

IHP news 747 : Back from a few (social media) detox weeks

(27 October 2023)

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

Dear Colleagues,

*As dr Tedros himself said at an **international PHC conference in Astana**, commemorating the 45th & 5th anniversaries of the Alma-Ata & Astana declarations on PHC, on Monday (23 October), “... [we meet at a dark time for the region and our world](#)”. You’ll read all about it in this week’s issue (in which we also cover quite extensively the **Global Gateway Forum** in Brussels), among others.*

For once, this intro will be slightly different than usual, and so try not to further add to the darkness in this world. Or as Tedros himself put it on X/Twitter, “[The world needs more good news](#)”. Under that motto, below I’ll dwell briefly on my recent few weeks in (South-) China, mostly for a family visit. I hadn’t been to China for 10 years. As some of you will know, the Middle Kingdom feels a bit like my second home country since a stint in Sichuan province between 2004-2007. (PS: feel free to skip this week’s intro, as it’s only vaguely related to global health & development)

In line with Tedros’ new (& warranted) mantra, let’s kick off on a positive note. To my pleasant surprise, **I could read IHP behind the Great Chinese Firewall** ! As I would like to keep it that way, and because I have a soft spot for the Chinese people, I’ll thus be more diplomatic than I tend to be for Bill Gates, Thomas Cueni, and other Bourla’s :) So, in no particular order, some short reflections:

As I already noticed more than a decade ago, China is far from the worst place **to be a woman**, even if it’s still a fairly conservative & patriarchal society (*certainly in a few sectors, with top politics being one of them*). Somewhat related: China is, in the words of many of its own citizens (and certainly plenty of women), “**stable and secure**” - I’m well aware that comes with some major downsides as well. Yet, in the current world, that’s still an important asset – do compare with some other (ultra-grim) parts of the world nowadays...

The huge changes in terms of **infrastructure** (top-notch subways, a vast high-speed rail network, entire neighbourhoods that have been revamped...) compared with last time I was in China (a decade ago), dazzled me (and I doubt I’m the only one). The “banana republic of the US” can learn a thing or two from this, I’d say (*even if, again, this comes with major downsides...*).

Not sure about the Communist leadership, but **the people** are great – just one example: at a domestic plane, on my birthday, while making my way back to Beijing (to then fly out of the country), a flight attendant brought me a cake (and even offered to play a – no doubt cheesy - Birthday song !) – I politely declined 😊. (*I know – I was one of the few ‘laowai’ on the plane, but still.*)

As for my own knowledge of **standard Mandarin**, I managed to get more or less back to (lower) intermediate level, but unfortunately, that was still far from sufficient to understand the evening CCTV 1 news bulletin (*I went from 5 to 10 % comprehension, approximately, ahum*), nor the local dialect (*some of these dialects are frankly discouraging for an average language learner of Mandarin – I’ve been told it’s better in Northern China*).

It surprised me somewhat that many Chinese men are still **smoking** at restaurant tables; this recent report in [The Examination](#) gives some hints as to why that might be the case. **Air pollution** has somewhat improved, there are also some reports backing this up, nevertheless I still kept my “slow morning jogging” in the compound fairly limited. The air didn’t quite feel the same as at home, even in the outskirts of the city of 11 million people I was residing in. But anyway, a work in progress I’d say.

As for **surveillance** in the post-Covid era in China, you won’t be surprised there were cameras all over the place (*though not everybody sees them as a danger, cfr. kids making V-signs towards the camera at airports :)*), I spotted only one drone (*which felt a bit out of place in the ancient town Fenghuang Gu Cheng :)*); no robots either – perhaps that’s something for when I return in a few years. While taking a [flying taxi](#) perhaps?

“**To smartphone or not to smartphone**”, is not a question anymore in China, even for the older people for whom it’s either ‘you smartphone or you stay home’, I suspect. As quite a few applications seem to require understanding Chinese characters now, it has become more difficult for foreigners, I think, to travel independently – though certainly not impossible. You can still get by using other options (eg: to buy subway tickets), and people are happy to help.

Unquestionably, the **Chinese Firewall has tightened**. In terms of domestic news (China Daily, Global Times, ...) I didn’t see too much difference, but it’s clear that if you want to access foreign news (in English) now, you better have a good VPN connection (*but I was on an artificial digital de-tox of sorts, so it didn’t really bother me this time*). From that point of view, though, with hindsight, I probably spent the right time in China - between 2003-2007. (*I actually started reading the Guardian on a regular basis then, and they still had Google back then ☺!*)

The **3rd Belt & Road Forum** in Beijing got massive coverage, the initiative seems to be rebranded and refocused, see for example - via Climate Home News, “[China’s Belt and Road gets ‘green’ reboot and spending boost](#)”. Only one European state leader joined this time, that f***wit of an Orban.

Noise pollution then. Some of my older in-laws are a bit hard-hearing, so around 7 pm in the evening, as I was “all set” to watch the (hence already “high-volume”) CCTV 1 news bulletin (*with its typical mix of Xi’s busy days, massive coverage of the Belt & Road forum meeting last week in Beijing, the ever improving country side– and at the end 5 minutes of everything that is going horribly wrong abroad*), (mostly elderly) ladies started dancing in the compound on some ultra-noisy beat. If I didn’t know better, I would have thought they were boycotting the CCTV 1 news :)

Living myself in a relatively small town in Belgium (50.000 people), one can’t help but be struck by the **vast scale of this country and its (concomitant) challenges** (for 1.4 billion people). Compounds of 10.000 people, with plenty of grey/ugly high-rise buildings (*we need to stop them before they build these on the entire planet ! :)*) The Communist party does a relatively decent job to manage all that, at least in recent decades, even if there remains huge corruption and it’s obvious that some cities are better managed than others. There’s **more long term thinking** than in today’s West, it

appears, and being (artificially) 'shed' from some of our rather commercial & 24-hour news cycle media didn't feel too bad either for a few weeks (including in terms of the doom and horror you really can't avoid over here, in media & social media). Well, just for a few weeks – for a news junk like me, that sort of “artificial positive news desert” shouldn't last too long either – and so I was happy to go back too. I also think on Chinese social media it's not that different from here (*but I'm not on them*).

I spent a few great **culinary weeks** (with an abundance of Chinese meals, many absolutely delicious but far too spicy as well for me, so my Omeprazole pills had to work overtime). Sadly, as some of you know, I have no (diet) discipline whatsoever (*and this, at round tables with mouth-watering dishes coming back every few minutes in your direction....*), so my belly began to resemble Xi Jinping's a bit more after these weeks.

Whether the regime will/can change in the coming years? (*a normal question, and one we also ask more and more about our own (Western) democracies, in major trouble nowadays*) Depends on who you talk to. My personal conviction: if it does change, it will have to come from within (i.e. top leadership), bottom-up social movements seem near impossible. But Gorbachev's example (and what happened to Russia in the decades since) is still not very enticing, I assume, for many in the CP leadership.

In short: for all its flaws, there's quite a bit we can learn from the Chinese system – but as you know, there's also quite a few things we really should avoid. Ideally, the best of the Western & Chinese systems should be combined for the 21st century. Unfortunately, these days it feels more like we're heading for the worst of both systems.

Enjoy your reading.

Kristof Decoster

Featured Article

The Confluence of Sports and Health

Kieran Bligh

Global health continues to take a page out of [capitalism's less flattering playbook](#); it's hard to ignore the immense wealth in just a few pockets. This brings to mind the world of elite sporting leagues, such as the [English Premier League](#) (EPL). In 2020, the EPL generated a staggering [7.6 billion British pounds in revenue, surpassing the GDP of 50 countries](#). How, then, does the EPL reflect global health dynamics, and what lessons from sports could pave the way for improved health outcomes worldwide?

The 'Global North' member states and the private sector are like EPL team owners. Quite a few of them have immense financial power and influence – steering various agendas – most beneficial,

others questionable. The star clubs – equivalent to multilateral organizations and major philanthropic foundations – dominate the scene, powered by their resources and expertise. In contrast, NGOs/for-profit international development ‘players’ can be likened to smaller clubs. Occasionally achieving great feats akin to [securing a major award, they remain vulnerable to setbacks](#), risking relegation or dissolution.

In the realm of global health, just as in the world of sports, [women grapple with issues of equal representation, reflecting broader societal inequities](#). This parallel underlines the pervasive nature of gender disparities across different sectors. The landscape appears to be slowly improving. While women are seeing [progress in sports in certain markets](#) around equity, [there are notable setbacks in others](#).

The EPL boasts a massive outreach, [broadcasted in 212 territories, reaching 643 million homes with a potential TV audience of 4.7 billion fans](#). What if global health could amass a following akin to football? Consider promoting global health champions who motivate the younger generation to combat malaria and TB, just as the football world ignites passion in young talents to attain excellence in football. Take, for instance, [Kylian Mbappe, who rose to stardom despite being born in one of Paris's toughest suburbs](#).

Top football clubs, like Liverpool [with its 'pre-academy' for U5s](#), identify potential talents at a tender age. Can global health adopt a similar approach to nurturing prodigies through specialized programs at a more ‘ethical’ age? I started my global health career only in my mid-20s, having known little about the field before that. If I had been introduced to it in high school, I might have discovered my career path much earlier.

Consider the salary structures. Suppose public health professionals received compensation comparable to top-tier football players. Could it 1) ensure talent retention and 2) attract elite professionals from the private sector, thereby addressing the complacency often observed in the field? Of course, I'm not suggesting we start tossing [Kevin De Bruyne-level paychecks](#) at public health professionals (though that would be quite the headline!). But you catch my drift.

How about an annual transfer window, akin to football, allowing organizations to offload underperformers or those with questionable ethics? Conversely, when high achievers decide to move, shouldn't the organizations that discovered them be compensated, perhaps through a transfer fee? These fees could be substantially higher when the private sector comes calling.

I often draw parallels between global health and sports, and witnessing more sporting organizations promoting global health initiatives would be heartening. It's about more than just [showcasing multilateral organizations during events](#) or [donating apparel space for logos](#). While these gestures are noteworthy, there's room to deepen this synergy, leveraging the universal appeal of sports to boost global health outcomes. Athletes like [LeBron James are already leading the way with initiatives, particularly in education](#). Likewise, Cristiano Ronaldo, often dubbed football's biggest villian, [financed a \\$83,000 brain surgery for a child, contributed \\$165,000 to a cancer center in Portugal, and gifted \\$1 million to hospitals during the pandemic's peak](#). As a cricket fan, I am impressed by UNICEF's recent strategic partnership with cricket legend [Sachin Tendulkar, who is championing children's education and nutrition in India and Sri Lanka](#). It's crucial to recognize and applaud such efforts consistently.

Personally, I'm excited to [co-lead an initiative to introduce a professional rugby league club from New Zealand's South Island](#) into the Australian professional rugby league competition. While we're in the early stages, our vision for the club is clear: to be a beacon for the South Island community, addressing pressing issues like food insecurity, entrenched poverty, healthcare challenges, and [alarmingly high youth suicide rates](#). Beyond New Zealand's breathtaking landscapes and cinematic associations, my country of birth grapples with grave challenges. As a club, we want to make a significant difference in community health outcomes through our club's potential induction into the league.

Combining the positives from [both sports and global health can be beneficial](#). Although big sports leagues such as the EPL share parallels with global health, for better and for worse, the emphasis should be on mutual learning and promoting a fairer, healthier world.

On the author:

Kieran Bligh is a professional in the field of humanitarian supply chain management. His assignments have included prominent supply chain positions within the World Health Organization (WHO), the World Food Programme (WFP), and USAID GHSC-PSM. He notably led WHO's emergency shipping team during the most critical phase of the COVID-19 pandemic. The perspectives shared here are his own

Highlights of the week

The read of the week

IJHPM (Editorial) - Time to Treat the Climate and Nature Crisis as One Indivisible Global Health Emergency

K Abbasi, V Barbour, R Horton et al; https://www.ijhpm.com/article_4528.html

“Over 200 health journals call on the United Nations (UN), political leaders, and health professionals to recognise that climate change and biodiversity loss are one indivisible crisis and must be tackled together to preserve health and avoid catastrophe. This overall environmental crisis is now so severe as to be a global health emergency...”

“.... many commitments made at COPs have not been met. This has allowed ecosystems to be pushed further to the brink, greatly increasing the risk of arriving at ‘tipping points,’ abrupt breakdowns in the functioning of nature.^{2,24} If these events were to occur, the impacts on health would be globally catastrophic. This risk, combined with the severe impacts on health already occurring, means that **the World Health Organization (WHO) should declare the indivisible climate and nature crisis as a global health emergency**. The **three pre-conditions for the WHO to declare a situation to be a Public Health Emergency of International Concern** are that it: (1) is serious, sudden, unusual or unexpected; (2) carries implications for public health beyond the affected State’s national border; and (3) may require immediate international action. **Climate change would appear to fulfil all of those conditions.”**”

“... Hence we call for WHO to make this declaration before or at the Seventy-seventh World Health Assembly in May 2024.....”

Some more context (and early reactions to this) via CBC News - [Climate crisis could cause 'catastrophic harm' to human health, 200-plus medical journals warn](#)

“Co-ordinated editorial calls on World Health Organization to declare global health emergency.”

“.... "The climate crisis and loss of biodiversity both damage human health, and they are interlinked," said lead **author Kamran Abbasi**, editor in chief of the British Medical Journal, in a statement. "That's why we must consider them together and declare a global health emergency. It makes no sense for climate and nature scientists and politicians to consider the health and nature crises in separate silos."....” “ **The authors are now calling on the WHO to declare both issues a global health emergency at or before the [next World Health Assembly](#) in May 2024, calling it a "dangerous mistake" to treat them as separate crises.**”

“.... **Dr. Maria Neira, director of the WHO's department of environment, climate change and health**, said the organization has already been saying for years "very strongly, and very loudly" that the climate crisis is a health crisis. She also noted the WHO's push for health to be a focal point at the UN's climate COP, [with Dec. 3 marking the event's first-ever "Day of Health,"](#) focused on the intersection between health and climate change. But **as for the WHO declaring the world's climate and environmental issues a PHEIC**, Neira stressed that decision would require very careful consideration since the problem is chronic rather than acute, requiring a long-term approach....”

- PS: see also in **BMJ** - [WHO should declare climate change a public health emergency](#) (by A Harmer et al – 2020).

Related: **Bioscience** - [The 2023 state of the climate report: Entering uncharted territory](#) (24 Oct)

“....Life on planet Earth is under siege. We are now in an uncharted territory. For several decades, scientists have consistently warned of a future marked by extreme climatic conditions because of escalating global temperatures caused by ongoing human activities that release harmful greenhouse gasses into the atmosphere. **Unfortunately, time is up.....”**

Astana International conference on PHC - marking the 45th anniversary of Alma-Ata & 5th anniversary of Astana declarations (23 Oct)

On 23 October, Global health leaders convened at the **International Conference on Primary Health Care**, marking the 45th anniversary of Alma-Ata and 5th anniversary of Astana declarations. The event, titled "**Primary health care policy and practice: implementing for better results**", was co-hosted by **WHO, UNICEF and the Government of Kazakhstan**. It was an **official side event of the 73rd session of the WHO Regional Committee for Europe**.

PS: On 22 October, WHO's largest platform for international cooperation on UHC—the [UHC Partnership](#)—hosted a pre-conference meeting, which served as a forum for countries to examine the connections between primary health care and UHC, the political dynamics surrounding health system reforms, and success factors that enabled innovation and investment for primary health care for better implementation in the immediate future.

Then, on 23 October, the **International Conference titled "Primary health care policy and practice: implementing for better results"** took place building on the renewed political momentum gained from the recent adoption of the High-Level Political Declaration on Universal Health Coverage (UHC) at the UN General Assembly in September 2023. The Conference highlighted the urgent need for more and better investments by countries to get back on track towards delivering health for all. It will be an important opportunity for the world to review and take stock of country experiences.

For more info (on aims & some sessions), see [WHO](#).

WHO - Seventy countries convene to step up primary health care

<https://www.who.int/news/item/23-10-2023-seventy-countries-convene-to-step-up-primary-health-care>

The **official press statement** after the conference. Some excerpts:

"One month after world leaders committed to redouble action on universal health coverage (UHC) at the United Nations General Assembly, **70 countries convened to step up primary health care investments by 2030**. The International Conference on "Primary health care policy and practice: implementing for better results" marked the 45th anniversary of the Declaration of Alma-Ata and 5th anniversary of the Declaration of Astana on primary health care. **The conference, which brought together over 600 health policy-makers and partners from countries, took place in Kazakhstan—the birthplace of the historic primary health care (PHC) declarations. It was co-hosted by the Government of Kazakhstan, the World Health Organization (WHO), and UNICEF.**"

"... **An additional investment of at least US\$ 200–328 billion per year, or approximately 3.3% of national gross domestic product, is required to globally scale-up the PHC approach in low- and middle-income countries and to meet commitments made in the second United Nations Political Declaration on UHC adopted on 5 October 2023.....** Radically scaling up PHC in countries could save over 60 million lives. It can also deliver 75% of the projected health gains from the Sustainable Development Goals."

With also **more info on WHO's work on PHC**.

- Related [tweet](#) by Faraz Khalid (WHO): "Launching **Conference Copy of "Implementing the Primary Health Care Approach: A Primer"** in International Conference on PHC in Astana. Big thanks to around 70 authors and 50 contributors across "

PS: **The #PHC primer textbook will be available in early 2024.**

Related: **“the release of the Global Report titled Implementing the PHC Approach: A Primer, which will serve as a synthesis of implementation evidence.** Steered in collaboration with the European Observatory for Health Systems and Policies, with support from around 70 authors and 50 contributors across all regions of WHO, the Primer provides valuable insights into the current state of PHC worldwide and will be an essential reference for health leaders, managers, practitioners, policymakers, and researchers. The Primer has around 50 country illustrations from around the world, offering a comprehensive overview of the global landscape of PHC, enabling readers to make informed decisions and shape the future of health based on a sound understanding of the existing challenges and opportunities.”

WHO Euro - Back to the future: harnessing the power of primary health care to transform our health systems

<https://www.who.int/europe/news/item/24-10-2023-back-to-the-future--harnessing-the-power-of-primary-health-care-to-transform-our-health-systems>

Press statement from the WHO Euro region. “In marking the 45th anniversary of the historic Declaration of Alma-Ata, **the WHO Regional Office for Europe calls on Member States to reframe and invest in PHC as the backbone of #HealthForAll.**”

And a link:

- [WHO Director-General's opening remarks at the International Conference Commemorating Alma-Ata 45 and Astana 5 – 23 October 2023](#)

Worth a read. Tedros **listed three priorities.** *(and personally, I didn't know yet about dr Tedros' Kazakh family bond)*

Gaza horror

Not really the focus of this newsletter, but we do want to provide some brief points and important reads/calls nevertheless:

- Stance [Gates Foundation:](#)

“At the Bill & Melinda Gates Foundation, we believe that every life has equal value and that every person deserves the chance to lead a healthy and productive life. We are deeply pained by the horrifying terrorist attacks in Israel and the devastating impacts of the escalating war and cascading humanitarian crisis in Gaza. We mourn the lives of so many innocent people, too many of them children. Our foundation remains committed to a world where everyone, everywhere can reach their full potential.”

It's not often we agree with the Gates Foundation but here we do. We let you assess for yourselves what the implications are from this stance for what happened and is happening over the past weeks, both (first) in Israel and now in Gaza.

PS: We very much agree with [UN SG Guterres](#). Let's hope the people that take decisions will start listening to him.

The Lancet Regional Health (Europe) - An urgent call to save and protect lives of vulnerable populations in the Gaza Strip

Abdallah Abudayya et al; <https://www.sciencedirect.com/science/article/pii/S2666776223001862>

Nothing to add.

NYT - In Global Conflict Zones, Hospitals and Doctors Are No Longer Spared

<https://www.nytimes.com/2023/10/21/health/gaza-ukraine-hospitals-doctors.html>

"Over the last two decades, medical facilities and staff have become casualties of war more frequently, in violation of international law."

"... Over last two decades, as the principle of sparing health care workers and facilities has continually eroded, **the most dangerous incidents have been carried out by state actors**, said Michiel Hofman, who is an operational coordinator for Doctors Without Borders in Sudan and a veteran of medical aid delivery in Afghanistan, Yemen and Syria.... **Yet Article 18 of the First Geneva Convention**, ratified by United Nations member states after World War II, **says that civilian hospitals "may in no circumstances be the object of attack, but shall at all times be respected and protected by the parties to the conflict."** **Article 20 of the convention says that health care workers similarly must be protected by all sides.** "The willingness of states to push the boundaries of international humanitarian law seems to have accelerated," Mr. Hofman said. "It's the states that have explicitly signed the Geneva Conventions, and states usually have far greater military power and especially air power..."

PS: "...Mr. Rubenstein chairs **the Safeguarding Health in Conflict Coalition**, which is made up of more than three dozen human rights and humanitarian organizations working in conflict zones, tracking attacks on health care around the world..." The article includes some of the recent stats from this organization.

And a few links:

- **R Horton** in the Lancet's **Offline** - [Offline: Israel–Gaza—what comes next?](#) (from today)
- New Humanitarian – [The international community must respond to Gaza's health catastrophe](#)

11th International Lead poisoning Prevention week (22-28 Oct)

<https://www.who.int/campaigns/international-lead-poisoning-prevention-week/2023>

The International Lead Poisoning Prevention Week of Action shines a **global spotlight on the continuing and pressing need to end childhood lead poisoning** and emphasizes the importance of safeguarding our most vulnerable populations from the dangers of lead exposure.

CGD - Why Ending Childhood Lead Poisoning is a Top-Tier Global Development Challenge

R Silverman Bonnifield et al ; <https://www.cgdev.org/blog/why-ending-childhood-lead-poisoning-top-tier-global-development-challenge>

From end of last week. **“There’s not a lot of low-hanging fruit in global development. ... We believe that ending lead poisoning is a rare exception to this pattern.** Over the past two and half years of working on this issue, we have been persuaded that lead exposure: **has huge welfare implications via its impacts on both education and health, with roughly 1 in 3 children poisoned by lead globally; is remarkably tractable with modest financial commitments; and remains almost completely neglected in global development discussions.”**

“Today, we launch the **final statement** of our **Working Group on Understanding and Mitigating the Global Burden of Lead Poisoning**, where we attempt to make this case, while fully acknowledging uncertainty and staying faithfully grounded in the (often imperfect) evidence. We encourage you to read the full, short statement. **In this blog, we won’t regurgitate its contents, but give you some broader context for how we got to this point, why we think lead poisoning should rank among the top tier of development issues, and where we (and hopefully the world!) go from here to fix this massive problem.....”**

- Related coverage in the Guardian - **Half of children in poorer countries have lead poisoning, says study**

“A year-long project, led by Washington-based thinktank the Center for Global Development (CGD), has concluded that lead poisoning constitutes a global health crisis that has been “extraordinarily neglected” by donors and political leaders. An estimated 815 million children – one in three worldwide – have lead poisoning, a condition linked to heart and kidney disorders, impaired intelligence, violent behaviour and premature death. Last month, a paper in Lancet Planetary Health estimated that, in 2019, 5.5 million people died because of cardiovascular disease caused by lead poisoning, about three times the number killed by lung cancer.....”

Pandemic Accord negotiations & analysis

With some more analysis of the **new draft** (released last week by the INB Bureau), among others. The **next INB meeting is scheduled for 6-10 November.**

TWN - WHO: INB Bureau proposes unbalanced draft negotiating text; no concrete deliverables on equity

<https://twn.my/title2/health.info/2023/hi231006.htm>

“The draft negotiating text on the pandemic instrument released by the Bureau of the Intergovernmental Negotiating Body (INB) is unbalanced, essentially serving the interest of developed countries without any concrete deliverables on equity. This draft text is to be considered by the 7th meeting of the INB for conversion into a formal negotiating text. The 7th meeting of INB is to be held at the WHO Headquarters, Geneva from 6-10 November.”

“Important issues of concern over the draft negotiating text are explained below....”

Euractiv - Global pandemic treaty proposal circulated, path to negotiations inches closer

<https://www.euractiv.com/section/health-consumers/news/global-pandemic-treaty-proposal-circulated-path-to-negotiations-inches-closer/>

“With a proposal for a negotiating text for a pandemic treaty finally on the table, the work towards a global accord on pandemic prevention, preparedness and response is slowly progressing.”

Re the process: **“At the next Intergovernmental Negotiating Body (INB) meetings on 6-10 November and 4-6 December, the 194 WHO member states will vote to accept or reject the proposal. If approved, the text will be the foundation for the tough negotiations ahead.”**

Re the content: **“.... Access and benefit sharing and the transfer of technology are key sensitive elements of the 29-page proposal text. The latter includes intellectual property (IP) matters, a lightning rod issue that caused fierce debate leading up to the June 2022 decision on a five-year waiver of the World Trade Organisation (WTO) agreement on Trade-related aspects of Intellectual Property Rights (TRIPS) on COVID-19 vaccines. On access and benefit sharing, the proposal suggests the establishment of a multilateral system – a “WHO Pathogen Access and Benefit-Sharing System (WHO PABS System)” – also mentioned in a previous draft text. The goal of such a system is to make sure data about new pathogens are shared while ensuring equitable access to the benefits – the medical countermeasures. However, it has also kept a suggestion that in the event of a pandemic 20% of the production of pandemic-related products will be donated to the WHO to distribute where they are most needed. This has previously been dismissed as insufficient by civil society organisations.”**

PS: **“....During the Berlin health summit, Steven Solomon, principal legal officer at the WHO, pointed to four areas that are crucial to finding common ground in order to get “an instrument that will truly operationalise equity”. He highlighted a “meaningful” pathogen access and benefit-sharing system, a more sustainable and distributed global production capacity, strengthening national health capacities, as well as governance, financing and political will.....”**

BMJ (News) - WHO pandemic treaty: Negotiations falter as pharma companies warn that intellectual property rules will harm profits

<https://www.bmj.com/content/383/bmj.p2475>

See also last week. **“Pharmaceutical representatives and Germany’s health ministry have publicly opposed the latest draft of the World Health Organization’s pandemic treaty as a disagreement over waiving intellectual property (IP) rights becomes a sticking point in negotiations.”**

PS: and check out this **quote from J Bump**: “ ... The deadline for the treaty to be completed is May 2024, but **the IP issue makes it hard to see how negotiations can proceed constructively, given the two diametrically opposed viewpoints**, said **Jesse Bump**, executive director of the Takemi Program in International Health at the Harvard T H Chan School of Public Health in Massachusetts. “There could be a resolution, but there is not enough trust to support a collaborative one,” he said. “In previous drafts the contention has been avoided by not specifying ‘should’ versus ‘shall,’ and as that difference is adjudicated now you’ll see the knives come out.” “

The Collective Blog - Waiving Intellectual Property Rights for Pandemic Response Products: Where to Now?

D Gleeson; <https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/deborah-gleeson/waiving-intellectual-property-rights-for-pandemic-.html>

On the potential ways forward, in the current circumstances. And their political feasibility.

Global Health Governance & financing

Global Policy Forum - Private foundations and their global health grant-making patterns

By Emer Breen and Ramya Kumar; <https://www.globalpolicy.org/en/publication/private-foundations-and-their-global-health-grant-making-patterns>

One of the insightful reads of the week. **“A rapid analysis of the Rockefeller Foundation, Wellcome Trust, and Bill and Melinda Gates Foundation.”**

“Private foundations play an increasingly important and influential role in global health; however, this role has been poorly monitored and largely unevaluated, prompting calls for greater accountability. At a minimum level, clear information should be provided about their grant-making activities. **We describe the global health granting patterns of three private foundations: the Rockefeller Foundation (RF), the Wellcome Trust (WT), and the Bill and Melinda Gates Foundation (BMGF), using data publicly available on their websites, for the years 2018 – 2020.**

The BMGF is the largest private funder of global health; the RF is a pioneer foundation that played a dominant role in global health between the two world wars; and the WT is one of the largest philanthropic funders of clinical research. **For each foundation we describe the amount of money granted, which organisation types received funding and their locations, the top-twenty biggest grants and the top-twenty biggest recipients of grant funding.”**

Check out the **main findings**. (if you’re short of time, with a pretty neat ‘Summary’ page.)

HPW - Vast Majority of WHO Sexual Misconduct Complaints Are in Africa Region

<https://healthpolicy-watch.news/vast-majority-of-who-sexual-misconduct-complaints-are-in-africa-region/>

“The vast majority of sexual misconduct complaints have been made in the World Health Organization’s (WHO) Africa region, while the majority of abusive conduct complaints originate in the Eastern Mediterranean Region (EMRO), which comprises mainly of countries in North Africa and the Middle East. This is according to the WHO’s **dashboard on investigations into sexual misconduct....”**

With quotes from Dr **Gaya Gamhewage**, WHO Director of the Prevention of and Response to Sexual Misconduct (PRS) team and **Lisa McClennon**, Director of the **WHO Office of Internal Oversight Services**, on Monday.

Katri Bertram - Co-opting critics – A dangerous trend in global health

<https://katribertram.wordpress.com/2023/10/24/co-opting-critics-a-dangerous-trend-in-global-health/>

“Engaging various stakeholder groups and critics in a tokenistic manner is a sad but old reality in our sector. **There’s a new trend: co-opting them.** This is dangerous.”

Cool blog. You can probably think of a few co-opted critics yourself :)

Global Gateway Forum (Brussels, 25-26 October)

Cfr - via **Devex**, from last week, ahead of the **EU’s Global Gateway forum (25-26 Oct, Brussels)**:

“When delegates from low- and middle-income countries left the **third Belt and Road Forum for International Cooperation in Beijing last week**, they hailed some **\$97.2 billion in deals** from the latest installment in China’s global investment masterplan. **Now the European Union will attempt a response** to its rival when it stages **its own “Global Gateway” forum in Brussels on Oct. 25 and 26**, under the banner **“Stronger Together through Sustainable Investment.”** [The €300 billion initiative](#) is the EU’s answer to the G7’s 2021 call for partnership to plug infrastructure development gaps — or, alternatively, to compete for influence in emerging economies with the march stolen by China’s massive Belt and Road initiative.”

Euractiv - EU Commission looks to future with the launch of its Global Gateway forum

https://www.euractiv.com/section/development-policy/news/european-commissions-plan-for-the-global-gateway-is-long-term/?utm_source=dlvr.it&utm_medium=twitter

“The European Commission launched the worldwide forum of its flagship foreign infrastructure investment scheme, the Global Gateway, on Wednesday (25 October) – just one week after China held its own forum to celebrate the successes of its own programme .”

“The EU’s Global Gateway programme, launched two years ago, aims to invest €300 billion by 2027 into infrastructure development worldwide, such as vaccine factories, roads, high-speed internet connection, digitalisation of transport and critical raw material deals. Marketed as an alternative to the Chinese “debt trap”, the Global Gateway was built to counter Beijing’s €1 trillion Belt and Road Initiative (BRI) investment loans, which were launched 10 years ago to link the world to Beijing in the same style as the ancient Silk Road....”

“.... The European Commission organised the Global Gateway summit to reflect on the future of its development aid and relationships with third countries, as it faces competition from China, Russia and other major players. Since its launch, the European scheme has started 89 [projects](#) in Latin America, the Caribbean, the Middle East, Asia, the Pacific, and Sub-Saharan Africa and committed €66 billion....”

Devex – EU struggles to unlock its Global Gateway

<https://www.devex.com/news/devex-newswire-eu-makes-another-pass-at-selling-its-belt-and-road-rival-106448>

“.... Gaza also took center stage briefly in Brussels yesterday too, when the president of the European Commission confounded some observers by beginning her [speech](#) to a largely African audience by mentioning the conflicts in Ukraine and the Middle East. Speaking at the opening of the first Global Gateway Forum — designed to promote the EU’s answer to China’s Belt and Road — Ursula von der Leyen lumped Ukraine and the Israel-Hamas war along with climate change and pandemics as “great challenges that affect us all and demand our cooperation.” **That’s a risky ploy,** with resentment still [simmering](#) in many countries about how quickly Europe and the United States can find money to support their military allies, **in contrast to the glacial pace of action to tackle global challenges** like climate change and poverty alleviation.”

“The first day of the forum itself was a whirlwind of [announcements](#), from €146 million (about \$154 million) for the construction of the Kakono hydropower plant in [Tanzania](#) to €60 million for a “Green Economy Programme” with the [Philippines](#) to €20.4 million for the “Green and Blue Deal” in [Comoros](#). As often happens with all EU events though, **much of that money would have been programmed and planned years ago.** Devex’s Rob Merrick reports from Brussels that von der Leyen sought to ram home one simple message: that the E.U is the nice guy in the world’s development race, unlike a certain other contestant from the East she did not mention by name.”

“The commission’s president argued the Global Gateway puts the nations receiving help — not Brussels, or investors — **in the driving seat,** a genuine partnership calling time on investment that comes “with a lot of small print, and sometimes with a very high price.” ...”

Devex - Scoop: Global Gateway 2024 ‘flagships’ reveal EU self-interest

<https://www.devex.com/news/scoop-global-gateway-2024-flagships-reveal-eu-self-interest-106447>

(Gated) 😊.

“

As the EU tries to drum up interest in its Global Gateway investment strategy — designed to counter China’s Belt and Road — **the bloc’s executive and its member states have been preparing a list of “flagship projects” for 2024.**”

“...We got our hands on the draft list of priority “flagship” projects under the Global Gateway for next year, and like this year, [it is big on promoting the likes of green hydrogen, lithium supply chains, and fiber optic cables](#). Assessing the list, which is due to be finalized next month, Mikaela Gavas, managing director for Europe and senior policy fellow at the Center for Global Development, tells me that “Reducing Europe’s energy dependencies and accessing critical raw materials are at the forefront under the guise of development cooperation.”

- PS: for a recording of the opening plenary - <https://audiovisual.ec.europa.eu/en/video/I-248442>
- And via ONE’s [Aftershocks](#) newsletter:

“This week’s **Global Gateway Forum** in Brussels follows last week’s Belt and Road Forum in Beijing. Presidents from Comoros (the current African Union chair), Namibia, Mauritania, Senegal, and Somalia headed to Brussels for the forum. Cape Verde, DRC, Egypt, Morocco, and Rwanda sent their **prime ministers**. Meanwhile, leaders of major European countries decided this was not a priority and did not attend. That may further exacerbate growing frustrations amongst African leaders that the West doesn’t see them as equal partners. Also noticeably absent: World Bank President Ajay Banga and South African President Cyril Ramaphosa. Aftershocks has been critical of this EU initiative for its lack of substance — but **some substance may be forming**. The European Commission signed bilateral deals on critical minerals, green hydrogen, digital deals, and **transport corridors**.....”

- And a few tweets by Jutta Urpilainen (EU Commissioner for International Partnerships):

“The pandemic set in motion **#GlobalGateway**. In line with **#EUGlobalHealthStrategy**, and @EIBGlobal **announced additional €500 million for health resilience**. In cooperation with @gatesfoundation, we will incentivise health innovations – ensuring they become accessible for all!

“**#TeamEurope initiative on local manufacturing and coordination with @_AfricanUnion** is bearing fruit. At **#GlobalGateway Forum**, **announced €134 million complementary support to activities ramping up capacities in six African countries**.”

Global Tax Justice

With a new and important report, vital reading for all ‘Investment case’ and ‘Pledging conference’ preparatory staff from global health actors.... *(at least the ones not in Bill’s pocket)*

Guardian - EU-funded report calls for wealth of super-rich to be taxed, not income

<https://www.theguardian.com/business/2023/oct/22/eu-funded-report-calls-for-wealth-of-super-rich-to-be-taxed-not-income>

“Billionaires have been operating on the “border of legality” in using shell companies to avoid tax and the world’s 3,000 wealthiest individuals should be charged a 2% levy on their wealth, a research group created to inform EU tax policy has claimed.....”

“In its **inaugural global tax evasion report**, the Paris-based **EU Tax Observatory** said billionaires have been pushing the limits of the law by moving certain types of income, including dividends from company shares, through dedicated holding companies that usually serve no other purpose. ...**The EU Tax Observatory, led by the economist Gabriel Zucman, was founded three years ago and is funded by the EU as part of its efforts to combat tax abuse....**”

“These types of loopholes allow the super-rich to avoid certain forms of income tax, resulting in effective tax rates worth just 0%-0.6% of their total wealth, the report found. Meanwhile, income taxes levied on most wealthy citizens who do not employ these loopholes, end up paying between 20% and 50%. ... “

“...**The Observatory, which deployed more than 100 researchers to gather the report’s data, is now calling on global leaders to use the next G20 summit in Brazil in November 2024 to launch talks over a global minimum 2% annual tax to be levied on the wealth** – rather than the income – of the **world’s richest people**. It says the measure could raise £250bn (£205bn) a year **from the world’s 2,756 known billionaires**, who together are believed to be worth \$13tn.....”

PS: “...Commenting on the report, **Nobel prize-winning economist Joseph Stiglitz said: “Tax evasion, and, more broadly, tax avoidance, is not inevitable; it is the result of policy choices** – or the failure to make policy choices that act to stop it.” He explained that a billionaire’s tax would help governments fund important services such as education, infrastructure and technology, and soften the blow of oncoming crises, including future pandemics, and those linked to extreme weather events as a result of the climate crisis.....”

- For the **Report**, see <https://www.taxobservatory.eu/publication/global-tax-evasion-report-2024/> (do check out at the very least the 10 p. **Executive summary**) They also come back on some other important global tax justice issues (and state of affairs).

Planetary Health

FT - Climate fund talks collapse as rich and developing countries clash

<https://www.ft.com/content/20356e04-4fcf-4034-9bcc-5b998e8caf15>

“**Failure to agree on loss and damage arrangements sets course for difficult COP28.**”

“.... A major agreement of the UN COP27 climate summit fell into disarray after discussions to set up a fund to help countries suffering from the devastating effects of global warming collapsed during the early hours of Saturday morning. The clash between rich nations and developing economies during extended three-day talks **sets the course for a difficult UN COP28 climate summit next month in Dubai**. The agreement to create a so-called **loss and damage fund** was an important conclusion at the last COP27 UN climate summit in Egypt, when leaders from developing countries celebrated the plan to aid “particularly vulnerable” nations. But **after almost a year of fraught negotiations between countries over how to get the fund up and running, the fourth round of talks in the Egyptian city of Aswan ended in discord over who should fund it, where it should be based and who would be eligible for support**. The failure to reach an agreement adds pressure to next month’s COP28 summit, which already has a packed agenda. This includes a ‘stock take’ of how countries are responding to climate change as well as setting a goal to help governments adapt to

dealing with global warming....” “ ... After the talks collapsed, **COP28 said it would host another round of negotiations in Abu Dhabi early next month....**”

PS: “ **The group of 77 developing economies plus China considered walking out of the talks earlier this week over a key dispute about the role the World Bank in hosting the fund.** The G77 and China initially opposed the World Bank running the fund, but took part in talks on Friday on the basis of the lender taking on a leading role, said Avinash Persaud, special climate envoy to Barbados and a member of the transition committee. But those conversations faltered once again after a clash over the capitalisation of the fund....”

- More analysis via Devex – [Loss and damage talks break down over push for World Bank to host fund](#)

Including: “ **developed countries want China and other large emerging economies** — such as the Gulf States, which are still considered developing countries under the U.N. framework — **to contribute too....**”

WHO - Uniting for Health and Climate Action

<https://www.who.int/teams/environment-climate-change-and-health/call-for-climate-action>

“Recognizing the growing climate and health emergency, **the 28th Conference of the Parties (COP28) Presidency will host the first-ever Day dedicated to Health in the history of the climate negotiations**, on 3 December in Dubai.”

“As stated by Dr Tedros: "Addiction to fossil fuels is not just an act of environmental vandalism. From the health perspective, it is an act of self-sabotage." **A COP28 Climate and Health Declaration** will be delivered by health ministers and governments gathered in Dubai in December 2023....”

“WHO urges health professionals, groups and individuals to unite in a call for world leaders to meet the commitments they have already made, and to raise their ambition for a healthier, fairer and greener future: 1- **deliver on the Paris Agreement and accelerate the phase out of fossil fuels** to safeguard a liveable future for humanity and save a million lives a year from air pollution; 2- **build climate-resilient, low-carbon health systems** as “no regrets” protection for current and future lives; and; 3- **deliver on promises of US\$ 100 billion a year in climate finance, and spend this on saving lives and improving the health of the most vulnerable.**”

PS: Health professionals can support this declaration via the website.

Telegraph - Climate change is one of our biggest health threats – humanity faces a staggering toll unless we act

<https://www.telegraph.co.uk/global-health/climate-and-people/climate-change-is-the-biggest-health-threat-of-all/>

Op-ed by **Tedros, Vanessa Kerry and Sultan Al Jaber** – ahead of COP 28 (and its “**Health Day**” more in particular).

PS: Whether it's wise for Tedros to co-author a piece with Al Jaber in the current circumstances, that's something else.

About Climate X Health

<https://www.climatexhealth.org/about>

"In the lead up to COP28 and the first-ever Health Day on 3 December 2023, Wellcome Trust, The Rockefeller Foundation, the Global Climate & Health Alliance and Amref Health Africa have convened the Climate x Health initiative to help channel growing interest and engagement in the climate and health landscape toward meaningful joint action for people and planet....." For joint climate & health action, in other words.

Access to medicines & other health technologies

Project Syndicate - Unlocking Health Technology's Potential for All

M Mazzucato; [Project Syndicate](#);

Related tweet: **"The mRNA platform features a level of adaptability and scalability that makes it highly suitable for pandemic preparedness and response. Given the public support it received at the R&D phase, @MazzucatoM believes it should be considered a public good."**

Stat Opinion - Insulin is increasingly affordable in the U.S. What about the rest of the world?

D Panziner; [Stat News Opinion](#) ;

Although the situation has been improving in the US lately, **".... we must not forget about the almost [2 million people](#) living with T1D (type 1 diabetes) in low- and middle-income countries who *also* need insulin to survive....."**

".... In the lowest-resource settings, treatment and care for chronic illness can be impossible to find. This can mean that being diagnosed with T1D — a disease that can be managed with proper care and treatment — becomes a death sentence. A 10-year-old diagnosed with T1D in a high-income country can expect to live, on average, [50 years more](#) than one living in a low-income country. That disparity is, in part, due to [massive barriers](#) to affordable insulin in low- and middle-income countries, including [unpredictable access](#) and [catastrophic out-of-pocket costs](#). Just one example: A person living with T1D in Nigeria can [spend](#) more than 20 days' wages to buy insulin for one month — which, it bears repeating, is a drug that they depend on to survive. In a [study](#) of insulin prices across 47 countries, costs ranged up to an entire month's worth of wages. This means that **in some places a person must spend their entire income on life-sustaining medicine."**

".... Recognizing the optics, pharmaceutical companies have been working to increase access to insulin through [donation programs](#) and other special projects with NGOs and philanthropies. But the fact is those efforts simply don't meet the [demand](#), leaving [one in two people](#) living with

diabetes without access to insulin, and causing millions to taking [extreme measures](#) to manage the disease. And these goodwill programs are always at risk of being cut in favor of more profitable production lines.....”

Hence, **“Building a more diverse, sustainable supply of affordable insulin in low- and middle-income countries is both a viable economic option and a moral imperative.”** With some suggestions.

Geneva Health Files - “There is really no moral, legal, justifiable ground for this level of secrecy, you need to bring the light in”: Fatima Hassan on the Fight for Transparency of COVID-19 Vaccine Contracts

https://genevahealthfiles.substack.com/p/fatima-transparency-contracts-south-africa-covid?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email

In this edition a **comprehensive interview with Fatima Hassan**, a South African activist and lawyer, whose efforts have forced greater transparency around procurement practices and contracts of COVID-19 vaccines. “.... This expansive and timely interview, will hopefully illustrate the consistency of efforts by civil society actors fighting for accountability in global health, and the sheer power imbalances that underpin this ecosystem.”

PS: “....For all this [stellar work](#) that shows how secrecy imperiled the access to medical products and affected lives during COVID-19, [the newest draft of the Pandemic Accord](#), shies away from binding obligations to prevent confidentiality clauses in contracts.”

GAVI - Nigeria to vaccinate 7.7 million girls against leading cause of cervical cancer

<https://www.gavi.org/news/media-room/nigeria-vaccinate-77-million-girls-against-leading-cause-cervical-cancer>

“Nigeria today introduced the human papillomavirus (HPV) vaccine into its routine immunisation system, aiming to reach 7.7 million girls. This is the largest number in a single round of HPV vaccination in the African region in a vaccination drive against the virus that causes nearly all cases of cervical cancer..... “Girls aged 9–14 years will receive a single dose of the vaccine, which is highly efficacious in preventing infection with HPV types 16 and 18, which are known to cause at least 70% of cervical cancers.....”

- And via HPW - [Nigeria Vaccinates 7.7 Million Girls Against HPV, Leading Cause of Cervical Cancer](#)

“.... Rwanda was the first sub-Saharan African country to introduce HPV vaccination in 2011. Uptake since has been slow with only a few other African countries integrating the vaccine into their routine basket of services, peaking in 2019 with six new countries: The Gambia, Liberia, Côte d’Ivoire, Kenya, Malawi and Zambia. UNICEF has recently [launched a major initiative to bolster HPV immunization](#). In 2023, the agency is supplying some 36 million vaccine doses to 52 low- and middle-income countries worldwide. [Some two dozen African countries have received some form of](#)

[support for](#) HPV vaccinations, whether or not they are yet integrated into the routine basket of immunizations.”

SRHR

Devex - After 20 years, has Africa's gender treaty reached its abortion goals?

<https://www.devex.com/news/after-20-years-has-africa-s-gender-treaty-reached-its-abortion-goals-105906>

“Twenty years ago, the African Union adopted a landmark, broad-sweeping treaty that serves as a road map for advancing gender equality across the continent known as the Maputo Protocol.” An in-depth assessment of the picture, twenty years later in this article.

A few excerpts:

“... **The legally binding agreement covers a wide range of issues** such as reproductive health, inheritance for widows, political participation, and gender-based violence. **But its most polarized element is on abortion access** — a provision that those pushing for the legalization of abortion say shouldn’t be controversial because it relates so directly to saving lives. Unsafe abortion is a leading cause of maternal deaths in sub-Saharan Africa. It’s the first international treaty to explicitly recognize abortion as a human right under certain circumstances.....”

“In some cases, the Maputo Protocol has served as a tool to expand the legal grounds for abortion access — such as in the **Democratic Republic of Congo**, where the treaty helped those who hit barriers when trying to change the law through Parliament. **But its abortion provision has also dominated the conversations in some cases, and this has turned countries such as Madagascar against the wide-ranging protocol completely.** And this means women in the country aren’t benefiting from other aspects of the treaty, such as the protection of widows. And **some countries have fallen somewhere in the middle.** Kenya has ratified the protocol with a “reservation” that says it won’t comply with the obligations related to abortion.....” “In any case, **despite the African Union’s decades-old vision for the continent on widening abortion access to save the lives of women, access to the procedure isn’t a reality for vast swaths of the continent’s population.** “

“... **Forty-four of the African Union’s 55 member states have ratified the protocol.** Eleven of Africa’s 55 countries are still to ratify the protocol and many of those that have — including Kenya, Uganda, South Sudan, Cameroon, and Mauritius — have done so with a “reservation” that strikes out abortion obligations.”

Devex - Zambia deletes 'sexual' from SRHR in blow to LGBTQ+ and rights groups

<https://www.devex.com/news/zambia-deletes-sexual-from-srhr-in-blow-to-lgbtq-and-rights-groups-106434>

“A move by Zambia to take the word “sexual” out of “sexual and reproductive health and rights” as part of an LGBTQ+ crackdown has raised the eyebrows of activists and donors, with some

warning that this could lead to an “entrenchment of patriarchal norms” and particularly impact HIV service provision. The attempt was recently outlined in a letter dated Sept. 21 by professor Christopher Simoonga, permanent secretary in the Ministry of Health, and sent to all provincial health directors in the southern African country. In the memo, Simoonga claimed that the [second joint Africa-European Union Ministerial meeting that was held in Kigali](#) in October 2021 “rejected the use of the term ‘sexual and reproductive health and rights’” — despite denials from the European Union.....”

Dengue

Reuters – First pill for dengue shows promise in human challenge trial

<https://www.reuters.com/business/healthcare-pharmaceuticals/first-pill-dengue-shows-promise-human-challenge-trial-2023-10-20/>

From last week. “A pill for dengue fever developed by Johnson & Johnson (JNJ.N) appeared to protect against a form of the virus in a handful of patients in a small human challenge trial in the United States, according to data presented by the company on Friday. There are currently no specific treatments for dengue, a growing disease threat, the company said ahead of presentation of the data at the American Society of Tropical Medicine and Hygiene Annual Meeting in Chicago.....”

Next step, according to J&J: testing the pill as a treatment in 10 countries.

- Related: Science - [Infecting volunteers with dengue virus shows experimental drug’s promise.](#)

Telegraph - Almost half the world’s population could be at risk from dengue due to global warming

[Telegraph:](#)

“Once specific to small pockets of Asia, the infection can now be found across several continents of the world, say researchers.”

“.... The *Aedes aegypti* mosquito – a known vector of viruses like dengue – has long been a foe to those living in tropical climates. Once specific to small pockets of Asia, the infection can now be found across several continents of the world – and researchers believe it will only get worse as global temperatures continue to rise. ... New modelling forecasts nearly that half the world’s population may now be at risk from dengue fever. Analysis from Airfinity, a science data analyst company, shows that the incidence of dengue has already increased by at least 30-fold over the past 50 years.”

- And via [Politico](#): “At POLITICO’s Health Summit in Brussels this week, Jeremy Farrar, the World Health Organization’s chief scientist, warned that climate change will result in dengue becoming endemic in Europe and the United States. “

Malaria

Science News - First malaria vaccine slashes early childhood mortality

[First malaria vaccine slashes early childhood mortality | Science | AAAS](#)

“Huge analysis of RTS,S in Africa shows it decreased toddler deaths by 13%.”

“In a major analysis in Africa, the first vaccine approved to fight malaria cut deaths among young children by 13% over nearly 4 years, the World Health Organization (WHO) reported last week. The huge evaluation of a pilot rollout of the vaccine, called RTS,S or Mosquirix and made by GlaxoSmithKline, also showed a 22% reduction in severe malaria in kids young enough to receive a three-shot series. Hundreds of thousands of children are born annually in the parts of Ghana, Kenya, and Malawi included in the analysis, for which WHO revealed the final data on 20 October at the annual meeting of the American Society of Tropical Medicine and Hygiene.....”

Human Resources for Health

Telegraph - Gender inequality fuelling ‘Great Resignation’ of women health workers across the world

<https://www.telegraph.co.uk/global-health/women-and-girls/gender-inequality-great-resignation-of-women-health-workers/>

“Mass exodus has escalated into a ‘moral emergency’ in wake of the pandemic, according to new report.”

“The “Great Resignation” of women health workers across the globe is being fuelled by gender inequalities made worse by the Covid-19 pandemic, a new report reveals. Women, who make up 70 per cent of the global health workforce, are deserting the sector in droves due to unrealistic workloads, unfair pay, unequal opportunity, and a lack of dignity and protection compared to their male counterparts. This mass exodus – with 20 per cent of healthcare workers from high-income nations lost to resignations over the past two years – is a “crisis of global proportions”, and has escalated into a “health emergency,” said Ann Keeling, author of the Women in Global Health report. A further four million nurses, over 80 per cent of them women, are predicted to leave the international health sector by 2030, experts say, placing further strain on healthcare systems across the globe....”

“.... The crisis comes against the backdrop of a serious global shortage of 15 million health workers, which existed before the pandemic. Covid-19 has since exacerbated the shortfall by propelling millions of women into precarious positions on the frontlines, with minimal physical or mental protection. “We are in the middle of a global health emergency because we live in an interconnected world, and the Great Resignation underpins everything,” she said. “What we’re asking for here is nothing less than a new social contract for women in health.” “

People's Dispatch - Unions demand urgent action on health workers shortage and quality of care

<https://peoplesdispatch.org/2023/10/19/unions-demand-urgent-action-on-health-workers-shortage-and-quality-of-care/?ref=peoples-health-dispatch.ghost.io>

“Global trade union organization Public Services International concluded a survey which suggests most health workers are contemplating leaving their profession as global health workforce crisis intensifies....”

NTDs

Stat - WHO considers adding ‘noma,’ a rare childhood disease, to its list of neglected conditions

<https://www.statnews.com/2023/10/25/noma-children-neglected-tropical-diseases-who/>

“The World Health Organization is currently considering a request to make noma the 21st neglected tropical disease on its list. Elevating noma from [“neglected-neglected,”](#) as it’s been called in the medical literature, into just plain neglected will take some doing, but it could also make a difference — mobilizing resources for research on prevention, diagnosis, and treatment, and increasing funding for clinical care and information campaigns....”

Insightful analysis.

PS: “...The biggest funders in the global health world have so far not shown much interest in noma....” “....Interest in noma on the ground has been growing, however.....”

Decolonize Global Health

David McCoy’s essay – An Anti-Colonial Agenda for the Decolonisation of Global Health

<https://www.miamisocialsciences.org/home/kfcz2ou06zszpv4bhcr4yw4fvx5y6g>

“With the below essay, **David McCoy launches the Miami Institute’s forum on “What does it mean to decolonize global public health?”** In the coming weeks, the Miami Institute will publish global colleagues’ responses to McCoy’s essay and will conclude the forum with a virtual discussion in January 2024 among McCoy and respondents.”

McCoy kicks off like this: “ In **1978, a major conference on Primary Health Care organised by the World Health Organization produced the landmark Alma Ata Declaration. Despite not including the words colonial or colonialism, the Declaration was quintessentially an anti-colonial and de-colonial expression of global health.** However, despite being widely acclaimed, within a few

years, the Declaration was criticised and challenged for being utopian and unrealistic. And eventually, the comprehensive approach of Alma Ata was effectively replaced with an approach to health in developing countries that was largely conservative, de-politicised and focused on a narrow selection of 'cost-effective' bio-medical interventions. Moreover, instead of the idea of global health evolving to include a fair international economic order, the emerging complex of global health actors and institutions came to resemble more and more an extension of the aid programmes of wealthy countries and a mechanism by which to mitigate the hollowing out of health systems in developing countries by structural adjustment programmes in the 1980s and 1990s....."

".... This article argues for an approach to decolonising global health that challenges coloniality and unequal power dynamics within the global health complex, as well as the manner in which the global health complex enables or legitimises contemporary forms of colonialism across the wider global political economy. the global health community may consider a three-pronged agenda for challenging colonialism as follows....."

David McCoy's decolonization analysis: All true, how much is new?

T Schrecker; <https://www.miamisocialsciences.org/home/dzt1hglov75f8y9rbk4j8t81y8zg9>

"Here, **Ted Schrecker responds to David McCoy's essay**, "An Anti-Colonial Agenda for the Decolonisation of Global Health," which launched this Miami Institute forum on "What does it mean to decolonize global public health?"" Well worth a read.

And more to come, obviously, in this virtual discussion.

BMJ (article series) - Decolonising health and medicine

<https://www.bmj.com/decolonising-health>

In case you missed this from last week. Recommended reading.

".... To contribute to these collective efforts, **The BMJ has launched a podcast and article series to examine progress toward decolonising health and medicine**. It discusses topics such as, Who and what is missing from the current agenda? What does decolonising health and knowledge mean in practical terms for medical professionals, educators, researchers, and journals? What institutional leadership and action are needed to drive change? **Contributors draw from multidisciplinary perspectives and include established as well as new scholars, practitioners, and advocates of decolonisation worldwide, including leadership of two influential colonial era institutions, the London School of Hygiene and Tropical Medicine and the British Medical Association.**"

Including this article: [**What should decolonisation of medical institutions look like?**](#)

Global health governance & Governance of Health

Devex - How a doctor from a Tonga village landed one of WHO's most important jobs

<https://www.devex.com/news/how-a-doctor-from-a-tonga-village-landed-one-of-who-s-most-important-jobs-106387>

“After 72 years, the **World Health Organization’s regional office in the Western Pacific** will for the first time be led by a Pacific islander, Dr. Saia Ma’u Piukala, **Tonga’s health minister.....**”

VIH.org - La stratégie en santé mondiale de la France promeut le concept « Une seule santé »

<https://vih.org/20231023/la-strategie-en-sante-mondiale-de-la-france-promeut-le-concept-une-seule-sante/>

With some more info on **France’s New Global Health Strategy** (in French). “Promoting access to health for all, taking into account the "One Health" approach, is one of the priorities of the new global health strategy presented by France in Lyon on 12 October 2023.”

The Strategy has **5 priorities**. They are: “**Promoting people-centred healthcare systems to achieve UHC; Promoting the health of populations and combating diseases at all stages of life; Anticipate and respond to public health emergencies and climate change with a "One Health" approach (human, animal, environmental); Promoting a new global health architecture based on complementary bilateral and multilateral action; Make public and private research and expertise levers for action and influence in support of the global health strategy.**”

- The new strategy:
https://www.diplomatie.gouv.fr/IMG/pdf/a4_strategie_sante_mondiale_v4_cle059d18.pdf

Climate Home News - China’s Belt and Road gets ‘green’ reboot and spending boost

[Climate Change News;](#)

“Clean energy is a priority as **China promises \$100 billion of development funding** – but don’t call it climate finance.” Interesting analysis after the 3rd Belt and Road Forum in Beijing.

- See also the **Conversation** - [China’s Belt and Road Initiative turns 10: Xi announces 8 new priorities, continues push for global influence](#) (by L Johnston)
- Related: **Nature Editorial** – [China’s Belt and Road Initiative is boosting science — the West must engage, not withdraw](#)

“China is deepening scientific links with low- and middle-income countries. Europe and the United States would be wise to join this effort, which could help to resolve economic, environmental and political crises.”

Devex - UK to turn to buying disaster insurance in new aid strategy

<https://www.devex.com/news/uk-to-turn-to-buying-disaster-insurance-in-new-aid-strategy-106423>

“The United Kingdom will explore using its aid budget to buy insurance against expensive disasters in low-income countries to avoid sudden “spikes” in emergency spending that threaten to derail other programs. [The Foreign, Commonwealth & Development Office](#), or FCDO, has invited the insurance industry to come up with firm proposals, and the plan will be part of [a new development blueprint](#) to be launched by Prime Minister Rishi Sunak next month, Devex has learned.....”

Lancet Infectious Diseases (Mediawatch) - Leadership in global health

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(23\)00653-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(23)00653-9/fulltext)

“In *Tore Godal and the evolution of global health*, Conrad Keating describes how global health evolved over the last half century and the role Tore Godal played in this development. Godal began his research on leprosy at the Armauer Hansen Research Institute in Ethiopia, which shaped his understanding of global health, including his motivation to lead the **special programme for research and training in Tropical Diseases (TDR). Following his mantras ‘get things done’, and ‘speed is of the essence’, the TDR underwent a significant transformation with translational research and product development becoming integral components. According to Keating, key for the successful transformation of TDR was **Godal's willingness to operate behind the scenes, where he formulated strategies, established institutions, and then passed the baton onto others. Godal's tendency to prioritise work and outcome rather than self-promotion and recognition is a recurrent theme running throughout the book.....”****

TGH - Africa’s Crisis of Trust

M Gavin; <https://www.thinkglobalhealth.org/article/africas-crisis-trust>

“How vaccine inequities and geopolitical shifts have eroded Africa’s trust in U.S. aid.”

PS: “....All of this has added to momentum towards the creation of a counterweight to the West, backed by Russia and China. **At this August’s BRICS summit in South Africa, the AU and BRICS released a “[framework of cooperation](#)” for pandemic preparedness, prevention, response and recovery** intended to help ensure that Africa would be less reliant on the West in the future.”

CSIS (brief) - Centering PEPFAR in U.S. Global Health Security Strategies

K Bliss; <https://www.csis.org/analysis/centering-pepfar-us-global-health-security-strategies>

“Report of the CSIS Working Group on Reinvigorating U.S. Leadership on HIV/AIDS”.

“...in this report, the **CSIS Working Group on Reinvigorating U.S. Leadership on HIV/AIDS** offers concrete recommendations for advancing progress on reaching the goal of eliminating HIV as a global public health threat by 2030 while maximizing the contributions of a disease-specific health initiative to pandemic preparedness and response.”

Global health financing

WHO's Alliance (News) - Understanding the best way to frame, expand and accelerate the implementation of health taxes

<https://ahpsr.who.int/newsroom/news/item/24-10-2023-understanding-the-best-way-to-frame-expand-and-accelerate-the-implementation-of-health-taxes>

News release linked to the **BMJ Global Health** special collection. [WHO: Health Taxes](#).

UHC & PHC

CGD (blog) - Universal Health Coverage in Time of Crises: Don't Abandon the Ship to Avoid the Storm

J Ahazie et al; <https://www.cgdev.org/blog/universal-health-coverage-time-crises-dont-abandon-ship-avoid-storm>

“In times of mounting debt, the quest for universal health coverage (UHC) faces critical challenges. [Rising debt](#) has far-reaching effects, including reduced access to financing, political instability, and decreased spending on international aid. The burden of debt, coupled with high inflation, [is threatening health sector spending amidst acute demand for health services](#) and hindering progress towards UHC. Countries must make difficult decisions about how to sustain their health programs, often necessitating trade-offs between coverage, quality, and affordability. Experiences in Pakistan, Mexico, and the United States offer lessons that can inform policy options at similar crossroads. Politics can play a pivotal role, as can politically informed and tailored approaches in public health. Together, a toolkit that includes benefit package design, economics, evaluation, and politics can bolster sustainability and help policymakers to navigate the turbulent waters of public health....”

Harvard Public Health - The path to universal access

Andrew Green; <https://harvardpublichealth.org/health-policy-management/south-africa-nhi-bill-a-path-to-single-payer/>

“South Africa is committed to single-payer health care, but achieving it won't be easy.”

“After more than 15 years of debate, South Africa is set to overhaul its public health system. As early as next year, a new law would refashion private health services and advance universal health care....”

Lancet Editorial - Sri Lanka at 75: safeguarding its health achievements

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02393-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02393-0/fulltext)

“This year, Sri Lanka marks 75 years of independence from the British as well as the 200th anniversary of the arrival of the Malaiyaha Tamil community, brought from South India to work on colonial plantations. ... Since independence, Sri Lanka has been mired in conflict and turmoil rooted in historical political tensions between ethnoreligious communities entrenched in the legacy of British imperialism and nationalist identity politics. Sri Lankans are still recovering from the brutal 26-year civil war (1983–2009) between the Sinhalese-dominated (and mostly Buddhist) Sri Lankan Government and the (mostly Hindu) separatist Liberation Tigers of Tamil Eelam. In the past 5 years alone, Sri Lanka has faced a 2018 constitutional crisis, the Easter Sunday bombings in 2019, COVID-19, and unprecedented mass anti-government protests in 2022 in response to an ongoing crippling economic crisis. Can Sri Lanka hold on to its remarkable gains in health in the face of these crises?...”

The editorial concludes: “...The current economic crisis has resulted in shortages of life-saving medicines, medical supplies, and health services. Furthermore, there is a deeply worrying exodus of health personnel to high-income countries. As talks continue about reaching a debt restructuring plan with creditors following Sri Lanka's default on its foreign debts last year, the Sri Lankan Government and its bilateral and multi-lateral lenders must all recognise that human capital is key to the country's recovery and future, and that its citizens' health is a public good that it cannot afford to compromise. Indeed, the current crisis could afford an opportunity. **As constitutional reforms are being considered, enshrining the right to health and related social and economic rights within the constitution would help ensure access to health services for all citizens, bring action on the key determinants of their health, and re-affirm Sri Lanka's commitment to one of its key achievements since independence.**”

IJHPM - The Experiences of Strategic Purchasing of Healthcare in Nine Middle Income Countries: A Systematic Qualitative Review

J Samankuuro et al; https://www.ijhpm.com/article_4527.html

“In this paper, we report on the experiences of strategic purchasing in public sector health insurance schemes in nine middle-income countries to understand what extent strategic purchasing has been established, the challenges and facilitators, and how it is helping countries achieve their UHC goals.....”

Pandemic preparedness & response/ Global Health Security

Spark Street Advisors & UN University International Institute for Global Health - Analysis: Independent Monitoring for a Pandemic Accord – a Proposal for Action

https://drive.google.com/file/d/1wonXuzEcbEaU1Agh3No32wL9_UejPtkv/view

Check out the new analysis - [Independent Monitoring for a Pandemic Accord - A Proposal for Action](#) - and associated [policy brief](#).

“...This document provides a “draft zero” Terms of Reference (ToR) for an Independent Monitoring Committee for the Pandemic Accord, lending from practice and terms of other monitoring bodies. Specifically, the Committee would verify the timeliness, completeness, and accuracy of Member State reporting, using existing sources to triangulate evidence where accuracy is in question. The proposal is not intended as prescriptive but rather to demonstrate that independent monitoring is feasible....”

Pandemic Action Network – Some more reactions on the INB Draft Negotiation text (via its newsletter ‘Pandemic Action Playbook’)

<https://mailchi.mp/pandemicactionnetwork/i0cilnm1gz?e=da8439b1d4>

“Community reactions. Advocates and experts from across sectors have dug into the proposal in the week since the Bureau of the Intergovernmental Negotiating Body (INB) sent the draft pandemic accord negotiating text to stakeholders. The verdict? **Broadly speaking, civil society wants to see stronger intellectual property (IP) language, as well as binding mechanisms for independent assessments and monitoring, to name two focus areas. For some, the accord is seen as a test — are Member States prepared to attach equity conditions to their own R&D investments? Time will tell.**

Socializing the accord. The POLITICO Health Care Summit took place in Brussels this week. In a session on the INB, **Roland Driece, INB co-chair, made it clear that countries should be prepared to make a deal to avoid being stuck in the status quo.”**

Health Affairs - The UN’s Political Declaration On Pandemics: What Should Happen Next?

L Gostin et al; <https://www.healthaffairs.org/content/forefront/assessing-un-s-political-declaration-pandemics-should-happen-next>

« Unfortunately, the Political Declaration approved in New York missed the moment.”

“... The UN Political Declaration approved on September 20th is aspirational and void of concrete commitments. It [missed an opportunity](#) to demand strong norms, equity mechanisms, funding, and accountability in the IHR and Pandemic Accord....”

“There is still a path to a safer, more secure and equitable world. Yet UN and WHO Member States (effectively the same governments in both fora) need to get serious about instituting real reforms that can correct our COVID-19 failures while meeting the interests of both high- and low-income states. In this article, we discuss how the COVID-19 pandemic exposed limitations of extant global health law, assess the weaknesses of the Political Declaration, and propose ongoing reforms to the global governance architecture for pandemics that strengthen governance, accountability, and prevention mechanisms and provide adequate and sustainable financing.”

WB - Publication: Preventing, Preparing for, and Responding to Disease Outbreaks and Pandemics: Future Directions for the World Bank Group

<https://openknowledge.worldbank.org/entities/publication/4498810a-0eab-515d-ae9b-324ae9373315?cid=HNP TT health EN EXT>

Position paper from early this year.

Health Research Policy & Systems - What are the research priorities for strengthening public health emergency preparedness and response in Africa?

O Onwujekwe et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-023-01059-6>

“...This paper reports on the prioritization of research questions and topics that could contribute to evidence-informed strengthening of EPR capacities in the African region.....”

Based on a collaborative multi-stakeholder workshop in October 2022.

WHO - New infodemic management tools to support pandemic planning and preparedness for pandemic influenza and respiratory pathogen disease events

[WHO](#);

“A new public health taxonomy for social listening on respiratory pathogens has been released alongside other useful tools for infodemic management.....”

“.... in-line with the new WHO [Preparedness and Resilience for Emerging Threats \(PRET\) initiative](#) that focuses on pathogens transmitted via respiratory means, a new taxonomy has been developed for [social listening on Respiratory Pathogens](#) on Respiratory Pathogens..... This taxonomy adds to other recent tools produced by the WHO infodemic management team to support pandemic planning....”

Planetary health

Guardian - Earth’s ‘vital signs’ worse than at any time in human history, scientists warn

<https://www.theguardian.com/environment/2023/oct/24/earth-vital-signs-human-history-scientists-sustainable-future>

“Earth’s “vital signs” are worse than at any time in human history, an international team of scientists has warned, meaning life on the planet is in peril. Their report found that 20 of the 35 planetary vital signs they use to track the climate crisis are at record extremes. As well as greenhouse gas emissions, global temperature and sea level rise, the indicators also include human

and livestock population numbers. Many climate records were broken by enormous margins in 2023, including global air temperature, ocean temperature and Antarctic sea ice extent, the researchers said. ...”

“.... **The researchers urged a transition to a global economy that prioritised human wellbeing and cut the overconsumption and excessive emissions of the rich.** The top 10% of emitters were responsible for almost 50% of global emissions in 2019, they said. The analysis, **published in the journal Bioscience**, is an update of a 2019 **report** that has been endorsed by 15,000 scientists.....”

NYT – Energy agency sees peaks in global oil, coal and gas demand by 2030

<https://www.nytimes.com/2023/10/24/climate/international-energy-agency-peak-demand.html>

Demand for fossil fuel will reach its peak in 2030, while renewable energy could be supplying half of the world’s electricity by then, according to an **International Energy Agency report**.

- See also HPW – [**IEA: Fossil Fuel Demand to Peak by 2030; But Demand ‘Far Too High’ to Keep 1.5°C Alive**](#)

“**The International Energy Agency (IEA) has projected that global demand for oil, coal, and gas will peak by 2030, but demand for fossil fuels before and after that will still remain “far too high” to keep the Paris Agreement Target of 1.5°C average global warming within reach.** On the brighter side, the transition to clean energy is happening worldwide and is “unstoppable”, according to the IEA **World Energy Outlook report**, released on Tuesday. It credits the record growth of key clean energy technologies, such as solar PV and electric cars, for this shift.....”

“.... **The IEA report predicts that a continuing surge in renewable technologies will underpin green transformation of the global economy.** By 2030, renewable energies such as solar, wind, and hydropower could provide nearly 50% of the global electricity mix, up from around 30% today, the report states. The number of electric cars on roads worldwide is projected to increase 10-fold. ... At the same time, the IEA report underlines that a “peak” in demand for the first time in 150 years does not mean “decline”. **On the contrary, oil and natural gas consumption is forecast to remain close to ‘peak’ levels until 2050.”**

“.... **The IEA assessment is in stark contrast to the views of the fossil fuel industry, which has long insisted that oil and gas will continue to play a dominant role in the global energy mix.** The Organization of the Petroleum Exporting Countries (OPEC), the global oil cartel that supplies 51% of the world’s oil and controls 81% of proven oil reserves, said in its annual **report earlier this month** that it expects oil demand to increase by 17% by 2045. **The OPEC report called for expectations of what green energy can deliver to be more “pragmatic and realistic”, reflecting language also used by the United Arab Emirates presidency ahead of the upcoming UN Climate Conference (COP28) in Dubai, 30 November – 13 December....”**

Guardian - Earth close to ‘risk tipping points’ that will damage our ability to deal with climate crisis, warns UN

<https://www.theguardian.com/environment/2023/oct/25/climate-crisis-threatens-tipping-point-of-uninsurable-homes-says-un>

“Humanity is moving dangerously close to irreversible tipping points that would drastically damage our ability to cope with disasters, UN researchers have warned, including the withdrawal of home insurance from flood-hit areas and the drying up of the groundwater that is vital for ensuring food supplies. These “risk tipping points” also include the loss of the mountain glaciers that are essential for water supplies in many parts of the world and accumulating space debris knocking out satellites that provide early warnings of extreme weather.....”

“A new report from the UN University (UNU) in Germany has set out a series of risk tipping points that are approaching, but said having foresight of these meant that it remained possible to take action to prevent them. The risk tipping points are different from the climate tipping points the world is on the brink of, including the collapse of Amazon rainforest and the shutdown of a key Atlantic Ocean current. The climate tipping points are large-scale changes driven by human-caused global heating, while the risk tipping points are more directly connected to people’s lives via complex social and ecological systems.....”

“.... The report examines six examples of risk tipping points, including the point when building insurance becomes unavailable or unaffordable.”

- Related: HPW - [Human Activity Pushing Planet Towards Point of No Return, UN Warns](#) (for more on this **2023 Interconnected Disaster Risks report**)

Guardian - Rapid ice melt in west Antarctica now inevitable, research shows

<https://www.theguardian.com/environment/2023/oct/23/rapid-ice-melt-in-west-antarctica-now-inevitable-research-shows>

“Sea level will be driven up no matter how much carbon emissions are cut, putting coastal cities in.”

“Accelerated ice melt in west Antarctica is inevitable for the rest of the century no matter how much carbon emissions are cut, research indicates. The implications for sea level rise are “dire”, scientists say, and mean some coastal cities may have to be abandoned. The ice sheet of west Antarctica would push up the oceans by 5 metres if lost completely. Previous studies have suggested it is doomed to collapse over the course of centuries, but the new study shows that even drastic emissions cuts in the coming decades will not slow the melting.”

“.... The research, published in the journal Nature Climate Change, used a high-resolution computer model of the Amundsen Sea to provide the most comprehensive assessment of warming in the region to date. The results indicated that increased rates of melting in the 21st century were inevitable in all plausible scenarios for the pace of cuts in fossil fuel burning.....”

Lancet Regional Health (Americas) - Health and Climate Change in South America

<https://www.thelancet.com/series/health-and-climate-change-south-america>

New series.

Development Today - Norwegian aid-financed guarantee to coax Wall Street firms into a new tropical forest carbon market

Ann Danaiya Usher; <https://www.development-today.com/archive/2023/dt-7--2023/norwegian-aid-financed-guarantee-to-coax-wall-street-firms-into-a-new-tropical-forest-carbon-market>

“The Norwegian Climate Ministry has signed a NOK 2.5 billion agreement for a guarantee scheme that aims to kick start a market in tropical forest carbon credits, targeting Wall Street giants like Amazon, Unilever, and Nestlé. Norway and the United Kingdom, also a funder, are offering countries a guaranteed price of USD 10 per tonne for carbon credits. But this new market is moving slowly, and Norway is getting impatient.”

Cidrap News - Analysis suggests climate change, population growth could supercharge malaria risk

<https://www.cidrap.umn.edu/climate-change/analysis-suggests-climate-change-population-growth-could-supercharge-malaria-risk>

“An **analysis** published by the *Washington Post* yesterday, based on modeling projections and the situation unfolding in Mozambique, suggests that climate change and demographic growth could put 5 billion more people at risk for malaria by 2040.”

“The analysis said longer transmission seasons and migration of mosquitoes to new latitudes threaten to undo years of progress. The new report also said Mozambique and other countries with highest malaria burden also have some of the world’s fastest-growing populations. **Of the 5 billion more people expected to be at higher risk in 2040, 1 billion are in Africa.** The *Post* also estimates that **330 million people in South America could be at risk by 2070.** The report notes that changing climate patterns not only encourage mosquito habitats, but also make it difficult to time control measures, such as indoor spraying.....”

Nature - Scientists call out rogue emissions from China at global ozone summit

<https://www.nature.com/articles/d41586-023-03325-7>

“Researchers confirm a powerful greenhouse gas being emitted from eastern China despite reports to the contrary.”

Covid

Healio - In Africa, PEPFAR countries test more for COVID-19, showing impact of investment

<https://www.healio.com/news/infectious-disease/20231020/in-africa-pepfar-countries-test-more-for-covid19-showing-impact-of-investment>

“PEPFAR countries in Africa reported nearly three times the SARS-CoV-2 test results than non-PEPFAR countries. PEPFAR investments have strengthened local health care systems to respond to non-HIV emergencies....”

Time - Long COVID Research Is in Its ‘Most Hopeful’ Phase Yet

<https://time.com/6327296/long-covid-treatments-tests-research/>

Read why.

Nature - Inflammation in severe COVID linked to bad fungal microbiome

[Nature](#);

“An [imbalance of fungi in the gut could contribute to excessive inflammation](#) in people with severe COVID-19 or long COVID. Individuals with severe disease had elevated levels of a fungus that can activate the immune system and induce long-lasting changes. This raises the possibility that antifungal treatment could be repurposed to help people who are critically ill. It’s still unclear whether this imbalance is a result of contracting COVID-19 or preceded it and made people more susceptible.”

BMJ Feature - What do we know about covid in immunocompromised people?

<https://www.bmj.com/content/383/bmj.p1612>

“**Katharine Lang** looks at the continuing dangers of covid for immunocompromised people, the treatments available to them, and how antivirals such as remdesivir may help.”

And a link:

- Devex - [Philanthropists drum up UNICEF funds as COVID-19 enters 'endemic' stage](#)

“ Philanthropists who supported UNICEF during the COVID-19 pandemic are asking their peers to provide funding for the organization’s children’s health programs worldwide as the virus enters the endemic stage.....”

Mpox

International Health - Global knowledge and attitudes towards mpox (monkeypox) among healthcare workers: a systematic review and meta-analysis

Abdolreza Sotoodeh Jahromi et al; <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihad094/7325268?searchresult=1>

New review.

Infectious diseases & NTDs

Devex - Funding woes slow efforts to eliminate hepatitis C

A Green; <https://www.devex.com/news/funding-woes-slow-efforts-to-eliminate-hepatitis-c-106449>

“Eliminating hepatitis C by 2030, in line with a World Health Organization [goal](#), is inextricably linked to improving harm reduction programs for people who inject drugs since shared needles are the major cause of new infections. But both efforts are plagued by issues around barriers to accessing treatment, including a lack of funds that particularly affects low- and middle-income countries. At the annual International Network on Health and Hepatitis in Substance Users or INHSU last week in Geneva, researchers identified some immediate opportunities to reduce barriers to access and harness some recent successes to build political momentum to improve these efforts.....”

A few excerpts:

“.... In 2016, the World Health Assembly [adopted a resolution](#) to eliminate viral hepatitis by 2030, which the [WHO spelled out](#) to mean reducing new hepatitis infections by 90% and deaths by 65% between 2016 and 2030. To achieve this goal would mean averting [more than 30 million deaths](#), according to [WHO](#). In 2019, WHO [added a price tag](#) of \$6 billion annually to eliminate viral hepatitis in 67 low- and middle-income countries. The current funding is less than 10%, according to Naomi Burke-Shyne, the executive director of [Harm Reduction International](#).”

“Funding is the biggest hurdle, but other challenges exist. Safe and effective treatment for hepatitis C only became available in the mid-2010s and was initially priced at outsized rates. ... Prices have subsequently dropped significantly, partly through the work of the [Clinton Health Access Initiative](#) and The Hepatitis Fund, which [helped negotiate](#) a \$60 course of hepatitis C treatment in some nations. But in 61% of countries where data is available, there are still restrictions on the books, [according to research](#) that Grebely conducted with colleagues and presented at the INHSU conference. Also significant, he said, is that many countries still do not reimburse for the cost of the treatment, even when it is approved. That includes nearly 50% of the LMICs that were included in the study. That means that even if lower-cost treatment is available, it still might be priced outside the reach of the people who need it....

“.... harm reduction initiatives suffer from many of the same challenges as hepatitis C prevention and treatment, including lack of funding and restrictions on access to key therapies. And those challenges are heightened in LMICs. The [Joint United Nations Programme on HIV/AIDS](#) estimates that LMICs require \$1.5 billion for harm reduction services. They [received just 9% of that amount](#) in 2019, according to the most recent statistics from Harm Reduction International. There is potentially more money set to flow into hepatitis prevention and treatment efforts as the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#) increases its receptiveness to funding harm prevention programs, recognizing the role they can play in reducing HIV transmission....”

Lancet Infectious Diseases (Editorial) - A new agenda to control tuberculosis

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(23\)00636-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(23)00636-9/fulltext)

Editorial of the new (November) issue of the Lancet Infectious Diseases.

WHO -Ending the neglect: lessons from a decade of success in responding to neglected tropical diseases in Africa

<https://www.who.int/publications/i/item/9789290235040>

“... This report brings together the lessons we have learnt from a decade of success, the foundations for which can be traced to several key factors, starting with an initial paradigm shift in viewing NTDs as a group. This led to opportunities for integrated approaches, simplification, cost-effectiveness, and streamlined efficiency. Integration is a fundamental enabler of NTD response efforts, one that continues to evolve and build on its successes. The Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN), launched in 2016, is WHO’s flagship project for tackling the five most prevalent NTDs in the African Region amenable to preventive chemotherapy through mass drug elimination. ESPEN has been pivotal in mobilizing political, technical and financial resources to reduce the burden of NTDs in the region. Ending NTDs will indeed end the neglect. This remains a major focus of the work of the WHO Regional Office for Africa.”

Nature – Scientists deliberately gave women Zika – here’s why

<https://www.nature.com/articles/d41586-023-03289-8>

“‘Human challenge’ results suggest that such trials could be used to test vaccines when Zika incidence is low.”

Nature Medicine - Evidence for a role of *Anopheles stephensi* in the spread of drug and diagnosis-resistant malaria in Africa

<https://www.nature.com/articles/s41591-023-02641-9>

by T Emiru et al.

Nature Outlook - Mental health: The invisible effects of neglected tropical diseases

[Nature](#);

“The psychological burden of disability and stigma has been overlooked, to the detriment of those affected and their carers.”

AMR

WHO - 13 critical interventions that support countries to address antimicrobial resistance in human health

<https://www.who.int/news/item/19-10-2023-13-critical-interventions-that-support-countries-to-address-antimicrobial-resistance-in-human-health>

“WHO has released a [core package of 13 interventions](#) to guide country prioritization when developing, implementing and monitoring national action plans on antimicrobial resistance (AMR). The interventions address the needs and barriers people and patients face when accessing health services through a people-centred approach to AMR....”

- See also Cidrap News - [WHO recommends interventions for 'people-centered' approach to antimicrobial resistance](#)

Project Syndicate - Antibiotic Shortages Are Fueling Antimicrobial Resistance

M Balasegaram; <https://www.project-syndicate.org/commentary/antibiotics-shortages-contribute-to-antimicrobial-resistance-by-manica-balasegaram-2023-10?barrier=accesspaylog>

“In countries worldwide, shortages of first-line antibiotics often lead to overuse of those that are specialized or kept in reserve for emergencies. Not only may these substitutes be less effective, but reliance on them increases the risk of drug resistance developing and infections becoming more difficult to treat in the long run.”

Critical Public Health - Economies of resistance

M Peterie et al ; <https://www.tandfonline.com/doi/full/10.1080/09581596.2023.2271140>

“The social organisation of economic life plays a pivotal role in assembling many emerging and enduring health problems. Yet throughout the recent history of global health challenges, an emphasis on the influence of economic systems has frequently been sidelined in favour of research that interrogates the behavioural and/or cultural dimensions of these problems. **The global crisis of antimicrobial resistance provides a striking example of this trend, with analysis frequently and increasingly focusing on behavioural or technological fixes – for example, the need for responsible use of remaining antimicrobial drugs, or for revived efforts to identify new antimicrobial agents – while at times glossing over the market logics that reproduce the problem itself.** With a few notable exceptions, the economic headwinds that shape the current antimicrobial resistance (AMR) scene have been largely decentred in scholarly discussions. **In this article, we argue for a critical sociology of economies of resistance**, contributing to burgeoning efforts to understand how economic structures both shape the acceleration of AMR and undermine the development of drug and diagnostic solutions.”

NCDs

HPW - 'Future-proofing' the Global Health Workforce to Address Chronic Diseases

<https://healthpolicy-watch.news/future-proofing-the-global-health-workforce-to-address-chronic-diseases/>

“Better access to NCD medicines and treatments isn’t enough to ensure effective prevention and treatment of the conditions, responsible for 74% of premature deaths in the world. **More attention needs to be focused on training, retention and effective use of health care workers**, said a **panel of experts at the World Health Summit.**”

With quotes from **Katie Dain (NCD Alliance)**, **Bente Mikkelsen (WHO)**, **Osahon Enabulele**, president of the **World Medical Association (WMA)** and others.

“...Along with the broad challenge of insufficient numbers, health ministries and global health leaders have to ensure that workers are better trained to deal with NCDs – particularly in low–income countries, where chronic disease prevention, treatment and care were not typically part of the basket of primary health care services – which was traditionally geared to maternal and child care, immunizations, and infectious disease prevention and treatment.”

Mikkelsen: “.... what’s also most needed is a refocusing of health care systems on the “multi-disciplinary teams” particularly in budget-strapped low-income countries. “ “ ... Many of these countries has something similar to a primary health care service,” said Mikkelsen. “But it’s geared to HIV, TB and malaria because that is where the funding came from. And now we really need to see the whole person.”

Social & commercial determinants of health

WHO consultancy – WHO Global Network on Social Determinants of Health Equity

Deadline: 19 November.

Via LinkedIn - **Sudvir Singh (WHO)**. See also [X](#).

With funding from Canada.

Globalization & Health - Trade agreements and tobacco control policy: analysis of the impact of FCTC on regulatory contents of trade agreements from 2001 to 2019

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-023-00979-w>

by Tzu-Ying Chen et al.

Sexual & Reproductive health rights

BMJ Analysis - Tackling racism in maternal health

<https://www.bmj.com/content/383/bmj-2023-076092>

“Approaches are needed that tackle the root causes, including the structural drivers of health, argue Raquel Catalao and colleagues.”

Lancet Comment - Prioritising actions to address stagnating maternal mortality rates globally

T van den Akker et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02290-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02290-0/fulltext)

“... WHO encourages member states to complement their routine collection of mortality data with enhanced surveillance through the implementation of the Maternal and Perinatal Death Surveillance and Response (MPDSR) programme. Regional and national networks established to facilitate this grass-roots level data gathering and exchange are collectively referred to as enhanced obstetric survey systems (EOSS)....”

“... Among the multiple barriers to addressing maternal mortality and strengthening surveillance of maternal deaths are three challenges: the cost of maintaining MPDSR and EOSS; bureaucracy linked to data acquisition and sharing; and inadequate protection of health professionals from penalisation when they report and highlight concerns related to maternal mortality....”

“...The [International Network of Obstetric Survey Systems \(INOSS\)](#) comprises researchers from Australia, Belgium, Canada, Denmark, Ethiopia, Finland, France, Iceland, India, Italy, Lebanon, Namibia, the Netherlands, New Zealand, Norway, Slovakia, South Africa, Spain, Sri Lanka, Suriname, Sweden, the UK, and the USA. As researchers united under the auspices of INOSS and involved in organising EOSS in our respective countries, we call on governments to prioritise three actions to help reduce maternal mortality....”

Adolescent health

Lancet Health Policy - The forgotten girls: the state of evidence for health interventions for pregnant adolescents and their newborns in low-income and middle-income countries

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01682-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01682-3/fulltext)

See also a previous IHP newsletter issue.

Lancet Global Health (Comment) - Global, regional, and national causes of death in children and adolescents younger than 20 years: an open data portal with estimates for 2000–21

F Villavicencio et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00496-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00496-5/fulltext)

“... We introduce an open [data portal](#) with yearly estimates on causes of death for children and adolescents younger than 20 years for the period 2000–21. The data hosted in this portal are part of a joint effort between the Child and Adolescent Causes of Death Estimation (CA CODE) project and the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). The portal is managed by UNICEF and was first launched in 2008 by UN IGME, reporting global, regional, and national age-specific all-cause mortality estimates for stillbirths, children, and adolescents.....”

Access to medicines & health technology

WHO Issues New Diagnostics List and Guide for Regulating Artificial Intelligence

<https://healthpolicy-watch.news/who-issues-new-diagnostics-list-and-guide-for-regulating-artificial-intelligence/>

From late last week – in case you missed this.

“World Health Organization (WHO) member states should include personal-use glucose monitoring devices in their **vitro diagnostics (IVD) lists to help people with diabetes**, according to the global body’s 2023 [Essential Diagnostics List \(EDL\)](#) released this week. Diabetes caused 1.5 million deaths in 2019, and including personal glucose testing devices “could lead to better disease management and reduced negative outcomes”, [said](#) the WHO. “ “**Another first for the list is the inclusion of three tests for hepatitis E virus (HEV)**, including a rapid test to aid in the diagnosis and surveillance of HEV infection, an under-reported disease which causes acute liver failure in a small number of people.”

“**The list offers guidance rather than being prescriptive**, with the aim of increasing patients’ access to diagnostics and better outcomes. “The WHO Essential Diagnostics List is a critical tool that gives countries evidence-based recommendations to guide local decisions to ensure the most important and reliable diagnostics are available to health workers and patients,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. **Other new tests added to the list include those for endocrine disorders, reproductive, maternal and new-born health and cardiovascular health...**”

Devex - Opinion: A UK-India trade deal could threaten generic medicines globally

By Olusegun Obasanjo; <https://www.devex.com/news/opinion-a-uk-india-trade-deal-could-threaten-generic-medicines-globally-106445>

Op-ed by a **former Nigerian president**.

“... the world is watching as the United Kingdom and India enter the [final stages](#) of negotiations for a free trade agreement. India is a critical producer and exporter of generic medicines, [providing](#) 20% of global supply. Generic medicines [can](#) cut the cost of medicines by up to 80%, and for people in lower-income countries, Indian generics are a lifeline. **Africa receives [over 50%](#) of its generic medicines from India. But this is a lifeline that a trade deal between India and the U.K. could cut short.**”

- Related: [Weekly take: IP-trade demands will fail future generations](#) (by Rory O’Neill)

TWN - New briefing on secondary patents on TB medicines

<https://www.twn.my/title2/health.info/2023/hi231007.htm>

“Despite the introduction of more effective and safer treatments for tuberculosis, access to these new medicines is constrained by the prevalence of patents, including secondary patents. **Secondary patents (also known as “evergreening” patents) refer to new patents on a known medicine.** Pharmaceutical companies often file multiple patents on other than the active ingredients, such as on different dosage forms, formulations and methods of treatment. These patents have delayed the entry of cost-effective generic versions of the medicines and thus compromised affordable availability in countries with high TB burden. A **new Third World Network Briefing Paper, “Secondary patents threaten access to new TB medicines”** by TWN researcher Prathibha Sivasubramanian, highlights the presence of secondary patents on new TB medicines and discusses their potential impact on access to TB treatment. The paper is now available [here](#) on the TWN website.”

Journal of Economic Behaviour & Organization - The economics of profit-cap policy: Big Pharma, Big Tech, and the duopoly rule

Kaushik Basu et al;

<https://www.sciencedirect.com/science/article/pii/S016726812300313X?dgcid=author>

“A known policy dilemma occurs between the need to curb extra-large profits by some [industries](#), like pharmaceuticals, and the need to ensure the incentive to produce is not damaged. **This paper shows that a profit cap, imposed via taxation on a group of firms, can simultaneously eliminate inefficiency and excess profit by intensifying competition among oligopolistic firms.** The result has a direct bearing on policy debates on COVID-19 vaccine sharing and the use of vaccine donation as a “humanitarian obligation,” and, more generally, on the regulatory institutions needed for industries that rely on R&D.”

- Finally, a tweet by **Tahir Amin**:

“The @wto released the report from its thematic session on whether to extend the TRIPS decision to COVID-19 diagnostics and therapeutics. The report includes my intervention as well as @ellenthoen, @jamie_love, @_HassanF, and Sangeeta Shashikant. Report: <https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/IP/C/W706.pdf&Open=True>”

Human resources for health

BMJ (Feature) - Nigeria debates mandatory domestic service to stem the medical brain drain

<https://www.bmj.com/content/383/bmj.p2064>

“Nigeria’s politicians have proposed requiring doctors to stay in the country for five years to get a licence, to help stem the tide of medical talent it loses to higher income countries. But such a solution creates its own problems, say **Oluwatosin Adeshokan** and **Chiebuka Obumsele**.”

- And a link: **BMJ GH – [Effectiveness of return-of-service schemes for human resources for health retention: a retrospective cohort study of four Southern African countries](#)**

Decolonize Global Health

Global Health: Science & Practice - Applying a Power Analysis to Everything We Do: A Qualitative Inquiry to Decolonize the Global Health and Development Project Cycle

D Tuhebwe et al; <https://www.ghspjournal.org/content/early/2023/10/26/GHSP-D-23-00187>

“This study contributes evidence characterizing the legacy of colonialism in global health and development and reinforces calls to recenter Global South expertise and leadership from the perspectives of experienced practitioners in the Global South and North.”

Nature – African researchers’ work is being overlooked — here’s how to change that

<https://www.nature.com/articles/d41586-023-03322-w>

“The continent’s scientists see opportunities in international collaborations that are rooted in Africa, rather than originating in Europe and North America.” Linked to a June 2023 paper.

Miscellaneous

UN News - Human right to food needs ‘massive investment’: Guterres

<https://news.un.org/en/story/2023/10/1142717>

“With 735 million people going hungry last year and three billion unable to afford a healthy diet, the world is “going backwards on our goal of zero hunger by 2030”, the UN chief told the Committee on World Food Security on Monday. Addressing the UN-backed body meeting in Rome

on Monday, António Guterres underscored that the session was taking place “at a moment of crisis for global food security” and provided some sobering statistics.”

Global Policy - Will growth be enough to end poverty? New Projections of the UN Sustainable Development Goals

<https://www.globalpolicyjournal.com/blog/20/10/2023/will-growth-be-enough-end-poverty-new-projections-un-sustainable-development-goals>

“Arief Anshory Yusuf, Zuzy Anna, Ahmad Komarulzaman and Andy Sumner identify the pathway to have any hope of achieving the poverty-related SDGs.”

“Today, October 17th is the [UN International Day for the Eradication of Poverty](#) In **new analysis for UNU-WIDER**, we assess progress towards the global poverty-related **SDGs**, specifically monetary poverty, undernutrition, child and maternal mortality, and access to clean water and basic sanitation. Our analysis then looks forward, making projections on the state of global progress over the coming years, up to the 2030 deadline for meeting the SDGs.”

“It’s not looking good. **Our findings** show that economic growth alone will not be enough to end global poverty and meet the global poverty-related SDGs, which will be missed by a considerable distance. ... These basic goals will not be achieved by 2030 without radical changes in policies to address national and global inequalities. Stronger emphasis is needed on inclusive growth and productive capacities (a.k.a. SDG 8) alongside social policy.”

Politico Pro - 5 things to know about Ursula von der Leyen’s Pfizergate court cases

<https://www.politico.eu/article/5-things-to-know-about-ursula-von-der-leyen-pfizergate-court-cases/>

“The **EU high court’s decision on access to text messages** between Ursula von der Leyen and Albert Bourla is set to drop not long before the European elections.”

Papers, reports & books

Editorial - Importance of health policy and systems research for strengthening rehabilitation in health systems: A call to action to accelerate progress

Walter R. Frontera, Wouter DeGroot, Abdul Ghaffar, for the Health Policy & Systems Research for Rehabilitation Group; <https://onlinelibrary.wiley.com/doi/10.1111/1440-1630.12909?af=R>

Editorial published simultaneously by 15 journals.

Development & Change - The Return of Debt Crisis in Developing Countries: Shifting or Maintaining Dominant Development Paradigms?

Andrew M. Fischer, Servaas Storm; <https://onlinelibrary.wiley.com/doi/full/10.1111/dech.12800>

Debate.

“...This article frames the Debate by exploring these aspects of the current Southern debt crisis, focusing on its deeper structural drivers versus the role of more proximate triggers of the crisis; the similarities or differences with past crises of recent decades; and the degree to which anything has in fact changed in orthodox responses to crisis management. A theme that emerges from the more heterodox scholarship profiled by this Debate is that the **current crisis and its responses are maintaining the dominant development paradigm of the last 40 years, rather than eliciting a shift away from it. There is a continued adherence to neoliberal ideology in macroeconomic policy making and to the punitive subordination of developing countries in debt distress, through crisis responses, to the Northern and especially US-centred international financial system. Ignoring the very strong similarities to the past, especially the 1982 debt crisis that ushered in this paradigm, risks repeating the lost decades to development that followed.”**

BMJ GH (Commentary) - How can global guidelines support sustainable hygiene systems?

By J E Mills et al; <https://gh.bmj.com/content/8/10/e013632>

“Forthcoming WHO and UNICEF guidelines on hand hygiene in community settings will provide evidence-based recommendations to guide action.....”

Re a **“meeting, held in May 2023, [which] included representatives from government, UN agencies, international financial institutions, development partners, civil society and the private sector from 18 low-income, middle-income and high-income countries. “**

In the article, authors share the **five key points of consensus** that emerged from the meeting.

Book - Global Health Law & Policy - Ensuring Justice for a Healthier World

<https://global.oup.com/academic/product/global-health-law-and-policy-9780197687710?cc=be&lang=en&>

by **Lawrence O. Gostin and Benjamin Mason Meier**

“Draws on the combined expertise of its authors—leaders in their respective fields—to provide a holistic perspective of global health law; Case studies in each chapter highlight the practical application of global health law and policy and provide questions for discussion—perfect for course adoption in schools of law, public policy, global affairs, and public health....”

ILO (Working paper) - A global fund for social protection

N Yeates et al ; https://eprints.whiterose.ac.uk/204412/1/ILO_GFSP_WP_97_web.pdf

“The recent social, ecological and economic crises have not only revealed the gaps in social protection systems across the world, but also drawn global attention to the ways in which international financial architectures have failed to support the development of universal social

protection systems and floors. Within this context, **this paper examines the idea of a global fund for social protection (GFSP)** which has emerged as a potential solution to these structural failings. **By drawing on the experiences of seven global funds across the health, climate, and agriculture sectors, the aim of this working paper is to identify key lessons that can guide the possible implementation of a prospective GFSP.** Through a careful analysis of the governance structures, norms and standards of these funds, the paper makes certain recommendations to be taken into consideration if a GFSP is to be developed and implemented in the future.”

Blogs & op-eds

OECD Development matters (blog) - Social protection is key to ending poverty. So why is it so neglected in ODA?

<https://oecd-development-matters.org/2023/10/24/social-protection-is-key-to-ending-poverty-so-why-is-it-so-neglected-in-oda/>

Olivier De Schutter (*United Nations Special Rapporteur on extreme poverty and human rights*) introduces his new book.

Peter Singer (blog) - Replace the SDGs with the GSDs

Peter Singer; https://singerp.substack.com/p/replace-the-sdgs-with-the-gsds?utm_source=profile&utm_medium=reader2

“...To speed up the SDGs, the world needs three things: implementation, implementation, implementation. **In short, we need to replace the SDGs with the GSDs: Get Shit Done!** (OK, I said ‘replace’, but I meant ‘refocus’ or ‘supplement’ the SDGs with the GSDs. And for diplomatic purposes, we can use the term **‘get stuff done.’**)

Including: “... **Let’s focus first on what to stop doing. A moratorium on planning, conferences and photo ops for the next 7 years would speed up the SDGs.** “

Tweets of the week

Katri Bertram

“It's difficult - but important - to #speakout as #war & another #humanitarian catastrophe unfolds. **I'm shocked to see that most non-UN #globalhealth organizations remain silent when lives, #health & #humanrights are at risk.**”

Gabriel Zucman

“**We need an IPCC on taxation.** An organization taking a truly global perspective on tax systems and their sustainability.”