

# IHP news 742 : A world unhinged

( 20 September 2023)

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

Dear Colleagues,

No prizes to be won as to who came up with the phrase from the title: clearly, our apocalyptic leader-in-chief, [UN SG Guterres](#) - in his speech to the UN General Assembly (**#UNGA78**) earlier this week. He ain't wrong.

Anyway, as there's so much to do over there in New York, including in global health advocacy & pundit circles, we've decided to come up with a **'mid-week' issue** for once. Just as the **three UN High-Level meetings on health are about to start** (*with the first one on PPPR later today, though some argue that this one goes beyond just 'health'*). We also list the **main publications & reports** of the week so far.

We leave you with a quote we heard in a panel yesterday, by Zeid Ra'ad Al Hussein, on all these Declarations to be adopted. **"The Declarations are there for us to make us better human beings"** (i.e. showing that we've learnt something from the pandemic).

Let's find out in the coming days whether we've indeed become better human beings over the past years...

Enjoy your reading.

Kristof Decoster

# Highlights of the week

## UNGA 78 – General backdrop

### Guardian - World inching ever closer to a great fracture, says UN chief

[https://www.theguardian.com/world/2023/sep/19/world-inching-ever-closer-to-a-great-fracture-says-un-chief?CMP=share\\_btn\\_tw](https://www.theguardian.com/world/2023/sep/19/world-inching-ever-closer-to-a-great-fracture-says-un-chief?CMP=share_btn_tw)

“António Guterres **calls for financial reform, climate solidarity and an end to coal**, in speech to UN general assembly.”

And **global governance reform**. Guterres: “We can’t effectively address problems as they are, if institutions don’t reflect the world as it is. At #UNGA, I’m making a call to renew multilateral institutions based on 21st century economic & political realities.”

Related tweet: “**Geopolitical tensions today are “much more serious and much more unpredictable” than in the Cold War**, says UN Secretary-General @antonioguterres . “The **geopolitical divides are paralyzing decisions that will be essential for us to face the big challenges of our time.**”

PS: “**“Climate breakdown has begun,”** António Guterres, secretary-general of the United Nations, said in a statement last week. “

### NYT - U.N. to Meet Amid Growing Divisions, and Demands From the Global South

<https://www.nytimes.com/2023/09/18/world/middleeast/united-nations-global-south-general-assembly.html>

“With major world leaders skipping the annual event, **discussions will focus on climate change, sovereign debt relief and development goals.**

- See also the Guardian - [Rifts over Ukraine disrupt UN summit on crises in the global south](#)

“**Drama at the general assembly and security council will distract the world body from the failures in its sustainable development goals.**” “ This high-level week at UNGA has been framed as a **competition between those rallying sustained support for Ukraine and those vying to return the focus to the Sustainable Development Goals**, which, at the halfway mark to 2030, are badly off track.....”

## SDG summit (18-19 Sept)

### UN General Assembly adopts declaration to accelerate SDGs

<https://news.un.org/en/story/2023/09/1140857>

*“Now is the time for a global plan to rescue the Sustainable Development Goals (SDGs) which are woefully off-track halfway towards their 2030 deadline, UN Secretary-General António Guterres said on Monday in New York. Mr. Guterres was speaking at the opening of a high-level forum at UN Headquarters where world leaders adopted a political declaration to accelerate action to achieve the 17 goals.... Each goal contains targets, with 169 overall, but Mr. Guterres warned that currently only 15 per cent are on track, while many are going in reverse....”*

*“He said the political declaration “can be a game-changer in accelerating SDG progress.” It includes a commitment to financing for developing countries and clear support for his proposal for an SDG Stimulus of at least \$500 billion annually, as well as an effective debt-relief mechanism....It further calls for changing the business model of multilateral development banks to offer private finance at more affordable rates for developing countries, and endorses reform of the international finance architecture which he has labelled “outdated, dysfunctional and unfair.”*

### HPW - Global Leaders Sound Alarm on Sustainable Development Goals Ahead of UN General Assembly

<https://healthpolicy-watch.news/world-leaders-warn-sustainable-development-goals-are-in-peril/>

“World leaders issued a [political declaration](#) on Monday ahead of the United Nations General Assembly warning that the world is nowhere close to achieving the Sustainable Development Goals (SDGs) it set in 2015. **The declaration is the result of the first high-level meeting on the SDGs since 2019** and comes at a time when progress on the goals has been slowed by the COVID-19 pandemic, the war in Ukraine, and other crises. UN Secretary-General Antonio Guterres billed the Sustainable Development Goals summit as a **chance to agree on a “global rescue plan” to save the SDGs.** “

PS: “.... **The political declaration was approved by world leaders without objection on Monday morning. However, a [coalition of 11 authoritarian countries](#) led by North Korea, Russia, Iran, Venezuela, Syria and Belarus also published a 17 September letter to UN General Assembly President Dennis Francis that they did not consider today’s decision binding.** The countries said that their objections to language in the declaration had been ignored and they “reserve the right to take appropriate action upon the formal consideration” of the documents in the UN General Assembly later in this autumn’s session. **The countries are reportedly upset over the deletion of a clause in the declarations calling on countries to refrain from “unilateral” trade and economic sanctions.** But the rift also goes to the heart of the world’s major geopolitical battles, and the political and social conservatism of the countries involved. ([see related story](#)). ....”

And see via [Devex](#): “In fact, **the high-level event was largely a ceremonial act.** The **actual declaration** — which has been the subject of months of contentious negotiations — **won’t be formally adopted until later this year.** The 193-member general assembly usually rubber stamps leader declarations, but this time there is a wrinkle, says Devex U.N. expert Colum Lynch. ....”

## UN Climate ambition summit (20 Sept) & NY Climate week

Later today, the UN Climate Ambition summit is also scheduled, part of the New York Climate Week. Some analysis ahead of it, and other news snippets:

### Devex - Heavy on hype but light on action? Can the UN climate summit deliver?

<https://www.devex.com/news/heavy-on-hype-but-light-on-action-can-the-un-climate-summit-deliver-106167>

Analysis ahead of the summit. "... U.N. insiders say that access to the high-profile event, which takes place in New York during the U.N. General Assembly on Sept. 20 and is hosted by Secretary-General António Guterres, will be barred if attendees don't come with new and tangible ambitions. But **climate experts are concerned that the event could be heavy on hype but underdeliver on what the countries most vulnerable to climate change need....**"

Interesting read, with plenty of 'could's' (as compared to 'will's) unfortunately....

- See also UN News - [No nonsense' Climate Ambition Summit: What you need to know](#)

### WHO - Leaders spotlight the critical intersection between health and climate ahead of COP-28 first-ever Health Day

<https://www.who.int/news/item/18-09-2023-leaders-spotlight-the-critical-intersection-between-health-and-climate-ahead-of-cop-s-first-ever-health-day>

"Today **Heads of State and leading experts in health and climate gathered to discuss critical concerns around the intersection of climate and health priorities ahead of the UN Climate Conference's (COP-28) first-ever 'Day of Health'**. The event was held at the beginning of **New York Climate Week** during the UN General Assembly in New York, USA...."

"**The central theme of the event underscored that the climate crisis is, unequivocally, a health crisis.** Climate change poses an imminent and severe threat to human health, affecting nearly half of the world's population today, not in some distant future. ... **WHO called on Ministers of Health to raise their voices for health as the driving force behind climate action**, leading by example with climate-friendly healthcare systems, and advocating for climate finance that safeguards our well-being today and tomorrow...."

"... **The health consequences of climate change carry significant economic ramifications.** The World Bank estimates that up to 132 million people will fall into poverty by 2030 due to direct health impacts of climate change, and approximately 1.2 billion people will be displaced by 2050. Investments in health yield substantial returns, with studies showing that every dollar invested in health can generate up to US\$ 4...."

## Guardian - Climate action must respond to extreme weather driving health crisis, says WHO

<https://www.theguardian.com/global-development/2023/sep/19/climate-action-must-respond-to-extreme-weather-driving-health-crisis-says-who>

**“Floods, wildfires, drought and the onslaught of extreme weather are driving a global health crisis that must be put at the centre of climate action, the [World Health Organization](#) said on Tuesday.** “The climate crisis is a health crisis; it drives extreme weather and is taking lives around the world,” Dr Tedros Adhanom Ghebreyesus, head of the WHO, said. “Melting ice caps and rising sea levels are, of course, crucial issues, but for most people they are distant threats in both time and place. The threats of our changing climate are right here and right now.” **Tedros was speaking at a [New York climate week](#) event on links between global health and the climate crisis.** The [Cop28 climate summit](#) in Dubai in December will hold a [global health day](#) for the first time, where health issues in the context of the climate crisis will be discussed....”

## UHC – 2023 Global Monitoring report WHO/World Bank

### WHO/WB - Billions left behind on the path to Universal Health Coverage

<https://www.worldbank.org/en/news/press-release/2023/09/18/billions-left-behind-on-the-path-to-universal-health-coverage>

**“The World Health Organization (WHO) and the World Bank have jointly published the [2023 Universal Health Coverage \(UHC\) Global Monitoring Report](#), revealing an alarming stagnation in the progress towards providing people everywhere with quality, affordable, and accessible healthcare. Released ahead of the High-Level Meeting on UHC at the 78<sup>th</sup> United Nations General Assembly, this report exposes a stark reality based on the latest available evidence – **more than half of the world’s population is still not covered by essential health services. Furthermore, 2 billion people face severe financial hardship when paying out-of-pocket** for the services and products they needed....”**

“... The 2023 report found that over the past two decades, less than a third of countries have improved health service coverage and reduced catastrophic out-of-pocket health spending. Moreover, most countries for which data are available on both UHC dimensions (96 out of 138) are off-track in either service coverage, financial protection, or both..... **While health service coverage improved since the beginning of the century, progress has slowed since 2015, when the Sustainable Development Goals were adopted. Notably, there was no improvement from 2019 to 2021.** While services for infectious diseases saw significant gains since 2000, there has been **little to no improvement in service coverage for noncommunicable diseases and reproductive, maternal, newborn, and child health services** in recent years. **In 2021, about 4.5 billion people, more than half of the global population, were not fully covered by essential health services.** And this estimate does not yet reflect the potential long-term impacts of the COVID-19 pandemic....”

**“Financial hardship due to out-of-pocket health spending is worsening:** Catastrophic out-of-pocket health spending, defined as exceeding 10% of a household budget, continues to rise. **More than one billion people, about 14% of the global population, experienced such large out-of-pocket payments relative to their budgets.** But even small expenditures in absolute terms can be

devastating for low-income families; approximately 1.3 billion individuals were pushed or further pushed into poverty by such payments, including 300 million people who were already living in extreme poverty....”

Coverage via **UN News** - [Radical reorientation’ needed as half of humanity lacks basic health coverage](#)

## More on PHC

### Dr Tedros (on LinkedIn) - There's perhaps no health topic more important than primary health care

<https://www.linkedin.com/pulse/theres-perhaps-health-topic-more-important-than-care-ghebreyesus/>

Partly as a response to Horton’s Offline from a few weeks ago, partly as he was heading to the UN HL meetings in New York (including the one on UHC) – laying out (once more) what PHC entails and why it’s so important.

### Lancet Comment - Transforming women's, children's, and adolescents' health and wellbeing through primary health care

WHO Strategic and Technical Advisory Group of Experts for maternal, newborn, child, and adolescent health and nutrition (STAGE) ;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01909-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01909-8/fulltext)

“... At the 2023 UN General Assembly, the **high-level meeting on universal health coverage** will provide an opportunity for member states to recommit to achieving universal health coverage and Sustainable Development Goals by 2030. **The WHO Director-General has called for a “radical reorientation of health systems towards primary health care”**. Primary health care is an approach consisting of three key components: integrated health services focused on primary care and essential public health functions; community engagement and empowerment; and multisectoral policy and action to address the broader determinants of health....”

“... Here, we highlight what implementation of a transformative primary health care approach will mean for women's, children's, and adolescents' health and nutrition **from the perspective of the Strategic and Technical Advisory Group of Experts for maternal, newborn, child, and adolescent health and nutrition, a group that advises the WHO Director-General....”**

# UN HL meetings on health: Final analysis & advocacy *ahead of the meetings* (+ bombshell on Monday)

## HPW - UN Political Declaration on Universal Health Coverage – Ambitious Reach Against Autopsy of Failures to Date

<https://healthpolicy-watch.news/un-political-declaration-on-universal-health-coverage-ambitious-reach-against-autopsy-of-failures-to-date/>

Analysis of the political declaration draft on UHC (last weekend), as the HL week was about to begin. Recommended read.

**“There has been little progress in expanding universal health service coverage (UHC) since the last UN High Level Meeting (HLM) meeting on the issue in 2019, and trends in financial protection are even worsening, with catastrophic out-of-pocket spending increasing when compared to 2015.** The final draft of the political declaration for next week’s UN HLM on Universal Health Coverage on 21 September provides a painful autopsy of UHC’s massive failures to date – with detailed data going beyond the usual political rhetoric. It also charts an ambitious course for reducing current trends with a number of clear, albeit aspirational, commitments. ....”

“These include a **commitment to ensure that an additional 523 million people get access to quality, essential health services by 2025** to belatedly reach the 2019 goal of reaching one billion more people with UHC, a goal that was supposed to have been met by the end of this year. The declaration **also commits to “reverse the trend of rising catastrophic out-of-pocket health expenditure” by 2030.** .... It also pledges to “accelerate action to address the global shortfall of health workers” along with addressing the causes of health worker migration and dropout, which are increasingly serious problems in poor as well as more affluent health systems. ..”

**“While such commitments are clearly aspirational, they are still more concrete than any language of the companion declaration on Pandemic Prevention, Preparedness and Response,** which is due to be approved at a UNGA HLM on Wednesday, 20 September.....”

PS: “....**But what’s included in the declaration remains far less important than the framing moment it can offer at a UN General Assembly where health will have an unprecedented focus. Will the UHC declaration and the companion declarations on TB and PPPR, really kickstart more action by countries in the final years leading up to 2030?** “There are super important deliberations coming up,” said Aylward. **“But the most important thing to achieve in universal health coverage, frankly, is the political decision [to make it happen]. It’s a big political decision because of the big financial commitment and the big commitment in terms of human resources. ....”**

## PHM position on health issues in the 78th UN General Assembly

<https://phmovement.org/phm-position-health-issues-78th-un-general-assembly>

Prior to UNGA78 the PHM circulated its own position papers in response to the “drafts” circulated by the UN on these three agendas. Great stuff. Read them all three:

**i. Pandemic Prevention, Preparedness and Response (PPPR)**

## ii. Universal Health Coverage

### iii. Tuberculosis “

## **TGH - To Prevent the Next Pandemic, Leaders Should Finish What They Started**

C Reynolds; [TGH](#)

**A pandemic action priority list.** On PPR milestones that should be reached this year. (**Carolyn Reynolds is cofounder of Pandemic Action Network** and a non-resident senior associate at the Center for Strategic and International Studies's Global Health Policy Center, so well worth a read)

## **Lancet Comment - Needed: a financing breakthrough at the UN High-level Meeting on Universal Health Coverage**

J Sachs et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01924-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01924-4/fulltext)

« The Political Declaration of the High-level Meeting on Universal Health Coverage, scheduled for Sept 21, 2023 at the UN, is high-minded and admirable. Nations will recommit to universal health coverage (UHC) as called for by Sustainable Development goal 3. However, **the declaration will not mean much without a plan and financing to back it up. That's the real test ahead.** »

« ... **The total health financing gap for countries in need of external finance (LICs plus LMICs) is \$50 billion to \$100 billion per year**, with precise estimates depending on assumptions regarding the minimum package of UHC interventions. The total is not much, around 0.1–0.2% of the \$61.5 trillion GDP of the HICs, and less than 5% of the \$2.1 trillion spent in 2022 on armaments. To help close the financing gap, **the Lancet Covid-19 Commission recommended a new Geneva-based Global Health Fund to provide funding for primary health care, including community health workers and community-based health delivery.** In LICs, community outreach to households by community health workers is the most effective approach for achieving UHC. .... A unified Global Health Fund would also overcome the current, highly fragmented landscape of global health finance and provide a stronger focus on integrated programming for community health workers....”

## **TGH - The UN General Assembly Hosts an Ambitious Health Agenda**

D Fidler; <https://www.thinkglobalhealth.org/article/un-general-assembly-hosts-ambitious-health-agenda>

“The complexity of the health threats and determinants that the summits and meetings will address caution against generalizations. Even so, the topics share characteristics and contexts that highlight the challenges global health diplomacy faces. Each issue on the agenda was in trouble before COVID-19, and the pandemic has made progress more complicated, contentious, and costly. In addition, geopolitical competition among the United States, China, and Russia and a push for nonalignment by countries in the Global South threaten the multilateralism that many believe is vital to advancing global health. ...”

“... **The summits and meetings taking place during the General Assembly are a test of multilateralism on global health in a context in which international cooperation is fragmenting.** Each summit and meeting described will call for more expansive, rapid, and expensive collective



action. Together, the gatherings constitute a breathtaking health-related agenda for a troubled world. **The lofty rhetoric and ambitious promises that the summits and meetings will produce will not answer whether the UN-centered multilateral system can direct global health diplomacy after the COVID-19 pandemic. The answer to that question will emerge from the impact those multilateral attempts to accelerate collective action on global health have on the national interests of countries.** With 2030 pegged as a seminal moment of reckoning, the world will not need to wait long to assess whether multilateralism can deliver global health from a grim future. “

**MMI - New York, September 2023: Again they want to “build a healthier world together”. Whoever believes it...**

By **Thomas Schwarz** (sounding very gloomy);

<https://www.medicusmundi.ch/en/advocacy/publications/med-in-switzerland/new-york,-september-2023-sie-wollen-wieder-zu>

“...Unfortunately, this year too there will probably be no hope that key issues in international health can be advanced policy through a joint declaration by the heads of state and government... A sober outlook on the “High-Level Meeting on Universal Health Coverage” at the UN General Assembly, on 21 September 2023....”

“... Based on our experience with the 2019 High-Level Meeting, we must therefore assume that the same UN Member States will no longer bother about their own nice and vague declarations and commitments once they have left the UN meeting room to celebrate another “groundbreaking declaration. This is all the more regrettable since this year the WHO Director General and the international partnership “UHC 2030” presented quite solid plans for the implementation and implementation of universal health coverage that are action-oriented and measurable (UHC2030)....”

**HPW - Leaders Suggest UN May Be More Appropriate to Lead Pandemic Response Than WHO**

<https://healthpolicy-watch.news/leaders-suggest-un-may-be-more-appropriate-to-lead-pandemic-response-than-who/>

Coverage of a **great UN Side meeting hosted by the Pandemic Action Network (PAN).**

“Despite the weaknesses of the political declaration on Pandemic Prevention, Preparedness, and Response (PPPR) expected to be adopted by the United Nations (UN) High-Level Meeting (HLM) on Wednesday, **some world leaders believe that the UN is a more appropriate forum to thrash out the global pandemic response than the World Health Organization (WHO).**”

“Juan Manuel Santos, former President of Colombia and a member of The Elders, believes that the UN may be the better forum as “pandemic preparedness encompasses far more than health”. Santos told a **UN side meeting on Tuesday hosted by the Pandemic Action Network (PAN)** that **if the pandemic accord negotiations are still “mired in confusion” by the time the WHO Intergovernmental Negotiating Body (INB) meets for the seventh time later this year, “someone has to say enough, we need to shift it back to New York.”** **Mary Robinson**, former Irish President and Chair of The Elders, supported Santos’s view that pandemic negotiations should be at the UN.

....**“Robinson also called for closer collaboration between climate and health**, and for health to follow the lead of the climate sector, which is “trying to have the broadest, climate justice movement possible”.”

**“UN HL meet Zeid Ra’ad Al Hussein**, former UN High Commissioner for Human Rights and also a member of The Elders, said **that weaknesses in the UN system itself needed to be addressed**. “Some parts are highly developed and mature, where the mechanisms are layered and there’s a measure of surrender of sovereignty, which is acceptable. **Then parts of the UN system are highly underdeveloped, almost primitive, and it’s staggeringly slow getting anything done. Health is one such sector. The other is climate,**” said Hussein. “**In human rights, you have an interesting array of different incentives and disincentives to get governments to do things**. That doesn’t exist where you have only a voluntary system and that is where we are with health.”....”

### **Lancet Comment - Are we listening? Acting on commitments to social participation for universal health coverage**

Justin Koonin et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01969-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01969-4/fulltext)

**“The 2019 political declaration on universal health coverage (UHC) was a global health watershed, affirming government commitments to achieve UHC by 2030.** As we look ahead to the 2023 high-level meeting on UHC on Sept 21, we urge governments to implement their commitments, take bold actions, and—crucially—**listen**, so we can achieve health for all. **By listening, we refer to the involvement of civil society and communities in determining, designing, implementing, and evaluating these actions—that is, social participation for health**—to support responsive, context-appropriate, and equity-oriented solutions for advancing UHC. Emerging evidence links social participation for health with improved health outcomes, health systems accountability, and the upholding of human rights. .... **We are members of the Social Participation for Health: Engagement, Research, and Empowerment (SPHERE) consortium**, a network of practitioners and academics seeking to consolidate evidence on social participation for health and to amplify its impact in health reform. We are trying to listen....”

**“... As governments consider how they can best meet their commitments, we make the following suggestions**, which draw from WHO guidance and emerging examples globally: **institutionalise social participation for health, adequately and sustainably finance participation mechanisms, strengthen the capacity of all actors, continuously evaluate and strengthen participatory mechanisms, and ensure the equity and inclusiveness of participatory mechanisms....”**

**“... With the forthcoming high-level meeting on UHC, our work is just beginning.** Beyond Sept 21, governments must move urgently from words to action, implementing the commitments enshrined in the 2023 political declaration. The commitments, however, cannot be fulfilled by governments alone. Institutionalising and financing participatory mechanisms, grounded in the values of equity, inclusion, and human rights, and learning and improving constantly as we go, hold the key to listening and thereby achieving health for all. **Evidence, such as that generated as part of SPHERE, together with a 2024 World Health Assembly resolution on social participation**, can offer concrete guidance for materialising true participation in the pursuit of UHC....”

## HPW - Russia and Allies Refuse to Support High Level UN Declarations on Health and Sustainable Development Goals

<https://healthpolicy-watch.news/russia-and-allies-refuse-to-support-un-declarations-of-health/>

Was a bit of a bombshell on Monday.

“**Eleven conservative countries have declared that they will not support the adoption of the political declarations** on the Sustainable Development Goals (SDG), pandemic prevention, preparedness and response (PPPR), universal health coverage (UHC), and tuberculosis (TB) on the United Nations agenda this week.....”

“Although **the countries did not raise their objections during Monday’s SDG Summit**, the first in this week’s series of high level meetings, **they declared [in a letter to the UN General Assembly President](#) that they “reserve the right to take appropriate action” during the subsequent UN General Assembly debate and formal vote on the declarations**, which must follow the HLM convocations. **“Our delegations oppose any attempt to pretend to formally adopt any of the draft outcome documents in question, during the meetings scheduled for 18, 20, 21 and 22 September 2023, respectively.** In addition, we reserve the right to take appropriate action upon the formal consideration of these four draft outcome documents in the coming weeks, after the conclusion of the High-Level Segment of the 78th Session of the General Assembly, when they must all be considered by the General Assembly in accordance with its rules of procedures.” ....”

“.... **Belarus, Bolivia, Cuba, North Korea, Eritrea, Iran, Nicaragua, Russia, Syria, Venezuela, and Zimbabwe** wrote to UN president Dennis Francis on Sunday alluding to a **“political stalemate” relating to “unilateral coercive measures (UCMs).”** [According to the UN Office of the High Commissioner of Human Rights Commission](#) (OHRHC), UCMs “usually refers to economic measures taken by one state to compel a change in the policy of another state”, including trade sanctions, embargoes, asset freezing and travel bans. **One of the issues that has apparently angered the 11 countries is that earlier drafts of the health and sustainable development declarations initially had language calling on countries to refrain “from promulgating and applying any unilateral, economic, financial or trade measures not in accordance with international law”.** However, this has been removed from the final drafts.”

“.... In the [Letter to UNGA 17 September 2023](#), sent on a letterhead from the Venezuelan Representative to the UN, **the countries outline four key grievances.....”**

## Global Week for Action on NCDs

### UHC 2030 - No time to lose: Universal health coverage and the growing burden of non-communicable diseases

G Cuevas, J Koon et al ; <https://www.uhc2030.org/news-and-events/blog/no-time-to-lose-universal-health-coverage-and-the-growing-burden-of-non-communicable-diseases/>

“A blog from the principals of the Coalition of Partnerships for UHC and Global Health.”

“... Achieving UHC also supports achieving noncommunicable disease (NCD) targets, because NCD preventive and treatment services are critical components of UHC benefits packages. ...”

“...Throughout this [Global Week for Action on NCDs](#) and at the HLMs on health, as the Coalition of Partnerships for UHC and Global Health, **we call on world leaders to take responsibility for realizing the fundamental right to health, including for people living with and at risk of NCDs.** We urge them to make ambitious, actionable commitments and sustainable investments in equitable and resilient health systems, and to guarantee a whole-of-government and whole-of-society approach to make health for all a reality. .... At the HLMs and beyond, leaders should unite behind the UHC Movement’s [Action Agenda](#), which provides a blueprint to turn commitment into action and includes areas that cannot be neglected, such as access to essential health services – including for NCD prevention and care across the life course – and leaving no one behind.”

## More on Global Health Governance & Financing

### BMJ GH (Commentary) - Misguided charity: the bane of global health

Olusoji O Adeyi; <https://gh.bmj.com/content/8/9/e013322>

This paper went viral on X. Easy to see why.

“... **The potential beneficiaries of donor-funded health technologies in low-income and middle-income countries are often excluded from important decisions that affect them.** They are treated like expendable props in a global theatre of misguided charity, a **problem with four interrelated features: (1) insular presumption of superior wisdom, (2) abdication of the duty of care, (3) pontificating outside the circle of competence and (4) irrational escalation of commitment.** Global health charity is dysfunctional, and overhauling it requires the protagonists to reflect on, atone for, and commit to revamping status quo. The measures proposed in this paper provide markers for candid reflections and positive changes.”

In his own words; [O O Adeyi](#) “specifies & fixes 4 cardinal defects of global health charity”, showcasing for each of these some “**exhibits**” with concrete examples of the past few years.

### Global Public Investment: A Transformation in International Cooperation

<https://globalpublicinvestment.net/>

“This new report brings a strong rallying call for the world to unite around the bold but feasible re-organising of the global financing infrastructure to one that is both fairer and stronger. ‘Time for Global Public Investment’ brings together experts from across the world **to rethink sustainable development finance...** “

Great stuff. So get a flavour, read for example “ [The age of aid is over. It’s time to challenge embedded rich country narratives](#)” (Nick Dearden’s contribution )

## Devex - Biden's UN General Assembly priorities face political fight at home

<https://www.devex.com/news/biden-s-un-general-assembly-priorities-face-political-fight-at-home-106217>

“As U.S. President Joe Biden takes the podium Tuesday to address world leaders at the 78th United Nations General Assembly, **the global health and development priorities many expect him to champion are subject to increasing political infighting at home. Policy areas that were once rare opportunities for bipartisan cooperation** — global health, humanitarian aid, global development — **are becoming ensnared in America’s political culture wars** as the country gears up for an inevitably bitter election in 2024....”

“Many global health advocates hoped the COVID-19 pandemic would drive more attention to priorities such as pandemic preparedness and universal health care. But in doing so, it also dragged issues and institutions rarely mentioned in American electoral politics into that polarized arena. That has raised questions about the durability of bipartisan support for these efforts and the Biden administration’s strategy for defending them. “I predict that 2024 is going to be a much heavier political year for global health, not just pandemic health. I don’t know how we collectively are preparing for that moment,” said one American global health leader, who spoke on condition of anonymity....”

## Africa CDC - Statement of the Governing Board Members of Africa Centers for Disease Control and Prevention (Africa CDC)

<https://africacdc.org/news-item/statement-of-the-governing-board-members-of-africa-centers-for-disease-control-and-prevention-africa-cdc/>

“The Governing Board commends H.E Dr. Jean Kaseya, the Director-General of Africa CDC, for his exceptional leadership and strategic partnership skills in guiding this vital institution. It is worth noting that in his first hundred days at the helm, H.E Dr. Kaseya and his team have demonstrated unwavering dedication and a visionary approach, leading Africa CDC to several notable accomplishments. **Some of the key achievements** include:....”. Then listing these.

## HPW -The African Union in the G20: What Will the Implications Be For Health Financing in Africa?

J Nonvignon, J Guzman & J Kaseya ; <https://healthpolicy-watch.news/the-african-union-in-the-g-20-what-will-the-implications-be-for-health-financing-in-africa/>

Seems a sort of **CGD-Africa CDC collaboration**, this joint viewpoint.

“**G20 countries have begun to collectively shape the post-COVID health financing agenda.** The group has created a [Joint Health and Finance Task Force](#), and launched the G20 High-Level Independent Panel on [the best way to finance pandemic preparedness going forward](#). **The African Union’s (AU) admission to the G20 therefore provides an opportunity for Africa to be recognized as a true strategic partner in development; for the continent to make critical inputs to decisions on its development, including health financing reforms; and has the potential to reinvigorate Africa’s**

resolve to reform domestic issues that hold back the potential for sustainable domestic financing of health. “

“... The G20 membership presents an **opportunity for Africa to boldly confront two key global issues that hold it back from achieving its health financing goals**. Firstly, [about 23 African countries are in or at high risk of debt distress](#). Debt service has clearly outpaced spending on health and education, with consequences on other sectors of the economy. With many of Africa’s creditors in the G20, Africa has an opportunity to make the case for debt relief to assist it with rebuilding its health systems. The G20 has done this before—at the height of the COVID-19 pandemic, it suspended [\\$12.9 billion in debt service payments](#). Secondly, the AU could press the G20 to revisit prior agreements on aid effectiveness to ensure that foreign aid is properly monitored and aligned with national and regional priorities. .... **Africa can therefore use the G20 as a means through which to establish a new compact for donor and domestic financing of health services that puts African governments back in charge of setting health priorities and funding core services**, with aid restored to its place as a supplementary health financing stream.”

“... The G20 membership also has the potential to spur African countries to act on areas where there has been little progress in the past. Despite [skepticism about the potential for domestic resource mobilization for health in Africa](#) given the ongoing economic challenges, there are opportunities to boost domestic financing by introducing non-traditional or innovative financing mechanisms. **Taxes on alcohol, tobacco, and sugar-sweetened beverages are lower in Africa than in all other regions**. By “**soft-earmarking**” these funds for health, they can mobilize popular support, raise finance, and combat the growing burden of non-communicable diseases. **In addition, to mitigate the devastation of the COVID-19 pandemic on economies in Africa, countries should explore other forms of raising (for example through airline levies, import and other duties) and channel domestic resources to strengthen national and regional health systems and public health functions. Furthermore, the time is right for African countries to strengthen their public financial management systems and introduce the use of evidence-informed priority-setting mechanisms to improve efficiency in health system decision-making to ensure that resources are channeled to the most effective and cost-effective health interventions.....”**

## BMJ Editorial - UK foreign aid cuts and global health

W Mao et al; <https://www.bmj.com/content/382/bmj.p2075>

“Restoration essential to stem irreversible harm to the world’s most vulnerable populations”. Some chunks:

“...**The UK government used to be a leading financier of international development aid and shaper of aid policy**. But after a rapid rise in public spending in 2021, it tried to balance its books by temporarily lowering its commitment from 0.7% (the United Nations target) to 0.5% of gross national income. It phased out aid for 102 territories—nearly a quarter of which were fragile or in conflict. The remaining 34 recipients of aid received less support. Furthermore, in 2022 nearly a third of the total aid budget (£3.7bn) was spent on hosting refugees in the UK, a bill that more than tripled in a year, squeezing other areas of development cooperation even further. **Until 2020, the UK was the second largest donor to health programmes. Its 2022 international development strategy continued to prioritise global health, but the UK’s spending on the health sector halved from \$1.5bn in 2020 to \$763m in 2021.....”**

**“.... Some of the poorest countries, at greatest risk of humanitarian crisis and with populations undergoing “starvation and death,” such as Ethiopia, South Sudan, the Democratic Republic of the Congo, Nigeria, and Bangladesh, have experienced the biggest reductions, with UK health aid falling by 84% in Ethiopia and 51% in Nigeria between 2020 and 2021. Cuts even spread to multilateral and global health initiatives: funding to UNAIDS, neglected tropical diseases, and the Global Polio Eradication Initiative fell by 83%, 90%, and 95%, respectively, between 2020 and 2021. The largest recipient of the UK’s multilateral aid, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, received 40% less UK support in 2021 than in 2020.....”**

**“.... Cuts have disproportionately affected health programmes serving the most vulnerable populations, including women and children, hindering progress in health and gender equity. The biggest cuts were to basic healthcare, nutrition, infectious diseases, malaria control, reproductive healthcare, and family planning programmes....”**

## Covid origins

**FT - WHO chief pushes China for ‘full access’ to solve Covid’s origins**

<https://www.ft.com/content/b25ff661-92fc-4e9b-bedf-a0dd24f12aa4>

**“Tedros Adhanom Ghebreyesus says health body is ready to send second mission as Omicron variants drive rise in cases.”**

## More on PPPR

**Nature (Editorial) - Why the pandemic treaty risks becoming COVID-19 groundhog day**

<https://www.nature.com/articles/d41586-023-02904-y>

Absolute must-read. **“Talks are stalling, but everyone benefits when the fruits of vaccine and drugs research are shared equitably.”**

**“In spite of a promising start to talks on the world’s first treaty on pandemic prevention and preparedness, negotiations have stalled. Tensions between countries are so high that an agreement by the target date of May 2024 is now unlikely....”**

Read why, what the main points of contention are, and how among others EU & US are not exactly ‘facilitating’ the negotiations.

**Geneva Health Files (guest essay) - To Break Impasse In Pandemic Accord Negotiations, Bring Neutral Countries To Forge Compromise**

By **Dame Barbara Stocking** ( Chair, Panel for a Global Public Health Convention)



[https://genevahealthfiles.substack.com/p/to-break-impasse-in-pandemic-accord?utm\\_campaign=email-post&r=97mey&utm\\_source=substack&utm\\_medium=email](https://genevahealthfiles.substack.com/p/to-break-impasse-in-pandemic-accord?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email)

Dame Barbara Stocking chairs the Panel for a Global Public Health Convention. **“She argues for more neutral countries to act as interlocutors in bringing countries together to narrow the divergences in the positions in current global health negotiations.”**

**“...We are all aware that negotiations, particularly of the WHO CA+, but also to some extent the WG-IHR, are in a difficult place. The central issues of concern are of how low and middle income countries can access epidemic and pandemic countermeasures equitably, and also the nature of any pathogens access and benefits system. There are many issues within these two areas, including distributed production of countermeasures across the world, the technology transfer, TRIPS matters and the balance between equity and the need to ensure that research and innovation continues in the pharmaceutical industries.”**

**“... What we need is a small group of Member States who are in more neutral positions on these two issues and above all are trusted for their independence and integrity. This group could act as go-betweens on ideas, not necessarily acknowledging yet where they came from. They could then see if some possible and balanced compromises might be found. This work requires some States to come forward and be accepted by the majority on both sides....”**

### **Remarks by Secretary of the Treasury Janet L. Yellen in New York, New York on the One-Year Anniversary of the Launch of the Pandemic Fund**

<https://home.treasury.gov/news/press-releases/jy1751>

Some comments from a big event yesterday (by World Bank & WHO) – you can rewatch it [here](#) – on the **one-year anniversary of the Pandemic Fund**. Among others marking “the Fund’s achievements in its first year, while underscoring the need to maintain the momentum and the urgency to scale up pandemic PPR investments in low- and middle-income countries.”

Yellen: **“... In the year since this launch, the Pandemic Fund has raised nearly \$2 billion from 25 countries and three philanthropies. And this past July, from its first call for proposals, the Pandemic Fund awarded \$338 million. It will leverage an additional \$2 billion in co-financing from implementing entities and co-investor countries. Funding will go to 37 countries....”**

**“... we know the Pandemic Fund will need more resources: \$10 billion per year over the next five years, as called for by the High-Level Independent Panel.... the Pandemic Fund doesn’t exist in a vacuum. Its success will depend on the success of broader efforts underway to strengthen the global health and finance architecture....”**

### **BMJ GH - Income inequality and pandemics: insights from HIV/AIDS and COVID-19—a multicountry observational study**

J E-O Ataguba, M Kavanagh et al ; <https://gh.bmj.com/content/8/9/e013703>



**“COVID-19 excess deaths, HIV incidence and AIDS mortality are significantly associated with income inequality globally—more unequal countries have a higher HIV incidence, AIDS mortality and COVID-19 excess deaths than their more equal counterparts. Income inequality undercuts effective pandemic response....”**

Check out this related **Guardian op-ed (by M Marmot) [Who lives and who dies in the world’s next pandemic should not depend on where they live](#)** “Aids and Covid had the worst impact in poorer countries and communities; **a new health accord must address this.**”

“... It is to bring the lessons from the Aids response and other pandemics that UNAIDS took the initiative to **convene a Global Council on Inequality, Aids and Pandemics**. I am co-chairing it with Monica Geingos, first lady of Namibia, and Joseph Stiglitz, the economist and a professor at Columbia University in New York, with a diverse group of leaders from civil society, academia, government and international organisations, to review the evidence and propose new action....”

**“...The global council will seek to influence pandemic preparedness efforts by showing the evidence of three ways in which inequality can be considered: how it drives pandemics; in access to diagnostics, vaccines and treatments; and exclusion of marginalised communities from engagement in designing their own welfare. Solutions must be found to all three....”**

**“...More generally, we want the treaty to address the social determinants of health.** Countries that are taking the social actions necessary to reduce health inequalities are likely to be those that are better prepared to handle the pandemic. ...”

**“ A new paper, led by John Ele-Ojo Ataguba, executive director of the African Health Economics and Policy Association, building on work on income inequalities and health, examined the relation between income disparities and HIV incidence and Aids mortality in 217 countries, and excess deaths linked to Covid in 151 countries....”** (see above, the paper in BMJ GH)

## **Reuters - BioNTech partners with CEPI to advance development of mpox vaccine**

[Reuters](#);

**“Germany's BioNTech (22UAY.DE) said on Monday it is entering into a partnership with the Coalition for Epidemic Preparedness Innovations (CEPI) to advance the development of its mpox vaccine.** CEPI will provide funding of up to \$90 million to support the development of vaccine candidates which is based on BioNTech's mRNA technology. BioNTech will initiate a early-to-mid stage trial for the vaccine BNT166 for the prevention of mpox....”

“... The partnership is part of **BioNTech’s strategy** to develop vaccines for the prevention of high-medical-need infectious diseases, including diseases that disproportionately affect lower-income countries, the company said....”

## **CEPI and Bio Farma partnership boosts rapid response vaccine manufacturing for the Global South**

[https://cepi.net/news\\_cepi/cepi-and-bio-farma-partnership-boosts-rapid-response-vaccine-manufacturing-for-the-global-south/](https://cepi.net/news_cepi/cepi-and-bio-farma-partnership-boosts-rapid-response-vaccine-manufacturing-for-the-global-south/)

**“Bio Farma to establish cutting-edge mRNA and viral vector rapid response vaccine manufacturing capability with CEPI support and investment of up to \$15 million.** Partnership will advance equitable access to outbreak and pandemic vaccines by reserving capacity to rapidly supply doses to Global South countries.”

**“The Coalition for Epidemic Preparedness Innovations (CEPI) and Bio Farma have entered a 10-year partnership to boost rapid manufacturing of outbreak vaccines at Indonesia’s leading vaccine manufacturer.** The collaboration will help to bring cutting-edge mRNA and viral vector rapid response vaccine manufacturing technologies to Indonesia and the ASEAN region; and reserve manufacturing capacity to supply Global South countries during future outbreaks and pandemics to combat the type of devastating inequity witnessed during the response to COVID-19. .... **Bio Farma becomes the latest member of a CEPI-backed network of vaccine manufacturers in Global South countries** which aims to substantially increase the world’s capacity and capability to produce vaccines against emerging outbreaks and pandemic threats in as little as 100 days....”

**Health Justice Initiative - Pandemics and the illumination of “hidden things” – Lessons from South Africa on the global response to Covid-19. Edited Volume. June 2023.**

<https://healthjusticeinitiative.org.za/2023/09/18/pandemic-lessons-compendium/>

One of the must-reads of the week, no doubt. Also **one of the world’s first books to reflect on the Covid pandemic from a Global South perspective.**

You can also **download individual chapters** from this Pandemic lessons compendium. For example:

- Fifi A Rahman “Lessons from the ACT-Accelerator: Into Future Pandemic Countermeasures Platforms” Download [here](#).
- L. Paremoer “Negotiating Pandemic Preparedness, Response and Recovery in a hierarchical global system” Download [here](#).
- P. Terblanche & M. Makhoana “Reflections from the mRNA Hub in SA: Successes, challenges, lessons and future opportunities” Download [here](#).
- B. K. Baker & Fatima Hassan “Covid-19’s silver lining? The WHO mRNA Technology Transfer Programme for the Global South Overcoming IP Barriers is central to the South-South Innovation and Access Goals of the WHO mRNA Technology Transfer Programme” Download [here](#).

And many more.

**Nature - First global survey reveals who is doing ‘gain of function’ research on pathogens and why**

<https://www.nature.com/articles/d41586-023-02873-2>

**“An analysis of the controversial work indicates that a one-size-fits-all regulation strategy will have consequences.”**

**“... Researchers at Georgetown University’s Center for Security and Emerging Technology in Washington DC scanned the scientific literature using an artificial-intelligence tool to assess where and how often ‘gain of function’ (GOF) studies are conducted. These studies, in which scientists bestow new abilities on pathogens by, for instance, inserting a fluorescent gene or making them more transmissible, are common in microbiology research, the team found, but only a small fraction of the research involves agents dangerous enough to require the strictest biosafety precautions in laboratories. The researchers also found that about one-quarter of studies involving GOF or loss of function (LOF) — in which pathogens are weakened or lose capabilities — are related to vaccine development or testing....”**

## AMR

### Cidrap News - OECD calls for package of One Health policies to limit impact of antibiotic resistance

<https://www.cidrap.umn.edu/antimicrobial-stewardship/oecd-calls-package-one-health-policies-limit-impact-antibiotic-resistance>

**“A new report from the Organization for Economic Cooperation and Development (OECD) suggests that implementing a mixture of cost-effective policy interventions in human and animal health and food safety could keep the health, economic, and social consequences of antimicrobial resistance (AMR) in check. But policy makers must act with urgency.”**

**“Based on a microsimulation model and machine learning analysis of AMR and antibiotic consumption data from OECD, European Union/European Economic Area (EU/EEA), and G20 nations, the report concludes that, unless governments implement a package of stronger One Health policies to reduce human and veterinary antibiotic use and prevent hospital and foodborne infections, AMR levels will remain high for the next 25 years, resulting in tens of thousands of deaths each year and healthcare costs that exceed those seen during the COVID-19 pandemic.”**

**“The cost of inaction to tackle AMR is high,” the report states. “Results from the OECD analysis demonstrate that policy action that is grounded in a One Health approach is urgently needed to tackle AMR.” ....”**

## SRHR

### BMJ Opinion - Menstrual health must be prioritised in global policies

J S Martin, A Lal et al; <https://www.bmj.com/content/382/bmj.p2109>

**“Menstrual health is the gateway to promoting sexual and reproductive health rights, building body autonomy and self-efficacy, elevating women’s leadership, and improving health literacy. However, its full potential has not been recognised by global leaders, and menstrual health has been omitted from key global conventions....”**

“It has been 29 years since the International Conference on Population and Development (1994) acknowledged that sexual and reproductive health is an essential human right. Yet, as global health leaders convene in New York this month for the 78th United Nations General Assembly, there is still a lack of commitment to driving meaningful change by prioritising menstrual health (including menstrual disorders, perimenopause, and menopause).... **Mainstreaming menstrual health across global policies and treaties** could reinforce the need for legislative measures at the national and regional levels, which mobilise resources, challenge societal attitudes, and preserve the rights and wellbeing of everyone who menstruates.....”

## Polio: a new & damning report

**Stat - Polio transmission was supposed to end by 2023. A new report explains why it won't.**

H Branswell [Stat](#);

From last week on Friday.

“Missing deadlines for ending polio transmission is nothing new, but **the most recent report about eradication efforts is particularly discouraging**. The **Global Polio Eradication Initiative had set 2023 as its goal for stamping out both wild polio viruses and vaccine-derived viruses** that together have paralyzed children for centuries. While there have been only seven wild polio cases recorded this year — in Afghanistan and Pakistan — the clock will run out in 2023 before ongoing spread is stopped, the polio program’s **Independent Monitoring Board** concluded. “The complexity of the continuing barriers to interrupting wild poliovirus transmission is too great to be resolved in an 18-week period,” the committee said. It was blunt in its assessment, blaming the initiative for “a turbulent journey marred by rigid attitudes, missed opportunities, lack of foresight, and an inability to adapt swiftly to evolving circumstances.” ....” “**The report was especially critical of a “lack of foresight” in staving off vaccine-derived polioviruses**, which are shed from oral vaccines via wastewater and unsanitary conditions—and now paralyze ~50X more children than wild polioviruses.....”

- Related – Science: [Global polio eradication effort struggles with the end game](#)

“**Tom Frieden**, co-author of a critical new report on the global initiative, **explains the repeated failures to hit deadlines.**”

“**...the new report says GPEI probably will fail to meet its current goal of stopping both wild type and vaccine-derived virus transmission by the end of this year and achieving full eradication by 2026**. The report blames civil unrest, the COVID-19 pandemic, and political instability and indifference. But it also says GPEI’s approach to cVDPV has been “marred by rigid attitudes, missed opportunities, lack of foresight, and an inability to adapt swiftly to evolving circumstances.” ....”

## Access to Medicines & Health technologies

### Stat Plus - South Africa investigates Johnson & Johnson over 'excessive pricing' for its TB drug

<https://www.statnews.com/pharmalot/2023/09/15/johnson-johnson-tb-tuberculosis-south-africa-antitrust/>

(gated) "South African authorities are investigating Johnson & Johnson and its Janssen subsidiary over "excessive pricing" of a lifesaving tuberculosis drug, the latest imbroglio to engulf the company of its medicine. In a brief [statement](#), the South African Competition Commission confirmed that it lodged a complaint earlier this week against the health care giant over its TB medicine, [bedaquiline](#), which is also sold under the Sirturo brand name. The regulator did not provide any details other than to say it has information suggesting a "reasonable suspicion" the company may also have engaged in "exclusionary practices." ...."

### Global Fund- Global Fund, Stop TB Partnership and USAID Announce New Collaboration with Danaher to Reduce Price and Increase Access to Cepheid's TB Test

[Global Fund](#);

"Five million additional tests can be procured with this lower price."

"The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) announced today a new collaboration with Danaher Corporation (Danaher), a global science and technology innovator who will provide Cepheid's Xpert® MTB/RIF Ultra diagnostic test cartridges for tuberculosis (TB) at the price of US\$7.97, a 20% reduction from the current price of US\$9.98. Danaher has committed to providing these test cartridges at its own cost and states that it will earn no profit from these sales. The agreement between Global Fund and Cepheid also covers improved service and maintenance arrangements and is expected to expand access to millions more high-quality TB tests for people living in low- and middle-income countries where the demand is most pressing...."

Related: Stat Plus - [After a high-profile pressure campaign, Cepheid agrees to sell a TB test at cost](#)

"Following a high-profile pressure campaign, the company that makes a crucial tuberculosis test has agreed to sell its product at cost to an international organization that works with low-income countries to eradicate infectious diseases. **But the move was met with mixed reactions by advocates who say prices should drop for still other tests.** Danaher will now sell its GeneXpert test cartridge for \$7.97 each to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, as well as to some less-developed countries, according to a [statement](#). Cepheid, which is controlled by Danaher, currently sells individual test cartridges for \$9.98 each. ...."

### Reuters - Novo Nordisk contracts Aspen to produce insulin for Africa

[Reuters](#);

**“Novo Nordisk (NOVOB.CO) has contracted Aspen Pharmacare (APNJ.J) to produce human insulin on its behalf in South Africa for export to African countries through a low-cost government tender system, the Danish drugmaker said on Tuesday.”**

**“Announcing the deal on the sidelines of the United Nations General Assembly in New York, Novo said the contract would lead to the production of 16 million vials of insulin next year, marking its "expanded commitment" to improving access to life-saving insulin to people living with diabetes in Africa.....”**

## Global Fund – 2023 Results report

### Global Fund (press release) - Climate Change and Conflict Slow Down Progress Despite Record Results

<https://www.theglobalfund.org/en/news/2023/2023-09-18-climate-change-and-conflict-slow-down-progress-despite-record-results/>

**“Results in the fight against HIV, TB and malaria exceed pre-COVID-19 numbers; yet colliding crises keep the world way off track to achieve 2030 targets.”**

**“The Global Fund shows a remarkable acceleration of programmatic results in the fight against HIV, TB and malaria, after losses from the COVID-19 pandemic. However, multiple challenges, including climate change and conflict, as well as deepening inequalities and growing threats to human rights, have put the target to end AIDS, TB and malaria by 2030 increasingly at risk.....”**

Check out some of the main results.

PS: re **“Strengthening Health Systems to Fight and Prevent Outbreaks”**:

**“...“By investing in key components of resilient health systems, the Global Fund supports countries to fight the deadly infectious diseases of today while preparing for future health threats,” said Sands. “For instance, we will continue to play a crucial role in supporting community health workers and in strengthening supply chains and laboratory networks.” In total, the Global Fund has awarded over US\$5 billion to support countries in responding to COVID-19; approximately US\$2.2 billion of this financing will be used to strengthen systems for health and enhance pandemic preparedness.....”**

- Related coverage (Reuters) - [Climate change hitting fight against AIDS, TB and malaria](#)

**“Climate change and conflict are hitting efforts to tackle three of the world's deadliest infectious diseases, the head of the Global Fund to Fight AIDS, Tuberculosis and Malaria has warned. International initiatives to fight the diseases have largely recovered after being badly affected by the COVID-19 pandemic, according to the Fund’s 2023 results report released on Monday. But the increasing challenges of climate change and conflict mean the world is likely to miss the target of putting an end to AIDS, TB and malaria by 2030 without “extraordinary steps”, said Peter Sands, executive director of the Global Fund.....”**

## More on Planetary Health

### Chatham House (Briefing) - What is COP28 and why is it important?

<https://www.chathamhouse.org/2023/09/what-cop28-and-why-it-important>

“Explaining the **key issues at the COP28 summit** in Dubai.”

“COP28 is important for several reasons, not least because it **marks the conclusion of the first global stocktake (GST)**, the main mechanism through which progress under the Paris Agreement is assessed. It is clear the world is not on track to meeting the agreement’s goals, but **the hope is that governments at COP28 will come up with a roadmap to accelerate climate action**. Other critical tasks facing negotiators in Dubai include **getting the loss and damage fund (established at COP27) up and running and agreeing on a framework for the Paris Agreement’s global goal on adaptation (GGA)**. Other issues that are likely to receive much attention, and which may be reflected across several negotiating streams, include **energy transition and food systems transformation**. And, as is often the case, **discussions and negotiations on climate finance** are likely to be centre stage....”

### World Meteorological Organisation -Climate change undermines nearly all sustainable development goals

<https://public.wmo.int/en/media/press-release/climate-change-undermines-nearly-all-sustainable-development-goals>

“At the half-time point of the 2030 Agenda, the science is clear – the planet is far off track from meeting its climate goals. This undermines global efforts to tackle hunger, poverty and ill-health, improve access to clean water and energy and many other aspects of sustainable development, according to a **new multi-agency report coordinated by the World Meteorological Organization (WMO)....”**

“**Only 15% of the Sustainable Development Goals (SDGs) on track, says the *United in Science* report**, which makes a **systematic examination of the impact of climate change and extreme weather on the goals....”**

### Fossil Free Football - Report: Gazprom is back in the Champions League, where climate polluting companies dominate

<https://www.fossilfreefootball.org/2023/09/18/report-gazprom-is-back-in-the-champions-league-where-climate-polluting-companies-dominate/>

“... As the latest warning from climate experts points to the urgency of a fossil fuel phase-out, **sponsorship by dirty companies dominates this year’s Champions League**: UEFA itself is sponsored by an airline, Turkish Airlines. Eight teams will be sponsored by an airline. Emirates sponsors Arsenal, Real Madrid, Benfica FC and AC Milan; Qatar Airways sponsors PSG; Riyadh Air sponsors Atlético Madrid and Etihad Airways sponsors Manchester City. Two teams will be sponsored by polluting cruise company MSC (Napoli and AC Milan). Two teams will be sponsored by crypto products (Binance with FC Porto, OKX with Manchester City). Two teams will promote tourism focused on air travel (Prijsvrij with Feyenoord, Visit Rwanda with Arsenal)....”



And just wait till a few Saudi teams are allowed in the CL : )

## Hypertension report

**WHO - First WHO report details devastating impact of hypertension and ways to stop it**

<https://www.who.int/news/item/19-09-2023-first-who-report-details-devastating-impact-of-hypertension-and-ways-to-stop-it>

**“The World Health Organization (WHO) released its first-ever report on the devastating global impact of high blood pressure, along with recommendations on the ways to win the race against this silent killer. ....”**

**“The report shows approximately 4 out of every 5 people with hypertension are not adequately treated, but if countries can scale up coverage, 76 million deaths could be averted between 2023 and 2050. ...”**

Some more stats: “.... The number of people living with hypertension (blood pressure of 140/90 mmHg or higher or taking medication for hypertension) doubled between 1990 and 2019, from 650 million to 1.3 billion. **Nearly half of people with hypertension globally are currently unaware of their condition. More than three-quarters of adults with hypertension live in low- and middle-income countries.** .... An increase in the number of patients effectively treated for hypertension to levels observed in high-performing countries could prevent 76 million deaths, 120 million strokes, 79 million heart attacks, and 17 million cases of heart failure between now and 2050....”

**“.... The report underscores the importance of implementing WHO-recommended effective hypertension care to save lives, which include the following five components: ....”**

- Coverage via HPW: [The World’s Leading Killer, Hypertension, Is Largely Undetected and Untreated; That Needs to Change](#)

**“The world’s leading killer, hypertension, receives barely a nod in many of the world’s health systems. Addressing this systemic neglect is critical to advancing universal health coverage, says the World Health Organization. WHO’s first-ever [Global Hypertension Report](#), released Tuesday, calls for the dramatic scale up of prevention, treatment and diagnosis of a condition that affects one in three adults worldwide, but is adequately treated only in about one in every five cases. ...”**  
**With some views of experts at the launch.**

**Tom Frieden:** “.... But while diagnosis and effective medications are both simple and inexpensive, in principle, neither are routine services in primary health care systems in many low and middle income countries, the health experts noted. .... he described it as “unethical” that many generic medications, which are inherently inexpensive, are subject to markups and price gouging in many developing countries – and thus unavailable to many people. ....”



“... **Bente Mikkelsen** (WHO) declared that “an **essential package for hypertension should be core to any universal health coverage**,” referring to the WHO [HEARTS](#) technical package for guidance. .... **Incorporating hypertension treatment into the traditional national and donor-supported programmes for HIV/AIDS ,TB, malaria and maternal health is one way to mainstream diagnosis and treatment**, the experts noted. .... **Collaborations with organizations such as [The Global Fund](#) have expanded** along with the recognition that people living with diseases like HIV/AIDS also are at increased risk of hypertension – particularly as they age. ....”

## Global health governance & Governance of Health

### BMJ - Time is running out to meet the Sustainable Development Goals as health inequities widen and trust in government falls

H Kluge et al; <https://www.bmj.com/content/382/bmj.p2018>

“... **Five concrete actions any government can implement to deliver a better life and a healthier society for all, both today and for generations to come are laid out:** investing in young people and their mental health, developing responsive and integrated social and health protection systems, ensuring all policies and services deliver higher trust in institutions, promoting wellbeing through equitable and green economic recovery and ensuring equitable distribution of health and care resources.....”

“...In **March this year the [European] region held a ground breaking high level forum on how to shift investment, resources, and spend to a wellbeing economy approach, with the health sector as an enabler and driver.** The challenge for WHO continues to be how to persuade sectors outside its core competence of health services to champion population health. A new collaboration in Italy with the Istituto Superiore di Sanità (the Italian National Institute of Health, ISS) and Banca D’Italia (the Bank of Italy) in partnership with representatives from Finland, Iceland, Italy, Lithuania and Wales (United Kingdom), and renowned international experts from Greece, Ireland and the United Kingdom is paving the way.....”

“... **As 2030 approaches it is imperative equity of health and wellbeing is put at the heart of all government policies.** Next year’s **UN Summit for the Future** prioritises: ensuring global financial institutions are fit-for-purpose, through for example scaling up financing and tax reforms for health and sustainable development; going beyond GDP by routinely measuring indicators of equity, trust and cohesion, and; ensuring the interest of future generations are reflected in decision-making, for example by establishing and strengthening youth forums and parliaments.....”

### Reuters - IMF, World Bank to proceed with annual meetings in Morocco in October

[Reuters](#);

“The International Monetary Fund (IMF), the World Bank and Morocco on Monday announced the annual meetings of the two global institutions would proceed in October in Marrakech, despite a recent nearby earthquake that killed more than 2,900 people..... “

“The **meeting will take place from Oct. 9-15 in Marrakech**, just 45 miles (72 km) from the site of the 6.8-magnitude earthquake on Sept. 8, with some changes to adapt content "to the circumstances," World Bank President Ajay Banga, IMF Managing Director Kristalina Georgieva and Morocco's Economy Minister Nadia Fettah Alaoui said in a joint statement.....”

### **Devex - Gawande wants USAID's global health bureau to hit 30% local funding**

<https://www.devex.com/news/gawande-wants-usaid-s-global-health-bureau-to-hit-30-local-funding-106204>

(gated) “USAID Administrator Samantha Power wants 25% of USAID funding to go to local organizations by 2025. **The head of USAID's global health bureau, Atul Gawande, wants his bureau to hit 30% by that deadline.**”

### **HPW - Shenanigans in WHO South-East Asia as Politician’s Daughter Contests for Election as Regional Director**

Mukesh Kapila; <https://healthpolicy-watch.news/shenanigans-in-who-south-east-asia-as-politicians-daughter-contests-for-election-as-regional-director/>

Concluding gloomily: “.... **Such shenanigans in SEARO plumb a new low in multilateral ethics and standards.** They undermine the WHO when we need global health cooperation more than ever. Whether raw politics or principled professionalism will decide the election of the next regional director remains to be seen while, regrettably, the health of Southeast Asians is just an afterthought.”

### **Devex - WHO Western Pacific candidates vow to rebuild staff trust**

<https://www.devex.com/news/who-western-pacific-candidates-vow-to-rebuild-staff-trust-106209>

WHO Western Pacific seems a bit in a better place than SEARO, for the time being (see above).

“**Candidates vying for the regional director position at the [World Health Organization](#) Western Pacific regional office fielded member states’ questions in a unique online public forum** meant to gauge their priorities and fitness for the job. They shared their vision and proposals on how to address the burden of noncommunicable diseases, the threat of climate change, the creeping challenge of aging, the shortage of human resources for health in the region, and ways WHO can help the region prepare for the next health emergency. Some of them also highlighted the need to address antimicrobial resistance and mental health and find solutions to the social determinants of health. They also laid out ways to rebuild staff members’ trust after the racism scandal involving the office’s former regional director.....”

“.... **The forum took place on Friday and ran for over six hours, a rarity in the WHO regional director election processes that traditionally held such exchanges behind closed doors**, away from the public. This, experts said, left little room for scrutiny of candidates and their competencies.....”

## Global health financing

### World Bank- COVID-19 Crisis : Implications for Health Financing

<https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099091523114631489/p17529609f9497080b88d02bde3bfb9c1f>

“This report focuses on the following during COVID-19 crisis: (i) implications of macro-economic impact; (ii) health spending impact; (iii) 2020 government health spending response; (iv) historic drivers of government health spending; and (v) policy options to sustain government health spending.

## UHC & PHC

### Health Research Policy & Systems - Resilience of primary healthcare system across low- and middle-income countries during COVID-19 pandemic: a scoping review

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-023-01031-4>

By N A Pradhan et al.

### BMJ Feature - Nepal’s scramble to piece together a health budget amid rumoured cuts

<https://www.bmj.com/content/382/bmj.p1824>

“Heads spun after **warnings of budget cuts of up to 40% reached Nepal’s health ministry**. Attempts to balance the books reveal the **fragile nature of healthcare funding in lower income countries**, reports **Marty Logan**”

### Plos One - Financing health system elements in Africa: A scoping review

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0291371>

By Humphrey Cyprian Karamagi et al.

### Lancet (Letter) - UHC is the right goal, but is not the same as the right to health

Joseph Harris; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00327-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00327-3/fulltext)

From the new Lancet Global Health October issue (see also below).

**“In their Comment (August, 2023), the co-chairs and Political Advisory Panel of the UHC2030 Steering Committee** detailed recent important actions conducted by the universal health coverage (UHC) movement, including the launch of an Action Agenda that is intended to inform the 2023 Political Declaration on UHC and other activities in the future. In carrying out these concrete actions and advocating for further measures on UHC, the co-chairs and Political Advisory Panel showed that their intentions are well meaning. This is as it should be—the world deserves strong advocates for UHC in positions where they are poised to make a difference. However, **their Comment also revealed a troubling conflation between the right to health and UHC. The two concepts are not the same thing, and they should not be conflated.....”**

“As I discuss in the concluding chapter of my book, *Achieving Access: Professional Movements and the Politics of Health Universalism*, in Latin America, the right to health provisions in national constitutions has led to the spectacular growth of litigation by citizens against governments where this right is enforceable in courts.....”

“.... **The tensions between the right to health and UHC concepts are further complicated** by the fact that the right to health is not the same as the right to health care, that some rights to health and health care are justiciable in some countries but are only symbolic in others, that some countries’ justice systems offer precedent-setting legal decisions, while judicial decisions in other countries apply more narrowly only to individual cases, and that some countries have no such rights (or constitutions) or have only symbolic (and not justiciable) rights, but have quality UHC programmes that have positive effects on people's lives.....”

## **Pandemic preparedness & response/ Global Health Security**

### **Oxford and Liverpool scientists launch new vaccine trial for Middle East Respiratory Syndrome (MERS)**

<https://www.psi.ox.ac.uk/news/oxford-and-liverpool-scientists-launch-new-vaccine-trial-for-middle-east-respiratory-syndrome-mers>

“The UK trial is the next step in the development of a vaccine to protect people against MERS – a deadly viral illness with no current vaccines and the potential to cause a pandemic.... “

Funded by CEPI.

## **Planetary health**

### **Devex - Push for climate philanthropy takes on urgency at UN General Assembly**

<https://www.devex.com/news/push-for-climate-philanthropy-takes-on-urgency-at-un-general-assembly-106193>

“With the world now at the halfway mark for achieving the Sustainable Development Goals by 2030 and a plethora of natural disasters unfolding, **efforts to drum up support for climate philanthropy at this year’s United Nations General Assembly are taking on new urgency. ...Philanthropy experts want to see donors seize the moment to accelerate and increase their funding for climate change mitigation and adaptation, which currently gets just a tiny slice of all global giving....”**

Interview with Helen Mountford, president and CEO of **ClimateWorks Foundation**.

“...ClimateWorks wants to build deeper collaborations across philanthropy, civil society, and the public and private sectors, she said. Its data has shown that **philanthropic funding to mitigate the impacts of climate change, such as extreme heat, amounts to less than 2% of all annual global giving**. Philanthropy could be doing more to support lower-income countries that want to become carbon neutral and build a “climate-resilient future,” she said.....”

PS: “...it will primarily be foundations created by some of the world’s wealthiest people leading climate philanthropy discussions at UNGA and Climate Week...”

### **Reuters – Rockefeller Foundation boosts climate funding to \$1 billion over five years**

<https://www.reuters.com/sustainability/rockefeller-foundation-boosts-climate-funding-1-bln-over-5-years-2023-09-15/>

“**The Rockefeller Foundation will invest \$1 billion over the next five years** in projects providing poor communities around the world with resources like electric buses, power grids, and ways to practice more sustainable agriculture, its president said. Originally endowed with money American magnate John D. Rockefeller made through his Standard Oil refining business, the **foundation was worth about \$5.7 billion at the end of 2022....”**

### **Guardian - Rainforest carbon credit schemes misleading and ineffective, finds report**

<https://www.theguardian.com/environment/2023/sep/15/rainforest-carbon-credit-schemes-misleading-and-ineffective-finds-report>

“**System not fit for carbon offsetting, puts Indigenous communities at risk and should be replaced with new approach, say researchers.”**

“**Rainforest conservation projects are not suitable for carbon offsetting and a different approach should be used to effectively protect critical ecosystems such as the Amazon and Congo basin, a report has concluded. .... New research by UC Berkeley Carbon Trading Project looking into rainforest carbon credits certified by Verra, which operates the world’s leading carbon standard, found that the system is not fit for purpose. It generates highly inflated environmental impacts and some projects fail to provide safeguards for vulnerable forest communities, according to the report, making them unsuitable for companies to use for carbon offsetting claims as they are not equivalent to fossil fuel emissions....”**

## Guardian - 'Mutilating the tree of life': Wildlife loss accelerating, scientists warn

<https://www.theguardian.com/environment/2023/sep/19/mutilating-the-tree-of-life-wildlife-loss-accelerating-scientists-warn>

**“Groups of animal species are vanishing at a rate 35 times higher than average due to human activity, according to researchers, who say it is further evidence that a sixth mass extinction in Earth’s history is under way and accelerating. Scientists analysing the rate at which closely related animal species have gone extinct in the past 500 years have found they would have taken 18,000 years to vanish in the absence of humans, and the rate at which they are being lost is increasing.”**

**“The study, published in the journal Proceedings of the National Academy of Sciences, found that at least 73 mammal, bird, reptile and amphibian species groupings have gone extinct since 1500. If trends had followed the average pre-human impact rates of extinction, just two would have been expected to disappear, they estimated. ....”**

## Guardian - Revealed: top carbon offset projects may not cut planet-heating emissions

<https://www.theguardian.com/environment/2023/sep/19/do-carbon-credit-reduce-emissions-greenhouse-gases>

**“Majority of offset projects that have sold the most carbon credits are ‘likely junk’, according to analysis by Corporate Accountability and the Guardian.”**

**“.... In a new investigation, the Guardian and researchers from Corporate Accountability, a non-profit, transnational corporate watchdog, analysed the top 50 emission offset projects, those that have sold the most carbon credits in the global market.....”**

## Covid

### KFF (Health News) A New Covid Booster Is Here. Will Those at Greatest Risk Get It?

Amy Maxmen; <https://kffhealthnews.org/news/article/new-covid-booster-uptake-disparity-equity/>

With focus on the US.

PS: **“ Costs are probably an issue, said Peter Maybarduk, at Washington-based advocacy organization Public Citizen. Moderna and Pfizer have more than quadrupled the price of the vaccines to about \$130 a dose, compared with about \$20 for the first vaccines and \$30 for the last boosters, raising overall health care costs. ....”**

### Lancet GH - Catastrophic health expenditure during the COVID-19 pandemic in five countries: a time-series analysis

A Haakenstad et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00330-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00330-3/fulltext)

Focus on Belarus, Mexico, Peru, Russia, and Viet Nam.

## Infectious diseases & NTDs

### Economist – The high-tech, low-tech struggle to end AIDS

<https://www.economist.com/middle-east-and-africa/2023/09/17/the-high-tech-low-tech-struggle-to-end-aids>

Broad-ranging & recommended **analysis**. The Economist highlights that **the world can end AIDS as a public health threat**.

Some chunks:

“...A cure seems a long way off. **A vaccine** may be closer, but hiv is an elusive target. It is highly mutable, and hides its dna inside some of the immune cells that are supposed to destroy it. **Nina Russell of the Gates Foundation, who has worked on hiv vaccines for “many, many, many, many” years, is nonetheless hopeful.** .... Past failures have taught scientists that they need to design vaccines that can teach the body to make antibodies to tackle a wide range of viral strains. They might have to create three, four or five different vaccines and jab people with all of them, in the correct order. Firms such as Moderna and BioNTech are using mrna technology to speed up the process. ....”

“**However, even optimists do not expect success this decade. So hitting the 2030 target will depend largely on two things. First, finding and treating more infected people. Second, identifying those who are at risk of infection, and helping them avoid it.** UNAIDS urges countries to aim for “**95-95-95**”: where 95% of those who have the virus know they have it, 95% of those who know they have it are receiving treatment, and crucially that 95% of those in treatment are “virally suppressed”. If the drugs suppress the virus to a level where it is undetectable—and keep it there—it cannot be passed on sexually. **If the world were to reach 95-95-95, the disease would be brought under control, UNAIDS reckons,** though tens of millions would still be living with it. **In 2022 the figures were 86-76-71, a hefty improvement on 71-48-40 in 2015. But the “last mile” will be hard.** “You have to be much more creative,” says Dr Quarraisha Abdool Karim of caprisa, a research centre in Durban. .... “ Among others, “.... **It is, perhaps, most crucial to reach young women and girls.** In sub-Saharan Africa hiv is three times more common among females aged 15-24 than among their male peers. .... If [their “sugar daddies”] infect them, the girls may pass the virus to a partner of their own age. This is the most common way that hiv passes from one age cohort to the next. **Breaking that link would allow the younger cohort, who are largely virus-free before they become sexually active, to stay that way. “If you can reduce [new infections among] young girls, you break the back of the pandemic in Africa,”** says **Dr Salim Abdool Karim,** an epidemiologist (who is married to Quarraisha Abdool Karim).....”

“...**The best foundation for fighting aids is a well-functioning public health system with short queues and sensitive staff,** says Mr Mdletshe. **Many countries fall short....”**

“...**Governments do not work in a vacuum. The places that have come closest to hitting the 95-95-95 targets are typically African countries where donors are pouring in resources and expertise,**

such as Botswana, Rwanda, Tanzania and Zimbabwe. The second tier are often rich countries with generous public services (Denmark, Saudi Arabia) or places that developed a serious anti-aids strategy early on in the pandemic, such as Cambodia and Thailand....”

As for young girls, “... Dr Salim Abdool Karim. “The gap between being infected and being tested is usually years.” ..... So he suggests something radical: offering prep to girls in schools. Instead of waiting for those who think they are at risk to come to a clinic, health workers should go to schools and offer prep to all the girls above a certain age, along with testing, contraception and other healthcare services. This could meet stiff resistance from traditionalists who think it would encourage promiscuity. Also, “[it] is only feasible if you have a prep that lasts six months....”

## AMR

### The Conversation - Resistance to antibiotics in northern Nigeria: what bacteria are prevalent, and which drugs work against them

<https://theconversation.com/resistance-to-antibiotics-in-northern-nigeria-what-bacteria-are-prevalent-and-which-drugs-work-against-them-211363>

By F C Tenover et al.

## NCDs

### BMJ GH - Using the multiple streams model to elicit an initial programme theory: from policy dialogues to a roadmap for scaling up integrated care

M Martens et al ; <https://gh.bmj.com/content/8/9/e012637>

« The ‘Scale-Up diaBetes and hYpertension care’ Project aims to support the scale-up of integrated care for diabetes and hypertension in Cambodia, Slovenia and Belgium through the co-creation, implementation and evaluation of contextualised roadmaps. These roadmaps offer avenues for action and are built on evidence as well as stakeholder engagement in policy dialogues. Roadmaps and policy dialogues are very much intertwined and considered to be key elements for successful stakeholder-supported scale-up in integrated chronic care. Yet, little is known about how, why and under which conditions policy dialogue leads to successful roadmap implementation and scale-up of integrated care. Therefore, this study aims to use a realist approach to elicit an initial programme theory (IPT), using political science theories on the policy process....”

### WHO - Global mapping report on multisectoral actions to strengthen the prevention and control of noncommunicable diseases and mental health conditions: experiences from around the world

<https://www.who.int/publications/i/item/9789240074255>



From last week. “... This report describes the experiences of different countries, areas and territories in implementing multisectoral actions to tackle NCDs and is the first step to address their request for an analysis of such efforts.”

### **Lancet GH Comment - National diabetes prevention programmes in LMICs are now a necessity**

Viswanathan Mohan; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00381-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00381-9/fulltext)

Comment related to a new Lancet GH study - [Diabetes risk and provision of diabetes prevention activities in 44 low-income and middle-income countries: a cross-sectional analysis of nationally representative, individual-level survey data](#)

## **Social & commercial determinants of health**

### **Global Policy - Labour provisions in trade agreements and women's rights in the global south**

Ida Bastiaens et al; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.13267>

« The effect of trade liberalisation on women has been hotly contested. Here, we take a step back and **explore the effect of the institutions underlying trade on freedoms for women in the Global South**. We build on the literature showing that the design of trade agreements matters for social welfare outcomes and **argue that labour provisions in preferential trade agreements (PTAs) can contribute to improved women's rights**. We assess this claim using statistical evidence and find a robust, positive correlation between labour provisions in PTAs and civic freedoms for women and no robust relationship with economic or political freedoms for women.....”

## **Neonatal and child health**

### **Lancet Comment - A breakthrough in measuring violence against children is a powerful step in protecting human rights**

O Abdi et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01960-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01960-8/fulltext)

“Violence against children is an egregious violation of human rights—a tragedy that strikes over and over, every day, in every part of the world (panel). .... The lack of a clear, consistent, and agreed-upon definition of what constitutes violence against children has made it difficult, if not impossible, to gauge the actual scale of the problem—and from there, to fully address it. **To fill this gap, more than 200 experts from all regions of the world joined a process to develop a consensus on how to define and measure violence against children**. Convened by UNICEF, representatives of national statistical offices, government institutions, academia, civil society, and international organisations worked closely together to formulate **the International Classification of Violence against Children (ICVAC)**. In March, 2023, the **ICVAC was endorsed by the United Nations Statistical Commission**. The Commission is the highest body of the global statistical system and is

responsible for setting and implementing global statistical standards. The ICVAC offers a comprehensive definition of violence against children that for the first time covers all its dimensions. ....”

## Access to medicines & health technology

### MSF Access - From TRIPS to PPR: Addressing Intellectual Property Barriers on Lifesaving Medical Products

<https://msfaccess.org/trips-ppr-addressing-intellectual-property-barriers-lifesaving-medical-products>

“This report outlines the existing body of international law and instruments dealing with IP and access to medical products, explains why these have not always proven adequate, and argues that the ongoing negotiations for pandemic prevention, preparedness and response at the World Health Organization are the appropriate platform for addressing access challenges....”

### Le Monde - En Afrique de l’Ouest, le trafic de médicaments illicites a explosé

[https://www.lemonde.fr/afrique/article/2023/09/15/en-afrique-de-l-ouest-le-traffic-de-medicaments-illicites-a-explose\\_6189589\\_3212.html](https://www.lemonde.fr/afrique/article/2023/09/15/en-afrique-de-l-ouest-le-traffic-de-medicaments-illicites-a-explose_6189589_3212.html)

(via DeepL : translation of a few sentences) **“Weak markets and regulations, insecurity and corruption: an Ecowas report deciphers the routes of drug smuggling.”**

**“...West Africa has become a hub for the trafficking of illegal medical products on the continent. Illicit medicines, vaccines, condoms, screening tests and other injection devices now account for between 20% and 60% of the official market in the Sahelian zone,** as detailed in the report entitled **“Illicit trafficking of medical products in West Africa” published in August** under the aegis of the Economic Community of West African States (Ecowas). ... By 2019, sales of these products had already reached one billion dollars (some 935 million euros), according to the United Nations Office on Drugs and Crime (UNODC), a value greater than that generated by crude oil and cocaine trafficking....”

**“...The UN estimates that every year in West Africa alone, half a million people die from illicit drugs.”**

### Global Health: Science & Practice - Supporting the Manufacturing of Medical Supplies in Africa: Collaboration Between Africa CDC, Partners, and Member States

A Mohammed et al; <https://www.ghspjournal.org/content/early/2023/09/15/GHSP-D-23-00121>

« Inadequate supply of PPE, vaccines, and diagnostics during the COVID-19 pandemic in Africa created an opportunity to promote local manufacturing. **Authors describe Africa CDC’s contributions and highlight strategies for strengthening the pandemic response.”**

**“... South Africa, Morocco, Tunisia, Egypt, and Senegal are currently involved in local vaccine production that meets approximately 1% of the total continental vaccine demand and should rank topmost in capacity-building for increased production.** Four concepts—cooperation, collaboration, coordination, and communication—are underlined in the **Africa Centres for Disease Control and Prevention’s strategy** to promote the procurement of large supplies of diagnostics, therapeutics, and other essential supplies. By investing in existing manufacturers, challenges in market access can be overcome. **Local manufacturers in South Africa, Morocco, Tunisia, Egypt, and Senegal are able to sell to Gavi, the Vaccine Alliance-supported countries and can achieve volume certainty at scale.** Beyond manufacturing facilities, specialized financing is needed to improve larger enablers such as expertise for manufacturing plants and research institutions, legal frameworks for vaccine approval, and research and development, particularly for novel vaccines....”

## Human resources for health

**SS&M - We are everyone's ASHAs but who's there for us?" a qualitative exploration of perceptions of work stress and coping among rural frontline workers in Madhya Pradesh, India**

R Shrivastava et al; <https://www.sciencedirect.com/science/article/pii/S0277953623005919>

**“Accredited Social Health Activists (ASHAs)** reported work stress in many settings. Unstructured work and strained workplace relationships contributed to work stress. ASHAs ruminate in case of adverse health outcomes for the (familiar) patient. ASHAs regret spending less time at home and/or with children. Detailed narratives could inform a coaching program to reduce work stress.”

## Decolonize Global Health

**BMJ Editorial - Decolonising global health in the Global South by the Global South: turning the lens inward**

D Sharma et al ; <https://gh.bmj.com/content/8/9/e013696>

**“... We have observed that there is relatively little depiction of the Global South’s role in perpetuating coloniality and of its responsibilities in promoting decolonisation within its own geography.** While the impact of colonisation, coloniality and neocolonisation from the Global North is appropriately a major focus, it is not sufficient to fully achieve the aspirations for decolonisation in global health. We, the Global South, appear to be waiting somewhat passively for the rising tide of decolonisation initiatives from the Global North to lift all boats, rather than actively partnering in, or leading the process. **Individuals, communities and countries in the Global South need to turn the lens of decolonisation inward and scrutinise their own errors of omission and commission at the ‘local Global South’ level .... “**

**“... From industry, we borrow the Four Actions Framework,** which guides business organisations to identify and address internal bottlenecks to optimising product innovation, value and affordability. **For this paper, we consider decolonisation the ideal ‘product’, and the ‘internal bottlenecks’ are coloniality of thinking and actions in global health by the Global South within its own**

‘organisation’. We then pose introspective questions to the Global South to address for local-level decolonisation according to the Four Actions Framework’s Eliminate-Reduce-Raise-Create grid....”

## Lancet GH - Glocal is global: reimagining the training of global health students in high-income countries

S S Anand & M Pai; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00382-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00382-0/fulltext)

“Traditionally, training students in global health from high-income countries (HICs) has focused mostly on health problems of the Global South, and on trainees travelling to low-income and middle-income countries (LMICs) for experiential learning or research to complement the theory they are taught. These experiences can be personally transformative and might also evoke a profound awareness of students' own privilege, forcing them to consider how they might spend their privilege. **However, this saviourism model of the traditional training of global health students in HICs and the ethics of short-term global health missions is being increasingly critiqued.** In today's post-globalisation world, we need to question whether travel to LMICs, or an exclusive focus on inequities in LMICs, should continue to be a core component of global health training in HICs. **We posit that similar experiential learning and research opportunities exist within marginalised communities within HICs** and that involving global health students in addressing such issues might help to produce a cadre of students who are immersed in thinking, working, and solving global as well as local problems. **These problems might include challenges faced by immigrants, refugees, Indigenous and rural communities, and other marginalised groups.....”**

“... In conclusion, we call on global health programmes in HICs to adopt the glocal model and teach students to address health disparities wherever they occur. The overarching goal of glocal health includes fostering a generation of students who have a deep understanding and commitment to reduce health disparities through community-engaged methods, who incorporate a fulsome understanding and broad exposure of the social factors which affect health, and who gain a first-hand exposure to the formation of long-term community partnerships and the practice of authentic allyship.....”

## Speaking of Medicine (blog) - Redefining the Practice of Global Health: Insights from the Consortium of Universities for Global Health (CUGH) 2023 conference

B Odenyi et al ; <https://speakingofmedicine.plos.org/2023/09/19/redefining-the-practice-of-global-health-insights-from-the-consortium-of-universities-for-global-health-cugh-2023-conference/>

Some excerpts from this very neat blog:

“... The term ‘agathokakological’ aptly captures the dual nature of GH practice that practitioners are grappling with, which is inherently a blend of good and bad. ‘Good’ in that there are tremendous achievements such as the rapid development and deployment of COVID vaccines, improved maternal and child health, and overall life expectancy. However, these positive strides sharply contrast with enduring health inequities and power imbalances both within and between nations, representing the ‘bad’. Does the good neutralize the bad for overall net good, or vice versa? How can the good from GH be amplified or redistributed and the bad mitigated or eliminated?..”

“... The stark tension between the historical underpinnings of GH practice and ongoing reform efforts contributes to the current lack of clarity in definition and scope of GH practice. **Conference delegates strove toward a common understanding of GH, and the conference debate revolved around whether GH should ‘broaden’ to include the SDGs or ‘narrow’ its focus for greater positive impact.** Advocates for **broadening GH** contended that the **field needs to expand beyond its disproportionate focus on;** 1) human health and infectious diseases; 2) low- and middle- income countries (LMICs) as the target for assistance; 3) developmental aid and dependency on high income countries (HICs); and 4) short-term disease-based targets and goals, **and towards a long-term system reconstruction of GH at political and socioeconomic levels. Conversely, proponents for a narrower focus** emphasized **feasibility concerns.** A CUGH panelist, Dr. Olusoji Adeyi, President of Resilient Health Systems, USA, pointed to the **necessity of first addressing governance, credibility, and financing challenges which perpetuate power asymmetries, before embarking to expand GH’s reach.** This debate underscored the intricate balance between ambition and practicality.”

“An emerging consensus at the conference was the **need to adopt a One Health approach** to redefine GH...” “ ... In terms of **tools** for the next version of GH, **practitioners emphasized the importance of embracing Implementation Science. ...**”

## Miscellaneous

**Devex - Exclusive: US balks at advancing UN \$500B development stimulus**

<https://www.devex.com/news/exclusive-us-balks-at-advancing-un-500b-development-stimulus-106238>

(gated) “The United States seeks a diminished role for the United Nations in the reform of the international financial system.”

**Devex (Op-ed) - Here’s what could be achieved if the 1% gave away 10% of their money**

<https://www.devex.com/news/here-s-what-could-be-achieved-if-the-1-gave-away-10-of-their-money-106216>

“Humanity could end extreme poverty and prevent the next pandemic if the world’s richest 1% gave away just 10% of their income for a year or 2.5% of their **net worth, according to a new report from Longview Philanthropy**, a London-based advisory group. That amount of giving — which exceeds what most donors currently distribute — **would result in an additional \$3.5 trillion for charitable causes** and would be sufficient to ensure no one lives in poverty for that year, according to the report. It also could lift millions of people out of poverty for good and produce roughly \$300 billion for pandemic prevention efforts, the report said....”

Just tax them. Hard.

## Devex - African Union's G20 inclusion a big win for global south — and India

<https://www.devex.com/news/african-union-s-g20-inclusion-a-big-win-for-global-south-and-india-106207>

Coming back on the **G20 Leaders' summit**. “Leaders of the world’s 20 largest economies agreed at the G20 summit to grant the African Union, AU, permanent membership last weekend in New Delhi — a historic win not only for the AU, whose members have sought a larger role on the global stage but also **for India, which has used its presidency to position itself as the leading voice of low- and middle-income countries in the so-called global south**. .....In this emerging geopolitical reality, India has capitalized on its moment in the limelight to position itself as the voice of the global south, and a mediator between leading and emerging economies.....”

“...“**At the end of the day, it is a watered-down, lowest common denominator agreement, which India has been able to navigate**,” said Hung Tran, economist and senior fellow at U.S. think tank Atlantic Council. India’s success in acting as an intermediary allowed the group to reach a consensus in a geopolitically challenging environment, he added, in order to produce “some small steps, some concrete results for developing countries.” .... **Some of these concrete results include steps towards reforming the global financial architecture, and a first-of-its-kind Global Sovereign Debt Roundtable to examine the issue of debt relief in the world’s poorest countries.....**” “The outcomes of the G20 summit really have bolstered India's claim to be the voice of the global south, by showing that India is able to articulate the demands of the developing countries,” said Tran.”

## The Nation - The New Colonialist Food Economy

<https://www.thenation.com/article/world/new-colonialist-food-economy/>

“How **Bill Gates and agribusiness giants** are throttling small farmers in Africa and the Globe.”

Excerpts:

“**This past summer, the global trade regime finalized details for a revolution in African agriculture. Under a on intellectual property rights, the trade bodies sponsoring the African Continental Free Trade Area seek to lock all 54 African nations into a proprietary and punitive model of food cultivation**, one that aims to supplant farmer traditions and practices that have endured on the continent for millennia. **pending draft protocol**. A primary target is the farmers’ to save, share, and cultivate seeds and crops according to personal and community needs. By allowing corporate property rights to supersede local seed management, **the protocol is the latest front in a global battle over the future of food**. Based on draft laws written more than three decades ago in Geneva by Western seed companies, the new generation of agricultural reforms seeks to institute legal and financial penalties throughout the African Union for farmers who fail to adopt foreign-engineered seeds protected by patents, including genetically modified versions of native seeds. The resulting seed economy would transform African farming into a bonanza for global agribusiness, promote export-oriented monocultures, and undermine resilience during a time of deepening climate disruption. **The architects of this new seed economy include not only major seed and biotech firms but also their sponsor governments and a raft of nonprofit and philanthropic organizations....**”

“...The tightening of intellectual property laws on farms throughout the African Union would represent a major victory for the global economic forces that have spent the past three decades in a campaign to undermine farmer-managed seed economies and oversee their forced integration into the “ ” of global agribusiness....”

“...The Bill & Melinda Gates Foundation is by far the biggest funder of initiatives aimed at the transformation of African agriculture. With , Gates arrives in most African countries with equal or greater standing than many heads of state—never mind CEOs, aid agency directors, and other foundation officers. Befitting its founding role, **the Gates group is the leading funder of AGRA, accounting for of the agency’s \$1 billion budget since 2006.** (Adjusted for the it announced in September, the number is likely closer to \$950 million.) **Gates’s money is also the main source of support for the Open Forum on Agricultural Biotechnology in Africa and the Alliance for Science, two extensive communications initiatives promoting GMOs on the continent.** The Gates Foundation’s **support for the African Agricultural Technology Foundation**—totaling since 2008—has outpaced the \$97 million spent by USAID, the group’s second-biggest funder. During this time, of the AATF’s budget has gone directly into the colers of its top contractor, Bayer (formerly Monsanto)...”

## UN News - Preserving dignity, public health: Managing deceased bodies during crises

<https://news.un.org/en/story/2023/09/1140832>

“The UN World Health Organization (WHO) [last week] on Friday joined with the Red Cross and Red Crescent Societies, **to underline the critical importance of preserving the dignity of the dead in the wake of recent natural disasters in Libya and Morocco.** The UN health agency together with the IFRC, and the International Committee of the Red Cross (ICRC), emphasized that proper care of the deceased also provides emotional closure for surviving families, and promotes public health.

**The statement emphasized that the fear and misunderstanding caused by large scale fatalities “is often unfounded”,** highlighting that communities need the right tools and information to manage the dead safely....”

## WHO - Global Digital Health Certification Network

<https://www.who.int/initiatives/global-digital-health-certification-network>

“**WHO’s Global Digital Health Certification Network is an open-source platform, built on robust & transparent standards that establishes the first building block of digital public health infrastructure** for developing a wide range of digital products for strengthening pandemic preparedness and to deliver better health for all. ....”

## Economist - Bjorn Lomborg calls for a new approach to meeting global development goals

[Economist;](#)

“**Narrowing the list of promises** would allow more to be done with less money, says the Danish economist.”



“... What is needed is prioritisation. The world cannot achieve everything by 2030. Instead, it should try to achieve the most efficient things first. My **think-tank, the Copenhagen Consensus Centre**, has worked with more than 100 of the world’s top economists to **identify the most efficient policies across all the sdgs’ promises for the world’s poorer half—the 4.1bn people in low- and lower-middle-income countries**. We examined the social, environmental and economic components of both benefits and costs...”

“Investigating well over 100 potential policies, our new, peer-reviewed research **identifies 12 of them that each deliver returns worth more than \$15 in social benefits for each dollar spent**. Prioritising these investments would supercharge progress towards meeting the world’s goals: for about \$35bn annually, we calculate that we could save 4.2m lives and make the poorer half of the world more than \$1trn better off every year. That means that each dollar invested would deliver an astounding \$52 of social benefits.”

“Take, as one example, **the drive to eradicate tuberculosis**. .... “ Other example: “.... **Maternal and child health** deteriorated during the pandemic as resources and attention went elsewhere. Our research shows that a simple package of basic obstetric care and more family planning could save the lives of 166,000 mothers and 1.2m newborns annually. Encouraging more women to give birth in health-care facilities, including with small cash incentives, would allow better treatment....”

PS: in case you wondered: we ain’t fans of Lomborg.

## Papers & reports

### Lancet Global Health -October issue

<https://www.thelancet.com/journals/langlo/issue/current>

#### Editorial – [A Decent Day’s work](#)

“On Sept 18–19, New York hosted the Sustainable Development Goal (SDG) summit. UN Member States discussed progress at the midpoint of the 2030 agenda. **In our opinion, one particularly important goal is that of SDG 8 which, among other things, promotes “decent work for all”.**”

“The **International Labour Organization defines decent work as that which provides, for workers, a fair income, safety, dignity, and equality**. Unfortunately, at present, there are **many jobs that lack at least one of these four criteria.....**”

“.... Ensuring decent work opportunities to all is the foundation of physical, mental, and social wellbeing. We **call for the following actions to promote decent work**. Fair pay can be achieved with the effective implementation of labour laws and the gradual elimination of exploitive positions, such as those for some community health workers, replacing them with well-paid positions. Safety can be improved by mandating occupational health solutions such as water spraying for silica dust and providing insecticide-treated nets for forest workers. Legislation against unfair practice has some recent precedent: Qatar, as of 2020, allowed migrant workers to change jobs without employer permission. Such laws require enforcement to prevent cabals of employers arbitrarily aligning on



poor working conditions. Equality in education and training can help to ensure that certain jobs are not disproportionately distributed amongst a population. .... Ultimately, the responsibility of decent work should fall to governments who are able to bind employer behaviour by taxation and penalties. However, should the state be found lacking, employees should be encouraged to unionise to provide bargaining power to compel improved working conditions....”

- Related **research paper in the Lancet GH** - [Labour conditions in dual-cadre community health worker programmes: a systematic review](#) (by M Ballard et al)

“Health care delivered by community health workers reduces morbidity and mortality while providing a considerable return on investment. **Despite growing consensus that community health workers, a predominantly female workforce, should receive a salary, many community health worker programmes take the form of dual-cadre systems, where a salaried cadre of community health workers works alongside a cadre of unsalaried community health workers.** We aimed to determine the presence, prevalence, and magnitude of exploitation in national dual-cadre programmes.....”

## Paper - Social Protection in the Developing World

Abhijit Banerjee et al; [https://economics.mit.edu/sites/default/files/2023-08/Social\\_Protection\\_paper\\_manuscript.pdf](https://economics.mit.edu/sites/default/files/2023-08/Social_Protection_paper_manuscript.pdf)

“Social protection programs have become increasingly widespread in low- and middleincome countries, with their own distinct characteristics to match the environments in which they are operating. This paper reviews the growing literature on the design and impact of these programs. We review how to identify potential beneficiaries given the large informal sector, the design and implementation of redistribution and income support programs, and the challenges and potential of social insurance. We use our frameworks as a guide for consolidating and organizing the existing literature, and also to highlight areas and questions for future research.”

## Blogs & op-eds

### Richard Smith - Time to ban the word “prevention”

<https://richardswsmith.wordpress.com/2023/09/16/time-to-ban-the-word-prevention/>

Always worth reading, Richard Smith. Starting from **WHO’s definition of health.**