

# IHP news 750 : The curve is not bending (and don't wait for it)

( 17 November 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,

*This week's intro is written by our colleague and IHP/EV resident **Ismael Kawooya**. Before he kicks off, we want to draw your attention to our **updated 'About IHP' page**, which among others has some **info on how you can best navigate this weekly newsletter**, in order to get the most out of it. On its 'double structure' (Highlights vs other sections), and more.*

While phrases such as “it gets worse before it gets better” might be pure in terms of the intentions behind them, they can never prepare you for the duration of a predicament or crisis- often, it is a long stretch! I am slowly coming to terms with that, also at a personal level. Often, it feels like an ominous calvary in which one struggles to survive. I do not say that lightly. Like the weeks before and no doubt also in the coming next weeks, people caught up in horrific crises- Gaza, Darfur, Sudan, Ukraine, and Myanmar, among others- desperately continue searching and crying for any sign that it will end – any! Almost as powerless, the Director General of the World Health Organization, Dr. Tedros, emotionally [pleaded to the UN Security Council](#) last weekend: “In Gaza, nowhere and no one is safe.” Even calls for a ceasefire, once non-partisan and common sense, are now met with indifference (or worse). What a time to be alive! It drains to feel that way.

Fortunately, courageous souls continue to call out the unjust, aiming to bend the curve, sometimes against all odds. Last week, for example, during **pandemic accord negotiations**, Colombia was [emphatic about pushing for strong tech transfer rules](#). The [process still feels somewhat inefficient](#), however, as Geneva Health files highlighted, and disagreement remains huge on many key issues, with [some of the 'usual suspects'](#) involved. The journey is still long and arduous, and nobody really knows where this will land eventually. If it lands at all.

November 14<sup>th</sup> was **World Diabetes day**! Another reminder that there will always be the greedy lot that take advantage of those who share. [According to UN News](#), millions of people with diabetes still cannot access insulin. [Dr. Frederick G. Banting](#)- who won the Nobel Prize for the discovery of insulin in 1921, might have famously said, “Insulin does not belong to me, it belongs to the world” (wanting everyone who needed it to have access to it), but clearly that [did not stop Big Pharma](#) from getting politicians to make it difficult to access this life-saving medicine. Maybe the (looming) [launch of the new Health Technology Access Pool](#) (H-TAP), flagged by WHO at the Second World Local Production Forum last week – might improve access to these medicines and equipment. And as H-TAP is hinting, not just in pandemic times. Meanwhile, the [Lancet](#) cautioned (in an article on the danger of donated respiratory devices to children in LMICs) about the (potential) misuse of equipment when the supply does not fit the context.

In the run-up to COP28 in the UAE, the [2023 report of the Lancet Countdown on health and climate change](#), launched this week, had among its key messages a warning that the health threats experienced to date are “only early symptoms of the dangers ahead”, if we don’t change tack.

On a positive note, this [week’s feature article](#) reminds us of the role creative arts can (and should) play in the global health agenda. It’s an important message, even if competing for the scarce resources. Perhaps, African parents (*emphasis here, being one myself*), could let their children dance and paint a little more? Science says they might become better scientists - or at the very least, just citizens who enjoy what they do. From a more ‘selfish’ angle perhaps, the world is aging and becoming [more socially isolated](#), so maybe happy children will also find more creative ways to take care of the older generation ...?

Enjoy your reading.

Ismael Kawooya

## Featured Article

### Embracing creativity: a gateway to individual and societal wellbeing

**Elisa Muzii** (*master’s student at Karolinska Institutet, Sweden, studying health economics, policy and management*)

[Neuroaesthetics](#) (or neuroart) is an emerging field within cognitive neuroscience that investigates the benefits of incorporating some kind of creative activity in your regular schedule and advocates living a life that is aesthetically pleasing to your brain. I recently learnt about neuroaesthetics from a [podcast](#) where neuroscientist Tara Swart described some fascinating research that shows how doing something creative once per week - she mentioned a broad range of creative activities, including going to the theatre, reading a novel and even spending time in nature - has a huge positive impact on physical and mental health, and longevity.

During my previous studies in Global Health and Social Medicine, I was repeatedly reminded that health is more than just a medical matter. I learnt to view wellbeing as a resultant of numerous determinants, many of which are not typically taken into consideration in common medical practice. So, with a holistic approach to health in mind, I got curious about the health benefits of creativity.

In her book [The Source](#), Dr Swart argues that we are all innately creative, which goes against the commonly accepted and narrow definition of creativity as a natural talent for art, and the frequent assumption that either you have a creative disposition, or you don’t. I have encountered the latter assumption countless times when hearing people say ‘I am not creative’, and I am guilty of it myself. *I can’t draw for the life of me, nor do I enjoy decorating my room*, I have thought about myself for years, *so it must mean I am just not a creative person*. But then I was challenged to look at the facts that put into question such belief: throughout childhood I gained years of experience in dance, music, story

writing, crocheting, and many other creative activities. Did all of that just disappear altogether as I transitioned into adulthood? It appears that while we all engage in various creative activities as children - as a matter of fact, arts are invariably present in school curricula – as we grow older, many of us leave our creative talents behind and our interest in them seems to fade away.

I imagine there could be a myriad of reasons as to why creativity takes a backseat as we age. For some, as priorities shift, life just becomes too serious: the childlike joy that once fuelled creative endeavours is overshadowed by new commitments and obligations that leave no room for carefree and spontaneous expression. For others, those driven by perfectionism, a paralysing anxiety may be experienced at the mere thought of creating anything less than a masterpiece, leading them to perceive creativity as an intimidating activity rather than a relaxing one. More often than not, it comes down to a shortage of time and resources, combined with the weight of responsibilities of adult life.

But creativity doesn't necessarily demand a time-consuming or pricey hobby that exhausts our energy and resources. It could be something as simple as appreciating the beauty and fragrance of flowers or diving into a fantasy book. [Previous research](#) has shown that reading fiction regularly creates new pathways in young adults' brains and medical writer [Rita Carter also explained](#) that reading just 30 pages daily makes such pathways thicker and denser. Carter argues that reading fiction is more important than any other form of reading, and that it is not only beneficial on an individual level, but it also creates a more empathetic society.

Another example of how engaging in a creative activity yields benefits on both individual and societal levels is demonstrated by [Dance for Health](#), a research-based intervention to strengthen mental health among young people which has been implemented across Sweden as a cost-effective complement to school health care, founded by physiotherapist Anna Duberg. I heard about Dr Duberg's work at a TedxKI event where she [presented her research](#) on the stress-reducing benefits of dance. Her innovative method emphasises movement enjoyment, simplicity and social inclusion, and it leads to improved health and less visits to the school nurse at a very low cost.

Dr Duberg's initiative is an example of how effective and inexpensive interventions focused on creativity can be, and [efforts worldwide](#) are increasingly being devoted to similar programmes, with a considerable policy interest in the relationship between the arts and public health. For example, after releasing a noteworthy [report on the subject](#), the World Health Organisation (WHO) has been testing [arts interventions](#) to advance specific health goals, such as universal health coverage, maternal health and suicide prevention. Similarly, a forthcoming [Lancet Global Series](#) on the health benefits of the arts has been recently announced by the WHO in collaboration with the [Jameel Arts & Health Lab](#). The series will encourage an approach to prevention and treatment in which resources are mobilised towards more holistic, equitable and effective systems of care.

The universality of creativity plays a pivotal role in fostering wellbeing across diverse contexts and can be especially impactful for individuals in deeply challenging and precarious situations. In such circumstances, people can find solace and a sense of empowerment through creative outlets. While it certainly cannot substitute for structural solutions to their predicament, participating in artistic expression offers a channel for emotional release and serves as a source of hope and purpose. Indeed, studies suggest that art-based programs can significantly alleviate symptoms of anxiety, depression and post-traumatic stress disorder for individuals who have experienced traumatic events or precarious situations, such as [refugees](#) and [children in conflict-affected areas](#). Apart from relieving psychological symptoms and negative emotions, such interventions also nurture an increased sense of community and revive hope for the future.

Overall, there is an immense potentiality that lies in art as a powerful tool for improving health and quality of life. Extensive research has shown that dedicating some of our time to creativity rewards us with benefits to be enjoyed by individuals as well as by society, and art interventions are increasingly being implemented globally for improved public health.

If you have always thought that you are not innately creative, you might find some resistance at the idea of embracing your creative side, but as Vincent van Gogh, who would have undoubtedly been a proponent of neuroaesthetics, said:

*“If you hear a voice within you say ‘you cannot paint’, then by all means paint, and that voice will be silenced”.*

## Highlights of the week

### A few reads of the week to kick off

#### IJHPM - Transforming Capitalism, From Top Down to Bottom Up; A Response to the Recent Commentaries

R Labonté; [https://www.ijhpm.com/article\\_4536.html?utm\\_source=dlvr.it&utm\\_medium=twitter](https://www.ijhpm.com/article_4536.html?utm_source=dlvr.it&utm_medium=twitter)

Interesting reply to a number of Comments (to Labonté’s earlier IJHPM article, “**Ensuring global health equity in a post-pandemic economy**” (2022). )

As indeed, as Labonté rightly stresses, “...With ever-larger swathes of the world aflame (both literally and socio-politically) **the need for a now official ‘post-pandemic’ economic transformation is glaringly apparent...**”. Among others, he discusses the somewhat ambiguous role of **states** in this necessary transformation.

#### Lancet - Rethinking how development assistance for health can catalyse progress on primary health care

T Kasper, C Benn et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01813-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01813-5/fulltext)

Important paper. Cfr tweet the Lancet: « **In a new Health Policy, authors identify a set of concrete, evidence-based investments in PHC, which could have major impacts at an affordable cost.**”

« **Global campaigns to control HIV, tuberculosis, malaria, and vaccine-preventable illnesses showed that large-scale impact can be achieved** by using additional international financing to support selected, evidence-based, high-impact investment areas and to catalyse domestic resource mobilisation. Building on this paradigm, **we make the case for targeting additional international funding for selected high-impact investments in primary health care.** We have identified and costed a set of concrete, evidence-based investments that donors could support, which would be

expected to have major impacts at an affordable cost. **These investments are in: (1) individuals and communities empowered to engage in health decision making, (2) a new model of people-centred primary care, and (3) next generation community health workers.** These three areas would be supported by **strengthening two cross-cutting elements of national systems.** The first is the digital tools and data that support facility, district, and national managers to improve processes, quality of care, and accountability across primary health care. The second is the educational, training, and supervisory systems needed to improve the quality of care. **We estimate that with an additional international investment of between US\$1.87 billion in a low-investment scenario and \$3.85 billion in a high-investment scenario annually over the next 3 years, the international community could support the scale-up of this evidence-based package of investments in the 59 low-income and middle-income countries that are eligible for external financing from the World Bank Group's International Development Association. »**

## Lancet Global Health – December issue

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

Brilliant issue -with plenty of must-reads. We'll cover some of them in the extra section on 'papers' below. But here we already want to flag:

- T E Collins, S Akselrod, S Bennett, L Allen et al ; [Converging global health agendas and universal health coverage: financing whole-of-government action through UHC+](#)

“UN member states have committed to universal health coverage (UHC) to ensure all individuals and communities receive the health services they need without suffering financial hardship. Although the pursuit of UHC should unify disparate global health challenges, it is too commonly seen as another standalone initiative with a singular focus on the health sector. **Despite constituting the cornerstone of the health-related SDGs, UHC-related commitments, actions, and metrics do not engage with the major drivers and determinants of health, such as poverty, gender inequality, discriminatory laws and policies, environment, housing, education, sanitation, and employment.** Given that all countries already face multiple competing health priorities, the global UHC agenda should be used to reconcile, rationalise, prioritise, and integrate investments and multisectoral actions that influence health. **In this paper, we call for greater coordination and coherence using a UHC+ lens to suggest new approaches to funding that can extend beyond biomedical health services to include the cross-cutting determinants of health.** The **proposed intersectoral co-financing mechanisms** aim to support the advancement of health for all, regardless of countries' income.”

PS: “... **In the lead up to 2030, and in the wake of the UN high-level meeting on UHC in September, 2023, we encourage policy makers to think broadly about UHC as a means to connect all of the health-related SDGs with pre-existing commitment frameworks related to global health.** Our working group proposes a **broader conceptualisation, UHC+,** which recognises the importance of the wider social determinants of health and integrates financing and action across sectors to achieve public health objectives. **Although redefining UHC or revising the available metrics to measure it would be counterproductive in the countdown to 2030, there is value in highlighting actions that can be taken to deliver cross-cutting policies and interventions.** As such, **UHC+ is a way of thinking broadly about health service coverage that stresses the upstream determinants of health and interdependencies among different health silos that are key to reaching UHC.**

Make sure you also check out the **recommended actions for intersectoral financing**.

## Global Health Governance

### Book - The Bill Gates Problem: Reckoning with the Myth of the Good Billionaire

Tim Schwab; <https://us.macmillan.com/books/9781250850096/the-bill-gates-problem>

It's out now, this long awaited book. **"A powerful investigation of Bill Gates and the Gates Foundation, showing how he uses philanthropy to exercise enormous political power without accountability."** Apparently, Gates Foundation staff have been diligently reading copies already : )

PS: NYT review - [He says he's doing good. This author strongly disagrees.](#)

### AP - Internal documents show the World Health Organization paid sexual abuse victims in Congo \$250 each

<https://apnews.com/article/congo-who-sexual-abuse-ebola-f0720f9c241102a220a8d5b4a7fe52cf>

**"Earlier this year, the doctor who leads the World Health Organization's efforts to prevent sexual abuse travelled to Congo** to address the biggest known sex scandal in the U.N. health agency's history, the abuse of well over 100 local women by staffers and others during a deadly Ebola outbreak. ... **According to an internal WHO report from Dr. Gaya Gamhewage's trip in March,...."**

**"...the WHO has paid \$250 each to at least 104 women in Congo** who say they were sexually abused or exploited by officials working to stop Ebola. That amount per victim is less than a single day's expenses for some U.N. officials working in the Congolese capital ...."

**"... The payments to women didn't come freely. To receive the cash, they were required to complete training courses intended to help them start "income-generating activities."... ..** The total of \$26,000 that WHO has provided to the victims equals about 1% of the \$2 million, WHO-created "survivor assistance fund" for victims of sexual misconduct, primarily in Congo.

### CGD (blog) - Accelerating Vaccine Manufacturing in Africa: Three Considerations for Gavi

J M Keller et al ; <https://www.cgdev.org/blog/accelerating-vaccine-manufacturing-africa-three-considerations-gavi>

**"One of the most salient lessons from the pandemic is the need to diversify manufacturing capabilities and bolster supply resilience to avoid a repeat of the slow and inequitable vaccine roll out in African countries. To turn this lesson into action, the Gavi Secretariat is rapidly advancing plans for a new financial mechanism in the form of an Advance Market Commitment (AMC) to 'pull' African-made vaccines to market.... Gavi's ongoing efforts under this proposed mechanism and its broader African Vaccine Manufacturing Accelerator (AVMA) have generally been [well received](#), including by the African Union (AU) and African manufacturing companies, as a step**

towards the AU's goal to "manufacture [60 percent](#) of Africa's routine immunization needs on the continent by 2040." "

**"...before the proposal is slated for review by Gavi's board at its upcoming meeting in early December, there are questions that still need to be addressed**, including some that CGD discussed in [a previous blog](#), about the type of manufacturing capacity the mechanism should support; the underlying market dynamics that should inform key design features; and the funding needed to set it up for success. **This blog dives deeper into some of these issues and calls on Gavi to consider three factors as it fine tunes plans to get this mechanism off the ground: trade-offs (between the proposed twin objectives), scope (Clearly define the enabling ecosystem for AVMA's success ), and timeframe...."**

The blog concludes: **"... The proposed mechanism to accelerate vaccine manufacturing in Africa will be up for decision at Gavi's board meeting in just a few weeks. The proposal, which is being fine-tuned further through ongoing consultations, is gaining momentum**, including among African stakeholders, donors, and other partners who are keen to see this effort set up for success. **But this is far from a straightforward endeavor—the technical aspects are complex, and the underlying political economy dynamics are complicated to say the least.** As these efforts progress, Gavi should be clear-eyed about what is feasible within the realities of trade-offs, scope, and timeline."

- And related – via Scidev.net - [Pooled procurement to transform Africa's vaccine market](#)

Op-ed by Jean Kaseya (Africa CDC) & Akhona Tshangela (Programme Coordinator for Partnerships for African Vaccine Manufacturing), written ahead of **the Third International Conference on Public Health in Africa**.

### CGD (blog) - At a Minimum, Donors Should Protect the Health of 140 Million People in Six Countries

V Fan et al ; <https://www.cgdev.org/blog/minimum-donors-should-protect-health-140-million-people-six-countries>

**"...In this blog, we delve into the situation of a Group of 36 countries grappling with debt distress or at risk of falling into debt distress. We find that the situation of six countries is precarious, demanding immediate attention.** Providing support to these countries at this juncture, either through debt relief or additional concessional financing for the health sector, would yield substantial benefits. ... **Six countries—The Gambia, Ghana, Kenya, Malawi, Sierra Leone, and Zambia—** stand out with significantly higher interest payments as a share of their revenues compared to the average for the Group of 36 ..."

**"... Bottom line: The international community and donors should either extend debt relief or provide additional concessional financing for the health sector, at a minimum for the six countries representing 140 million people, if not for the Group of 36 countries facing pressures from rising debt."**

# The 2023 report of the *Lancet* Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01859-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01859-7/fulltext)

“The *Lancet* Countdown is an international research collaboration that independently monitors the evolving impacts of climate change on health, and the emerging health opportunities of climate action. In its eighth iteration...”

**Overview of main content:** “Alarming new projections reveal soaring health risks of persistent global inaction over the climate emergency. The health threats experienced to date are an early symptom of the dangers our future might hold. Despite continued warnings of the risks, and regardless of agreed targets to limit temperature rise, the world is accelerating in the wrong direction. However, for all the negatives, there are still positive signals of progress, and opportunities to deliver a healthy, thriving future for people all around the world. Building upon the progress already made, the Commission makes recommendations to maximise the benefits of climate change action for people’s health and wellbeing...”

Check out **key messages**. For the ones with little time, this **Infographic** is great: [Key findings of the 2023 report of the Lancet Countdown on health and climate change](#).

With sections on: **The rising health toll of a changing climate; a world accelerating in the wrong direction**; but also, **The opportunity to deliver a healthy future for all...** (with 11 priorities)

PS: in the last section, authors argue for **“A people-centred transformation: putting health at the heart of climate action”**.

However, **they sound the following warning:** “...With the world currently heading towards 3°C of heating, any further delays in climate change action will increasingly threaten the health and survival of billions of people alive today. **If meaningful, the prioritisation of health in upcoming international climate change negotiations could offer an unprecedented opportunity to deliver health-promoting climate action and pave the way to a thriving future. However, delivering such an ambition will require confronting the economic interests of the fossil fuel and other health-harming industries, and delivering science-grounded, steadfast, meaningful, and sustained progress to shift away from fossil fuels, accelerate mitigation, and deliver adaptation for health. Unless such progress materialises, the growing emphasis on health within climate change negotiations risks being mere healthwashing; increasing the acceptability of initiatives that minimally advance action, and which ultimately undermine—rather than protect—the future of people alive today and generations to come....”**

**Guardian - ‘Paying in lives’: health of billions at risk from global heating, warns report**

<https://www.theguardian.com/global-development/2023/nov/14/paying-in-lives-health-of-billions-at-risk-from-global-heating-warns-report>

Coverage of the report.



**“The climate crisis will have a catastrophic effect on the health and survival of billions of people unless the world acts to reduce global heating,** according to a leading report that warns that heat-related deaths are soaring, dangerous bacteria are spreading along coasts, and economies are being hit as people struggle to work and food production shrinks. **The eighth annual report on health and climate change from the Lancet Countdown** team shows that little account has been taken of past warnings. **The world, it says, is “moving in the wrong direction”,** and strongly criticises continuing investment in fossil fuels..... “

**“The report comes as Cop28 prepares to hold its first Health Day,** focused on the links between the climate crisis and human health.....”

- More coverage via HPW – [Climate Crisis Threatens Human Health with ‘Dangerous Future’, Lancet Report Warns](#)

Including: **“Developing countries excluded from green transition as finance falters:** As developing nations bear the brunt of climate change’s devastating impacts, **financial support from wealthy countries for climate adaptation remains woefully inadequate,** leaving them ill-equipped to cope with intensifying extreme weather events and rising health risks. **The report highlights the persistent lack of “access to funding and technical capacity” in low- and middle-income countries, further exacerbating deep-seated health inequities within and between nations.** The Lancet’s findings echo the conclusions of the UN Environment Programme’s [Adaptation Gap report](#), released last week, which found that adaptation finance flows to developing countries fell to just \$21 billion in 2022, compared to the \$367 billion required every year through 2030. ... **The consequences of this financial shortfall are stark: developing countries are being largely excluded from the accelerating shift to green energy technologies, despite their urgent need for these solutions....”**

### **Lancet Comment – Climate change mitigation: tackling the commercial determinants of planetary health inequity**

Sharon Friel; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02512-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02512-6/fulltext)

Related comment.

Including: **“... If mitigation is the biggest preventive health opportunity of the 21st century, grabbing that opportunity requires tackling the commercial drivers of the global consumptogenic system.** Governments, especially in high-income countries, must use their regulatory power to curb excess commercial activities and stop further coal, oil, and gas projects. Embracing regenerative business models and respecting regulations to reduce harmful practices is essential among commercial actors. Civil society must be noisy, demanding action and holding commercial actors and governments to account. **Actors concerned about planetary health equity must be at the energy, industrial, food, infrastructure policy tables; work in coalitions to articulate and lobby for structural reforms; and change the narrative from individual responsibility to commercial and state responsibility.”**

## More on Planetary Health

### Guardian - World behind on almost every policy required to cut carbon emissions, research finds

[https://www.theguardian.com/environment/2023/nov/14/world-behind-on-almost-every-policy-required-to-cut-carbon-emissions-research-finds?CMP=share\\_btn\\_tw](https://www.theguardian.com/environment/2023/nov/14/world-behind-on-almost-every-policy-required-to-cut-carbon-emissions-research-finds?CMP=share_btn_tw)

“Coal must be phased out seven times faster than is now happening, deforestation must be reduced four times faster, and public transport around the world built out six times faster than at present, if the world is to avoid the worst impacts of climate breakdown, **new research has found.**”

“**Countries are falling behind on almost every policy required to cut greenhouse gas emissions, despite progress on renewable energy and the uptake of electric vehicles.** This failure makes the prospect of holding global temperatures to 1.5C above preindustrial levels even more remote, according to **the State of Climate Action 2023 report.** The authors advise that world needs to:

- Retire about 240 average-sized coal-fired power plants a year, every year between now and 2030.
- Construct the equivalent of three New Yorks’ worth of public transport systems in cities around the world each year this decade.
- Halt deforestation, which is happening to an area the size of 15 football pitches every minute, this decade.
- Increase the rate of growth of solar and wind power from its current high of 14% a year to 24% a year.
- Cut meat consumption from ruminants such as cows and sheep to about two servings a week in the US, Europe and other high-consuming countries by 2030.....”

“.... **The State of Climate Action 2023 report**, published on Tuesday and **compiled by six climate thinktanks**, examined all aspects of climate policy from governments across the world....”

### New Humanitarian - COP28 declaration to tie climate funding to conflict for the first time

<https://www.thenewhumanitarian.org/news/2023/11/13/exclusive-cop28-declaration-climate-funding-and-conflict>

“**The COP28 presidency will call for immediate action and “urgent” funding to help communities hit by conflict and climate change, according to a draft declaration** being circulated ahead of the upcoming climate summit. **The draft declaration**, obtained by The New Humanitarian, **is being seen as a landmark attempt to bring climate and humanitarian policy together for the first time at an annual UN climate conference**, placing the intersection squarely on the international agenda.....”

“**Drawn up by the United Arab Emirates**, which is hosting the 30 November-12 December talks in Dubai, it is **high-level recognition that people in fragile and conflict-hit settings have been left behind by the world’s climate action** – despite rising global insecurity.....”

**“...These talks are focused specifically on three areas:** reducing greenhouse gas emissions, adapting to climate change, and responding to the loss and damage caused by environmental disasters. **Increasing climate financing for all three areas is a core aspect of the upcoming talks,** with discussions on a **new funding target – the New Collective Quantified Goal, or NCQG –** beginning at COP28....”

**“...COP28 will be the first UN climate summit to host a day – albeit outside the core negotiations – dedicated to conflict and disaster.** And it is this event on 3 December that is focused on the theme of “Relief, Recovery and Peace”.....”

**“...Gaining political unity around the declaration is “COP28’s primary objective”**, according to a separate UAE document outlining the COP Presidency’s plans for the “Relief, Recovery and Peace Action Agenda”, also obtained by The New Humanitarian. That phrasing is, again, likely to worry some climate campaigners, as the declaration is not part of the official climate negotiations, for which the UAE is tasked with ensuring a successful outcome....”

PS: **“... The draft makes no mention of fossil fuels, the root cause of the climate crisis.** Several sources involved in the COP28 preparations told The New Humanitarian that the UAE, a major oil producer, has been resisting the inclusion of language that blames fossil fuels for the climate crisis.”

## Guardian - China and US pledge to fight climate crisis ahead of Xi-Biden summit

<https://www.theguardian.com/world/2023/nov/14/china-xi-jinping-us-visit-joe-biden-apec>

**“China and the United States have pledged to work together more closely to fight global warming, declaring the climate crisis “one of the greatest challenges of our time”**, hours before a key meeting in San Francisco between Joe Biden and Chinese leader [Xi Jinping](#).... In a **joint statement** following climate talks in the US, **they pledged to make a success of a crucial UN climate summit starting at the end of this month in Dubai.** And they recommitted to the 2015 Paris climate accord goals of holding global warming to “well below” 2C, while pursuing efforts to limit the increase to 1.5C....”

- For the **joint statement**, see [Sunnylands Statement on Enhancing Cooperation to Address the Climate Crisis](#)

With, among others, **“... The United States and China decide to operationalize the *Working Group on Enhancing Climate Action in the 2020s*, to engage in dialogue and cooperation to accelerate concrete climate actions in the 2020s.** The Working Group will focus on the areas of cooperation that have been identified in the Joint Statement and the Joint Declaration, **including on energy transition, methane, circular economy and resource efficiency, low-carbon and sustainable provinces/states & cities, and deforestation,** as well as any agreed topics...”

- Related: BBC – [Climate change: US and China take 'small but important steps'](#)

**“The US and China have agreed on measures to tackle climate change but stopped short of committing to end fossil fuels,** a joint statement said. The world's biggest carbon emitters **will step up co-operation on methane and support global efforts to triple renewable energy by 2030.** But the document is silent on the use of coal, and the future of fossil energy.”

## Guardian - Countries meet in Kenya to thrash out global plastic pollution treaty

<https://www.theguardian.com/environment/2023/nov/12/countries-meeting-nairobi-kenya-global-plastic-pollution-treaty>

Analysis ahead of the **meeting in Nairobi**, taking place this week.

**“Delegates in Nairobi for talks in what experts say could be most important multilateral treaty since Paris accord.”**

**“... A key focus for the discussions on Monday will be whether targets to restrict plastic production should be decided unilaterally or whether states should choose their own targets;** this is, say environmentalists, the “centre of gravity” for the treaty’s ambition. .... At the last round of negotiations in Paris in May run by the international negotiating committee (INC) the [US, Saudi Arabia, India and China favoured a “Paris-style” agreement](#) where states would have the freedom to determine their own commitments, while others, including Africa and many developing countries, preferred strong global commitments.....”

- And an update, via the Hill - [Popular push to cut plastics runs into fossil fuel opposition at UN conference](#)

**“...The fossil fuel industry is [relying on an upsurge](#) of plastics production to make up for market losses to renewables,** according to a 2021 report from Beyond Plastics, a project based at Vermont’s Bennington College. Treaty negotiations should focus on “ending plastic pollution, **not plastic production,**” Matthew Kastner of the International Council of Chemical Associations (ICCA), a petrochemical trade group, [told](#) Reuters. The ICCA is one of **a network of plastics industry trade groups — and a few major fossil fuel-producing countries — advocating for improvements in recycling technologies over bans on plastic.** “

“On Saturday, a network of fossil fuel-producing countries — including China, Iran, Russia and Bahrain — formed **the Global Coalition for Plastics Sustainability,** according to Reuters. **The new organization will push the treaty negotiators to focus on “waste rather than production controls,”** Reuters reported. Specifically, the **plastics industry is urging the massive upscaling of “chemical” or “advanced” recycling** — a suite of still largely theoretical practices that plastics promoters say could ultimately allow for the full reuse of all plastic waste. ...”

## Trilateral (WHO/WIPO/WTO) technical symposium on human health and climate change (Geneva, 14 Nov)

WHO, WIPO, WTO [to] hold technical symposium on human health and climate change

<https://www.who.int/news-room/events/detail/2023/11/14/default-calendar/who--wipo--wto-to-hold-technical-symposium-on-human-health-and-climate-change>

This **trilateral symposium** was held on 14 Nov.

Tweet, via Balasubraniam:

**"In reponse to a question on the Health Technology Access Pool (H-TAP), @WHO Director General @DrTedros stated: "Intellectual property must not be undermined." @Trilateral symposium."**

## **HPW - As Climate Crises Loom, WTO Head Urges Developing Countries to Prepare to Use TRIPS Flexibilities**

<https://healthpolicy-watch.news/as-climate-crises-loom-wto-head-urges-developing-countries-to-prepare-to-use-trips-flexibilities/>

**"In anticipation of coming climate crises, developing countries should put in place "effective mechanisms in their domestic laws" that allow them to use the TRIPS flexibilities, asserted Dr Ngozi Okonjo Iweala, Director-General of the World Trade Organization (WTO) on Tuesday. [TRIPS flexibility](#) refers to space allowed in the WTO's Trade-related Aspects of Intellectual Property (TRIPS) Agreement for governments to relax patent rights to address public health needs, including issuing compulsory licenses to make medicines without the permission of a patent-holder."**

**"Let me emphasise that many developing country governments have not yet put in place the legal mechanisms or tools that allow the use of existing or future flexibilities. With the impact of climate change on health becoming more evident, this is the time to get ready," Iweala told the [trilateral climate change and health symposium](#) convened by the WTO, World Health Organization (WHO) and World Intellectual Property Organization (WIPO)..."**

**...The three bodies have agreed to step up their support for developing countries to "analyse their options to use TRIPS flexibilities" and update their laws to enable the use of these flexibilities alongside "enhanced procurement programmes", she added..."**

## **Gaza war**

Some stances & reads on/from another horrific week.

## **UN News - 'Nowhere and no one is safe' in Gaza, WHO chief tells Security Council**

<https://news.un.org/en/story/2023/11/1143462>

From last weekend, on **Tedros' intervention at the Security Council**. **"The UN Security Council met again on Friday to discuss the ongoing Israel-Palestine crisis** as negotiations continue behind the scenes within the 15 member body to reach some consensus position over the war raging in Gaza. **Ambassadors heard searing testimony from the UN health agency chief who said the entire health system of the enclave was now "on its knees". "**

## UN News - Gaza: UN agencies make plea for international action to end hospital attacks

<https://news.un.org/en/story/2023/11/1143492>

“UN agencies issued an urgent call for international action on Sunday to end the ongoing attacks on hospitals, as Israeli forces battle Palestinian militants in the heart of the Gaza Strip. The regional directors of the UN sexual and reproductive health agency (UNFPA), children’s agency UNICEF and health agency WHO, said they were “horrified” at latest reports which indicate many have been killed – including children – in facilities across Gaza city and other northern areas of the Strip....”

## Social Medicine in Practice - A Call to Action: An Open Letter from Global Health Professionals Signed By Over 3000 Global Health Professionals

<https://www.socialmedicine.info/index.php/socialmedicine/article/view/1631/2745>

You can still sign. See [here](#). (PS: The Lancet didn’t publish this stance.)

## BMJ - Morality of convenience: the ongoing failure to protect hospitals and health workers in conflict zones

K Abbasi; <https://www.bmj.com/content/383/bmj.p2681>

“... The world order has utterly failed civilians, health professionals, and humanitarian workers. These groups are protected by the fourth Geneva Convention, one of the universally agreed legal standards for humanitarian treatment in war (<https://www.icrc.org/en/war-and-law/treaties-customary-law/geneva-conventions>). The Geneva Conventions are an expression of our humanity and are arguably the most important agreements in our shared history. They demand fair treatment of injured and imprisoned combatants and non-combatants in a conflict. That is the demand, that is the binding agreement—the reality is very different.... Attacks on hospitals and their staff are now commonplace in conflict, an instrument of battle, conducted with impunity and invariably unpunished. Syria, Sudan, Ukraine, and Gaza are just the latest examples ...”

“...Unfortunately, bold, humane, and principled political leaders are what the world is lacking, especially among the major powers that originally shaped the very humanitarian laws that are now too often ignored...”

## Guardian - We are witnessing a pandemic of inhumanity: to halt the spread, we must cling to the law

Karim Khan ( chief prosecutor at the international criminal court);

[https://www.theguardian.com/commentisfree/2023/nov/10/law-israel-hamas-international-criminal-court-icc?CMP=share\\_btn\\_tw](https://www.theguardian.com/commentisfree/2023/nov/10/law-israel-hamas-international-criminal-court-icc?CMP=share_btn_tw)

“There is no blank cheque in the Israel-Hamas conflict. The ICC is working to ensure justice is on the frontlines.”

## Gaza: UN experts call on international community to prevent genocide against the Palestinian people

<https://www.ohchr.org/en/press-releases/2023/11/gaza-un-experts-call-international-community-prevent-genocide-against>

Signed by 17 experts. **“Grave violations committed by Israel against Palestinians in the aftermath of 7 October, particularly in Gaza, point to a genocide in the making, UN experts said today.** They illustrated evidence of increasing genocidal incitement, overt intent to “destroy the Palestinian people under occupation”, loud calls for a ‘second Nakba’ in Gaza and the rest of the occupied Palestinian territory, and the use of powerful weaponry with inherently indiscriminate impacts, resulting in a colossal death toll and destruction of life-sustaining infrastructure...”

Links:

- HPW - [Israeli Troops Enter Shifa Hospital – WHO Decries Move as “Totally Unacceptable”](#)
- Guardian - [UN security council backs resolution calling for humanitarian pause in Gaza](#)

“Resolution **calls for release of hostages held by Hamas and for humanitarian corridors** across the Gaza Strip.”

## 50<sup>th</sup> Global Fund Board meeting (14-16 Nov)

<https://www.theglobalfund.org/en/board/meetings/50/>

Check out **decision points & documents**. Stay tuned for the Global Fund press release (and Global Fund Observer analysis later this morning).

In the meantime, ahead of the Global Fund Board meeting, **the Global Fund Observer had a very informative newsletter, looking ahead** to the Board meeting. See **GFO 440 - [November’s Board meeting is upon us](#)**

“This issue of the Global Fund Observer is a run up to next weeks’ Board meeting. **We take a first look at the meeting’s agenda** and in anticipation of the meeting we cover some topics of particular interest, including the Technical Review Panel's observations on the three 2023 Windows, malaria and climate change, and Board representation. We also look at an Office of the Inspector General audit of grants in Burundi.”

Among others, do check out:

**GFO - Possible scope for aligning Gavi and Global Fund Co-financing, Transition, and Sustainability Policies**

<https://aidspan.org/possible-scope-for-aligning-gavi-and-global-fund-co-financing-transition-and-sustainability-policies/>

“The article looks at the co-financing, transition, and sustainability policies of the Global Fund and Gavi, discussing some challenges and proposing recommendations. ...”

### **GFO - How to improve Global Fund governance**

<https://aidspan.org/how-to-improve-global-fund-governance/>

“This article is a reflection against the backdrop of a **plea for better representation through two additional seats for Africa on the Board of Directors**. It is a question of efficiency, value for money, and equity.”

## **Pandemic Accord negotiations (cont'd)**

Negotiations are ongoing, with both November & December shaping up as crucial months.

### **Geneva Health Files - "Pandemic Treaty Talks Hobbled by Inefficient Process": Negotiators. Countries Struggle Charting a Path While Also Debating Provisions**

[https://genevahealthfiles.substack.com/p/inb7-pandemic-treaty-delay-geneva-process-equity?utm\\_campaign=email-post&r=97mey&utm\\_source=substack&utm\\_medium=email](https://genevahealthfiles.substack.com/p/inb7-pandemic-treaty-delay-geneva-process-equity?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email)

In-depth analysis from end of last week. **“This story reports on the perceived shortcomings in the way these negotiations are being conducted and the discussions on substantive provisions...”**

Some excerpts:

“In today’s edition we try to keep up with the **tortuous process-related discussions** that have mired the negotiations towards a Pandemic Agreement. So while member states are determined to bring this back on track, the **deadline for May 2024 is beginning to look like a mirage.**”

“We noted earlier this week, how **geopolitics has splintered international solidarity and is adding to this cocktail of commercial interests, nationalistic positions and a slipping timeline**. The coming weeks will be crucial as countries will **try to bridge differences in informal consultations...**”

**“...WHO member states struggled to understand and define the process of conducting negotiations during the first segment of the seventh meeting on the Intergovernmental Negotiating Body this week.** This is even as they made slow and laborious progress in trying to improve a proposal for the negotiating text of a draft Pandemic Agreement, with their own proposals. **This meeting will resume to conclude in early December and informal consultations will be conducted in the interim period.** Countries also decided to **create subgroups on certain provisions** in a bid to make quicker progress in attempting to narrow down vast divergences in positions on key issues including on technology transfer, intellectual property matters, financing and access and benefits-sharing among others....”



“While officially no country has as yet sought additional time for concluding the negotiations by the current deadline of May 2024, **scores of delegations we spoke to, privately admitted that an extension would be inevitable in due course....**”

“...**Apart from process constraints, few key emerging areas of discontent** for most developing countries include the **omission of Common but Differentiated Responsibilities** from the current text, **lack of disclosures on public funding in research and development** among others. For developed countries, **text on IP and financing** are a source of consternation....”

## **Managing IP - Exclusive: Colombia pushes strong tech transfer rules in WHO treaty**

<https://www.managingip.com/article/2cfp6wk52avo4w98djuv4/exclusive-colombia-pushes-strong-tech-transfer-rules-in-who-treaty>

(gated) “The latest working draft, seen by Managing IP, features competing visions of a pandemic IP regime advanced by the US and developing nations.”

And via IFPMA’s newsletter: “**POLITICO leaked the draft text of the Pandemic Accord**, currently under negotiation at the 7<sup>th</sup> meeting of the International Negotiating Body (INB). **Several countries, including the US, are pushing for less binding language in Articles relating to licensing and technology transfer, as well as access and benefit sharing (ABS).** “

## **More on PPPR**

See also the extra section below on PPPR.

## **CGD working paper - Estimated Future Mortality from Pathogens of Epidemic and Pandemic Potential**

N K Madhav et al; <https://www.cgdev.org/publication/estimated-future-mortality-pathogens-epidemic-and-pandemic-potential>

“How should policymakers prioritize preventing and preparing for such events, relative to other needs? To answer this question, **we used computational epidemiology and extreme events modeling simulations to estimate the risk of future mortality from low-frequency, high severity epidemics and pandemics in two important categories—respiratory diseases (in particular those caused by pandemic influenza viruses and novel coronaviruses) and viral hemorrhagic fevers (VHFs) such as Ebola and Marburg virus diseases.** We estimate a **global annual average of 2.5 million deaths, attributed to respiratory pandemics. We estimate an annual average of 26,000 VHF deaths globally, 72 percent of which would be in Africa.** Annual averages conceal vast year by year variation, and the reported analyses convey that variation—as well as variation across regions and by age. **Our estimates suggest that both the frequency and severity of such events is higher than previously believed—and this is likely to be a lower bound estimate** given the focus of this chapter on deaths caused by a subset of pathogens. Our simulations suggest that an event having the

mortality level of COVID-19 should not be considered a “once in a century” risk, but rather occurring with an annual probability of 2-3 percent (that is, a one in 33-50-year event).”

- Related CGD blog - [How Big Is the Risk of Epidemics, Really?](#) (by S Sureka et al)

**“We’ve published new estimates of the risk of future epidemics as a joint Center for Global Development and Disease Control Priorities (DCP-4) [working paper](#). Our approach diverges from many existing approaches in that in addition to drawing upon historical data, which is particularly suited to estimating the risk from frequent or recurring epidemics, we use a computational epidemiology framework to generate simulated data that fills in the gaps, including the crucial and data-poor region of “tail risk”—that is, infrequent, high-consequence epidemics. These types of models are very uncommon in public health literature, but widely used in other areas of natural hazard modeling, such as for floods and earthquakes. .... We incorporate risk factors like zoonotic spillover, global travel patterns, and governance challenges including armed conflict. Our analysis in this working paper focuses specifically on deaths caused by epidemics of key, naturally-arising respiratory pathogens and viral hemorrhagic fevers—a subset of both the sources and consequences of epidemic risk, which represents a lower-bound estimate and not the totality of risk....”**

**“... Epidemic risk is much higher than many believe: ... Our estimates show that in any given year, there’s a 4.2 percent probability of a respiratory pandemic causing ~10 million deaths. That amounts to a 35 percent probability in a given decade, and a 66 percent probability over a 25-year period. To put that in context, [there’s a 50/50 chance](#)—a coin flip—that another pandemic on the scale of COVID-19 will occur in the next 25 years....”**

**Devex - How WHO Africa cut down its emergency deliveries from 45 days to just 3**

**<https://www.devex.com/news/how-who-africa-cut-down-its-emergency-deliveries-from-45-days-to-just-3-106553>**

**(gated) “Last year, WHO launched an emergency warehouse in Nairobi. The agency said it previously took 45 days to deliver medical supplies to an African country with a health emergency — but the hub has helped reduce the time to 72 hours.”**

**“... The operators of the warehouse have cut delivery time by moving supplies closer to the countries in need and operationalizing a “pull” approach, asking countries to forecast their needs and make requests to WHO — which lends its own expertise when requested. That allows countries to pre-position supplies ahead of potential emergencies, such as the health crises that Kenya is anticipating because of the heavy rains that El Niño is expected to bring. The warehouse has introduced additional innovations, including allowing countries to buy supplies well in advance of their health emergencies. The warehouse has a rolling stock — so in situations where those items might sit on a shelf or expire, WHO sends them to other countries and then replaces the supplies, so they will still be available when the original purchaser needs them.”**

**“Another warehouse is on its way — scheduled to open in Dakar, Senegal, next month — potentially meaning even faster delivery times are on the horizon.”**

## Second World Local Production Forum (The Hague, 6-8 Nov)

<https://healthpolicy-watch.news/second-world-local-production-forum-launches-new-collaborations-civil-society-protests-ip-barriers/>

Coverage & analysis from last week's Forum in The Hague. **"Second World Local Production Forum Launches New Collaborations; Civil Society Protests IP Barriers."**

**"A new Health Technology Access Pool (H-TAP), which aims to broaden the scope of IP and patent-sharing with low- and middle-income countries and a new African Union co-sponsored 'manufacturing support platform' was among the initiatives announced** this week at the [Second World Local Production forum in The Hague](#). The global forum, the second ever to be convened, brought together industry, governments, civil society and multilateral organizations, including WHO, in a quest to bolster the local production of medicines and vaccines in underserved regions, particularly Africa, which was last in line to get COVID treatments during the pandemic..."

**"The new H-TAP aims to overcome the shortcomings of the COVID19 Technology Access Pool, C-TAP, which failed to gain significant buy-in from industry.** It also will include medicines and vaccines beyond COVID products, said Dr Yukiko Nakatani, Assistant Director-General for Access to Medicines and Health Products, at the Forum. **However, whether the new mechanism can really overcome the shortfalls seen in C-TAP, which drew little industry support, remains to be seen."**

..."A review of C-TAP has been undertaken and a new technology access pool operating model is being developed and will be launched end of 2023. Stakeholders consultations will be held to help in the refinement and implementation of the model," Nakatani said. .... **However, there is always a healthy skepticism about the value of strengthened C-TAP without IP.** ... As for further details on the H-TAP initiative, WHO did not comment. However Ellen 't Hoen, head of the non-profit Medicines Law and Policy, said that she expected the ongoing WHO member state negotiations on a new pandemic accord would also have to "address the need for the expansion of such a mechanism to enable the sharing of IP, including knowhow and trade secrets.""

**"Meanwhile, in an [open letter](#) published at the start of the three-day Forum, a coalition of 30 prominent medicines access organizations, including Oxfam, the People's Vaccine Alliance, Unitaid, and Public Citizen, warned that efforts to strengthen local medicines production in LMICs without addressing IP to "building a bridge to nowhere"."**

## World Diabetes Day (14 Nov)

UN News - Diabetes on the rise

<https://news.un.org/en/story/2023/11/1143562>

**"One hundred years after the discovery of insulin, millions of people with diabetes around the world still cannot access the care they need, risking severe complications, WHO warned on Tuesday's World Diabetes Day.... WHO said that more than 460 million people worldwide live with**

**diabetes and millions more are at risk. ....** WHO warned that the **global prevalence of the disease has nearly doubled since 1980, rising from 4.7 per cent to 8.5 per cent** in the adult population....”

“The UN health agency said that this reflects an increase in associated risk factors such as being overweight or obese. **Over the past decade, diabetes prevalence has risen faster in low and middle-income countries than in high-income countries....”**

- Link – WHO - [World Diabetes Day 2023: Equitable access to care for people with TB and diabetes](#)

“In advance of the World Diabetes Day, which is marked on November 14, **WHO is highlighting the need for equitable access to essential care for people affected by diabetes and tuberculosis (TB)...** (with some info on the co-morbidity)

## More on NCDs

**Guardian - Some ultra-processed foods are good for your health, WHO-backed study finds**

<https://www.theguardian.com/society/2023/nov/13/some-ultra-processed-foods-are-good-for-your-health-who-backed-study-finds>

“Some ultra-processed foods increase the risk of developing cancer, heart disease and diabetes – but others are good for you, new research into the demonised foodstuffs suggests.”

“A major new international study has found that regular consumption of meat products – such as sausages – and sugary drinks make it more likely that someone will get those diseases. But **bread and cereals actually reduce someone’s risk of them – because they contain fibre – despite also being ultra-processed foods (UPF)**, the same researchers also concluded, in findings published in **The Lancet.**”

“Similarly, sauces, spreads and condiments are also bad for human health, but not as much as animal products and soft drinks. However, several other major types of UPF previously seen as harmful: sweets and desserts, ready meals, savoury snacks and plant-based alternatives to meat products also got the all-clear. They are “not associated with risk of multimorbidity”, said the authors. ... **Experts said the findings showed that regarding all UPF products as bad for health is unwise and unwarranted....**

- For the study, see [the Lancet Regional Health Europe](#).

## Commercial Determinants of Health

### HPW - Global Initiative Aims to Reduce Alcohol Consumption Via Increased Taxes

<https://healthpolicy-watch.news/no-more-easy-passes-for-alcohol/>

**“Alcohol has had a fairly easy pass from public health authorities – although the World Health Organization (WHO) recently asserted that there is no safe level of drinking, upending many people’s cherished illusion that a glass of alcohol at the end of the day is harmless. RESET Alcohol, a new public health initiative led by Vital Strategies, aims to tackle alcohol’s ubiquitous influence primarily by working with governments to increase taxes. “**

**“The \$15 million initiative will focus initially on Brazil, Colombia, Mexico, Kenya, the Philippines and Sri Lanka. ... Most of these countries already have alcohol taxes. In the Philippines, for example, alcohol taxes already help to pay for universal health care, while in Kenya, civil society advocates are fighting to make sure alcohol tax rates keep pace with inflation.”**

**“... RESET Alcohol will work mainly by supporting governments, civil society and research groups to build their capacity to implement and strengthen alcohol policy. It will do so in part by mentoring people in policy and regulation development, taxation research, strategic communication and advocacy, and alcohol data and monitoring systems....”**

### HPW - Tobacco Industry’s Interference in Government Policy Increases Globally

<https://healthpolicy-watch.news/tobacco-industrys-interference-in-government-policy-increases-globally/>

**“Tobacco industry interference in governments’ tobacco control policies has increased in 43 out of 90 countries analysed over the past two years. This is according to the Global Tobacco Industry Interference Index 2023 released on Tuesday by tobacco watchdog STOP, and the Global Center for Good Governance in Tobacco Control (GGTC)....”**

**“.... The report was launched at the start of the 10th Conference of the Parties (COP10) meeting on the Framework Convention on Tobacco Control (FCTC) in Panama City, which will assess countries’ progress on tobacco control....”**

### New WHO campaign highlights tobacco industry tactics to influence public health policies

<https://www.who.int/news/item/16-11-2023-new-who-campaign-highlights-tobacco-industry-tactics-to-influence-public-health-policies>

**“The World Health Organization (WHO), today, officially launches the "Stop the lies" campaign as a vital initiative to protect young people from the tobacco industry and their deadly products, by calling for an end to tobacco industry interference in health policy. This campaign is supported by new evidence from “The Global Tobacco Industry Interference Index 2023”, published by STOP and the Global Center for Good Governance in Tobacco Control, which shows that efforts to protect health policy from increased tobacco industry interference have deteriorated around the world....”**

## Vital Strategies - The Next Frontier in Tobacco Marketing: The Metaverse, NFTs, Advergaming and More.

<https://www.science.org/content/article/medical-education-must-include-field-s-nazi-past-expert-panel-urges>

From late last week. « As people have shifted to using digital media, marketers of unhealthy products like tobacco have followed. This **new report from Vital Strategies' Tobacco Enforcement and Reporting Movement (TERM)** uncovers the **latest tobacco marketing tactics online**, from advergaming to influencer promotions. It **also looks at the next frontier of tobacco marketing, particularly what technological innovations like the metaverse may bring**, and offers recommendations to get ahead of these developments. «

## Globalization & Health - What is the purpose of ultra-processed food? An exploratory analysis of the financialisation of ultra-processed food corporations and implications for public health

Benjamin Wood et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-023-00990-1>

“In recent decades there has been a global rise in consumption of ultra-processed foods (UPFs) to the detriment of population health and the environment. **Large corporations** that have focused heavily on low-cost manufacturing and extensive marketing of UPFs to maximise profits **have driven this dietary transition**. The same corporations claim to serve the interests of multiple ‘stakeholders’, and that they are contributing to sustainable development. **This paper aimed to test these claims by examining the degree to which UPF corporations have become ‘financialised’, focusing on the extent to which they have prioritised the financial interests of their shareholders relative to other actors, as well as the role that various types of investors have played in influencing their governance. ...”**

Findings: “...Since the 1980s, corporations that depend heavily on manufacturing and marketing UPFs to generate profits have been increasingly transferring money to their shareholders relative to their total revenue, and at a level considerably higher than other food and agricultural sectors. In recent years, large hedge fund managers have had a substantial influence on the governance of major UPF corporations in their pursuit of maximising short-term returns. In comparison, shareholders seeking to take steps to improve population diets have had limited influence, in part because large asset managers mostly oppose public health-related shareholder proposals.”

In conclusion, “ **The operationalisation of ‘shareholder primacy’ by major UPF corporations** has driven inequity and undermines their claims that they are creating ‘value’ for diverse actors...”

## Human Resources for Health

### Devex - Exclusive: How an audit dispute left health workers unpaid in Nigeria

<https://www.devex.com/news/exclusive-how-an-audit-dispute-left-health-workers-unpaid-in-nigeria-106453>

“Community health workers weren't paid for months of their labor under the Mastercard Foundation and Africa CDC's \$1.5 billion Saving Lives and Livelihoods program. Devex has learned more as to why.”

“Devex [published an investigation](#) in early October on the temporary halt in spending of the [Mastercard Foundation](#) and [Africa Centres for Disease Control and Prevention's](#) \$1.5 billion Saving Lives and Livelihoods program amid an ongoing audit. The story also included the stories of vaccination teams in Nigeria who were owed for months of labor — an issue that has been ongoing throughout the year. In [response](#) to the article, the organizations said they are “deeply concerned about pending payments” and are working toward a resolution. **Since then, some workers have received payments, while others are still waiting. Some have also said the wrong people were paid. Devex has learned the delays were due to disagreements around whether the workers should get paid if they don't have contracts.** While the Saving Lives and Livelihoods program has been carried out across the African continent, the issue of backpay appears to be unique to the program in Nigeria...”

“... In Nigeria, the **Saving Lives and Livelihoods initiative** supported the government's existing COVID-19 vaccination programs. **There were a lot of players involved** — including Nigeria's National Primary Health Care Development Agency; the [African Field Epidemiology Network](#), or AFENET; the [International Federation of Red Cross and Red Crescent Societies](#), Nigeria Red Cross; and auditors. **However, the standards around financial management were not agreed upon at the onset of the program.** Government entities recruited the workers for the program but didn't give them contracts. The auditors then said the donor's funds couldn't be used to pay the workers without contracts. But the work had already been done and the workers continued to vaccinate people — and so the backlog of pay mounted. An agreement was finally reached between the organizations involved in the program and the auditors. But now in the aftermath, ensuring everyone who deserves to be paid is paid has become complicated. **This labor dispute underscores the complexity of carrying out foreign health programs with a cross-section of partners that have different standards and practices, leading to confusion.** It also raises questions about whether programs such as these have enough checks and balances to ensure fair treatment of community health workers...”

## Global Tax Justice

**Tax Justice Network - Names of companies behind \$870bn tax abuses kept from public by global tax body**

<https://taxjustice.net/press/names-of-companies-behind-870bn-tax-abuses-kept-from-public-by-global-tax-body/>

“60% of countries in favour of supplanting tax body with new UN remit but “blocker” countries seeking to torpedo global vote.”

“New analysis shows records collected from multinational corporations by governments confess to nearly \$1 trillion in corporate tax abuses – names of abusive corporations remain intentionally withheld from public. New monitoring tool reveals 60% of countries in favour of establishing a UN tax convention; those for a UN tax convention outnumber those against by 2 to 1. **A minority of**

“blocker” countries, primarily the US, UK and EU countries, are attempting to block a planned UN vote this month on beginning formal negotiations on a UN tax convention.”

## FT - Developing countries and Europe in dispute over global tax role for UN

<https://www.ft.com/content/552052ab-8650-44b3-a4d2-6affca339132>

“Proposals by states frustrated at OECD processes are **being ‘rubbished’ by EU and UK**, critics say.”

“**Diplomats from the European Union and UK have been accused of trying to “kill” proposals that seek to give more voice to developing countries in international tax negotiations. ...**”

“... **Last year, a group of 54 African countries, frustrated at the OECD process, successfully brought a resolution at the UN general assembly.** This recommended that the UN secretary-general produce a report assessing ways to strengthen the “inclusiveness and effectiveness” of international tax co-operation, including options that gave the UN more of a role on the global tax stage. The measure was adopted unanimously in November 2022 and the **UN secretary-general published a report in the summer listing three potential options that would give the UN more of a role in international tax co-operation: two legally binding and one voluntary option.** But a negotiator from a developing country told the Financial Times that **representatives of the EU and the UK had been vocal in their opposition to backing any of them.** “The resolution called for a report. They’re rubbishing that report and they’re out to rubbish the entire process it and just kill it. They don’t want to bring taxation matters here [to the UN],” the person said.....”

- Related – Project Syndicate [A New Approach to International Tax Cooperation](#) (by J Antonio Ocampo)

“The African Group at the United Nations recently called for the negotiation of an international tax convention to prevent avoidance and boost urgently needed revenues. **Latin American countries should likewise support a UN-led process to create more comprehensive and equitable rules that reflect the interests of developing economies.**”

- And for the latest updates, via Global Tax Justice – [Final text for UN vote expected today as opposition shrinks](#)

“*EU finance ministers, led by France, understood to be main obstacle to global consensus.*”

- And - [World to vote next week on strongest option for historic global tax shakeup](#)

“Africa Group “confident” resolution to move tax rules from OECD to UN will pass”.



## SRHR

### Lancet Comment - To achieve development goals, advance sexual and reproductive health and rights

Ann Starrs et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02360-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02360-7/fulltext)

« At the 2023 UN General Assembly, the global community reviewed progress towards the 2030 Agenda for Sustainable Development, adopted in 2015. **Among the 13 targets related to health in the Sustainable Development Goals, target 3·7, “Ensure universal access to sexual and reproductive health-care services”, is perhaps the most controversial**—despite its profound implications for the health and wellbeing of individuals and families. An abundance of evidence shows that improvements in sexual and reproductive health and rights (SRHR) contribute to economic growth, poverty eradication, gains in education, reduced inequalities, and environmental sustainability. **Yet, all too often, the politicisation of sex, gender, and reproduction gets in the way of progress. Around the world there are attacks on reproductive freedoms, including renewed restrictions on abortion and harsh sanctions for same-sex relationships**, which represent outright assaults on personal autonomy and dignity. **Nothing could be further from the vision of health and wellbeing set forth years ago by the Guttmacher–Lancet Commission on Sexual and Reproductive Health and Rights, on which we served, that established a clear and evidence-based agenda for achieving progress.** At the heart of the vision was a comprehensive and integrated definition of SRHR, which reflected an emerging consensus on the needs and rights of all individuals, and the services and interventions required to respond to them....”

« There have been some signs of progress in SRHR. .... But progress in other areas has stalled. ...

« **To advance SRHR, we urge countries to integrate SRH services into their universal health coverage (UHC) plans and budgets.** To get there, countries must enact policies and legislation to support SRHR; mobilise resources, including from external donors and national government budgets, for SRH interventions; and ensure continuous training of providers to deliver high-quality SRH services. For countries undertaking these efforts, WHO has issued guidance and tools offering evidence-based strategies for integrating many essential SRH services into primary health care....”

« **A major barrier to the realisation of SRHR for all is the coordinated efforts of groups opposed to a range of human rights, including sexual and reproductive rights.** Anti-rights groups use many tactics, including running disinformation campaigns and infiltrating government delegations and UN negotiations; these efforts obstruct access to comprehensive sexuality education, SRH services for adolescents, safe abortion services, and contraceptive care. ...”

« **Universal access to the package of SRH services recommended by the Guttmacher–Lancet Commission is essential, not a luxury**, and all countries can aim to progressively realise this goal. **These services are affordable in most LMICs: several of the most widely used SRH services together cost about US\$11 per person annually, on average.** Essential SRH interventions are also cost-effective. Every additional dollar spent on contraceptive services, for example, saves \$3 in maternal, newborn, and abortion care because of fewer unintended pregnancies. There are also precedents for adopting the package of SRH services at the country level, showing that this approach is feasible: a 2021 assessment of 51 LMICs found that 17 had established essential service packages that included at least five of the nine recommended interventions....”

## LGBTQ+

**O’Neill Institute/UNDP/GNP+ (report) - Two Thirds of Countries Now Do Not Criminalize Same-Sex Sex: HIV Policy Lab Report Finds Wave of Progress Accompanied by Dangerous Threats to LGBTQ+ People In Out-of-Step Countries**

<https://oneill.law.georgetown.edu/press/hivpl-report-finds-wave-of-progress-accompanied-by-dangerous-threats-to-lgbtq-people-in-out-of-step-countries/>

*“Joint report by the O’Neill Institute, UNDP, and GNP+ analyzes 194 countries and **finds decriminalization of consensual same-sex has advanced the global HIV/AIDS response**”*

**“...Today, a new report from the HIV Policy Lab shows remarkable progress in decriminalization of consensual same-sex globally amid dangerous regression in some places — an impressive reversal given that at the start of the AIDS epidemic most countries in the world criminalized same-sex sex. The report is anchored by Georgetown Law’s O’Neill Institute, the United Nations Development Programme (UNDP), and the Global Network of People Living with HIV (GNP+).”**

“According to the report, “Progress and the Peril: HIV and the Global Decriminalization of Same-sex Sex,” **law reform has accelerated as thirteen countries**, including Barbados, Botswana, and India, **have recently repealed criminalizing laws, including some of the world’s major economies and those with the highest HIV rates.”** “...As of this year, **129 out of the 194 countries tracked by the HIV Policy Lab — two thirds of states — do not criminalize same-sex sex.** This is a near exact reversal from the start of the AIDS epidemic and important progress on “10-10-10” goals agreed by UN member states to remove harmful laws. **The fastest progress was in the Caribbean — moving from 71% criminalization in 2017 to 43% in 2023— followed by Eastern and Southern Africa....”**

PS: “... **This report also documents a dangerous counter trend of rising homophobia and anti-LGBTQ+ laws, prosecution, and persecution in some countries**, which the authors say are increasingly out-of-step with progress toward more humane legal systems and frameworks. ...”

## Union World Conference on Lung Health (Paris, 15-18 Nov)

**Scroll In - How governments and global aid agencies use TB as a political tool**

C Mehra; <https://scroll.in/article/1059156/>

**“As yet another conference kicks off, it underscores the way such collaborations to end the infectious disease only serve to maintain the colonial status quo.”**

**“Not long ago, as India concluded its G-20 events, among its statements was an oft-repeated commitment to end tuberculosis in India by 2025.** This coincided with reports of anti-TB drugs being out of stock in India. This dichotomy underlines the many truths about TB in India.”

**“This week, the global TB community will come together again for the Union Conference in Paris to discuss solutions to end the disease.** The usual suspects will attend, more of the same issues will be

discussed and some token gestures will be made by the foreign agencies to include global advocates and voices. **In truth, as such meetings unfold, rarely is any transformative work done on TB diagnosis, treatment or including communities in the discussions. Instead, such global conferences have become forums for neocolonial ambitions to play out and political posturing by international institutions and their domestic partner governments. In short, a meeting to maintain the power asymmetry in TB.**”

“While talking innovation and rights, **these global institutions and advocates quickly fall in line with domestic governments. A case in point being India**, where even though reports of drug stockouts pile up, the government’s efforts on TB continue to be applauded internationally...”

### **Devex – Study: Common antibiotic reduces risk of drug-resistant tuberculosis**

<https://www.devex.com/news/study-common-antibiotic-reduces-risk-of-drug-resistant-tuberculosis-106583>

“**Researchers have found that a widely available oral antibiotic long used to treat bacterial infections such as pneumonia substantially reduced the risk of children and adults developing drug-resistant tuberculosis. .... In a phase 3 clinical trial in South Africa, called TB-CHAMP**, only five of 453 children who had been exposed to an adult with multidrug-resistant TB, or MDR-TB, and were given the antibiotic drug levofloxacin developed MDR-TB, compared to 12 in the placebo group that included 469 children. Ninety percent of the children in the study were below 5 years old. Children of this age are at higher risk of developing TB and its severe forms as they have weaker immune systems and are therefore more susceptible to the disease. **A separate Phase 3 clinical trial in Vietnam, called the V-QUIN trial**, that involved over 2,000 children and adults, meanwhile, found 45% fewer cases of MDR-TB in the group that received levofloxacin versus the placebo. **The medicine, taken daily for six months, was also found to be safe for adults and children....”**

PS: “**Researchers and Unitaid, which funded the TB-CHAMP trial, are hoping the latest findings would inform new [World Health Organization](#) guidelines for MDT-TB preventive treatment.**”

### **MSF - Landmark clinical trial redefines multidrug-resistant tuberculosis treatment options**

<https://www.msf.org/landmark-clinical-trial-redefines-multidrug-resistant-tb-treatment-options>

“**The results of the endTB clinical trial have found three new drug regimens to treat multidrug-resistant TB. The three regimens have shown similar efficacy and safety to standard treatments while reducing treatment time by up to two-thirds.** Trial results show a fourth regimen could be used effectively for those who cannot tolerate one of two key drugs. If recommended by WHO, the new regimens would offer doctors shorter treatment choices for people in many key groups.”

“**Clinical trial results presented for the first time today at the Union World Conference on Lung Health revealed evidence to support the use of four new, improved regimens to treat multi-drug resistant tuberculosis or rifampicin-resistant tuberculosis (MDR/RR-TB).** The team – led by Médecins Sans Frontières (MSF), Partners In Health (PIH), and Interactive Research and Development (IRD) and funded by Unitaid – formed the endTB consortium and began this Phase III randomized controlled trial in 2017...”

- For more on the World Union conference on Lung Health in Paris, see also **Cidrap News – [New data provide a boost for shorter drug-resistant TB regimens](#)**

**“A host of new research presented this week at a conference in Paris provides more good news on shorter, all-oral treatments for drug-resistant strains of tuberculosis (DR-TB)....”**

## Miscellaneous

### WHO launches commission to foster social connection

<https://www.who.int/news/item/15-11-2023-who-launches-commission-to-foster-social-connection>

**“The World Health Organization (WHO) has announced a new Commission on Social Connection, to address loneliness as a pressing health threat, promote social connection as a priority and accelerate the scaling up of solutions in countries of all incomes....”**

“Co-chaired by U.S. Surgeon General, Dr Vivek Murthy, and African Union Youth Envoy, Chido Mpemba, **the Commission consists of 11 leading policy-makers, thought leaders and advocates.** Running for three years, it will analyse the central role social connection plays in improving health for people of all ages and outline solutions to build social connections at scale. The Commission will consider how connection enhances the well-being of our communities and societies and helps foster economic progress, social development, and innovation.”

**“... The new WHO Commission will define a global agenda on social connection; raising awareness and building collaborations that will drive evidence-based solutions for countries, communities and individuals.** This agenda has particular significance at this time, given how the COVID-19 pandemic and its social and economic repercussions undermined social connections

PS: **“... The *Commission on Social Connection*, supported by a Secretariat based at WHO, will hold its first leadership-level meeting from 6 to 8 December 2023. The first major output will be a flagship report released by the mid-point of the three-year initiative.”**

- Guardian - [WHO declares loneliness a ‘global public health concern’](#)

**“The World Health Organization (WHO) has declared loneliness to be a pressing global health threat, with the US surgeon general saying that **its mortality effects are equivalent to smoking 15 cigarettes a day....”****

### Stat - Report: Measles cases and deaths increase worldwide, as childhood vaccinations rates decline

<https://www.statnews.com/2023/11/16/measles-cases-and-deaths-increase-worldwide-as-childhood-vaccinations-rates-decline-report/>

**“A dangerous decline in the rate of children vaccinated against [measles](#) is spurring a global increase in cases and deaths from the highly contagious virus, according to a report released Thursday. Estimated measles cases rose 18% to 9 million in 2022 when compared to the previous year, and deaths rose by 43% to 136,200, according to [the report](#), jointly authored by the World Health Organization and the Centers for Disease Control and Prevention....”**

See also WHO - [Global measles threat continues to grow as another year passes with millions of children unvaccinated](#)

## Global health events

**CFR (event) - Global Health Security and Diplomacy in the Twenty-First Century**

<https://www.cfr.org/event/global-health-security-and-diplomacy-twenty-first-century>

This event took place on **Monday 13 November**. All sessions available as recordings.

Related – **Global Health Now – [Africa’s Contribution to Global Health Security](#)** (by Jean Kaseya (Africa CDC))

**“...Earlier this week, the U.S. brought world leaders together for a global health security conference, to solidify a unified front in tackling health crises. This inaugural event is a significant milestone as it reinforces the belief that health security is a collective threat, not confined by country or regional boundaries. .... The active participation of the Africa Centers for Disease Control and Prevention in this inaugural event is rooted in the conviction that shared commitment and support are key to protecting the world’s population. We come to the table armed with a new blueprint for a more secure global health framework that offers solutions designed for Africa’s unique health landscape, while being acutely relevant to global health security challenges.**

**... A cornerstone of our vision is the expansion of Public Health Emergency Operation Centers across the continent. These hubs are crucial for coordinating responses to health emergencies and monitoring outbreaks. Unfortunately, only 12 African countries currently have fully functional centers. With the support of our partners, we aim to establish these centers in every African nation, integrating them into a continent-wide network for an efficient and coordinated response....”**

And, **“...The traditional narrative that paints Africa as merely a beneficiary of global health initiatives is being rewritten. Today, Africa is a key player, a hub of innovation, and a vital voice in shaping health security policies...”**

**6<sup>th</sup> Montreux Collaborative Conference (on Fiscal Space, Public Financial Management and Health Financing) (13-17 Nov)**

<https://www.pfm4health.net/events/event-details/1>

As a reminder: **“The Montreux Collaborative is a platform for collaboration between countries and development partners with the aim of generating and disseminating global and country evidence on how to make budgets work for health, with a specific focus on transforming budget formulation and execution practices to make them more agile and responsive to health sector need. .... The aim of the Montreux Collaborative is to raise the profile of public finance towards achieving UHC, to generate and exchange ideas and lessons to support the implementation of tailored reforms in health, and to consolidate and broaden the network of experts and partners interested in public finance issues for health.”**

The **main objectives of the 2023 meeting (were)** to: Take stock of lessons from COVID-19 for PFM and health financing reform, and identify PFM features conducive to resilient systems; Deepen the understanding of PFM requirements for effective PHC financing; Unpack health budget execution issues and discuss joint solutions between finance and health.

## Global health governance & Governance of Health

### Xinhua Roundup: Africa CDC unveils China-aided reference laboratory

<https://english.news.cn/20231111/3ddc44c7856449ef909478b6c5c4122e/c.html>

From late last week.

**“The Africa Centers for Disease Control and Prevention (Africa CDC) on Friday unveiled a China-aided reference laboratory at its headquarters in Ethiopia.** The Africa CDC said the completion of the laboratory marks a milestone in its pursuit of a strong continental public health institution that will support African Union (AU) members in improving disease diagnosis, surveillance and outbreak response. ... .. **Jean Kaseya, the director-general of the Africa CDC, commended the Chinese government for its support of the realization of a new public health order and architecture in Africa that can prevent, detect and respond to any kind of public health threat in the continent....** Hu Changchun, head of the Chinese mission to the AU, said the inauguration of the Africa CDC new headquarters earlier this year and the unveiling of the new laboratory will open a new chapter in the public health cause in Africa, and inject new momentum into China-Africa health cooperation.”

**"The Africa CDC headquarters is a flagship project announced at the 2018 Beijing Summit of the Forum on China-Africa Cooperation. ... “**

**“According to the Africa CDC, less than 5 percent of African laboratories can reliably diagnose priority diseases in their countries, transport specimens safely, and meet international standards.** Against this backdrop, **expanding clinical and public health laboratory systems and networks in Africa is deemed to be one of Africa CDC's top priorities for the 2023-2027 period.** The agency said the China-aided laboratory will play a crucial role in achieving this goal by ensuring the expansion of laboratory services and in conducting pathogen research and epidemiology in Africa....”

- See also Africa CDC - [Africa CDC and China CDC Commit to Deepen their Cooperation](#)

**“The Africa Centres for Disease Control and Prevention (Africa CDC) and the China Centres for Disease Control and Prevention (China CDC) leadership have committed to enhance their collaboration in advancing public health in Africa.....**

### **Devex Newswire: What does David Cameron’s return mean for UK aid?**

<https://www.devex.com/news/devex-newswire-what-does-david-cameron-s-return-mean-for-uk-aid-106572>

**“David Cameron's political fortunes have been resurrected in the U.K. — will the country's aid portfolio get a boost too?”**

**“... The dramatic government reshuffling has raised advocates’ hopes of a stronger focus in London on global poverty goals and the climate crisis,** Devex’s busy U.K. Correspondent Rob Merrick writes. ... Aid organizations pointed out that the former prime minister has been “a public champion” of the 0.7% gross national income U.K. aid commitment, the U.N. Sustainable Development Goals, and the need to tackle climate change, both while in office and since his 2016 departure.....”

### **TGH - The Indo-Pacific Economic Framework Reveals Changes in the Trade-Health Nexus**

D Fidler; <https://www.thinkglobalhealth.org/article/indo-pacific-economic-framework-reveals-changes-trade-health-nexus>

**“President Joe Biden’s push to finish the IPEF highlights how trade and health issues have evolved.”**

### **Devex - Opinion: How multigenerational leadership can transform global health**

C Roan; <https://www.devex.com/news/sponsored/opinion-how-multigenerational-leadership-can-transform-global-health-106514>

**“New global leaders are seeking transformational change. Through multigenerational leadership, we can help change the global health landscape now — and for the long term.”**

**“On the sidelines of the 78th session of the U.N. General Assembly, Pfizer partnered with Devex and Amref Health Africa, Africa’s largest nonprofit health and development organization, to host Champions of Change: Investing in Next Gen Global Health Leadership. The event, held at Pfizer’s New York City headquarters, explored solutions to these issues with a group particularly adept at challenging convention: young leaders. “**

**“...Today, 90% of the world's 1.2 billion adolescents aged 10-19 years live in low- and middle-income countries. Across the African continent, a staggering 40% of people are under the age of 15 and only 3% are older than 65. More than a statistic, young people represent the key to community-led global health and development programs. Through our conversations during UNGA 78, we sought to unearth what is driving this generation to strive for accelerated progress. These takeaways underscore why it is so important to foster multigenerational leadership and how it is shaping our approaches at The Pfizer Foundation.....”**

*Not a bad idea, ‘multigenerational leadership’. But I’d personally stay as far as possible from Pfizer (including its Foundation), regardless of your generation, to ‘transform global health’ : )*

## Global health financing

### Journal of Global Health – The nature and contribution of innovative health financing mechanisms in the World Health Organization African region: A scoping review

J Nabyonga-Orem et al;

<https://jogh.org/2023/jogh-13-04153>

**“This paper sought to synthesize available evidence on the nature of innovative health financing instruments, mechanisms and policies implemented in Africa. We further reviewed the factors that hinder or facilitate implementation, the lessons learnt on the structure, the development process and the implementation.”**

**“..... Innovative health financing mechanisms are increasing in the WHO African region as a result of international policy, the need to improve healthy eating and social life of the populace, advocacy and the availability of international mechanisms to which countries can subscribe. The 41 documents included in this review reported ten innovative financing mechanisms in 43 out of the 47 WHO Africa region member states. The most common mechanisms include an excise tax on tobacco products (43 countries) and alcoholic beverages and spirits (41 countries), airline ticket levy (18 countries), sugar-based beverages tax (seven countries), and levy on oil, gas and mineral tax (four countries). Other mechanisms include the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) trust fund, the social impact bond, the financial transaction tax, mobile phone tax and equity funds....”**

Link:

- HP&P - [Innovative health financing mechanisms: the case of Africa’s unified approach to vaccine acquisition](#) (by C P Ojiako)

## UHC & PHC

### BMJ GH (blog) - Learning from the past: A systems approach to facility financing reforms

N Ravishankar, E Barasa, S Witter, A Nakyanzi & J Kutzin;

<https://blogs.bmj.com/bmjgh/2023/11/15/learning-from-the-past-a-systems-approach-to-facility-financing-reforms/>

**“There is a growing consensus among health financing specialists that low- and middle-income countries (LMICs) should ensure that government-owned health facilities receive some public funding directly and have the flexibility to spend it. The term direct facility financing (DFF) has come to be associated with such reforms that have drawn support from the *Lancet Global***



[Health Commission on financing primary health care](#) and garnered attention from both donors and country governments. **Even as the DFF conversation gains momentum, it is critical that lessons from performance-based financing (PBF) reforms that were tested widely in many LMICs are not lost.** At a conceptual level, PBF and DFF share many common attributes, and the use of different labels can be confusing. The translation of these concepts into actual practice has been different, however. **And the discourse around PBF projects offers a vital lesson for DFF reforms: the importance of a systems approach.....”**

And a few excerpts: “...The most popular were reforms bearing the [PBF label](#). [Rwanda](#) was the first among LMICs to adopt PBF country wide. [Successful advocacy](#) and [donor funding](#) resulted in the approach [spreading to 36 LMICs](#). **Reforms bearing the DFF name were less numerous.** [Kenya](#) and [Papua New Guinea](#) were among the early adopters of DFF, and a few countries including Nigeria, Cameroon, and Zambia introduced a package of interventions labelled DFF as a [“policy counterfactual” to PBF](#). **In recent years, DFF has come to be closely associated with [Tanzania](#), which scaled up DFF nationally....”**

**“[A recent brief](#) by the World Health Organization and the World Bank recommends that DFF be viewed as a systems reform instead of a new project or scheme. We agree but worry that old habits die hard. So, as the wind gathers behind the DFF sail, we offer three concrete recommendations:...”**

## **HP&P (Supplement) - Procedural fairness in health financing for universal health coverage: why, what and how**

[https://academic.oup.com/heapol/issue/38/Supplement\\_1](https://academic.oup.com/heapol/issue/38/Supplement_1)

Start with the Editorial – [Procedural fairness in health financing for universal health coverage: why, what and how](#) ( By Unni Gopinathan, David B Evans et al.) Has a good **overview of the papers** in the supplement.

“Amid successive shocks to the global economy, persistent inequalities within and between countries and limited availability of public resources, policymakers and the public face pressing decisions that underscore **the vital role of procedural fairness in health financing for universal health coverage.**”

“This special supplement features eight articles examining the critical relationship between procedural fairness and health financing, drawing from the literature across disciplines to propose a framework for fair processes and applying this thinking to questions on revenue generation, pooling and purchasing. The country cases highlight three important areas for more research and experimentation: strategies to ensure equitable participation and inclusiveness when powerful stakeholders with questionable motivations hold influence, implementation research to enhance institutional capacity for strengthening procedural fairness and evidence on trade-offs and practical approaches to upholding procedural fairness when rapid decisions are needed....”

## **Health Systems & Reform - The Role of HTA for Essential Health Benefit Package Design in Low or Middle-Income Countries**

Ole F Norheim et al ; <https://www.tandfonline.com/doi/full/10.1080/23288604.2023.2273051>

Will be part of an upcoming Health Systems & Reform issue, on the **Political Economy of Priority Setting Institutions in Health Care**.

**“This Commentary explores the relationship between Health Technology Assessment (HTA) and Health Benefits Package (HBP) design to achieve Universal Health Coverage (UHC) in low- and middle-income countries.** It emphasizes that while HTA evaluates individual healthcare interventions, HBP reform aims to create comprehensive service sets considering overall population health needs and available resources. Challenges in LMICs include limited local data and technical capacity, leading to reliance on cost-effectiveness estimates from other settings. **We suggest a practical approach by combining HTA and HBP elements through a hybrid or compartmentalized method.** This approach sets differentiated cost-effectiveness thresholds for specific healthcare platforms or programs (e.g., primary care or essential surgery), aligning priority-setting with organizational considerations, ethics, and implementation strategies. Strong institutions and academic support are vital for evidence-informed priority-setting processes. **In summary, HTA can play a pivotal role in designing HBPs for UHC in LMICs, and a compartmentalized approach can enhance priority-setting while considering budget constraints and equity.”**

**HP&P - Examining multiple funding flows to public healthcare providers in low- and middle-income settings (LMICs) – results from case studies in Burkina Faso, Kenya, Morocco, Nigeria, Tunisia and Vietnam**

F Dkhimi et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czad072/7424416?searchresult=1>

« Provider payment methods are traditionally examined by appraising the incentive signals inherent in individual payment mechanisms. However, mixed payment arrangements, which result in multiple funding flows from purchasers to providers, could be better understood by applying a systems approach that assesses the combined effects of multiple payment streams on healthcare providers. **Guided by the framework developed by Barasa, Mathauer, et al. (2021), this paper synthesises the findings from six country case studies that examined multiple funding flows and describes the potential effect of multiple payment streams on healthcare provider behaviour in low- and middle-income countries (LMICs)...**”

**CISDI – White paper: Indonesia’s Health Sector development (2024-2034)**

<https://cisdi.org/en/white-paper#main-book-white-paper-on-indonesia-s-health-sector-development-2024-2034>

“The COVID-19 pandemic has exposed the gaps and complexities of health systems around the world. **Indonesia saw no exception as the health system was tested to the limits.** Three years after the first reported case in Indonesia, CISDI saw the need for structural changes in its national health system if Indonesia were to progress forward. Arguing for the shift towards a system-thinking with a health in all policy approach and intersectional considerations in the health system through robust multi sectoral collaboration. **The White Paper uses the Foresight Methodology to map out the future of Indonesia’s health sector development for the next ten years. ...”**

## WHO - Leveraging public financial management for universal health coverage in the WHO South-East Asia Region: A Regional Synthesis Report

<https://www.who.int/publications/i/item/9789290210863>

“This report synthesizes qualitative and quantitative information to review public financial management in the health sector for the WHO SEA Region. It unpacks PFM issues in the health sector to identify common challenges and bottlenecks, reviews knowledge gaps, and illustrates good reform practices among Member States of the Region. The report identifies opportunities for improvements and contributes to building the momentum on aligning health financing and PFM systems for the Region. “

## WHO - Mapping of public financial management tools for assessing bottlenecks in the health sector

<https://www.who.int/publications/i/item/9789240080096>

“This mapping provides country-level users with quick access to information about key public financial management (PFM) tools relevant for assessing challenges in budget formulation, execution, and monitoring within the health sector. It concisely outlines what tools are available and broadly illustrates why and when each tool can be used, providing examples showcasing how tools were applied in particular country contexts. The aim of this mapping exercise is to help country users make an informed decision when selecting which tool(s) is appropriate for assessing particular PFM health issues in their context.”

## TGH - The Rise and Fall of Seguro Popular: Mexico’s Health Care Odyssey

T McDonald, J Frenk et al ; <https://www.thinkglobalhealth.org/article/rise-and-fall-seguro-popular-mexicos-health-care-odyssey>

“Unraveling success, lessons learned, and the quest for sustainable health equity.”

“...This year (2023) marks the twentieth anniversary of Mexico’s flagship public insurance program Seguro Popular, which covers fifty million Mexicans who previously lacked access to conventional, employment-based social security, **doubling the number previously covered**. By publicly financing health care with innovative programs and building new hospitals and clinics, Mexico dramatically improved the health and economic well-being of the entire country. In the years since, Seguro Popular has become a widely studied model for evidence-driven health reforms across the globe. **In June 2020, however, the current Mexican administration abandoned its successful program, closing Seguro Popular and dismantling parts of the system without an adequate replacement designed or in place**. Thus far, this reversal appears to have disrupted health care and increased health vulnerability for many Mexicans. This **demonstrated the precariousness of reforms in polarized political environments, even those with a track record of success. ...”**

## Journal of Global Health – The state and significant drivers of health systems efficiency in Africa: A systematic review and meta-analysis

J Nabyonga-Orem et al;

<https://jogh.org/2023/jogh-13-04131>

“This systematic review synthesised evidence on the efficiency of health systems in the African region and its drivers.”

“... Using a random effects restricted maximum likelihood method, the **pooled efficiency score for the Africa region was estimated to be 0.77, implying that on the flip side, health system inefficiency across countries in the African region was approximately 23%....** Across the 39 studies, **21 significant drivers of inefficiency were reported**, including population density of the catchment area, governance, health facility ownership, health facility staff density, national economic status, type of health facility, education index, hospital size and bed occupancy rate....”

## Global Health Now - In Nigeria, Hospitals Are Unlawfully Detaining Newborns to Force Payment of Medical Bills

<https://globalhealthnow.org/2023-11/nigeria-hospitals-are-unlawfully-detaining-newborns-force-payment-medical-bills>

by A Jamiu.

## IHP (blog) - Mixed Results in 2023 UHC Declaration – Addressing Gaps in Gender-Responsive Health Policies

The Alliance for Gender Equality and Universal Health Coverage;

<https://www.internationalhealthpolicies.org/blogs/mixed-results-in-2023-uhc-declaration-addressing-gaps-in-gender-responsive-health-policies/>

“In the 2023 Political Declaration on Universal Health Coverage (UHC), governments missed the **opportunity to truly advance gender-responsive UHC**, particularly regarding the sexual and reproductive health and rights (SRHR) of women, girls, gender-diverse and marginalized groups....”

Read why.

## Pandemic preparedness & response/ Global Health Security

### Science (News) - House approves ban on gain-of-function pathogen research

<https://www.science.org/content/article/house-approves-ban-gain-function-pathogen-research>

“Although it may not become law, measure worries microbiologists, who say it could halt low-risk research on flu vaccines and other common viruses.”

“In a move that has rattled some in the biomedical research community, **the U.S. House of Representatives last night approved a ban on federal funding for “gain-of-function” research that modifies risky pathogens in ways that can make them more harmful to people.** Scientific groups say the vaguely worded provision could unintentionally halt a large swath of studies, from flu vaccine development to work on cold viruses. **But they are hopeful that the Democratic-controlled Senate will not allow the measure to become law.....”**

## **Globalization & Health - Healthcare workers’ freedom of movement in times of pandemics: an emerging norm of customary international law**

A Constantin et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-023-00985-y>

« ....**Our research identified and assessed instances of state practice and evidence of opinio juris to determine whether a norm of customary international law mandating states to ensure healthcare workers’ freedom of movement during pandemics exists.**”

« **The findings** indicate a strong consensus towards ensuring the free movement of healthcare workers in times of pandemics as a way to respond to outbreaks of disease. Within months, Argentina, Colombia, Kenya, South Africa, India, Japan, Spain, the United Kingdom, Canada, and the United States, ten nations representing most regions of the world, recognized, as law, the practice of excluding healthcare workers from prohibitions on movement.”

« Conclusion : **Ultimately, this discussion is critical for global health because if a norm does exist in this regard, it will further strengthen pandemic legal preparedness efforts.** As such, it becomes clear that the **reform of the 2005 International Health Regulations and/or the adoption of a new pandemic treaty will bolster the strength of this emerging norm of customary international law and crystallize it.** These legal instruments would propel a norm that is already in the process of formulation into existence. Thus, crystallizing a norm that is otherwise emerging among states. »

## **Geneva Health Files - A Little Fairer is Not Good Enough: Why ABS Will NOT Ensure Equity [Guest essay]**

M Rourke et al ; [https://genevahealthfiles.substack.com/p/pabs-nagoya-pip-who-equity-pandemic-treaty?utm\\_campaign=email-post&r=97mey&utm\\_source=substack&utm\\_medium=email](https://genevahealthfiles.substack.com/p/pabs-nagoya-pip-who-equity-pandemic-treaty?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email)

“.... In today’s guest essay, written in response to an earlier one [[Squaring The Circle On Equity in a Pathogen Access And Benefit Sharing System](#)], **scholars argue that the Pandemic Influenza Preparedness Framework is not the ideal model for a new ABS mechanism.** They are of the view that the proposed ABS mechanism - as framed in transactional terms - will not address the goals of equity.

They conclude: “... **Fairness and equity must be based on more than vaccine donations:** .... After the calamitous response to the COVID-19 pandemic, and the fact that HICs (once again) hoarded more vaccine doses than needed to adequately protect their populations, **we can’t help but think that “a little fairer” is not good enough.** If the Parties to the negotiations are genuine in their commitment to equity and solidarity, they must offer more than the flimsy charity and good

intentions we see in the current draft. **We should be particularly wary of any system (like the proposed PABS System) that leaves LMICs at the mercy of good faith donations from HICs during a pandemic (even via a “trusted intermediary”); this just reinforces the spectacularly flawed status quo. ....”**

Real equity “... requires the world to move beyond the flawed transactional model of ABS that forces (mostly) LMICs to trade their pathogens for the possibility of vaccines and other medical countermeasures at some indeterminate time in the future. We can and should do better; a little fairer sometime in the future is not good enough.”

## Georgetown Global Health Center Launches First Open-Access Wildlife Disease Database

<https://www.newswise.com/articles/georgetown-global-health-center-launches-first-open-access-wildlife-disease-database>

“Georgetown University Medical Center’s [Center for Global Health Science and Security](#) (GHSS) today **announces the launch of a first-of-its-kind wildlife disease database** -- a system for collecting records of viruses, bacteria, fungi, parasites, etc. -- designed to support an early warning system for potential viral emergence. The [Pathogen Harmonized Observatory, or PHAROS](#), is open to the global community and free to access....”

- Via IFPMA’s newsletter: **“WHO AFRO: [African lawmakers voice support for stronger health emergency preparedness and response](#) – Parliamentarians from African countries gathered on 8-10 November in Accra, Ghana, for the first inter-parliamentary meeting on health security in the continent. The meeting called for raising awareness among parliamentarians on the ongoing negotiations toward a pandemic treaty and the International Health Regulations’ (IHR) amendments.”**

And a few links:

- CGD (blog) – [Learning from the Pandemic: Making the Most of Genomic Surveillance in Low- and Middle-Income Countries](#) (S Greenhoe et al)
- Global Policy - [In the line of duty: Militarising African epidemics](#) (by T Allen & M Parker) – with focus on Uganda & Sierra Leone.

## Planetary health

### UN News - ‘Close the climate ambition gap’ says UN chief ahead of COP28

<https://news.un.org/en/story/2023/11/1143567>

“The COP28 climate conference held in Dubai later this month “must be the place to urgently close the climate ambition gap”, as emissions continue to rise and climate chaos intensifies, UN chief António Guterres insisted on Tuesday. **Mr. Guterres was commenting on the latest report by UN**

climate change body UNFCCC, which shows, he said, that global climate ambition stagnated over the past year and national climate plans are “strikingly misaligned” with the science....”

### Guardian - Rich countries hit \$100bn climate finance goal two years late, data shows

<https://www.theguardian.com/global-development/2023/nov/16/rich-countries-hit-climate-finance-goal-two-years-late-data>

“Annual funding promise made in 2009 to help poor countries deal with climate crisis **had original 2020 target.**”

“The totemic promise by rich countries to provide \$100bn (£80bn) a year to the poor world in climate finance has finally been met, two years after the deadline, [data published on Thursday shows](#). About **\$89.6bn** was provided to developing countries in 2021, according to **the Organisation for Economic Co-operation and Development**, and that sum was likely to have exceeded \$100bn in **2022**, based on [OECD preliminary data](#)....”

“...Showing that the promise has been met should be a significant boost for the Cop28 UN climate talks, which start in two weeks’ time, in Dubai.”

PS: “...Research last year by the economist Nicholas Stern [showed developing countries would need about \\$2tn a year by 2030](#) to help shift their economies to a low-carbon footing, to adapt their infrastructure to extreme weather, and to cover the rescue and rehabilitation of communities stricken by climate disaster....”

### WEF - The UN now focuses on climate change as a health issue too. Here's why

S Bishen et al; <https://www.weforum.org/agenda/2023/11/climate-change-health-cop28/>

“Climate change is taking a hidden toll on global health that requires urgent action. The health impact is disproportionately suffered by the poorest and most vulnerable populations, who contribute least to climate change. **The World Economic Forum’s Climate and Health Initiative** is a first step towards greater recognition of and action on this issue.” *(on the last point, ha ha...)*

### Guardian - Cop28 host UAE has world’s biggest climate-busting oil plans, data indicates

<https://www.theguardian.com/environment/2023/nov/15/cop28-host-uae-oil-plans-data>

“The state oil company of the **United Arab Emirates**, whose CEO will preside over imminent UN climate negotiations, has the largest net-zero-busting expansion plans of any company in the world, according to new data. .... The data is from the **Global Oil and Gas Exit List (Gogel)**, a public database detailing the activities of more than 1,600 companies representing 95% of global production. The data shows that almost all companies are ignoring warnings from climate scientists that new oil and gas fields cannot be developed if global temperature rise is to be kept to the

internationally agreed 1.5C limit. It also shows that: \$140bn has been spent by the industry on exploration for new oil and gas reserves since 2021. 96% of the 700 companies that explore or develop new oil and gas fields are continuing to do so. More than 1,000 companies are planning new gas pipelines, gas-fired power plants or liquified natural gas (LNG) export terminals....”

## Nature Geoscience - Spotlight on air pollution in Africa

<https://www.nature.com/articles/s41561-023-01311-2>

“...Africa’s worsening air pollution has received too little attention. We argue that actions are needed in energy transition management, transport emission regulation and waste management to protect Africa’s air quality.”

“... Africa is experiencing some of the worst air pollution in the world and air quality has deteriorating rapidly over the past 50 years<sup>1</sup> (Fig. 1). PM<sub>2.5</sub> (particulate matter  $\leq 2.5 \mu\text{m}$  in diameter) concentrations in many African cities are now 5 to 10 times greater than the level recommended by the World Health Organization. With growing populations, rapid urbanization and industrialization, air pollution over the continent is likely to worsen with detrimental health implications. However, too little attention has been paid to Africa’s air pollution: less than 0.01% of global air pollution funding is currently spent in Africa. Pollution sources and patterns show that air pollution in Africa is a global issue, and we argue that tackling the issue requires collective efforts from African countries, regionally tailored solutions and equitable global collaborations.....”

## ORF – Converging paths: Global Governance for Climate justice & health equity

V Mathur et al ; <https://www.orfonline.org/research/converging-paths/>

« ...This volume highlights the inextricable link between climate justice and health equity, and calls for the creation of global governance frameworks that are better aligned to ensure global equity and justice. The principle of ‘climate justice’ is rooted in the idea that the burden of climate change should not disproportionately fall on those least responsible for creating the crisis; the aim should be the equitable distribution of resources and responsibilities. Mirroring the goals of climate justice, global ‘health equity’ refers to the principle of ensuring that every individual has a fair opportunity to achieve their full health potential, regardless of geographic location, race, ethnicity, economic status, gender, age, or other socially determined circumstance. Silos now need to be broken. Global health governance should adopt principles of climate justice, acknowledging the disproportionate impact of climate change on those without equitable access to health services and resources. Health should be central to efforts to ensure climate justice.....”

« ... The Conference of the Parties of the UNFCCC, COP 28 must move the climate-health nexus to the centrestage of the global climate change agenda. The nexus of climate justice and health equity needs greater attention to address the deepening global inequalities in the health impacts of climate change. The objective of this volume is to shape both the framework for global health governance and that for global climate governance, and explore pathways for their convergence....”



## Guardian - Deal to resettle climate-hit Tuvalu residents shows world 'what's at stake', European officials say

<https://www.theguardian.com/environment/2023/nov/13/australia-tuvalu-pacific-islands-climate-emissions-europe>

"German and EU officials say the treaty between Australia and the Pacific island country should spur global cut to emissions..."

"... **the Australian government's announcement that it would offer up to 280 people from Tuvalu access to residency, work and study rights each year, as part of a new treaty that also binds the two countries closely together on security...."**

## Devex - Why activists want philanthropists to pay climate reparations

<https://www.devex.com/news/why-activists-want-philanthropists-to-pay-climate-reparations-106497>

**"Climate activists say billionaires who made their fortunes from oil and gas should stop making donations and start paying climate reparations "to repair some of the damage" they caused.**

This is an issue that activists will be following at COP 28, which will be hosted by the United Arab Emirates, one of the world's richest oil-producing nations...."

PS: "... **Philanthropic donations by foundations and individuals reached an estimated \$811 billion in 2022. Of this amount, \$7.8 billion to \$12.8 billion was given to support climate change mitigation, according to a report by ClimateWorks Global Intelligence....**

## FT Op-ed - We won't tackle the climate crisis unless we transform the financing

M Mazzucato; <https://www.ft.com/content/7b509fb6-4616-4461-b94f-b2332bc28c76>

"The **loss and damage fund** agreed at the last COP is **too little, too late.**"

"... **there is plenty of finance out there, but it is time to pay more attention to the quality, not just the quantity. To tackle the climate crisis, we need an economy-wide transformation which puts ambitious objectives, like climate targets, at the centre of our economic and fiscal strategy. We need long-term, patient and mission-orientated finance.** Governments — and especially public development banks — are critical in providing the kind of far-sighted long-term funding that traditional financiers shy away from. They also have huge volumes of assets under management. **The total assets held by the world's more than 520 public development banks and development finance institutions amounts to \$22.5tn, of which \$20.2tn is held by national development banks (NDBs), and \$2.2tn is held by multilateral development banks (MDBs). It is time to tap into public development finance in ways we have not done before...."**

## Science (Policy Forum) – Legal limits to the use of CO2 removal

<https://www.science.org/doi/full/10.1126/science.adi9332>

**“Climate targets that depend heavily on CO2 removal may contravene international law.”**

And a few links:

- Reuters - [China's development banks provided no green energy finance in 2022 -research](#)

“China's pledge to end overseas coal financing has not yet driven more funding into renewable projects, with its development banks providing no new energy sector loans for the second year in a row in 2022, **researchers at Boston University** said on Tuesday....”

- Guardian - [Climate-heating gases reach record highs, UN reports](#)

**“The abundance of climate-heating gases in the atmosphere reached record highs in 2022, the UN’s World Meteorological Organization (WMO) has reported.** The WMO said “there is no end in sight to the rising trend”, which is largely driven by the burning of fossil fuels. ... The Earth has not experienced similar **levels of CO2** for 3-5 million years, when the global temperature was 2-3C warmer and sea level was 10-20 metres higher than today, the WMO said. **The concentrations of the two other key greenhouse gases, methane and nitrous oxide, also grew, according to the report,** published ahead of the UN’s [Cop28](#) climate summit, which begins on 30 November....”

## Covid

### UN News - Updated guidelines on COVID-19 revise risk of hospitalisation

<https://news.un.org/en/story/2023/11/1143452>

“The World Health Organization (WHO) has updated its guidelines on COVID-19 treatment, with revised recommendations for non-severe cases of the disease. “

### Nature (Editorial ) - How our memories of COVID-19 are biased — and why it matters

<https://www.nature.com/articles/d41586-023-03434-3>

**“Our view of the effectiveness of past pandemic responses is influenced by our present vaccination status.** Public inquiries and future research must take this factor into account.”

**“...a series of studies reported in a paper this month in Nature shows that our impressions of the COVID-19 pandemic’s severity, as well as of measures taken to limit the disease’s spread, are reliably skewed by a related factor: our vaccination status.** The results give pause for thought as countries exercise their collective memories to examine how authorities handled the pandemic and what should be done differently next time...”

“.... Many of the conflicts we struggle with today stem from how we view past events now, rather than how we experienced them then. **The divergence in our collective memory is also likely to be a significant factor in future pandemics, determining, for example, whether individuals are willing to comply with the associated public-health mandates.**”

**Stat - Study suggests Covid rebound is far more common with Paxlovid than without**

<https://www.statnews.com/2023/11/13/study-suggests-covid-rebound-is-far-more-common-with-paxlovid-than-without/>

(gated) “ A **small and preliminary study** published Monday seems to indicate that patients receiving the drug Paxlovid are far more likely to experience Covid rebound than those who did not take it. That conclusion runs counter to previous statements by Pfizer, which makes Paxlovid, and by researchers at the Food and Drug Administration who have argued that while it is not uncommon for people with Covid to have symptoms reemerge after they seem to have recovered, it is not clear that Paxlovid increases the risk of this occurring....”

## Infectious diseases & NTDs

**Stat - U.K. recommendation could lead to world’s first use of meningitis vaccine to curb gonorrhea**

<https://www.statnews.com/2023/11/10/u-k-recommendation-could-lead-to-worlds-first-use-of-meningitis-vaccine-to-curb-gonorrhea/>

“An expert panel that advises the United Kingdom on vaccine policy has recommended using a meningitis B vaccine to try to bring down spiking rates of gonorrhea. If adopted, the U.K. would be the first country to use the meningitis B vaccine for this purpose.”

“The Joint Committee on Vaccination and Immunization released [a report](#) Friday saying that targeted use of a meningitis B vaccine — GSK’s Bexsero — in people at high risk of contracting gonorrhea should reduce the incidence of an infection that is becoming increasingly difficult to treat....”

**Stat-The first vaccine for the increasingly prevalent chikungunya virus is here**

<https://www.statnews.com/2023/11/10/biotech-news-zepbound-valneva-chikungunya-vaccine-aha-cargo-mirati/>

From end of last week. “**The FDA yesterday approved Ixchiq, the first vaccine for chikungunya**, a mosquito-borne virus that is increasing in prevalence in tropical and subtropical regions around the world. The disease’s most common symptoms are fever and joint pain, as well as rash, headache, and muscle pain. These symptoms can linger on for years. **Ixchiq, made by France-based biotech Valneva**, is a single-dose injection containing a live, weakened version of the virus....”

- Related – Telegraph – [‘Huge leap forward’ as world’s first vaccine for chikungunya virus is approved](#)

“FDA green lights single-dose shot developed by European firm, for those at heightened risk from the mosquito-borne disease.”

PS: “...in a blog post, Dr Richard Hatchett – chief executive of the Coalition for Epidemic Preparedness Innovations, which part-funded the development of Ixchiq – said the vaccine had been “designed specifically” to allow it to be manufactured and affordable in low- and middle-income countries. He added that, because it is a single-dose vaccine, it is also “well-suited for use in outbreak responses and in low-resource settings” – although it may take some time to go through the regulatory process in endemic countries like Brazil, where 219,000 cases have been reported this year. ....”

## UNAIDS - Government leaders reaffirm their commitment to accelerate HIV prevention efforts to reduce new HIV infections

[UNAIDS](#);

“With just two years left to attain the 2025 HIV prevention target of fewer than 370 000 new HIV infections annually, the world is not on track. In 2022, 1.3 million people became infected with HIV – the urgency to accelerate progress cannot be overemphasized. **The Global HIV Prevention Coalition co-convened by UNAIDS and UNFPA ensures a strengthened and sustained political commitment for primary prevention across key policy makers and programme implementers.** It includes countries such as Botswana, Cameroon, Eswatini, Lesotho, Malawi, Rwanda South Africa, and Zimbabwe – which have reduced new HIV infections by more than 70% since 2010. .... **The directors of National AIDS Coordinating Agencies, Ministry of Health HIV leads from the Global HIV Prevention Coalition focus countries and development partners were convened by the HIV Prevention Leadership Forum**, with support from UNAIDS and UNFPA, to reinforce their commitment to stopping new HIV infections. This is part of efforts to ensure effective implementation of expanded HIV programmes with a focus on key and priority populations. ....”

## Guardian - Jamaica’s dengue fever outbreak shows the deadly effects of record heat

Georgiana Gordon-Strachan; <https://www.theguardian.com/global-development/2023/nov/15/jamaicas-dengue-fever-outbreak-shows-the-deadly-effects-of-record-heat>

“The global failure to reduce fossil fuels is leaving small island states trapped in a constant cycle of fightback against disease and extreme weather.”

## Lancet (Comment) - Universal radical cure: prospects and challenges for malaria elimination

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01950-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01950-5/fulltext)

Comment linked to a new study in the Lancet.

“... Despite increases in global Plasmodium falciparum malaria cases, a number of countries have achieved malaria elimination. **Countries nearing elimination must often contend with both P falciparum, the deadliest cause of malaria in humans, and non-falciparum species like Plasmodium vivax.** The hypnozoite stage of P vivax is an important barrier to malaria elimination because it allows the parasite to escape routine blood-stage treatment and for infection to recur over time. In co-endemic settings, treatment for P falciparum malaria is a risk factor for P vivax infection. **Radical cure with an 8-aminoquinoline is the most effective approach to eliminate the P vivax hypnozoite stage from the liver and prevent relapse. Primaquine and tafenoquine are the only two available anti-malarial drugs in this group,** but they pose a risk of significant toxicity in people with glucose-6-phosphate dehydrogenase (G6PD) deficiency, can cause gastrointestinal side-effects, and complicate treatment regimens.....”

“... In this issue of The Lancet, Kamala Thriemer and colleagues show the efficacy of a novel universal radical cure strategy, which links presumptive P vivax anti-relapse therapy (ie, radical cure) to routine treatment of uncomplicated P falciparum malaria. ....”

## AMR

### Cidrap News - Major poultry producers agree to antimicrobial stewardship principles

<https://www.cidrap.umn.edu/antimicrobial-stewardship/major-poultry-producers-agree-antimicrobial-stewardship-principles>

“**A multinational collection that includes some of the biggest names in poultry production has signed on to an effort to reduce the need for the use of antimicrobials on farms.** The 11 organizations—including Cargill Inc., Tyson Foods, McDonalds, the British Poultry Council, Chicken Farmers of Canada, and the Animal Husbandry Association of Vietnam—announced yesterday that they'll adopt antimicrobial stewardship principles developed by the Transformational Strategies for Farm Output Risk Mitigation (TRANSFORM) project. They join 8 other organizations that have already endorsed the principles. Collectively, the 19 organizations represent over 30% of global poultry production.”

“... TRANSFORM is a collaboration between Cargill, the International Poultry Council, and Heifer International and is part of the US Agency for International Development's Global Health Security Program. The project is working in Kenya, India, and Vietnam to increase the capacity of small- and large-scale farmers, governments, and agribusinesses to prevent emerging zoonotic diseases and mitigate antimicrobial resistance (AMR)....”

### MSF Access (Brief) - Addressing Antimicrobial Resistance Within Global Processes to Improve Pandemic Preparedness and Response

<https://msfaccess.org/addressing-antimicrobial-resistance-within-global-processes-improve-pandemic-preparedness>

“... The global response to AMR can benefit from ongoing pandemic prevention, preparedness and response (PPR) initiatives in view of their significant overlaps. Both global challenges call for

international solidarity rather than nationalistic measures; inclusive governance and robust financing mechanisms; expanded surveillance and laboratory capacity; significant investments into human resources and infrastructure for healthcare delivery; and improved access to existing and new medical tools. **This report highlights the opportunities ongoing PPR negotiations offer to make meaningful progress on AMR and recommends concrete targets and measurable indicators on issues of mutual importance.**"

With 5 focal areas.

### **Lancet Microbe (Series) - Harnessing genomics for antimicrobial resistance surveillance**

<https://www.thelancet.com/series/amr-genomics>

**"Historically, surveillance of bacteria harbouring antimicrobial resistance (AMR) has relied on phenotypic analysis of isolates taken from infected individuals, which provides only a low-resolution view of the epidemiology behind an individual infection or wider outbreak.** Recent years have seen increasing adoption of powerful new genomic technologies with the potential to revolutionise AMR surveillance by providing a high-resolution picture of the AMR profile of the bacteria causing infections and providing real-time actionable information for treating and preventing infection. However, many barriers remain to be overcome before genomic technologies can be globally adopted as a standard part of routine AMR surveillance. **This Series details discussions and provides recommendations to help realise the massive potential benefits of genomics in surveillance of AMR."**

### **Cidrap News - Indian drugmaker to supply key component of drug-resistant TB regimens**

<https://www.cidrap.umn.edu/antimicrobial-stewardship/indian-drugmaker-supply-key-component-drug-resistant-tb-regimens>

**"The TB Alliance announced yesterday that Indian pharmaceutical company Macleods will start manufacturing an essential component of the shorter, all-oral drug regimen for drug-resistant tuberculosis (DR-TB)."**

**"Under a licensing agreement with the non-profit TB Alliance, Macleods will be able to supply 135 low- and middle-income countries (LMICs) with pretomanid, which is part of the 6-month BPaL (bedaquiline, pretomanid, and linezolid) regimen used with or without moxifloxacin (BPaLM). Macleods will supply the drug to those countries through the Stop TB Partnership's Global Drug Facility. Pretomanid was developed by TB Alliance and approved by the Food and Drug Administration in 2019...."**

## NCDs

### Guardian - Colombia passes ambitious 'junk food law' to tackle lifestyle diseases

<https://www.theguardian.com/global-development/2023/nov/10/colombia-junk-food-tax-improve-health-acc>

“The Latin American country is one of the first in the world to introduce a health tax targeting ultra-processed foods.”

### Stat - Type 2 diabetes prevention programs can work at large scale, study finds

[Stat news](#)

“Clinical trials have shown that lifestyle programs — which include diet, exercise, and behavioral coaching — can help people in danger of developing type 2 diabetes from tipping into a diagnosis of the condition. But there’s been a nagging question of whether such intensive regimens work in the real world. [A study published Wednesday backs up the idea that they can.](#) Researchers behind the work relied on novel statistical approaches to analyze millions of records from England’s National Health Service and found that participants in the NHS’s Diabetes Prevention Program saw improvements in risk factors for type 2 diabetes, indicating that patients can benefit from such initiatives even outside the confines of a controlled experiment....”

### Science (News) - Base editing, a new form of gene therapy, sharply lowers bad cholesterol in clinical trial

<https://www.science.org/content/article/base-editing-a-new-form-of-gene-therapy-sharply-lowers-bad-cholesterol>

“Verve Therapeutics says its twist on CRISPR could with one treatment help prevent heart disease, a major killer, in many people.”

- Related: Nature News – [First trial of 'base editing' in humans lowers cholesterol — but raises safety concerns](#)

“Super-precise gene-editing approach switches off a gene in the liver that regulates ‘bad’ cholesterol.”

## Social & commercial determinants of health

### Addiction Research & Theory - Limbic platform capitalism: understanding the contemporary marketing of health-demoting products on social media

A C Lyons et al ; <https://www.tandfonline.com/doi/abs/10.1080/16066359.2022.2124976>

« The purposive design, production and marketing of legal but health-demoting products that stimulate habitual consumption and pleasure for maximum profit has been called **'limbic capitalism'**. In this article, drawing on alcohol and tobacco as key examples, we extend this framework into the digital realm. **We argue that 'limbic platform capitalism' is a serious threat to the health and wellbeing of individuals, communities and populations.** Accessed routinely through everyday digital devices, social media platforms aggressively intensify limbic capitalism because they also work through embodied limbic processes.....”

## Sexual & Reproductive health rights

Lancet GH (Comment) - Meaningful youth engagement in sexual and reproductive health and rights decision making

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00493-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00493-X/fulltext)

by K Szymus et al.

## Neonatal and child health

UNICEF - 1 in 3 children exposed to severe water scarcity – UNICEF

<https://www.unicef.org/press-releases/1-3-children-exposed-severe-water-scarcity-unicef>

Another report released ahead of the COP28 summit. **“The climate changed world – with dwindling water supply and inadequate water services – is also changing children, altering their mental and physical health, new report warns.”**

**“739 million children worldwide are living in areas facing high or very high water scarcity—with inadequate water and sanitation services compounding risks...”**

Lancet Global Health - A hidden pandemic: the danger of donated respiratory devices to children in LMICs

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00497-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00497-7/fulltext)

**“During the COVID-19 pandemic, a home ventilator was donated to a tertiary-care hospital in Malawi to support adults with respiratory failure.** As the pandemic waned, this ventilator was reallocated to the paediatric ward and, in an effort to help a girl aged 8 years with life-threatening pneumonia, paediatric staff used the ventilator with a mask. The staff were untrained on the ventilator and confused it with a continuous positive airway pressure machine, resulting in inadvertent use of volume-targeted pressure support. The patient was intolerant of the device settings and deteriorated clinically. Although staff discontinued the device before further harming the patient, **our collective experience across a range of low-income and middle-income countries (LMICs) indicates that this scenario is more common than before the pandemic.** This error is due to an imbalance between a scarce supply of paediatric respiratory devices, an oversupply of adult



respiratory devices from the pandemic, and a continued high burden of severe childhood pneumonia. **In this Comment we reflect on the unprecedented pandemic response that supported LMICs in terms of respiratory device donations, the implications for efforts to reduce child pneumonia mortality, and future pandemic preparedness.....”**

And a few links:

- Lancet Global Health – [Assessing child development scores among minority and Indigenous language versus dominant language speakers: a cross-sectional analysis of national Multiple Indicator Cluster Surveys](#)
- SS&M - [Urbanicity and child health in 26 African countries: Settlement type and its association with mortality and morbidity](#)

“... This study aims to classify settlement types based on urbanicity and assess their effects on child health in 26 African countries, utilizing the Demographic and Health Survey data. ....”

## **Access to medicines & health technology**

**Reuters - No more needles? Gates Foundation funds patch-style vaccine technology**

[Reuters](#);

“ The **Bill & Melinda Gates Foundation** has given \$23.6 million to U.S.-based life science company **Micron Biomedical** to fund the first ever mass production of needle-free vaccine technology. The technology works by delivering the vaccine via dissolvable microneedles attached to the skin on a patch-like device....”

**Science News - Medical education must include the field’s Nazi past, expert panel urges**

<https://www.science.org/content/article/medical-education-must-include-field-s-nazi-past-expert-panel-urges>

Cfr last week’s Lancet Commission. “**Authors of a new report explain the need for teaching the Holocaust’s lessons more widely.**”

**WHO - Accelerating Vaccine Development for Global Health Impact - a WHO Initiative to Prioritize Key Endemic Pathogens**

<https://www.who.int/news/item/10-11-2023-accelerating-vaccine-development-for-global-health-impact---a-who-initiative-to-prioritize-key-endemic-pathogens>

“...In a significant stride towards facilitating and informing priorities in global vaccine development for endemic pathogens, **the World Health Organization (WHO) has commissioned 16 "Vaccine Value Profiles" (VVPs) to be published in a groundbreaking Supplement in the journal Vaccine.** This milestone is the **result of collaborations with several pathogen and vaccine experts, led by the Product Development and Research (PDR) team in WHO's Immunization, Vaccines & Biologicals department, with the primary objective of advancing the development of vaccines for pathogens that pose a substantial public health and socio-economic burden, especially in low- and middle-income countries (LMICs).**”

“The forthcoming Supplement is **set to feature value profiles focused on 16 pathogens with vaccines in late-stage clinical development.** ... The Supplement's first volume will feature the Vaccine Value Profile for respiratory syncytial virus (RSV), along with profiles for Group B *Streptococcus*, CMV (cytomegalovirus), *Shigella*, *Salmonella* paratyphi A, enterotoxigenic *E. Coli* Norovirus, and Leishmaniasis. Additionally, the issue will include commentary on neglected tropical diseases, underscoring the comprehensive scope of this monumental initiative. **A second volume will follow later in 2023,** and will include vaccines such as against *Klebsiella pneumoniae* or *Neisseria gonorrhoea*....”

## **Annals of Global Health - Bridging the Access Gap for Comprehensive Sickle Cell Disease Management Across Sub-Saharan Africa: Learnings for Other Global Health Interventions?**

Lutz Hegemann et al; <https://annalsofglobalhealth.org/articles/10.5334/aogh.4132>

“We outline a set of recommendations for enhancing the provision of comprehensive healthcare for prevalent diseases in resource-constraint settings, **gathered from the Novartis Africa SCD Program,** that could serve as ‘blueprint’ for public-private partnerships to tackle global health priorities....”

And a link:

- Lancet Global Health - [World Society for Pediatric Infectious Diseases calls for action to ensure fair prices for vaccines](#)

“... Profoundly inequitable access to COVID-19 vaccines has been widely reported. In contrast, **there is very little attention paid to the long-standing inequitable access to childhood vaccines, especially in middle-income countries....**”

## **Human resources for health**

Politico – A nurse’s take on AI

<https://www.politico.com/newsletters/future-pulse/2023/11/14/a-nurses-take-on-ai-00126995>

From the US. **“A major nurses’ union is making its position on artificial intelligence in health care plain: The tech comes with big risks.”**

“...National Nurses United brought the message to Senate Majority Leader Chuck Schumer’s **recent AI forum in which he heard from stakeholders likely to feel the impact of AI use**. Bonnie Castillo, the group’s executive director, told Daniel that the systems have already, in some instances, been “imposed” on them and are making their lives more difficult. “It’s a stumbling block,” she said in an interview. “There’s been a great deal of frustration.””

**“The nurses’ case:** The systems limit human judgment in health settings and, therefore, put patients at risk, Castillo said, adding they often devalue the work and skills of nurses. Many health care industry leaders see AI as a tool to improve outcomes, increase access and reduce costs. **But for now, Castillo sees them as more burdensome than helpful.** She said that earlier technology, such as electronic health records, promised to ease the load of health workers — but is now synonymous with tedious documentation tasks loathed by many in the profession. And even after years of use, EHR systems haven’t fulfilled their promise, she said — suggesting AI could have the same fate....”

## Miscellaneous

### FT - Airfinity gives decision makers big picture on health

<https://www.ft.com/content/f7b3f9ff-b57a-4fcd-8dd7-83301b1908b9>

“Covid may have abated, but **emerging diseases and new drug categories are keeping the analytics firm busy.**”

“... **Airfinity’s aim is to take analytics and models more commonly adopted by insurers and hedge funds and use them to track a wide range of data on disease patterns and the pharmaceutical industry.** Its **recent studies** have looked at the likely progress of Covid, flu and respiratory syncytial virus (RSV) — the so-called “triple-demic” — this winter, and at how climate change will influence the spread of dengue. Both provide information that is valuable to policymakers when deciding priorities for stretched health systems....”

PS: “... **But Airfinity’s predictions have not been infallible.** Bech Hansen says some of the biggest mistakes came when estimating the uptake of Covid-19 vaccines, therapeutics and tests as the pandemic waned. “We were surprised by basically human behaviour, that people stopped wanting to take the vaccine,” he says....”

### Guardian - UK medicines regulator approves gene therapy for two blood disorders

<https://www.theguardian.com/society/2023/nov/16/uk-medicines-regulator-approves-casgevy-gene-therapy-for-two-blood-disorders-sickle-cell>

“Britain’s drugs regulator has approved a groundbreaking treatment for two painful and debilitating lifelong blood disorders, which works by “editing” the gene that causes them. The Medicines and Healthcare products Regulatory Agency (MHRA) has given the green light for Casgevy to be used to treat sickle cell disease and beta thalassemia. **It is the first medicine licensed anywhere that works by deploying gene editing that uses the “genetic scissors”, known as CRISPR,** for which its inventors won the Nobel prize for chemistry....”

## Guardian - Biden and Xi to announce deal cracking down on fentanyl export

<https://www.theguardian.com/world/2023/nov/14/biden-china-fentanyl-deal>

Published before the Xi-Biden summit. “Under deal, China will go after chemical companies to halt flow of fentanyl while US will lift restrictions on forensic police institute.”

“... [Bloomberg](#) reported that under the deal – which the US and Chinese presidents are still finalizing – China would go after chemical companies to halt the flow of fentanyl and the source material used to make it. In return, Biden’s White House would lift restrictions on China’s forensic police institute....”

- See also [Axios - Biden and Xi agree to curb fentanyl production](#) “President Biden said Chinese leader Xi Jinping on Wednesday agreed to take steps to crack down on companies in China that produce chemical precursors for fentanyl.”

## Devex - UK food summit will lack cash and global south voices, aid groups warn

<https://www.devex.com/news/uk-food-summit-will-lack-cash-and-global-south-voices-aid-groups-warn-106558>

“A focus on showcasing U.K. technology risks overshadowing hunger, fair trade, and local control of food systems, aid organizations warn.” “**Aid organizations are warning that a global food security summit hosted by the United Kingdom this month will fail without new commitments to finance better nutrition and unless global south groups are given a bigger role.....**”

“Many groups raised the alarm over the agenda for **the London event, which takes place on Nov. 20 and sets out to “showcase” U.K. technology** — potentially sidelining key issues, such as early action to stamp out hunger, fair trade, and local control of food systems. ... **The U.K. government has warned that no new financial commitments will be made — in contrast to London’s landmark [Nutrition for Growth Summit in 2013](#), which secured £2.7 billion (then \$4.15 billion) for nutrition-specific projects and sparked the [United Nations ‘Decade of Action on Nutrition.’ ...](#)”**

## Economist - Microbiome treatments are taking off

<https://www.economist.com/science-and-technology/2023/11/08/faecal-transplants-are-just-the-start-of-a-new-sort-of-medicine>

“Faecal transplants are just the start of a new sort of medicine.”

## Devex - World Bank's proposed inequality indicator too weak, experts warn

<https://www.devex.com/news/world-bank-s-proposed-inequality-indicator-too-weak-experts-warn-106560>

(gated) “The world's widening inequality hasn't always been front and center for the World Bank. A new effort is trying to change that.”

Re the World Bank's "shared prosperity" indicator, and possible alternatives that are being floated.

"... the shared prosperity indicator ... it's actually how the U.N. measures its Sustainable Development Goal for reducing inequality by 2030 — and **it's a hotbed of controversy among experts** who say the measurement doesn't fully capture the picture of inequality that's gripped the planet. The indicator looks at the extent to which the incomes of the bottom 40% of a country's population are growing along with gross domestic product. However, **this ignores the huge wealth and income concentrated among the superrich, while also leaving out those in extreme poverty**, critics argue. So the **World Bank**, which has long viewed the issue as a bit of an afterthought, is **changing the way it measures inequality** in a bid to help tackle the growing problem. But civil society groups worry the proposed **new indicators are too weak** and let many countries off the hook, writes Devex contributing reporter Sophie Edwards, who gives **a breakdown of the alternatives** that have been floated ... and the shareholders who support the change."

## Papers & reports, books ...

### Lancet Global Health – December issue

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

- Start with the **Editorial** (and some great news!) - [Implementing implementation science in global health](#)

"The Lancet Global Health has just celebrated its 10-year anniversary. In this time, the journal has strived to promote the wellbeing of people in low-income and middle-income countries and of vulnerable populations worldwide by disseminating rigorous evidence to improve health equity. Nonetheless, a research-to-practice gap persists in global health. Implementation science is tasked with bridging this gap, transforming evidence into contextually appropriate practices. A focus on implementation in global health not only adds momentum towards real-world health impact, but it also empowers stakeholders in the communities of study and it encourages interdisciplinary and intersectional collaboration. **We believe it is time to create more space for implementation science in global health journals because we need the science of delivery (of evidence-based interventions) as much as the science of discovery....**"

"... ..the **progress of implementation science has been slow in the last decade**, possibly due to the following impediments. .... .. It is our humble hope that offering *The Lancet Global Health* as a **platform for implementation science will help to facilitate its progress.** "

- Comment - [Is intimate partner violence declining in low-income and middle-income countries?](#)
- Comment - [The imperative of good governance and enhanced learning systems for resilient health financing](#) (by L Doshmangir et al)

Linked to a **new study in the Lancet GH** by Chuan De Foo and colleagues.

“The pandemic highlighted the fragility of health financing policies, particularly in countries with vulnerable economic situations. Hence, health policy makers are now confronted with the crucial question of what strategies should be devised to establish resilient health financing systems to effectively protect health systems from future shocks without impeding progress towards universal health coverage (UHC). .... **Chuan De Foo and colleagues empirically investigated health financing policies during the COVID-19 pandemic, using data from 15 countries.** The authors **developed a framework for resilient health financing within the context of UHC**, and noted that, in response to the COVID-19 pandemic, many countries implemented a range of policy initiatives to absorb financial shocks of health system, enhance their response capabilities, and facilitate recovery and sustainability. ...” “ .... “**...Effective implementation of the framework hinges on establishing good governance and adopting a learning system approach. ....**”

The study: [Health financing policies during the COVID-19 pandemic and implications for universal health care: a case study of 15 countries](#) (by De Foo et al-

- Comment - [Health policies must consider gender, including men](#) ( by Peter Baker et al )
- Comment – [Group think? Questioning the individual global health expert](#) (by Sapna Desai et al)

“**Why does the myth of the individual expert in global health persist? As two public health specialists based in Delhi and Dhaka, we find that ongoing conversations on decolonisation can benefit from questioning this very idea, rather than accepting the current consensus—or group think—around expertise.** Our reflections emerge from two decades’ working in grassroots and national settings in south Asia, alongside international engagement. .... ... As we see it, prevailing ideas of expertise in global health research neglect three elements....”

### **WHO Bulletin (Editorial) - Classification needed of the private health sector**

Muhammad Naveed Noor, David Clarke, Zafar Mirza et al;  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10630734/>

“**The World Health Organization (WHO) acknowledges that the absence of a common definition of the private health sector may hinder a comprehensive understanding of its ubiquity.** Physicians, nurses, pharmacists, midwives and various other health professionals outside the public health facilities are parts of a larger entity known as the private health sector, yet no formal taxonomy exists to identify domains, their functionality and the hierarchy between them. .... The private health sector is vast and evolving; its diversity makes it complex, since it may be profit-making or not-for-profit, formal or informal. **Therefore, mapping out elements of the private health sector and the unique roles they play in the delivery of health care is critical for effective private sector engagement....**”

“.... **Despite the need to conceptualize and classify the private health sector, hardly any attempts have been made to do so, and the ontological issues of the private health sector remain.** Therefore, achieving consistency in empirical research and clarity in private sector engagement might be difficult. **Just as biodiversity has been very well explained through taxonomy (the science and practice of the classification of organisms), public health researchers need to think along those lines. Conceptual clarity of the diversity of the private health sector will help researchers to analyse the utility of its various components, which can further inform policy-making and practice.**

... Similar to the organization of biodiversity through phylogenetic trees, **a graphical representation of the classification of the private health sector could be performed, which can also lead to the identification of major domains of health-care professions and hierarchies within those domains.** This foundational work can prove highly effective in determining the over- or under-utilization of different components of the private health sector....”

### **International Journal for Equity in Health -Health equity for persons with disabilities: a global scoping review on barriers and interventions in healthcare services**

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-023-02035-w>

by M Gréaux et al.

### **WHO Bulletin – Global analysis of birth statistics from civil registration and vital statistics systems**

Tim Adair et al ; [https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.22.289035.pdf?sfvrsn=19638743\\_1](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.22.289035.pdf?sfvrsn=19638743_1)

**Aim: “To assess civil registration and vital statistics completeness for births in World Health Organization’s Member States and identify data completeness gaps.”**

“...The gap in completeness between civil registration and vital statistics for births is most pronounced in countries with lower civil registration completeness. Enhancing data transfer processes for birth registration, along with targeted investments to elevate registration rates, is crucial for yielding comprehensive fertility statistics for governmental planning....”

### **WHO Bulletin - Assessing the policy utility of routine mortality statistics: a global classification of countries**

Tim Adair et al; [https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.22.289036.pdf?sfvrsn=6f6d362d\\_3](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.22.289036.pdf?sfvrsn=6f6d362d_3)

**Aim: “To evaluate the utility and quality of death registration data across countries.”**

Findings: “... Of an estimated 55 million global deaths in 2019, 70% of deaths were registered across 156 countries; but only 52% had medically certified causes and 42% of deaths were assigned a usable cause. In 54 countries, which are mostly highincome, there is complete and high-quality mortality data. In a further 29 countries, located across different regions, death registration is complete, but cause of death data quality remains suboptimal. Additionally, 43 countries possess functional death registration systems with cause of death data of poor to moderate quality. In 30 countries, death registration ranges from limited to nascent completeness, accompanied by poor or unavailable cause of death data. Furthermore, 38 countries lack accessible data altogether...”

Related: [WHO Bulletin – Comparative performance of national civil registration and vital statistics systems: a global assessment](#)

“Globally, **civil registration and vital statistics systems score on average 0.70** (0–1 scale), with substantial variations across countries and regions. **Scores ranged from less than 0.50 in emerging systems to nearly 1.00 in the most developed systems.** Approximately one-fifth of the world’s population live in the 43 countries with low system performance ...”

### **International Journal of Social Determinants of Health and Health Services - Achieving and Maintaining Equitable Health Outcomes for all, Including for Future Generations**

Susan Goldstein; <https://journals.sagepub.com/doi/abs/10.1177/27551938231214984>

“**Sustainable health equity means achieving and maintaining equitable health outcomes for all people, including for future generations.** It encompasses realizing the right to health, setting the conditions for leading a healthy life, and fulfilling the full range of human rights. Achieving sustainable health equity requires that public services be designed and provided, and public policies be developed through empowering, inclusive, participatory, accountable, and democratic processes and mechanisms.”

### **Book - The Rise of the Global Middle Class**

Homi Kharas; <https://www.brookings.edu/books/the-rise-of-the-global-middle-class/>

« .... In his new book Homi Kharas looks at how this powerful dream captivated generations through history, but its **demands have led younger generations to ask if it is all worth it.** Can the middle class continue to thrive, or will it falter under the stresses of automation, consumerism, pollution, and political strife?.... **Kharas proposes a new middle-class manifesto** that addresses the pressing issues of inequality, climate change, and technological advances.”

## **Blogs & op-eds**

### **The Conversation - There are too few toilets in Africa and it’s a public health hazard – how to fix the problem**

O Fagunwa et al; <https://theconversation.com/there-are-too-few-toilets-in-africa-and-its-a-public-health-hazard-how-to-fix-the-problem-217305>

“In African countries, the issue of open defecation often goes unaddressed by society and policymakers despite its negative impact on health, economic development, dignity and the environment. **Led from Queen’s University Belfast, a team of multidisciplinary researchers aimed to evaluate how prevalent the practice is in African countries and which social factors are driving it. We also aimed to establish which communities were in most urgent need of interventions.** We used demographic and health surveys, alongside World Bank data. In a **recent paper** we set out our findings....”



## Global Policy - How governments use IMF bailouts to hurt political opponents – new research

<https://www.globalpolicyjournal.com/blog/16/11/2023/how-governments-use-imf-bailouts-hurt-political-opponents-new-research>

“M. Rodwan Abouharb and Bernhard Reinsberg argue that the IMF should require borrower countries to impose loan conditions in a non-partisan way.”

“... Our new book, **IMF Lending: Partisanship, Punishment and Protest**, shows how governments lump the burden of adjustment on opposition supporters while shielding their own backers – in other words, **using IMF programmes for political gain....**”

## Tweets (via X & Bluesky)

### Carolyn Reynolds

“Peter Piot nailed it @CFR\_org @StateDept forum: “The fact that the biggest pandemic in a century never made it to the @UN Security Council or a @UNGA Special Session is a failure of international leadership.” (PS: this CFR forum took place on Monday, recordings *available*: [https://www.cfr.org/event/global-health-security-and-diplomacy-twenty-first-century?utm\\_source=tw&utm\\_medium=social\\_owned](https://www.cfr.org/event/global-health-security-and-diplomacy-twenty-first-century?utm_source=tw&utm_medium=social_owned) )

### Africa Frontline first

“We joined @AfricaCDC to **launch the Continental Coordination Mechanism**. The initiative will rally stakeholders in community health to **support the development of an integrated community health worker program across Africa.**”

### Balasubramaniam

(tweeting a few quotes from a Politico article on the Pandemic Accord negotiations - <https://pro.politico.eu/news/catastrophic-health-effects-of-climate-change-laid-bare> )

“Does the U.S. even want a binding Pandemic Treaty? That’s the question we’re left asking after seeing numerous amendments to the text.”

“**Let’s make it voluntary**: The U.S. also attempts to water down binding language on licensing and technology transfer, insisting that this should happen on “voluntary” terms.”

“In turn, **the Africa group requests for language around transfer of technology and licensing to not have to be under “mutually agreed terms.”**”

## **Anthony Costello**

**“The world spends \$7000 billion each year on direct and indirect subsidies for fossil fuels. Yet only £0.2 billion on support for health systems to adapt to the effects of climate change .**