2023, key governance milestones achieved include (1) the establishment and inaugural meetings of the new Africa CDC Advisory and Technical Council (ATC); (2) the constitution of the new Governing Board for Africa CDC; (3) the approval of the new Africa CDC structure via the successful engagement with African Union (AU) organs through the Permanent Representatives’ Committee (PRC) and the Executive Council of Foreign Ministers. The new structure increases from 300 positions to 970 positions with regular positions moving from 72 positions approved in February 2023 to 155 in July 2023.....”

PS: Devex (still) sounds (a lot) less impressed, see the “A picture paints a thousand words” (paragraph).

Devex - Experts urge more scrutiny of WHO regional elections after racism scandal

Starting off from the 2018 scandal in WHO’s leadership in the Western Pacific.

“....The process to elect WHO’s regional leaders is at times driven more by country influence and politics, experts say...” “... Over 60 health experts based in different countries globally are hoping this would change and have issued a letter — seen by Devex — to WHO leadership and its board, including the current regional directors and regional committee heads led by member states, asking for greater public scrutiny of the candidates through an online public forum and an open town hall.... “Their ask comes ahead of the regional director elections for the WHO Western Pacific, Southeast Asia, and Eastern Mediterranean regions, all of which are taking place in October.”

“.... While experts don’t see the political process changing, they are hoping more transparency would ensure the best candidates get the job. “The selection of the Regional Director will be the decision of Member States and will involve geo-political considerations and bargaining for votes in return for support on other issues, including development assistance. That can’t be changed. But what can be done is ensuring that all candidates that are put forward have adequate qualifications, experience and calibre. More transparent processes can help in that regard,” Kent Buse, the director of Healthier Societies Program at the George Institute for Global Health and one of the signatories to
the letter to WHO, wrote to Devex. “We hope that external scrutiny is a tide that will lift all boats – even if they do so in stormy political waters, so to speak,” he added.

“Devex reached out to WHO’s executive board chair regarding the letter but had not received a response at the time of publication. However, a source close to the matter told Devex that the chair has engaged on the issue and that a variety of interim measures are being explored for the upcoming elections.”

“….. Some hope current discussions will lead to a much broader discussion on the current WHO system. “This organization is now 75 years old, so it might also be time to rethink some of the regional concepts,” said Anders Nordström, outgoing global health ambassador for the Swedish Ministry for Foreign Affairs ….. …. One of the challenges unique to the organization is that regional directors are appointed in a political process similar to the director-general. This gives them the political mandate but also creates confusion about whom they should be accountable to. Often, regional directors feel accountable to their regions, but “they do not primarily feel accountable to the director-general … or to the World Health Assembly” leading to tensions between the director-general and regional directors, Nordström said. “People have been aware about this for ages. No one has been able to do anything about it,” he added. He thinks the director-general should appoint regional directors, much like the way directors-general appoint the rest of their senior team. That should be done through an open, transparent process that involves a selection committee that can help put the proper process and criteria to select the best people for the job….”

Devex - Bill & Melinda fund local


“While donors have been slow to respond to calls to finance more local organizations, at least one major funder has been quicker on the uptake, says Devex Senior Development Analyst Miguel Antonio Tamonan. Between 1994 and 2022, the Bill & Melinda Gates Foundation spent $102.1 billion in grants. Around $10.6 billion of this — or 10.4% — went to grantees in low- and middle-income countries. And the proportion has risen steadily over the course of the foundation’s existence. Except in 2016, the share that went to LMICs remained above 10% of the total since 2012, with the highest rate in 2022, at 18.1%. More than half of the total amount, worth $5.6 billion, went to sub-Saharan Africa. India got the biggest share among countries, with $1.8 billion or 17% of the total. Other top recipient countries include Kenya, with nearly $1.8 billion; Nigeria, with $1.3 billion; South Africa, with $978.3 million; and Pakistan, with $686.1 million…..”

PS: in spite of the merry messaging, I have to say 10% doesn’t sound like an awful lot...

Run-up to UN High-level meetings on health

Lancet Offline - Primary healthcare is not enough

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01843-3/fulltext
Horton is back from holidays. In this Offline, he looks ahead to the UN HL meeting on UHC. And says:

“... The solution offered to delegates at the UNGA this year is the same as that proclaimed in 2019— primary healthcare. In 2019, the call was to prioritise primary healthcare as “a cornerstone of a sustainable people-centred, community-based and integrated health system and the foundation for achieving UHC”. The “fundamental role” of primary healthcare is, once again, central to the 2023 vision for UHC—“90% of essential interventions for UHC can be delivered using a primary healthcare approach.” But these statements lack ambition, are desperately misguided, and display a wilful ignorance of the growing needs of disadvantaged populations worldwide. The stubborn persistence of this narrow approach to UHC utterly fails to recognise the transformation in disease profiles taking place in low-income and middle-income settings. Primary healthcare alone is insufficient to meet the demands of this new health landscape.....”

“... If the global health community truly believes in “health for all”, we need to upgrade our vision for UHC to include specialist hospital care. .... Primary healthcare alone cannot provide the necessary facilities for the huge demand for cancer care that is coming in the most resource-constrained regions of the world. The global health community's emotional attachment to the 1978 Declaration of Alma-Ata, which codified a commitment to primary healthcare, is stifling our energy, drive, and hunger for fully realising “health for all.””

FT (op-ed) - We cannot give up on the global pandemic treaty

Nina Schwalbe; FT;

“We are on track to squander the political will that brought the commitment to better handle another health catastrophe.”

“As the Covid-19 pandemic waned, our elected leaders lost focus on their responsibility to prevent another such event. Nearly two years after countries agreed to develop a new pandemic treaty, the prospect of achieving a bold new global agreement to prepare and respond to future disease threats is slipping away. The sense of urgency that gripped nations to be better prepared in future has been replaced by complacency. This year, the UN General Assembly called for a high-level meeting to reinject a sense of urgency into pandemic prevention, preparedness and response. Yet the political declaration for this meeting suggests that pandemic amnesia has already set in. The document is mired in platitudes and hands fundamental responsibility back to the very institutions that failed to respond last time.....”

She then describes the watering down since the first (rather bold) draft. “...Within months of this bold first draft being released, however, its language was watered down. Obligations were downgraded to recommendations, and more rather than less responsibility was delegated to the World Health Organization — a move which ignored the body’s understandable difficulties in dealing with politically fraught issues and recalcitrant member states. Simply heaping more responsibility on the WHO to work things out as they go would leave us where we started. Yet that is where the process is headed. The most recent round of treaty talks failed to bring a breakthrough in any of the areas of disagreement, signalling serious trouble ahead. While there is still time to turn things around, that time is short. Perhaps the last chance is the UN General Assembly’s High-Level Meeting on Pandemics in September. The meeting is a major opportunity for political leaders to show the sustained commitment that will be necessary to prevent and respond to future pandemics.
The political declaration posted this week under a Covid-era “silence procedure” — which gives limited time for member states to object — offers little hope.....


Related tweet Health Policy Watch:

“Indeed - Not much new. No fresh #legal or #finance commitments for #PPPR. On #GlobalHealth finance (OP44) and domestic health spending (OP45) no numbers or targets are even cited. Reaffirms support for existing @WTO flexibilities on #IP for #healthemergencies (OP 7); tech transfer (OP10); and strengthened production in #LMICs (OP12), in very general terms. Final article (OP449) may be the most concrete commitment of all: to "convene a high-level meeting on pandemic prevention, preparedness and response in 2026 in New York."

Aidspan - What do we want from the High-Level Meeting on TB?


Article with a flavour of the draft Political Declaration and the “key asks’ from the TB community.

“On 22 September, Heads of State and Government and representatives of States and Governments will assemble at the United Nations in New York to reaffirm their commitment to end the tuberculosis (TB) epidemic by 2030, and review progress achieved in realizing the 2018 political declaration of the High-Level Meeting (HLM) of the General Assembly on the fight against TB. The HLM on TB is a real opportunity both globally and especially for Africa....”

“The Stop TB Partnership’s The Global Plan to End TB 2023-2030 outlines the priority actions and estimated financial resources needed to end TB as a global health threat by 2030.....”

“...The HLM on TB provides member countries with a real chance to commit to putting mechanisms in place at the national level that will support national TB programs in their efforts to meet those ambitious targets. Indeed, more and better funding is among the “key asks” of this HLM, given that in 2021 44% of the African national TB budgets ($595.5 million) were unfunded (Global TB Report, 2021). It is important therefore that countries ensure that they are represented at the highest level, especially from Africa and Asia – the regions most affected by TB.....”

The article also explores whether the Political declaration is fit for purpose.

PS: “....The Declaration is required to have full consensus among UN member states in order for it to be formally adopted on 22 September. However, it has still not been finalized....”

And “....Translating the 2023 Political Declaration’s global targets into national targets will be critical for monitoring progress, encouraging increased financial resources, and holding governments accountable, since it is challenging to assign accountability and responsibility for global targets....”
Global Transitions - The impact of UN high-level meetings on global health priorities


“This review provides an analytic overview of the influence of the health-related United Nations General Assembly High-level Meetings on HIV/AIDS, non-communicable diseases, antimicrobial resistance, tuberculosis and Universal Health Coverage. We consider the temporal association between High-Level Meetings and changes in the global health funding landscape and national financial and programmatic commitments, in order to understand whether global prioritization of selected health issues leads to domestic prioritization and action. Whilst some High-Level Meetings do appear to have galvanized support, funding, and domestic action, this is not always the case. To maximise the value of these meetings, health advocates should view them as a powerful means rather than an end in themselves.”

Some key messages: “Over the past 20 years there has been a proliferation of UN General Assembly ‘special sessions’ and ‘high-level meetings’. The impact of these high-profile health meetings is uncertain. Our review suggest that these meetings can add value in terms of securing additional funding and galvanising domestic action. However, these outcomes are not a given. High-level meetings should be viewed as means rather than ends in themselves.”

More on Pandemic Preparedness & Response

HPW - As UN Pandemic Talks Resume, Tedros Expresses ‘Concern’ About Slow Pace of Accord Negotiations


“After a two-week hiatus in negotiations, United Nations (UN) member states this week received a third draft of the Political Declaration being developed for the High-Level Meeting on Pandemic Prevention, Preparedness and Response on 20 September. The declaration was supposed to have been finalised by early August and put under silence procedure but member states failed to agree on a number of clauses and negotiations were interrupted by the northern hemisphere summer holidays. Last week, bilateral meetings resumed and sources told Health Policy Watch that member states finally received an amended draft this week…..”

“Meanwhile, World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyesus expressed concern this week about the slow pace of negotiations on the pandemic accord, warning that it may not be completed by the May 2024 deadline. “I’m concerned that negotiations are moving slowly and that the accord may not be agreed in time for next year’s World Health Assembly (WHA)…..”

“….. The Intergovernmental Negotiating Body (INB) in charge of developing the accord to present to the WHA is set to meet again on 4-6 September….. …. The Working Group on IHR meets again on 2-6 October for the fifth time and is expected to debate the definition of a pandemic, amongst other issues…..”
BRICS member states, Africa CDC and WHO commit to collaborate with Business sector on Pandemic Prevention, Preparedness and Response


“On 28 August 2023, the Ministry of Health in South Africa, the Africa Centres for Disease Control and Prevention (Africa CDC), Africa Health Business and the South African Chapter of the BRICS Business Council co-hosted a successful dialogue on the margins of the BRICS summit to deliberate on a potential African Union and BRICS framework of cooperation for Pandemic, Preparedness, Prevention, Response and Recovery (3P2R).

“The meeting brought together BRICS member states- including a fortuitous presence of the newly invited members, Ethiopia and Egypt- business, civil society, development finance Institutions, global health agencies and AU specialised agencies (AUDA-NEPAD, AfCFTA, ARC Group). ..... Some concrete actions that were tabled were the necessity of predictable 3P2R financing by establishing a BRICS PPPR fund through the New Development Bank (commonly referred to as BRICS Bank) and the need to convene at the Conference on Public Health in Africa (CPHIA 2023) to agree on an AU and BRICS cooperative framework, inviting the newly announced additional members of BRICS and all the AU member states to deliberate on a proposed collaborative framework.....”

CEPI and University of Oxford to accelerate vaccine development against Disease X


“CEPI has announced the first of a new category of Strategic Partnerships”...

“The Coalition for Epidemic Preparedness Innovations (CEPI) and the University of Oxford have entered into a strategic partnership to accelerate the development of safe, effective and globally accessible vaccines against ‘Disease X’: the threat of unknown pathogens with the potential to cause pandemics. Up to US$80 million of CEPI funding will support the University of Oxford’s world-leading team of vaccine scientists to develop prototype vaccines against high-risk viral families which could be swiftly adapted if a new viral threat is identified. This would pave the way for the development of new vaccines, based on Oxford’s ChAdOx technology and other rapid response vaccine platforms, within just 100 days of a virus with pandemic potential emerging.....”

Polio

Cidrap News - Polio remains emergency as 3 African countries report new cases

https://www.cidrap.umn.edu/polio/polio-remains-emergency-3-african-countries-report-new-cases

From last week. “The World Health Organization’s polio emergency committee met again last week and recommended that, although encouraging progress has been made, the situation still warrants
a public health emergency of international concern. The news comes as more cases are confirmed in Africa. ..... The concern stems from activity in a handful of countries. In Afghanistan, a large pool of unvaccinated "zero dose" children could reintroduce wild-type poliovirus into the southern region. The WHO also noted suboptimal immunization coverage during campaigns in southeastern Africa, in Malawi, Mozambique, Zambia, and Zimbabwe.....”

“There may be insufficient population immunity to halt transmission. ..... "There may be insufficient population immunity to halt transmission," the WHO wrote. "Many countries have weak immunization systems that were further impacted by the COVID-19 pandemic but are gradually recovering." ... Three African countries—Chad, the Democratic Republic of the Congo (DRC), and Kenya—reported more polio cases this week, all vaccine-derived types, according to the latest Global Polio Eradication Initiative report.....”

BMJ - Polio vaccines: hope, hype, and history repeating?
https://www.bmj.com/content/382/bmj.p1763

“Announcement of new polio vaccines has once again raised hopes of eradicating polio. But the ongoing difficulties of their predecessors provide a cautionary tale, writes Robert Fortner.”

Related tweet Tim Schwab : “@robertfortner1 unpacks the hubris, questionable technology & unintended consequences in @gatesfoundation 's failing effort to eradicate polio. "At what point do you decide that this is something that we’re not going to be able to stop?””

Dengue

Lancet GH - Treatments for dengue: a Global Dengue Alliance to address unmet needs
The Dengue Alliance; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00362-5/fulltext

“.... Efforts focused on finding a treatment have been scarce, with some investigator-led clinical trials conducted, and a few performed by pharmaceutical companies. The importance of developing a treatment for dengue has largely been ignored. The Drugs for Neglected Diseases initiative, which is focused on finding novel affordable treatment solutions for neglected tropical diseases since its inception in 2003, has recently formed a Global Dengue Alliance with several institutions in dengue-endemic countries, including the Faculty of Medicine at Siriraj Hospital, Mahidol University in Thailand; the Ministry of Health in Malaysia; the Translational Health Science and Technology Institute in India; the Oswaldo Cruz Foundation in Brazil; and the Federal University of Minas Gerais in Brazil. The mission of this alliance is to accelerate research and development and deliver dengue therapeutics through an inclusive partnership. It aims to deliver a new treatment for dengue, within 5 years, from repurposed drugs and combinations (including novel antivirals from pharmaceutical companies). ...”
“...Formation of this alliance is a major step towards developing a treatment for dengue, by aggregating resources from endemic countries, and ensuring engagement, scientific leadership, clinical guidance, and political interest in these countries....”

Long Covid in LMICs

Lancet Comment - Long COVID in low-income and middle-income countries: the hidden public health crisis
W Jassat et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01685-9/fulltext

“...Wide disparities also exist between countries with respect to research and coordinated national responses towards the long-term effects of COVID-19, often referred to as long COVID or post-COVID-19 condition.....”

A bit of new C-TAP “momentum”? 

WHO initiative signs new licensing agreements on COVID-19 technologies

“The COVID-19 Technology Access Pool (C-TAP), a multi-stakeholder partnership to facilitate sharing of intellectual property (IP), knowledge and innovations has announced three new licensing agreements acquired through the Medicines Patent Pool (MPP). The agreements include the following licenses to transfer know-how, materials and clinical data needed in different countries: “

“....Medigen Vaccine Biologics Corp, the first private manufacturer, is offering its patent and know-how for a COVID-19 vaccine that has seen more than three million doses administered across seven countries. It is the first time that a vaccine manufacturer is using the WHO C-TAP model - a win-win opportunity for the manufacturer, recipients of the technology and, most importantly, patients in need around the world. The agreement will enable licensing of IP facilitating technology transfer and staff training.

Spanish National Research Council (CSIC) is sharing a second license for a COVID-19 vaccine prototype. The agreement includes plant visits and training, direct assistance and ongoing consultation with recipient manufacturers, including on quality and regulatory matters.

The University of Chile is sharing its technology for a COVID-19 assay for quantification of neutralizing antibodies.”

• Related : UN News – With COVID-19 ‘here to stay’, new tools essential to continue fight: Tedros
The World Health Organization (WHO) on Tuesday announced an expanded partnership to improve access to COVID-19 technology, knowledge and clinical data, stressing the fight against the virus must continue.

- Reaction of the People’s Vaccine Alliance – via Devex:

“The People’s Vaccine Alliance welcomed the news while calling out Big Pharma for failing to share their vaccine technology to the platform. “We hope that the likes of Pfizer, BioNTech and Moderna will reflect on their selfish actions and belatedly join collaborative efforts like C-TAP,” says Julia Kosgei, the alliance’s policy co-lead.

- See also HPW - WHO Secures First COVID-19 Vaccine Licence from Private Pharmaceutical Company

“...Three years after the launch of its COVID-19 Technology Access Pool (C-TAP) initiative, the World Health Organization (WHO) has secured its first COVID-19 vaccine license from a private pharmaceutical company, the UN health body announced on Tuesday. The agreement with Medigen Vaccine Biologics Corp., a private vaccine manufacturer based in Taiwan, is a welcome but underwhelming landmark for C-TAP....”

“... without the backing of major pharmaceutical companies and powerful governments, C-tap only secured two licencing agreements during the peak years of the pandemic – neither of which were vaccines. With the agreements announced this week, a total of just five licences – including two provided by CSIC – have been shared on C-TAP.....”

More on Access to medicines & other health technologies

FT - Japanese drugmaker urges G7 to fix infectious diseases market

Japanese drugmaker urges G7 to fix infectious diseases market | Financial Times (ft.com)

“Shionogi chief warns companies are deserting the field to focus on more lucrative areas.”

“The head of Japanese drugmaker Shionogi has called on G7 governments to lead on fixing the market for infectious disease medicines, or run the risk that more drugmakers will leave the critical field. Isao Teshirogi, chief executive of the company, which has invested in an antiviral for Covid-19 and novel antibiotics, said infectious disease treatments were a “very challenging business”, despite their importance. Teshirogi warned that an increasing number of companies were leaving infectious diseases behind to concentrate on relatively lucrative areas such as oncology or rare diseases. It can be hard to predict demand for infectious disease medicines and each treatment typically uses fewer drugs than are used in the management of a chronic condition. “Now’s the time for G7 countries to show leadership, to say, OK we lead the world in supporting the very capable antibiotics and short-term, acute phase antivirals,” Teshirogi said. He added that, without support from wealthy countries, people in low and middle-income countries were likely to suffer disproportionately from a reduced investment in tackling infectious diseases....”
**MSN - Britain’s trade deal with India at risk amid row over cheap generic drugs**

“A multibillion-pound free-trade deal with India is under threat from a row over the UK’s demands for new curbs on the production of cheap generic drugs. Indian negotiators have rejected Britain’s demand that patents on drugs should be extended before cheaper copies can be produced as a means to protect pharmaceutical giants’ businesses from generic competitors.....”

**Global Fund - Global Fund Agreements Substantially Reduce the Price of First-line HIV Treatment to Below US$45 a Year**

“Through its competitive tenders, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), together with its partners and generic pharmaceutical manufacturers, will be able to offer tenofovir disoproxil fumarate, lamivudine and dolutegravir (TLD), a first-line HIV treatment for under US$45 per person, per year for the first time. This improved pricing – a 25% reduction – will allow governments in resource-limited settings to expand access to critical HIV services.....”

**Reuters - J&J, India’s Lupin cut prices for tuberculosis drug in lower-income countries**

“Johnson & Johnson (JNJ.N) and Indian drugmaker Lupin (LUPN.NS) will supply their versions of the tuberculosis drug bedaquiline at a significantly cheaper price in low- and middle-income countries, a global anti-tuberculosis group said on Wednesday.”

“J&J, which sells bedaquiline under the brand name Sirturo, reached an agreement with the Stop TB Partnership in July to allow the coalition to supply generic versions of the drug through the Global Drug Facility.”

“On Wednesday, Médecins Sans Frontières (MSF) or Doctors Without Borders said it welcomed the big price drop, adding that it “finally brings the price closer to the estimated generic price of $0.50 per day”. But J&J could further increase access to the drug by withdrawing its secondary patents on bedaquiline in all high-burden countries, said Christophe Perrin, TB advocacy pharmacist with MSF’s Access Campaign.”

**UN News - Refusal to waive IP rights for COVID-19 vaccines violates human rights: Experts**

“UN rights experts called on States in the global North on Thursday to forgo intellectual property rights on COVID-19 vaccines and treatments in the name of human rights. “

“The UN Committee on the Elimination of Racial Discrimination (CERD) adopted a decision under its “early warning and urgent action” procedures, stating that developed countries’ “persistent refusal” to waive COVID-19 vaccine IP rights – such as patents and trademarks – violated non-discrimination guarantees under international human rights law.”

Lancet Letter - Bold moves for vaccine manufacturing equity
O K Aars & N Schwalbe; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01414-9/fulltext

“.... Although COVID-19 led to incremental improvements in all three areas, it will be nearly impossible for new vaccine manufacturers in LMICs to compete with existing large-scale manufacturing capacities without fundamental reforms that are able to withstand shifting political environments and are capable of moving countries away from post-colonial donor-dependent models. While continuing to advocate for and invest in medium-term and long-term solutions, we identify three immediate actions for the international system to facilitate a more equitable production ecosystem...” “First, governments that fund research and development can enact stronger equitable access provisions. ... Second, regulatory or procurement authorities in high-income countries could require access provisions for low-income countries as part of their approval or purchasing processes. ... Finally, purchasers can help stabilise new manufacturers by assuring product demand. ...”

Planetary Health

UN News - New UN guidance affirms children’s right to a clean, healthy environment

“The UN Committee on the Rights of the Child issued new guidance on Monday that calls for governments to take action to protect boys and girls in the face of the deepening climate crisis.”

“General Comment No. 26 marks the first time the Committee has affirmed children’s right to live in a clean, healthy and sustainable environment. It provides a comprehensive interpretation of State obligations under the UN Convention on the Rights of the Child, which has been ratified by 196 countries. The 1989 treaty outlines children’s rights, including to life, health, clean drinking water, and survival and development. A General Comment provides legal guidance on how children’s rights are impacted by a specific topic or area of legislation, with the latest addressing environmental rights with a special focus on climate change...”
Devex - New global biodiversity fund launches with Canada, UK pledges


“Less than a year after 190 countries reached a Paris Agreement-style accord on how to protect the world’s natural habitats, a new fund was launched to finance the developing world’s biodiversity needs, with Canada and the United Kingdom providing the first pledges, though falling short of the minimum amount to make the fund operational. Member countries ratified the creation of the Global Biodiversity Framework Fund at the seventh Global Environment Facility, or GEF, Assembly in Vancouver on Thursday ….”

“Canada also hosted the COP 15 talks in December that produced the 23-target agreement known as the Kunming-Montreal Global Biodiversity Framework, which calls on signatories to conserve 30% of their lands and waters by 2030. Meeting those targets will require environmental development financing, and Canada led the charge with a pledge of CA$200 million (US$147 million). The U.K. gave £10 million ($12.6 million) as a “down payment,” while Japan signaled a money was forthcoming. The numbers exceed expectations for a fund approved just two months ago by the GEF Council, but falls short of the $200 million necessary to operationalize in the World Bank…..”

- See also UN News – New global fund ‘welcome boost’ to safeguarding biodiversity

“The Global Biodiversity Framework Fund, launched at the Global Environmental Facility Assembly in Vancouver, Canada, will support the implementation of the landmark Kunming-Montreal Global Biodiversity Framework, which aims to halt and reverse biodiversity loss by 2030 and guide nature towards recovery by 2050. ….”

- And the Guardian – Developed countries urged to ‘step up’ contributions to global nature fund

“Canada and UK only donor countries to contribute so far, leaving scheme short of $40m to formally launch”

Guardian - ‘Crazy off-the-charts records’: has humanity finally broken the climate?


Recommended. “Extreme weather is ‘smacking us in the face’ with worse to come, but a ‘tiny window’ of hope remains, say leading climate scientists.” With the views of 45 leading climate scientists from all over the world. A few chunks:

“The scientists told us that, despite it certainly feeling as if events had taken a frightening turn, the global heating seen to date was entirely in line with three decades of scientific predictions …. The feeling of entering a new age of devastation was the result of the return of the natural El Niño phenomenon, which has temporarily turbocharged global heating, they said. Another factor was many people being confronted with extreme weather they had never experienced before, as
climate impacts began to clearly stand out from usual weather. The scientists were clear the world had not yet passed a “tipping point” into runaway climate change, but some warned that it got ever closer with continued heating…..”

“…. a “tiny window” of opportunity remained open to tackle the climate crisis, they said, with humanity having all the tools needed. The researchers overwhelmingly pointed to one action as critical: slashing the burning of fossil fuels down to zero. ….”

“…. The variation in the scientists’ views was influenced by some considering the extreme weather events themselves, and others assessing the impacts on people and their vulnerability and other factors. “The weather is changing as expected and predicted by scientists, but our societies and ecosystems are more vulnerable to even small changes than expected previously, and so the damages are worse,” said Dr Friederike Otto, of Imperial College London, UK…..”

AQLI (Air Quality Life Index) – 2021 data
https://aqli.epic.uchicago.edu/reports/

“The AQLI’s latest 2021 data reveals that permanently reducing global PM2.5 air pollution to meet the World Health Organization (WHO) guideline would add 2.3 years onto average human life expectancy—or a combined 17.8 billion life years saved. The impact of PM2.5 on global life expectancy is comparable to that of smoking, more than 3 times that of alcohol use and unsafe water, more than 5 times that of transport injuries like car crashes, and more than 7 times that of HIV/AIDS. ….”

- For coverage, see for example Phys.org - Air pollution greatest global threat to human health, says benchmark study

“Air pollution is more dangerous to the health of the average person on planet Earth than smoking or alcohol, with the threat worsening in its global epicenter South Asia even as China fast improves, a study showed Tuesday. Yet the level of funding set aside to confront the challenge is a fraction of the amount earmarked for fighting infectious diseases, said the research from the Energy Policy Institute at the University of Chicago (EPIC).”

“Its annual Air Quality Life Index (AQLI) report showed that fine particulate air pollution—which comes from vehicle and industrial emissions, wildfires and more—remains the “greatest external threat to public health.” …. …. Asia and Africa bear the greatest burden yet have some of the weakest infrastructure to deliver citizens timely, accurate data. They also receive tiny slices of an already small global philanthropic pie....”

…. Globally, South Asia is the worst impacted region. Bangladesh, India, Nepal and Pakistan are in order the top four most polluted countries in terms of annualized, population-weighted averages of fine particulate matter, which are detected by satellites and defined as particles with a diameter of 2.5 microns or less (PM2.5)…..”

Indian Express - WHO urges India to lead air pollution and health dialogue at COP28
“The WHO is looking at a goal of bringing a large number of health professionals from various countries to COP28 as air pollution and climate change have huge overlaps.”

“The World Health Organisation (WHO) has sought support from India to lead the dialogue on air pollution vis-à-vis the impact on health at COP28. Addressing the second day of India Clean Air Summit (ICAS) 2023 in Bengaluru, Dr. Maria Neira, Director, Department of Environment, Climate Change and Health, WHO, said, “India now has the presidency of G20, one of the interventions of which is decarbonisation of the healthcare sector, but we need your support, and collaboration in providing ideas for strengthening the health community’s argument on health on December 3 in COP28.”

ODN - The Birth of the International Degrowth Network

“The Degrowth Movement, which advocates for a radical transformation of society and consumption patterns for the sake of life, well-being and autonomy, met in a hybrid format for the fourth time on August 28th 2023, before the International Degrowth Conference of Zagreb, Croatia.”

“... The open collective Organising the Degrowth Network (ODN) has spent the last year working on an improved structure for the Degrowth Network. Its proposal was adopted by the Assembly, and dedicated circles were created to improve it within the next year. The International Degrowth Network (IDN) has now officially launched, with over 25 organizations and groups as its founding members. The IDN is a sociocratic body in constant evolution, striving to catalyze a radical transformation around the world....”

Full proposal - here.

Devex – Thousands meet in Nairobi for the first Africa Climate Summit

“... the first Africa Climate Summit takes place in Nairobi next week — with thousands meeting to craft a continental, unified position in the lead-up to the 28th United Nations Climate Change Conference, or COP 28, in Dubai. It’s the first time the African Union has summoned its leaders for a conversation fully devoted to climate change....”

“There isn’t yet a clear vision of what African governments want collectively in regard to climate change, and this summit aims to solidify this. Conversations are expected to focus heavily on ways to increase levels of finance for adaptation — with discussions around a shake-up in the global financial architecture and addressing overly burdensome debt loads. African government leaders are expected to commit to a Nairobi Declaration — a sweeping document that will aim to lay out the perspectives and demands of African nations. The summit is also expected to draw in new investments. But the summit has also received criticism that its agenda is beholden to those “pushing a pro-West agenda and interests at the expense of Africa” — an accusation its organizers reject....”

PS: in a critical letter, the name ‘McKinsey’ falls...
The partners of the summit span the globe, including The Rockefeller Foundation, European governments, the Bill & Melinda Gates Foundation, the U.S. Agency for International Development, the African Development Bank, and the Clinton Health Access Initiative. …

Lancet Commission to reduce the global burden of sudden cardiac death

The Lancet Commission to reduce the global burden of sudden cardiac death: a call for multidisciplinary action

https://www.thelancet.com/commission/sudden-cardiac-death

“Sudden cardiac death claims millions of lives each year. It results from sudden cardiac arrest and as many as 9 out of 10 of cases result in sudden cardiac death. Chances of survival are increased with early resuscitation, but for most cases of cardiac arrest in the community effective treatment is too slow to arrive. The Commission identifies key factors that can be implemented to reduce sudden cardiac death, recommendations to improve care, and areas for research to help understand the causes and ameliorate the effects on families of people experiencing sudden cardiac death.”

“…With all the technological and medical advances of the 21st century, the fact that survival from sudden cardiac arrest (SCA) remains lower than 10% in most parts of the world is unacceptable. … Consistent progress in tackling SCD will require a completely revamped approach to SCD prevention, with wide-sweeping policy changes that will empower the development of both governmental and community-based programmes to maximise survival from SCA, and to comprehensively attend to survivors and decedents’ families after the event. International collaborative efforts that maximally leverage and connect the expertise of various research organisations will need to be prioritised to properly address identified gaps. The Commission places substantial emphasis on the need to develop a multidisciplinary strategy that encompasses all aspects of SCD prevention and treatment. The Commission provides a critical assessment of the current scientific efforts in the field, and puts forth key recommendations to challenge, activate, and intensify efforts by both the scientific and global community with new directions, research, and innovation to reduce the burden of SCD worldwide.”

Global health governance & Governance of Health

What could global health initiatives look like?

https://www.rebuildconsortium.com/fghi-webinar-report/

Short blog with an update on the Future of Global Health Initiatives process, and a recent webinar. In case you missed this. See also previous IHP newsletters (from August).

“The Future of Global Health Initiatives (FGHI) process has recently delivered the Wellcome-commissioned report, ‘Reimagining the Future of Global Health Initiatives’ (read it here – opens new tab). Featuring contributions from ReBUILD partners, Queen Margaret University (QMU), the
report draws on several data sources, including the perspectives of more than 300 experts at global, regional, and country levels, and proposes a vision for how global health initiatives (GHIs) could be optimised to support countries’ progress towards universal health coverage (UHC). A recent webinar presented the findings of the report and is summarised here.....”

PS: “... John-Arne Røttingen, Ambassador for Global Health, Ministry of Foreign Affairs, Norway then took over the presentation, describing how the report fits into the overall FGHI roadmap. It is hoped that the independent recommendations will inform the next phase of the FGHI process and ensure that crucial discussions about the future of the global health ecosystem are grounded in the experience and perspectives of key stakeholders and lessons learned from previous alignment and coordination initiatives. There is a feeling that political commitment to the FGHI process is growing. For example, the process is fully aligned with Africa CDC’s New Public Health Order and the Africa Health Leaders’ Policy Forum is expected to issue an FGHI position statement at its imminent meeting. There is cause for optimism.....”

Global Health Research & Policy - The priority areas and possible pathways for health cooperation in BRICS countries

« This study aims to summarize the current status of health cooperation in BRICS countries and identify opportunities to strengthen BRICS participation in global health governance....”

« ... Our research suggested that communicable diseases, access to medicine, and universal health coverage appeared most frequently in the content of declarations, indicating the possible top health priorities among BRICS’ health collaboration. These priority areas align with the primary health challenges of each country, including the threats of double burden of diseases, as well as the need for improving health systems and access to medicines. Respective external cooperation, inter-BRICS health cooperation, and unified external cooperation are the main forms of health cooperation among BRICS countries. However, challenges such as the lack of a unified image and precise position, lack of practical impact, and weak discourse power have impeded the impact of BRICS on health governance. This study suggests that the BRICS countries should recognize their positioning, improve their unified image, and establish cooperative entities; at the same time, they should increase their practical strength, promote non-governmental cooperation, and expand the cooperation space through the “BRICS Plus” mechanism with countries with similar interests to join. »

Sixth Tone - How the BRI Reshaped China’s Medical Aid Spending
Liang Di; https://www.sixthtone.com/news/1013628

“After decades focused on Africa, the rise of the Belt and Road Initiative has refocused Chinese aid closer to home.”

“... Since the establishment of the Belt and Road Initiative in 2013, however, China’s health care aid programs have pivoted back to Asia as it seeks to deepen ties with neighboring nations. A recent study conducted by my research team found that China provided $1.1 billion in medical aid to Asia between 2014 and 2017, accounting for roughly 53% of all international medical aid during
those years. The biggest recipients were Cambodia, Myanmar, Laos, and Indonesia — all BRI members."

“... Apart from a shift in its regional focus, China’s international medical aid has also undergone a sea change in methods, participating bodies, and scale over the past decade. In addition to more traditional forms of assistance like medical corps, health care facilities, pharmaceutical equipment, and human resources, China has placed increasing emphasis on South-South collaborations in the fields of public health, humanitarian disasters, and population planning and reproductive health — all while more actively including private enterprises and other civil society actors in aid provision. Perhaps the most notable shift has been in the scale of aid provision. Based on our analysis, China’s annual spending on health care development in BRI nations rose from $20 million in 2000 to $880 million in 2017. During the COVID-19 pandemic, China launched its largest ever global humanitarian mission, sending 38 teams to 34 countries and shipping more than 2.2 billion vaccines around the world.....”

BMJ GH (Analysis) – Public health engagement: new opportunities and challenges in 60 years of China’s health aid to Africa
L Gao et al; https://gh.bmj.com/content/8/8/e012302

“Along with China’s active engagement in global affairs over the past decade, China’s public health engagement (CPHE) has become an essential element of China’s 60th anniversary of health aid and cooperation with Africa. Through analysis, we found that CPHE in Africa reflects a new shift in the content and form of China’s foreign health aid. Compared with China’s medical teams which only involve bilateral cooperation, CPHE has a number of substantive characteristics, mainly including the construction of public health infrastructure, malaria control, participation in public health emergencies and the provision of global public goods. This complexity necessitates that CPHE be implemented in a different form from China’s medical teams, by adopting inclusive multiparty cooperation involving African and international partners. However, CPHE in Africa still faces a number of challenges in its practices. In particular, these challenges arise from the cross-cultural practice process, the African sociocultural context, the experience of public health and its participants. While the reasons for these challenges are diverse, this study argues that the main reason is the lack of multidisciplinary engagement in the Africanisation of the Chinese experience that corresponds to cross-cultural practice. On the Chinese side, a systematic strategy is needed to critically refine these challenges.”

FT (op-ed) The west has failed to keep its promises on aid
Adam Tooze; https://www.ft.com/content/75d35382-32e4-4548-82e6-0d20d99847cf

“US and EU attempts to respond to China’s Belt and Road Initiative have fallen dismally short.”
Interesting op-ed, with focus on the Sahel. Apropos of announcements by White House about World Bank reform (which should be pushed at the G20 summit in India).

Includes some important “good to know” stats.
Thomas Schwarz (MMI) on the launch of the WHO Civil Society Commission from last week

https://www.medicusmundi.org/whocsocommission/

Last week, Thomas wrote a blog as the WHO Civil Society Commission was launched. See his tweet, “The MMI Network is happy to be part of the @WHO #WHOCSCCommission and its Steering Committee. Find more information (update, background, perspective) of the Commission and its making in a blog published by Thomas Schwarz.”

PS: especially this paragraph struck our attention:

“….There were high expectations when the proposal was launched, based on the urgency to address some key failures and shortcomings of WHO engagement with civil society. However, frustrations about the way the Commission was set up by the WHO have already led to strongly diverging assessments and positions of “interested” civil society organizations regarding the Commission, with some of us, such as the MMI Network, engaging in the Commission and others keeping their distance and watching the initial steps critically and sceptically. … Good news is that the “Civil Society Interest Group in a Civil Society Commission”, with its over 130 members, will be kept alive despite the launch of the Commission. The Interest Group might become, at one moment, a “Commission watch”, critically assessing and discussing the output of the Commission (will it provide relevant and timely advice to the WHO, and will the recommendations be taken up?) and how the Commission and its Steering Committee will get there (water-proof governance, effectiveness, etc.).

• See also Devex:

“While members of civil society have long proposed the idea of a WHO Civil Society Commission, and welcome the move, some remain frustrated. Thomas Schwarz from Medicus Mundi International expressed cautious optimism about the commission but says frustrations relate to how it was established. Its mandate, setup, and modalities of work, for example, are based on terms of reference “drafted and published by WHO, with only sporadic consultation of civil society,” he says.”

“Fifa Rahman, the CSO representative of the platform’s working group, who voiced concerns over CSO exclusion from meetings, says she finds “valuable” the concept of recognizing civil society as official WHO partners. But its effectiveness depends on several things, she says, including recognition of CSO technical expertise when it comes to health interventions and decisions. They should also be allowed to choose their representatives.”

“During consultations, one concern raised by CSO — in a letter seen by Devex — is about governance. They want the commission to comprise members nominated by CSOs, rather than appointed by WHO. But the final terms of reference maintain that WHO makes that decision.

WHO responded by saying that it so far did not have an overall mechanism to engage with civil society to ensure a representative group, but that “for later terms, the Steering Committee or a group of network participants will be involved in the selection as we now have this overarching mechanism.”….”
Geneva Observer – International Geneva’s continued love affair with FIFA

https://www.thegenevaobserver.com/international-genevas-continued-love-affair-with-fifa/

(gated) “...we report on the organization’s developing relationship with the UN system. FIFA tells us that it has Memorandum of Understanding (MoU) with WTO, WHO, UNHCR in Geneva, UN Women in New York, and UNODOC in Vienna. A tight relationship indeed which for many observers raises some profound questions. It comes as no surprise that the list does not include OHCHR, the Office of the High Commissioner for Human Rights.”

CGD - Don’t Reorganize the (Whole) World Bank to Fight Climate Change
C Kenny; https://www.cgdev.org/blog/dont-reorganize-whole-world-bank-fight-climate-change

“... as new president Ajay Banga settles in to his position atop of the World Bank, his thoughts will be on institutional reform. Not least, the mandate he has been given to “evolve” the Bank to take on the mission of climate change. How do you redeploy 19,000 staff members in a new structure to get results for both climate and development? My plea to him: don’t. Or, more precisely: add a new bit to the institution to focus on climate mitigation, redeploy some staff to run it, but leave the bulk of people where they are. It will get more results, faster....”

Anders Nordström & Advancing Global Health
https://www.advancingglobalhealth.com/

As he mentioned on LinkedIn, after 13 years as Swedish Ambassador for Global Health at the Ministry for Foreign Affairs, Anders Nordström will be leaving this role at the end of September. .... He “will be continuing as an Advisor, Advocate, and Activist for people’s health, operating through a new platform Advancing Global Health”. He’d like to stimulate discussions and actions for a transformation in our approach to global health, transcending conventional boundaries and fostering greater cooperation across all parts of the world. This includes global health that goes: beyond the development paradigm; beyond the unfinished MDG agenda; beyond the health sector. More info on the website.

Axel Pries (President of the World Health Summit);

“Why a new approach to international cooperation and globalization should be developed.”

“... globalization has irrevocably changed the world and we need to start a discussion of concrete measures to complement the prevailing globalization of economy by a concomitant globalization of politics. ...”
“Globalization 2.0, as it may be called, will need to correct the Globalization Mismatch between economy and politics. It should respect regional and national diversity while ensuring that institutions on the international level obtain adequate competencies and power. ...”

Good luck with that, Axel.

**UHC & PHC**

NCD Alliance (Advocacy briefing – UN HL Meeting on UHC) - NCD Alliance response to the Political Declaration


“This document presents the NCDA response to the UN High-Level Meeting on Universal Health Coverage (HLM UHC) Political Declaration, which is currently in silence procedure and shall be adopted at the UN HLM on UHC on 21 September 2023. It is intended as a Advocacy Briefing to support advocates in their efforts with governments.”

WHO - Assessing the effects of digital technologies on health financing and UHC universal health coverage objectives - A guide with key questions

[https://www.who.int/publications/i/item/9789240076808](https://www.who.int/publications/i/item/9789240076808)

“Digital health is a rapidly expanding topic of interest for research, policy and practice. Within digital health, digital technologies (DTs) for health financing are receiving increasing attention. The aim of this guide is to support the generation of evidence on how DTs (positively or negatively) influence health financing functions and tasks, and how this may contribute to progress towards the UHC goals....”

Related – WHO - Assessing the effects of digital technologies on health financing and Universal Health Coverage objectives - A guide with key questions (conference copy)

International Journal for Equity in Health - Understanding Dalit equity: a critical analysis of primary health care policy discourse of Kerala in the context of ‘Aardram’ mission


“The Government of Kerala in 2017 launched the Aardram Mission with the aim to revamp public health delivery in the State. A key strategy under the mission was its focus on comprehensive primary health care to achieve equitable health care delivery through the Family Health Centre (FHC) initiative. Given this, the current study aims to examine the primary health care policy discourse for their perspectives on caste-driven inequities.....”
Health Research Policy & Systems - The Tunisian experience of participatory health governance: the Societal Dialogue for Health (a qualitative study)

“Tunisia has been engaged in the Societal Dialogue (SD) for Health process since 2012, a participatory health governance process aimed at bringing in people’s voice into health policy-making. Its first success was the recently released National Health Policy 2030. This paper aims to document the SD process and to bring out the lessons learned to inspire other countries.....”

Economist – An old health insurance scheme in China may have saved millions
An old health insurance scheme in China may have saved millions (economist.com)

“But there is still plenty of room for improvement.”

“In a country of 1.4bn people, even small improvements in health care can have a big impact. That appears to have been the case with the New Co-operative Medical Scheme (ncms), a health-insurance plan for rural Chinese that was launched in 2003 and folded into a more comprehensive programme in 2013. Though it is perhaps best known for being stingy, the ncms saved millions of lives, according to a new working paper by Jonathan Gruber of the Massachusetts Institute of Technology, Junjian Yi of Peking University and Mengyun Lin of Xiamen University...

“...Between 2003 and 2010, the average life expectancy across China increased by 2.5 years. The ncms may have been responsible for 78% of that, say the researchers. At its height, the scheme saved more than 1m lives per year. Participants were 13% less likely to be seriously ill than those not enrolled in the plan. They also spent considerably less on health care..... The ncms was merged with another scheme to become a programme called Urban and Rural Residents Basic Medical Insurance. Meanwhile, the Employee Basic Medical Insurance scheme provides insurance to people with formal job contracts. Together they cover 95% of the population.”

Pandemic preparedness & response/ Global Health Security

Geneva Health Files - The EU On Pandemic Prevention, Preparedness And Response, In Brussels And Geneva: A Comparison

Very cool analysis of the EU’s PPR plans in Brussels, putting it also in context with the discussions in Geneva.

A few excerpts & chunks to provide you with a flavour.

The analysis first focuses on the EU’s PPR institutions: HERA, EMA, ECDC. ...

Then goes on:
“....The EU has set the scene through the three institutions and the shared responsibilities towards PPR, however it is difficult to define an international counterpart of these institutions, and within the WHO:

- HERA would have as a close counterpart in the EU-backed ACT-Accelerator, the COVID-19 tools for countermeasures development, less active now than before. However, it is not clear if their missions converge at any point, and if yes it would be only related to COVID-19. In addition, it also appears that the HERA is intended to play a key role in WHO’s new Medical Countermeasures Platform – a reiteration of the ACT-Accelerator. The status of such a platform is not yet fully clear.

- EMA is considered as a medicines institution reference together with other recognized national medicines approval agencies such as the US FDA and other European agencies. In this sense, an international Medicines Consortium is needed.

- ECDC seems to be a very important actor, together with the US CDC, contributing to WHO efforts of global health threats tracking.”

“It is also difficult to draw a line between the EU institutions' European versus international mandates....”

Re “The EU’s priorities at WHO”:

“While the larger goals of self-sufficiency in the production of medical countermeasures and overall preparedness are common goals, the EU has different approaches at the regional and at the international level.

....The discussions on PPR, in Brussels at the EU and in Geneva at the WHO, began approximately at the same time, albeit with different plans and scopes for implementation. In this sense, the EU is taking actions in a decentralized manner, where its assigned institutions, HERA, EMA and ECDC, are acting separately but reporting to the European Commission.

For the Geneva negotiations, the European Council authorized the European Commission “to negotiate on behalf of the Union, for matters falling within Union competence, in accordance with the Treaties, an international agreement on pandemic prevention, preparedness and response, as well as complementary amendments to the IHR” in March 2022.

....At WHO, in the context of the Pandemic Accord, the EU has suggested extensive language connecting PPR, AMR and One Health towards tackling future health threats and pandemics.....”

Re the ‘Medicines shortages and compulsory licensing at the EU level’:

“The European Parliament Resolution from July 2023, also addressed the issue of medicines shortages which is hitting both the region and internationally, particularly in the context of the COVID-19 pandemic with respect to the access to vaccines among other medical products. In fact, the European Parliament is calling for an assessment of the vulnerabilities of the global value chain for medicines at both the European and the international levels....”

“What is also striking is the nature of the discussions at the regional level on the issue of intellectual property (IP). .... The EU was one of the early champions of the Pandemic Treaty project at the WHO, (first mooted by European Council President Charles Michel in 2020/2021), in order to gain legitimacy and leadership in global health at a time when the Trump administration was walking away from multilateralism and WHO. But given the difficult and somewhat slow progress on the Pandemic Accord, the EU is now also actively engaged with the amendments to the International Health Regulations, alongside other WHO member states....”
Conclusion: “The EU’s PPR plans at the regional level seem more straightforward with assigned institutions, reinforcing existing mechanisms as well as creating a new one, and an overall willingness to support the WHO. The discussions at the WHO, where the EU plays a decisive role, are undoubtedly more complex given the dynamics of multilateralism.”

BMJ GH - Strengthening regulatory systems globally: a crucial step towards pandemic preparedness and response

S Mukherjee et al; [https://gh.bmj.com/content/8/8/e012883](https://gh.bmj.com/content/8/8/e012883)

“Although much emphasis has been placed on establishing, strengthening and diversifying global vaccine manufacturing capacity, few have called for the need to strengthen regulatory systems, which are crucial in overseeing the development and manufacturing of MCMs, as part of overall pandemic preparedness and response efforts. This commentary provides an overview of the key role of medical product regulatory systems during a health emergency crisis, such as pandemics, and provides concrete justifications for the need to simultaneously strengthen national and regional regulatory systems, especially in LMICs, to ensure access to safe, effective and quality MCMs. This commentary aims to highlight the need to include regulatory system strengthening, as part of global and national health security and pandemic preparedness frameworks, to ensure that future responses to pandemics close the inequities in vaccine access and availability observed during the COVID-19 pandemic.”

Stat - ProMED issues ultimatum to striking moderators, as questions about site’s future persist

*Stat News*

“There’s another twist in the ProMED saga. The financially strapped infectious diseases surveillance network has warned striking moderators that if they don’t promise by Wednesday to remain in the program and return by Friday, that will signal that they’ve “moved on.” Many of the site’s moderators are protesting plans by the International Society for Infectious Diseases, ProMED’s host since 1999, to put the resource behind a paywall. That flies in the face of its public health mission, according to the moderators, who are paid modest stipends that are currently in arrears…….”

- And the latest update, via *Nature News* - [Strike at outbreak-alert service ProMED to end — but tensions remain](https://www.nature.com/articles/d41586-022-01384-x)

“Most of the striking ProMED staff members are prepared to return to work, although many still have concerns.”

“A month-long strike at ProMED — a disease-surveillance system that issued some of the earliest warnings about outbreaks of pathogens such as SARS-CoV-2 and Ebola — will end on 11 September. In response to a request from their employer that staff members return to work or leave the service, at least 24 of the 26 striking personnel plan to return, even though they are not satisfied that all of their demands have been met…..”
Planetary health

Reuters - Climate change may increase conflict deaths, says IMF

“Climate change is likely to worsen conflicts in fragile and war-torn states, resulting in higher death rates and greatly reduced GDP, the International Monetary Fund (IMF) said in a report on Wednesday. The World Bank each year revises a list of countries classed as “fragile and conflict-afflicted states,” of which there are currently 39, and 21 are in Africa. Wednesday's report covers all 61 countries that have been on the list since 2006.....”

“It found that climate shocks do not cause conflicts, but they worsen existing unrest and exacerbate other underlying fragilities, such as hunger and poverty. Deaths from conflict as a share of the population could increase by close to 10% in fragile countries by 2060, the IMF said, adding that climate change could also push an additional 50 million people in fragile states into hunger by 2060....”

“.... African leaders have said richer countries should provide more money to help them adapt to climate change and transition to greener energy, given that most African countries have produced a relatively tiny share of the emissions that cause global warming. They are expected to try to reach a unified climate negotiating position at the African Climate Summit from Sept. 4-6, ahead of the COP28 UN climate summit in the United Arab Emirates starting at the end of November.

Guardian - Why rich nations must pour climate funds into Africa – for all our sakes
G Machel (from the Elders); https://www.theguardian.com/global-development/2023/aug/30/graca-machel-rich-nations-must-pour-climate-funds-into-africa-for-all-our-sakes

“As summit delegates gather in Nairobi next week, those from the global north should remember one thing: inaction will cost them more in the end than an immediate concerted effort.... .... The Africa climate summit, taking place next week in Nairobi, Kenya affords a major opportunity to push links between clean energy and development across the continent, and to mobilise support for international investment in Africa.....”

“.... Africa needs an estimated $579.2bn (£460bn) in adaptation finance over the period 2020–2030, but current adaptation flows to the continent are five to 10 times below those estimated needs. .... There can be no “global green growth” agenda without strong and sustained support for climate adaptation in Africa. This must include at least 50% of climate finance going to adaptation, with all rich countries meeting their Cop26 commitment to double climate adaptation finance by 2025.....”

Guardian - China continues coal spree despite climate goals
“World’s biggest carbon emitter approving equivalent of two new coal plants a week, analysis shows.”

“China is approving new coal power projects at the equivalent of two plants every week, a rate energy watchdogs say is unsustainable if the country hopes to achieve its energy targets. The government has pledged to peak emissions by 2030 and reach net zero by 2060, and in 2021 the president, Xi Jinping, promised to stop building coal powered plants. But after regional power crunches in 2022, China started a spree of approving new projects and restarting suspended ones. In 2022 the government approved a record-breaking 86 gigawatts (GW) of new coal-fired power capacity. One gigawatt is the equivalent of a large coal power plant. This run of approvals is continuing, potentially on track to break last year’s record, according to analysis by the Global Energy Monitor (GEM) and the Centre for Research on Energy and Clean Air, published on Tuesday....”

Global Climate & Health Alliance - Slashing Global Methane Emissions Crucial to Health Human – Report

“Making deep cuts to global methane emissions could deliver substantial health benefits while also limiting global warming to 1.5C or close to it, according to a series of reports published today by the Global Climate and Health Alliance (GCHA). During December’s COP28 climate summit fossil fuel-producing countries will likely be challenged to commit to concrete actions towards eliminating methane leaks from existing fossil fuel facilities, as a near term step to reduce global warming.

Mitigating Methane: A Global Health Strategy, produced by Abt Associates on behalf of GCHA in order to close the knowledge gap on the intersection of methane and human health, finds that while methane emitted today exerts health and climate effects, it remains in the atmosphere for just 12 years - and that slashing emissions provides a rapid, near-term opportunity to make a substantial difference in global warming, even while reducing CO2 emissions proceeds....”

Globalization & Health - Strategies to strengthen a climate-resilient health system: a scoping review


“.... Overall, 87 actions were identified for building a climate-resilient health system and were classified into six themes (i.e., governance and leadership; financing; health workforce; essential medical products and technologies; health information systems; and service delivery). The most commonly reported actions were formulating a national health and climate change adaptation plan, developing plans for essential services (electricity, heating, cooling, ventilation, and water supply), assessing the vulnerabilities and capacities of the health system, and enhancing surveillance systems targeting climate-sensitive diseases and their risk sources.....”

Wired - The Battle Against the Fungal Apocalypse Is Just Beginning

Wired;
"Fungal infections are rising worldwide and climate change may be to blame. Medicine isn’t ready."

**Covid**

HPW - Global COVID-19 Data Gap Grows As Countries Stop Reporting to WHO


"Fewer than 20 countries worldwide still report COVID-19 hospitalization and ICU data to the World Health Organization (WHO), leaving the UN health body blind to the impact and evolution of the virus in most of the world, agency leaders said Friday. The decline in data reporting is a major setback for the WHO’s efforts to track the pandemic. Without reliable data, the WHO cannot accurately assess the burden of disease, identify new variants, or target its resources where they are most needed. ... “We don’t have good visibility of the impact of COVID-19 around the world,” said Dr. Maria Van Kerkhove, who leads the WHO’s COVID-19 task force. “It is really important that surveillance continues, and this is on the shoulders of governments right now.”"

"Out of the 243 countries and territories party to the WHO, the UN health body has data on cases for just 103 of those. Only 19 countries and territories continue to report hospitalization data, while just 17 report data on cases that end in the ICU. The number of countries reporting COVID-19 deaths has fallen to 54....."

FT - 'We haven’t seen the end of Covid’: surge in cases to test health systems

[https://www.ft.com/content/5ec35a44-eadd-47de-a325-4a5004bc36c5](https://www.ft.com/content/5ec35a44-eadd-47de-a325-4a5004bc36c5)

"As vaccines are tweaked while new sub-variants emerge, the virus cannot be treated yet as a seasonal bug."

"....Scientists are warning that the world is vulnerable to a dangerous wave of coronavirus infections after an increase in cases driven by new Omicron variants over the summer. As workers return from holidays and children go back to school, governments, regulators and vaccine-makers are gearing up for an autumn Covid-19 booster season, tweaking shots to cope with the most prevalent variants and targeting the most vulnerable citizens at the same time as flu immunisation campaigns. With hospitalisation rates low but rising, experts said Covid-19 cannot yet be treated as a seasonal virus like flu...”

“Angela Rasmussen, a virologist at the University of Saskatchewan in Canada, said “all bets are off” if a variant that is more transmissible than Omicron, the dominant strain for nearly two years, emerges. “You would start to see [increased cases] wherever there was a nice susceptible population and not necessarily just in winter when conditions are very good for transmission,” she said. “We haven’t seen the end of this virus. It’s going to [continue to] acquire mutations and that has unpredictable results.”
“Is Covid becoming a winter disease? Last winter Covid-19 infections in the northern hemisphere peaked around Christmas, before dropping in the spring and summer. But experts warn that it is premature to expect the disease to follow the pattern of other respiratory infections. Adam Kucharski, professor of infectious disease epidemiology at the London School of Hygiene & Tropical Medicine, said there was a “surprisingly stable” pattern last year, but warned: “I don’t think that’s automatically a reason to expect Covid to peak in late December again. It is plausible there might be multiple smaller peaks going into winter.” ...”

“... While politicians’ attention has shifted to the economic recovery from the pandemic, many scientists still believe there is a significant chance that a variant powerful enough to evade the population’s existing defences will emerge. ... Before the emergence of the latest sub-variants like BA. 2.86, EG.5.1 and FL. 1.5, Topol surveyed 10 experts about the likelihood of another “Omicron-like event” where the virus undergoes a “hyper-accelerated evolution”, most likely in an immunocompromised host. The average probability of such an event happening by 2025 was put at 10-20 per cent, with one expert putting the chances at 38 per cent.....”

Telegraph - China's abrupt dismantling of 'Zero Covid' measures caused almost 1.9m deaths, say researchers

Telegraph:

“Sudden decision to end restrictions was followed by an explosion of infections, according to new study estimating country's death toll.” Based on a study in JAMA Network open.

Journal of the Royal Society interface - Medium-term scenarios of COVID-19 as a function of immune uncertainties and chronic disease


“As the SARS-CoV-2 trajectory continues, the longer-term immuno-epidemiology of COVID-19, the dynamics of Long COVID, and the impact of escape variants are important outstanding questions. We examine these remaining uncertainties with a simple modelling framework that accounts for multiple (antigenic) exposures via infection or vaccination. If immunity (to infection or Long COVID) accumulates rapidly with the valency of exposure, we find that infection levels and the burden of Long COVID are markedly reduced in the medium term. More pessimistic assumptions on host adaptive immune responses illustrate that the longer-term burden of COVID-19 may be elevated for years to come. However, we also find that these outcomes could be mitigated by the eventual introduction of a vaccine eliciting robust (i.e. durable, transmission-blocking and/or 'evolution-proof') immunity. Overall, our work stresses the wide range of future scenarios that still remain, the importance of collecting real-world epidemiological data to identify likely outcomes, and the crucial need for the development of a highly effective transmission-blocking, durable and broadly protective vaccine.”

Nature (News) - COVID infection risk rises the longer you are exposed — even for vaccinated people

https://www.nature.com/articles/d41586-023-02715-1
“Rigorous evidence shows that significant contact with a person with SARS-CoV-2 is more likely to lead to transmission than a short encounter.”

“Prolonged exposure in close proximity to someone with COVID-19 puts people at high risk of catching the disease, even if they’ve had both the disease and vaccinations against it, a study shows. The study, published this month in Nature Communications, reveals that the greater a person’s exposure to SARS-CoV-2, the more vulnerable they are to infection, regardless of their vaccination status. This relationship has long been suspected, but the study is one of the first to document it. The findings point to the importance of masking, improved ventilation and other measures that reduce exposure to the virus, says Akiko Iwasaki, an immunobiologist at Yale University in New Haven, Connecticut, who was not part of the study…..”


In-depth report. “… Though many experts agree that the country’s decisive response to the pandemic is a case study of success, some say it was at the cost of civil liberties and the country’s autocratic regime may have underreported COVID-19 deaths…..”

And a link:

- Science - Clotting proteins linked to Long Covid’s brain fog

“Study of unvaccinated people hospitalized with COVID-19 bolsters theory that blood clots may contribute to cognitive problems months later.”

See also the Guardian - UK scientists find link between proteins related to blood clots and long Covid

**Infectious diseases & NTDs**


Carel Pretorius, M Pai et al

[Cambridge University Press](https://www.cambridge.org)

“This report presents a cost–benefit analysis of increased spending on tuberculosis (TB) using impacts and costs drawn from the Global Plan to End Tuberculosis, 2023–2030. The analysis indicates that the return on TB spending is substantial with a centrally estimated benefit–cost ratio (BCR) of 46, meaning every US$ 1 invested in TB yields US$ 46 in benefits. Alternative specifications using different baselines, interventions, cost profiles, and discount rates still yield robustly high BCRs, in the range of 28–84. This report also shows that TB investment would avert substantial mortality, estimated at 27.3 million averted deaths over the 28-year period between 2023 and 2050 inclusive: almost 1 million averted deaths per year on average. Accounting for all estimated
direct and indirect costs, the cost per averted death is slightly over US$ 2000. Interventions to address TB represent exceptional value-for-money.”

Nature Microbiology (Editorial) - How do we solve a problem like tuberculosis?  
https://www.nature.com/articles/s41564-023-01477-w

“Investment in a new tuberculosis vaccine is a landmark step forward, but continued efforts to advance treatments, diagnostics and biosocial issues are needed to meet targets to end the epidemic by 2035.”

Global Public Health - Understanding how PrEP is made successful: Implementation science needs an evidence-making approach  

“After a decade of oral HIV pre-exposure prophylaxis (PrEP), the next generation of PrEP is being anticipated, including long-acting pills, injections, and implants. The unevenness of international PrEP implementation is increasingly recognised, with successful rollout in some settings and failure in others. There is a need to better understand conditions of PrEP implementation, and its localised (and sometimes unanticipated) effects. Implementation science explores how contexts and health systems shape the successful translation of health interventions. In this essay, we consider how PrEP is evolving and argue for an ‘evidence-making’ approach in relation to evidence and intervention translations. This approach emphasises how both interventions and their implementation contexts are co-constituted and evolve together. Unsettling the assumed universality of an intervention’s effects and potential in relation to its implementation contexts helps to harness the localised possibilities for what PrEP might become. As the next generation of PrEP offers renewed promise, we must explore how PrEP is put to use and made to work in relation to its evolving situations. We urge implementation science to consider implementation processes as ‘evidence-making events’ in which evidence, intervention and context evolve together.”

Plos GPH - How to eradicate polio in Pakistan: Insights from community health workers  
M A Sultan et al; https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002289

“From 2020–2022, we engaged frontline workers in 18 Super High-Risk Union Councils (SHRUCs) in Pakistan through a Human-Centered Design ideas competition. In that competition, teams of polio FLWs identified the most significant barriers they faced in conducting their work, and suggested solutions to those problems—a window into the issues the program faces by the people who know it best. The suggestions of FLWs on how to eradicate polio fell into four main categories..... Across these ideas, one repeated concept is the need for balance between the intensity of polio activities required for eradication and the provision of other government services, including health services....”
Lancet Letter – What constitutes high-quality evidence for malaria vector control?

W A Hawley et al: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01423-X/fulltext

“... Countries and funding agencies rely on WHO for science-based guidance on the safety, quality, and efficacy of vector-control tools. We contend that the slow adoption and roll-out of new vector-control interventions is associated with an overly stringent definition of high-quality evidence of public health value. When WHO guidance lags, so too does implementation of new or improved interventions. The pathway of nets treated with pyrethroids plus piperonyl butoxide is illustrative. While currently recommended for areas with monooxygenase-based pyrethroid resistance, these nets were introduced in 2007, but it took 10 years for an interim policy recommendation to be released, despite solid evidence of effectiveness from multiple studies with entomological outcomes. By that time, pyrethroid resistance had spread throughout Africa....”

“When developing vector-control guidance, WHO places a higher value on evidence from randomised controlled trials (RCTs) with epidemiological outcomes—a method developed for assessment of medical interventions for individual patients. ... Making WHO guidance more inclusive of entomological outcomes and study designs other than RCTs—including historical evidence or implementation of novel test-negative designs—would allow countries to more easily access a range of innovative interventions, resulting in improved locally appropriate vector control, thereby accelerating malaria control and elimination globally and saving lives now.”

AMR

FT (Big read) - Superbugs: why it’s so hard to stop the ‘silent pandemic’

https://www.ft.com/content/e9ae9a3-a93c-439b-ab81-a7c71266d992

“Antimicrobial resistance already kills millions and is projected to get worse. But there is little incentive for Big Pharma to tackle the issue.” Update on the state of affairs re the incentive system.

Some chunks:

“.... even when a promising new antibiotic is discovered, it enters a broken market. To avoid spurring yet more resistance, new antibiotics should be used sparingly, so they are unlikely to be bestsellers for drug companies. Governments and health systems accustomed to cheap generic antibiotics will not spend enough on novel drugs to make antibiotic development pay off. The cost of bringing a new antibiotic to market is approximately $1.5bn...... Few venture capitalists or large drugmakers want to fund the costly clinical trials required by regulators. Investors have lost about $4bn on biotechs developing antibiotics, according to the impact investor the AMR Action Fund. The start-ups have either gone bankrupt, been sold off cheap, or pivoted to more lucrative areas. .... The UK, US and EU are working on ways to incentivise drugmakers to create better antibiotics, but so far, their efforts have lacked co-ordination and urgency.”

“... To keep research labs open and looking for new antibiotics, philanthropists and impact investors have tried to fill the gap that venture capitalists have left. In 2016, a US-based consortium called CARB-X launched with government and foundation money to accelerate
development of new antibiotics, vaccines and rapid diagnostics. That year, the World Health Organization and the Drugs for Neglected Diseases Initiative created GARDP, a partnership to accelerate the development of treatments for drug-resistant infections. In 2020, drugmakers invested about $1bn in the AMR Action Fund, aiming to launch two to four new antimicrobials in the next decade.

“... for all the [AI related] optimism, Henry Skinner, chief executive of the AMR Action Fund, says AI is “helpful, certainly, but not transformative” because it does little to address where the real costs lie: in clinical trials. .... “

.... To create better incentives, attention is turning to changing how health systems buy antibiotics. This year, the UK has proposed expanding its novel subscription model, so drugmakers would receive up to £20mn a year for selling innovative antibiotics, no matter how many — or how few — are prescribed. The pilot started with drugs developed by Pfizer and Japan’s Shionogi last year. Mark Hill, Shionogi’s global head of market access, believes it is a “very promising model” that encourages more investment, because you can prove to shareholders that you will get a return. ....”

“The EU is planning to give drugmakers who bring a new antibiotic to market a voucher that can be used to extend the years of market exclusivity on another, presumably more profitable, drug, which it estimates will be worth about €440mn. Large drugmakers could use this for one of their own drugs, while smaller companies could sell the transferable voucher on. But much is riding on whether the US, the world’s largest pharmaceutical market, can push through its Pasteur Act, which would also establish a subscription-style model, with contracts valued between $750mn and $3bn. Holmes says it is the only incentive large enough to drive a significant change in where drugmakers spend on research and development. .... .... The act’s passage has not been smooth. It was originally introduced in 2020 and the budget has already been cut, from $11bn to $6bn. But after it was reintroduced in April this year, Mark McClellan, director of the Duke-Margolis Centre for Health Policy, is hopeful that the bipartisan bill could be tacked on to a bill on defence spending in the second half of this year.....”

“.... Yet even if western countries do find ways to fix their antibiotics markets, companies will still not be incentivised to launch novel antibiotics in developing countries. The problems of overreliance on broad spectrum antibiotics and a lack of diagnosis are likely to persist in regions without state of the art healthcare, and the resulting resistant superbugs are unlikely to respect national borders. Jayasree Iyer, chief executive of the Access to Medicines Foundation, says she wants to see global action that will help the countries that struggle with the highest need and the biggest drug resistance problems. She says antimicrobial resistance is a global problem that you cannot tackle country by country, arguing that an incentive like the UK’s subscription model is not significant enough for drugmakers to then prioritise India, Thailand or South Africa. “

“.... An antimicrobial resistance expert at the World Health Organization says the agency is trying to promote a global approach. He warns that accessibility is becoming a problem, just like it was in the Covid-19 pandemic, when vaccine makers prioritised high-income countries, leaving developing countries behind.....”
Cidrap News - UK study calls for nurses to be included in antimicrobial stewardship efforts

https://www.cidrap.umn.edu/antimicrobial-stewardship/uk-study-calls-nurses-be-included-antimicrobial-stewardship-efforts

“A study conducted in England found that nurses are increasingly responsible for antibiotic prescriptions and should be included in antimicrobial stewardship (AMS) efforts, researchers reported late last week in the Journal of Antimicrobial Chemotherapy.”

NCDs

Stat - An effort to diversify genetic research finds new variant for Parkinson’s disease in African populations


“….. A group of Nigerian, British, and U.S. doctors have discovered a genetic variant that increases the risk of Parkinson’s disease in people of African and mixed-African descent and is not seen in those with European ancestry, a finding that could improve treatment of the movement disorder in a vastly underserved population. “It could be a major mechanistic basis of Parkinson’s disease in African populations,” the researchers said in their paper, published this week in Lancet Neurology, noting that understanding ancestry-specific risk for the disease was “a particularly crucial point as the Parkinson’s disease field moves towards targeted treatments in clinical trials…..”

The Lancet Rheumatology: New study reveals the most common form of arthritis, osteoarthritis, affects 15% of the global population over the age of 30


“A new study projects nearly 1 billion people will be living with osteoarthritis, the most common form of arthritis, by 2050. Currently, 15% of individuals aged 30 and older experience osteoarthritis. The research, published today in The Lancet Rheumatology, analyzes 30 years of osteoarthritis data (1990–2020) covering more than 200 countries and was led by the Institute for Health Metrics and Evaluation (IHME) as part of the Global Burden of Disease Study 2021. …. The study found that cases increased rapidly over the past three decades because of three main factors: aging, population growth, and obesity. .....”

Guardian - ‘We need to act on the scale we did for HIV’: South Africa struggles to avert a diabetes ‘car crash’

“The disease kills more women in the country than any other, but lack of funding and awareness means few get support, and a fast-food culture only adds to the problem.”

HPW - Cannabis: Not for teens or pregnant women, but can help with epilepsy and pain

“Cannabis should be avoided during adolescence and early adulthood; in pregnancy, by people prone to mental health disorders and while driving, according to experts in a study published in The BMJ on Thursday…..”

Sexual & Reproductive health rights

Frontiers in Public Health - Integrating maternal, newborn, child health and non-communicable disease care in the sustainable development goal era

“Noncommunicable diseases (NCDs) and maternal newborn and child health (MNCH) are two deeply intertwined health areas that have been artificially separated by global health policies, resource allocations and programming. Optimal MNCH care can provide a unique opportunity to screen for, prevent and manage early signs of NCDs developing in both the woman and the neonate. This paper considers how NCDs, NCD modifiable risk factors, and NCD metabolic risk factors impact MNCH. We argue that integrated management is essential, but this faces challenges that manifest across all levels of domestic health systems. Progress toward Sustainable Development targets requires joined-up action.”

Global Health Promotion - Grandmothers – a cultural resource for women and children’s health and well-being across the life cycle
https://journals.sagepub.com/doi/10.1177/17579759231191494

“Grandmothers exist in all societies. Especially in the non-western Majority World, where Elders are both highly respected and responsible for transmitting their knowledge to younger generations, there is extensive anecdotal evidence of Grandmothers’ role in health promotion and healing. However, due to Eurocentric and reductionist views of families and communities, in the extensive past research on maternal, child and adolescent health issues across Africa, Asia, Latin America and the Middle East, and in Indigenous societies in North America, Australia and New Zealand, scant attention has been given to the role of Grandmothers. This paper addresses this oversight and supports the imperative to decolonize health promotion in the non-western world by building on non-western worldviews, roles and values. .... this review presents extensive evidence of Grandmothers’ involvement across the life cycle of women and children and of the similar core roles that they play across cultures. While in some cases Grandmothers have a negative influence, in most cases their involvement and support to younger women and children is beneficial in terms of
both their advisory and their caregiving roles. For future research and interventions addressing maternal, child and adolescent health, the conclusions of this review provide strong support for: adoption of a family systems framework to identify both gender-specific and generation-specific roles and influence; and the inclusion of Grandmothers in community health promotion programs dealing with different phases of the life cycle of women and children.”

Access to medicines & health technology

Journal of Health Politics, Policy and Law - Market Failure, State Failure: The Political Economy of Supply Chain Strengthening to Ensure Equitable Access to Vaccines and Medicines in Low- and Middle-Income Countries

A Fox; https://read.dukeupress.edu/jhppl/article/doi/10.1215/03616878-10910242/381119/Market-Failure-State-Failure-The-Political-Economy

“This paper reviews the literature on the political economy of supply chain strengthening in LMICs and identifies key challenges to equitable access to emergent vaccines and medicines emanating from market and state failures in internal supply chains…..”

Reuters - Pfizer, BioNTech challenge Moderna COVID-19 vaccine patents at US Patent Office


“Pfizer (PFE.N) and BioNTech (22UAy.DE) asked a U.S. government tribunal on Monday to cancel patents on COVID-19 vaccine technology that rival Moderna (MRNA.O) has accused the companies of infringing. Pfizer and its German partner told the U.S. Patent Office's Patent Trial and Appeal Board that the two Moderna patents are "unimaginably broad" and cover a "basic idea that was known long before" their invention date of 2015…..”

Link:

- Stat - Here are the 10 drugs that will be up first for Medicare price negotiation

Decolonize Global Health

BMJ GH (Editorial) - Sun, skin and the deadly politics of medical racism

M Etti, J Bump et al.; https://gh.bmj.com/content/8/8/e013616

“....We examine skin pigmentation through environmental and social lenses to illuminate the effects of racist societies and the opportunities for mitigation within the medical profession....”
Hardhitting Editorial.

Concluding: “... The worse clinical outcomes for Black people with skin cancer reveal one aspect of the harmful failure of the medical profession to identify and oppose racist biases within its ranks and in wider society. Only by recognising the deep ties between racism and poor health can a coordinated response be woven into both the teaching and practice of the medicine within our society that so urgently, so desperately quests for change.”

Miscellaneous

Lancet World Report - WHO’s new vision for traditional medicine
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01841-X/fulltext

“Evidence-based integration is the goal of a new WHO global centre and the first global summit on traditional medicine. Talha Burki reports.”

FT - OECD and UN tussle for control over international tax affairs
https://www.ft.com/content/e05b0767-cab5-44de-9fbf-af5ce841a026

“A war of words has broken out between the OECD and the UN ahead of a meeting next month that will debate how the New-York based organisation could play a larger role in international tax affairs. The Paris-based OECD has led discussions for decades but it has increasingly faced criticism from developing countries, such as Nigeria and India, which argue its global tax policies favour the richer economies that make up its membership. A report published earlier this month by UN secretary-general António Guterres backed developing economies’ complaints, saying the OECD’s initiatives did not “adequately address the needs and priorities” of countries other than advanced economies. Guterres said the UN should have a greater say in global tax affairs to make cooperation between nations “fully inclusive and more effective”. A debate on developing a new global framework for tax policy will take place at the UN General Assembly, beginning on September 18.”

“Manal Corwin, head of tax at the OECD, hit back at the report, saying it contained a “number of inaccuracies and misleading statements”. ... She also told the Financial Times it was “disappointing that the UN had chosen to ignore the positive impact of the most significant changes and concrete results that have been delivered over the last two decades”. Corwin listed the OECD’s facilitation of automatic exchange of information between countries, which had brought in nearly €126bn in additional tax since 2009 — including €41bn for developing countries — as one of these. The UN, however, believes many of the OECD’s policy prescriptions disregard developing economies, saying it was often “beyond” poorer countries’ tax administration capacities to implement such measures.”

“... Following the September debate, discussion will move to a UN committee from October. Recommendations will be subject to a vote at the general assembly by the end of the year. Experts said it would mark a significant shift were the UN to gain more influence on global tax, particularly given the OECD’s existing expertise. However, rapid changes in the international tax
landscape — such as developing economies in Latin America and Africa combining forces more often — meant that it could occur.....”

“... The report was commissioned following a resolution adopted by the UN general assembly, at the request of African nations last year. This followed criticisms from several developing countries that the OECD’s global tax deal was biased in favour of developed countries’ interests. The Intergovernmental Group of Twenty-Four (G-24) developing countries has backed the UN’s call for a greater role in global tax. ....”

Foreign Policy - Demography Is Destiny in Africa

“Rapid population growth is about to hit the countries whose economies and climates are least equipped to handle it.”

“.... half of the global population growth from 2022 to 2050 will occur in sub-Saharan Africa. The region’s population is currently growing three times faster than the rest of the world, and by the end of the century, it will be home to a third of all people in the world, compared to only 14 percent in 2019. This means that the burden of rapid population growth will fall on some of the poorest countries in the world, with nearly half of the region having a gross national income per capita below $1,135, and in places that are among the most vulnerable to climate change. “

“.... Fertility rates are declining in sub-Saharan Africa, but not enough to avoid concerns over food security, adequate infrastructure, and employment for the influx of young people. Sub-Saharan Africa has a fertility rate of 4.45, and Niger, Chad, Somalia, and the Democratic Republic of the Congo lead the region with rates exceeding 6.0. ....”

“... One way to bend the population curve is by increasing family planning and contraceptive use. Malawi has emerged as a front-runner in family planning and has significantly improved access to contraception, with a contraceptive use rate of 58 percent. That’s about double the rate in the rest of sub-Saharan Africa and close to the U.S. rate of 65 percent. But intrauterine devices cost up to $400 in other parts of Africa, and some governments are not willing to adopt family planning programs, making increasing contraceptive use a tall order. Refusal to accept family planning assistance from Western nations also stems from a deep distrust rooted in a history of Western colonization and exploitation. ..... Another way to speed up the fertility decline is in the classroom. Numerous studies have associated lower fertility with more schooling for women....”

BMJ Feature - Private equity’s intrusion into US healthcare
https://www.bmj.com/content/382/bmj.p1827

“Bad things can happen when capitalism meets medical care, writes Joanne Silberner.”

Lancet Editorial – The Lucy Letby case: lessons for health systems
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01839-1/fulltext
“...10 years after Mid-Staffordshire, and 20 years after the inquiry into Harold Shipman, the UK is trying to understand how top-down systemic failures enabled a medical serial killer to go unchecked. International experience shows that generating solutions is not easy....”

**Papers & reports**

Plos GPH - The hidden emotional labour behind ensuring the social value of research: Experiences of frontline health policy and systems researchers based in Kenya during COVID-19

[https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002116](https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002116)

By J Nzinga, S Molyneux et al.

“In this paper, we draw on two sets of group discussions held among a group of approximately 15 HPSR researchers based in Nairobi, Kenya, who were conducting a range of embedded HPSR studies throughout the COVID-19 pandemic. The researchers, including many of the authors, were employed by the KEMRI-Wellcome Trust Research Programme (KWTRP), which is a long-standing multi-disciplinary partnership between the Kenya Medical Research Institute and the Wellcome Trust with a central goal of contributing to national and international health policy and practice. We share our findings in relation to three inter-related themes: 1) Ensuring the continued social value of our HPSR work in the face of changing priorities; 2) Responding to shifting ethical procedures and processes at institutional and national levels; and 3) Protecting our own and front-line colleagues’ well-being, including clinical colleagues....”

BMJ GH - Analyses of the return on investment of public health interventions: a scoping review and recommendations for future studies

H C Turner et al; [https://gh.bmj.com/content/8/8/e012798](https://gh.bmj.com/content/8/8/e012798)

« Return on investment (ROI) analysis is increasingly being used for evaluating the value for money of public health interventions. Given its potential role for informing health policies, it is important that there is a more comprehensive understanding of ROI analysis within the global health field. To address this gap in the literature, we conducted a scoping review of recent research articles reporting an ROI metric for a health intervention within the public sector in any country setting...”

BMC Health Services - Assessing the acceptability of technological health innovations in sub-Saharan Africa: a scoping review and a best fit framework synthesis


“we performed a scoping review to explore the theories, methods and conceptual frameworks that have been used to measure and understand the acceptability of technological health innovations in sub-Saharan Africa.....”
Blogs & op-eds

CGD (blog) - Halfway to the SDG Deadline, We're Not Halfway to the SDGs
C Kenny; https://www.cgdev.org/blog/halfway-sdg-deadline-were-not-halfway-sdgs

“UN Secretary General Antonio Guterres prefaces the new UN report on the status of the Sustainable Development Goals (SDGs) at their midpoint with some despairing language. “Progress on more than 50 per cent of targets of the SDGs is weak and insufficient; on 30 per cent, it has stalled or gone into reverse,” he notes. Guterres blames “The COVID-19 pandemic and the triple crises of climate change, biodiversity loss and pollution... Russia’s invasion of Ukraine... [and a] collective failure to invest.” Surely these problems have all slowed development progress, but we were off track prior to COVID-19, not least because the SDGs set targets that required revolutionary change without sparking any of it. The good news is that there is considerable evidence of progress nonetheless. The bad news is that the prospects for more rapid progress still depend on changes that look increasingly unlikely to happen.....”

CGD (blog) - Advancing Care and Movement Building in Africa: Insights, Challenges, and Opportunities

“On July 16, leading up to the Women Deliver 2023 Conference in Kigali, Rwanda, the Center for Global Development, Women Deliver, the Asia Foundation, WeProsper Coalition, and the International Labour Organization co-hosted a Pre-Conference on the Care Economy in collaboration with a consortium of partner organizations. To commemorate this being the first Women Deliver conference held in Africa, CGD and the African Women's Development and Communications Network (FEMNET) organized a panel on “Care and Movement Building in Sub-Saharan Africa” moderated by Diana Macauley, MenCare global co-coordinator and co-manager of the Regional Programmes Unit at Sonke Gender Justice, a South African-based non-profit organization working throughout Africa to resist patriarchy, advocate for gender justice, and achieve gender transformation. “

“... Movements for care justice have proven to be an integral component of collective action to stimulate policy change, budget allocations, and better outcomes across the 5Rs of care work (recognizing, reducing, and redistributing unpaid care work; rewarding paid care work; and guaranteeing care workers’ representation). Panelists reflected on where things are moving on care work within the region, where there are opportunities and gaps, and what type of support is needed to galvanize movement building. The panel was also an opportunity to consider what lessons can be learned for movement building in other regional contexts and where there are common themes that can contribute to global agenda setting and advocacy.....”
**Tweets**

Twitter thread K Bertram on investment cases in global health

[https://twitter.com/KatriBertram/status/1696058121406345289](https://twitter.com/KatriBertram/status/1696058121406345289)

Starting with: “During my #globalhealthcareer, I’ve worked on and with #InvestmentCases (return-on-investment = ROI) numerous times. A short #thread. #healthfinancing #fundraising”

Concluding tweet: “My experience and message here is: An #investmentcase can be helpful, but it’s not what in practice drives donor/government, investment/private sector or financing decisions. #Power and #interests do. *end”

Etienne Krug

“@WHO has been ramping up efforts to address #commercialdeterminants of health & will release a @WHO global report & host a global conference on the topic in the coming 2 years. Check out this fact sheet: [https://bit.ly/45Jnejn](https://bit.ly/45Jnejn) #cdoh”

Decolonisation and Global Health Research exchange

“Excited to kickstart a new era of inclusive research! Our first #DecolonizingGlobalHealthResearch meeting, backed by the visionary support of @wellcometrust is ongoing. We are committed to reshaping perspectives, amplifying marginalized voices, and fostering true collaboration.”