IHP news 754: Hopium for the people

(15 Dec 2023)

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

Dear Colleagues,

As I was feeling a bit under the weather this week due to some “unidentified” virus, and we’re approaching the end of the year, this week’s intro will first of all flag a few important deadlines to keep in mind & a ditto podcast.

- **Call for IHP correspondents 2024**: Deadline is, ahum, today (15 December)!
  
- **The Be-Cause Health/EV/HSG Call for crowdsourcing** is extended till 8 January: [Strengthening health for all – What works in a world in poly-crisis and uncertainty? Learning from success stories and promising failures](#) (+ [French version](#)/version en français)
  
- **The EV call for 2024 (Nagasaki)** is out: [https://ev4gh.bracjpsph.org/](https://ev4gh.bracjpsph.org/) Deadline: 20 Feb!
  
- **Transmissions – an ITM podcast series**: Launched a few months ago, season 1 of this podcast series focused on outbreaks and emerging infectious diseases. Episodes are about 20-30 minutes. If you haven’t had a chance yet, do listen to the first four episodes under the Christmas tree! The next season will be launched in May.

Over then to the global health ‘highlights’ of the week. We focus in this issue, among others, on the extra WHO Board meeting on Gaza from last Sunday, which happened to coincide with the (rather tragic) 75th anniversary of the Declaration of Human rights. **UHC Day** (on 12 Dec) obviously also gets quite some attention (with plenty of related reads & reports, and also FGHI’s [launch of the Lusaka Agenda](#)). And then of course there was the ‘historic’ / “landmark deal” at COP 28.

I don’t know if the “**UAE Consensus**” is your cup of tea, but when you read “.... the [adopted] draft calls on nations to transition “away from fossil fuels in energy systems, in a just, orderly, and equitable manner, accelerating action in this critical decade, so as to achieve net zero by 2050 in keeping with the science”, you probably think along with me: that totally sounds like a job for Sapiens. And that the urgently needed phase-out (a term treated like Voldemort at the COP) ‘... must be centred around equity, which means it must be “fast, fair, funded and forever”’ (as many developing counties rightly require), even more. I bet COP29 in Azerbaijan will turn out yet another “milestone” on this great COP journey, with plenty more ‘hopium’ for the world’s citizens (copyright: G Monbiot).

Though let’s face it, we can all use some “hopium” these days, and not just in the climate fight.
Anyway, you’ll read all about the second week of the COP in the Highlights section, and also in the extra ‘Planetary health’ section.

Enjoy your reading.

Kristof Decoster

**Featured Article**

**The good, the bad, and the ugly – Book review of Tim Schwab’s ‘The Bill Gates Problem’**

*Katri Bertram*

If there’s one part of Tim Schwab’s “reckoning with the myth of the good billionaire” (the book’s subtitle) you read, make it the conclusion. Schwab asks some fundamental questions on these final pages: Should one person, “any person – no matter how benevolent or well intentioned” have obscene amounts of wealth and extreme power? Is our only hope “that our billionaires are good billionaires”? Why does Bill Gates appear to be unaccountable, unimpeachable? Why don’t we “start saying no to Gates’s money”? This chapter should become assigned reading at universities and is a must-read also beyond.

Schwab’s aim was not to write a balanced biography of Bill Gates. In 350-plus pages, Schwab, an investigative journalist, digs into 15 thematic areas. Trying to trace Bill Gates’s influence, he implies it’s nearly impossible to differentiate between the work of Bill Gates, co-chair of the Gates Foundation; for a time in parallel chair and former CEO of Microsoft; owner of the private service company Gates Ventures; or the fourth-richest private individual and investor on the planet. Schwab wants to show that Gates’s highly publicized benevolent giving is nearly always tied to business or private investments. He also paints a picture of Gates as a “corporate animal” - and lobbyist - through and through. Whether on agriculture and Gates’s push for GMOs, health and his strong focus on polio and vaccines, or education and standardized testing in America, Schwab tells a story of a man first and foremost interested in selling and getting others to pay for specific products he believes in.

For anyone who has worked with the Gates Foundation, for them, or been a grantee, the greatest surprise in the thematic sections is not how “it becomes difficult to know where the Gates Foundation ends and some of its grantees, or surrogates, begin – or if, indeed, there is any separation at all.” What Schwab manages in his book is to show just how all-encompassing of the full value-chain Gates’s investments are in the areas he is interested in. Gates funds NGOs and champions who demand products, scientists who invent and trial products, researchers and journals that review these products, private-public-partnerships that market-create and pool funds for these products, multilateral institutions that set norms for these products, and journalists and media who profile these products. This “blanket funding” isn’t benevolent philanthropic giving, it’s a top-down way to control global policy. Intellectual property (IP) waivers (that Gates adamantly rejects) during Covid-19 is provided as an example of just how strong Gates’s control is.
Schwab’s book has three main weaknesses.

First, nearly no-one dared, was allowed to, or wanted to engage in interviews. “No comment” and “no response” litter each page. Schwab explains this as standard Gates strategy: to control all communication directly or through grantees, and not to provide “air” for criticism. Most anonymous sources explicitly noted it would be “career suicide” to “bite the hand that feeds them” (in current or future roles). Second, Schwab goes overboard with priming and at times with language. As most people familiar with Bill Gates and his foundation would probably shrug reading Gates has a hell of a lot of influence, Schwab tries to polarize and dig for dirt even deeper. The second chapter of the book is on sex-offender Epstein, and although there are many baffling associations to Bill Gates that warrant further clarification, the chapter is placed and written in a way that comes across as character assassination. Other chapters include references to Putin and Monsanto that are unclear, at worst misleading. Bill Gates “bleats” his points in a speech, and he has tantrums where his face “turns purple.” This diverts from valid and stronger analysis in the rest of the book. Third, Schwab doesn’t spend enough time explicitly asking why Gates rejects “systemic” and sustainable policies (for example, investing in country health systems, or women’s rights more broadly). Schwab implies Gates is a product guy, ultimately interested in markets and investment returns, and his own legacy. Yes, it’s where he and the Gates Foundation come from. But does this (depressingly) mean they can never change?

Kudos to Schwab for daring to write this book. Schwab poses important questions. Reading the conclusion, I think Schwab is coming at this from the right place, even if he at times oversteps on priming and tone. Most importantly, as someone who advocates for speaking truth to power, I strongly support Schwab on one front: we must be allowed to speak and write about Bill Gates and the Gates Foundation, on our own terms. Unless we get litigated to oblivion, let’s end the current absurd self-censoring.

**Highlights of the week**

**WHO’s Executive Board adopts resolution on access for life-saving aid into Gaza and respect for laws of war (10 Dec)**


“In a special session held [on Sunday] in Geneva, WHO’s Executive Board adopted a resolution aimed at addressing the catastrophic humanitarian situation in the Gaza Strip. The resolution was adopted by consensus. This is the first time since 7 October that a resolution on this conflict has been adopted by consensus within the UN system. It underscores the importance of health as a universal priority, in all circumstances, and the role of healthcare and humanitarianism in building bridges to peace, even in the most difficult of situations….”

“Among other points, the resolution calls for “immediate, sustained and unimpeded passage of humanitarian relief, including the access of medical personnel.” It calls on “all parties to fulfill their obligations under international law...and reaffirms that all parties to armed conflict must comply
fully with the obligations applicable to them under international humanitarian law related to the protection of civilians in armed conflict and medical personnel."....”

HPW - WHO Governing Board Approves Consensus Resolution on Gaza Health and Humanitarian Situation


With coverage of the extra WHO Board session.

“In a fragile show of unity, the World Health Organization Executive Board approved a draft resolution calling for “immediate, sustained and unimpeded” humanitarian relief to beleaguered Gaza, including safe passage of health personnel and supplies, as well as ambulances and patients.

“The WHO EB move, which will clear the resolution for approval by the May World Health Assembly, represents the first-ever consensus statement on the charged conflict so far in a UN body. The draft resolution on “Health Conditions in the Occupied Palestinian Territory” carefully sidesteps any direct references either to Hamas or Israel in a charged conflict where both Israeli and Palestinian leaders, and their allies, have accused each other of genocide and war crimes. ....”

...The WHO EB resolution, in contrast, focuses on humanitarian relief, making only one reference in the preamble to the broader UN “appeal for a humanitarian cease-fire.” Along with general calls for the free flow of aid and relief to besieged Palestinians, it also mandates WHO to lay plans for the rebuilding of Gaza’s shattered health system.”

PS: “...Breaking with its own precedent in the UN Security Council, the US supported the resolution, co-sponsored by Yemen, Morocco and Afghanistan – albeit with “reservations”. Those reservations, said the US, also backed by fellow EB member Canada, included the omission from the text of references to the Hamas 7 October incursions, Hamas hostage taking, and its use of hospitals and civilians as shields for military activities – as well as the preamble reference to UN calls for an immediate cease-fire....”

Lancet World Report - WHO Executive Board calls for action in Gaza

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02794-0/fulltext

“The Board, meeting in a special session for only the seventh time ever, has agreed a resolution calling for humanitarian assistance. John Zarocostas reports from Geneva.” In-depth analysis & some reactions.

PS: “...The final revised resolution emerged after intense negotiations by WHO delegates, who amended an earlier draft resolution proposed by 18 countries including China, Egypt, Indonesia, Malaysia, Saudi Arabia, Türkiye, and Qatar. Rubenstein contrasted the agreed resolution with the WHO resolution on Ukraine passed by the World Health Assembly in May, 2022. Unlike the Ukraine resolution, he said, it does not assign responsibility for the crisis to any of the belligerents: to Hamas, or to Israel. “I think it should be important to call out the parties on what they have done,
and on what they haven’t done”, Rubenstein said. “For example, it talks about the use of water, and it talks about the need for safe passage, but it doesn’t mention that Israel has obstructed both, and of course, it does not address Hamas’ embedding in hospitals, and other civilian infrastructures, and I think that is problematic.” The WHO Executive Board resolution makes no direct reference to attacks by Hamas or to Israeli military operations.

NYT – ‘We are all sick’: Infectious Diseases Spread Across Gaza

As if people in Gaza don’t have enough trouble & misery already: “Cold, wet weather combined with a lack of clean water, toilets and food have fueled a spike in respiratory, stomach and other ailments, and the sick are left struggling to recover, health officials say.”

And a link:

- WHO - WHO calls for protection of humanitarian space in Gaza following serious incidents in high-risk mission to transfer patients, deliver health supplies

75th anniversaries of the Genocide Convention and the Universal Declaration of Human Rights (10 Dec)

Guardian - World faces ‘heightened risk’ of mass atrocities due to global inaction
https://www.theguardian.com/law/2023/dec/08/un-and-us-efforts-to-stop-mass-atrocities-have-waned-activists-warn

“Human rights campaigners say UN’s ‘responsibility to protect’ principle and ambition to prevent genocides have diminished.”

“Human rights activists say that the international community has given up on intervention efforts to stop mass atrocities, leading to fears that such occurrences may become the norm around the world. The warnings come on the 75th anniversaries this weekend of the Genocide Convention and the Universal Declaration of Human Rights, both signed in the aftermath of the Holocaust in the hope that the world would act in concert to prevent a repeat of such mass slaughter.....”

“The United Nations’ “responsibility to protect” principle and the US efforts to build atrocity prevention mechanisms have, however, wilted in the face of a resurgence of atrocity crimes after a relative lull at the turn of the millennium.....”
Plos GPH - A critical juncture for human rights in global health: Strengthening human rights through global health law reforms

B M Meier et al

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgh.0002663

“As the world commemorates the 75th anniversary of the UDHR on 10 December, this “Human Rights Day” celebration arrives at a critical juncture for human rights in global health, raising an imperative for World Health Organization (WHO) reforms to strengthen the right to health and health-related human rights.....”

....Recognizing an imperative to align global health policy with human rights law, the Global Health Law Consortium and the International Commission of Jurists worked collaboratively through the COVID-19 pandemic to reach consensus on “Principles and Guidelines on Human Rights and Public Health Emergencies”. These Principles clarify human rights standards applicable in the prevention of, preparedness for, response to, and recovery from such emergencies. In so doing, the Principles take an expansive view of “public health emergencies,” recognizing that safeguarding human rights remains essential to an effective and equitable public health emergency response. Framing this emergency response in global governance, WHO Member States are undertaking negotiations to reform global health law, seeking amendments of the IHR and the development of a new Pandemic Accord; yet, diplomatic obstacles have raised uncertainty about whether the resulting legal instruments will prioritize human rights, equity, and accountability. Looking beyond vague references to the “right to health,” advocates argue that transformative reforms must translate human rights principles into tangible obligations and mechanisms that facilitate accountability for human rights realization. This human rights framework must be applied across global health policies, programmes, and practices, including critical areas such as access to medicines, intellectual property, health system financing, access and benefit-sharing, and One Health. The future of human rights in global health will be established in these global health law reforms, but ultimately, the human rights movement must transcend this moment. For rights to be become a reality in health, realizing the promise of the UDHR, they must be mainstreamed across global health governance, ensuring that the rights of individuals are safeguarded in all global health efforts. »

HHR – December issue


- Includes an editorial by the new editor-in-chief Joseph J Amon - Realizing the Right to Health: A Long and Winding Road.
- And a special section on Economic Inequality and the Right to Health.


““Building back better” post-pandemic, as advocated by the Organisation for Economic Co-operation and Development, could advance the realization of health as a human right. However, the COVID-19 pandemic is more likely to represent a tipping point into a new and even more unequal normal, nationally and internationally, that represents a hostile environment for building
back better. This paper begins with a brief explanation of the tipping point concept. It goes on to
describe the mechanisms by which the pandemic and many responses to it have increased inequality,
and then identifies three political dynamics that are inimical to realizing health as a human right
even in formal democracies, two of them material (related to the unequal distribution of resources
within societies and in the global economy) and one ideational (the continued hegemony of
neoliberal ideas about the proper limits of public policy)....”

Medium - Rethinking human rights in the AI-driven future

“Sara (Meg) Davies discusses the need for greater dialogue on human rights issues in the digital
age.”

And a link:

- Geneva Solutions - After 75 years, what is the UN human rights system’s theory of change?

“Between clashing world views of the purpose of a human rights system 75 years in the making,
the answer as to how to effect real change lies somewhere in the middle, writes Marc Limon,
executive director of the Universal Rights Group.”

UHC Day (12 December) (and other UHC & PHC reads)

WHO - Virtual launch of the 2023 Global Health Expenditure Report took place on
Monday 11 Dec
https://www.who.int/news-room/events/detail/2023/12/11/default-calendar/global-spending-on-
health-coping-with-the-pandemic

The 2023 GHE report, “Global spending on health -Coping with the pandemic” was launched on
Monday (11 Dec).

“This year, the report focuses on health spending in 2021, providing new insights into the
dynamics of increased global spending on health through the pandemic. Leveraging available
detailed expenditure data from a set of countries, the report also provides insights into the
strategies employed by healthcare providers to respond to new and evolving demands during the
pandemic, and sheds light on how countries coped with the challenges posed by competing
priorities between COVID-19 and other diseases. Additionally, the report explores health capital
investments, which shape current operational capacity and are essential for forging a path toward
effective and resilient health systems.”

If you’re short of time, check out the key messages (on page 8-9).
And this is the WHO press release of the report – **WHO calls on governments for urgent action to invest in Universal Health Coverage**

“Released ahead of UHC Day, the report reveals that in 2021 global spending on health reached a new high of US$ 9.8 trillion or 10.3% of global gross domestic product (GDP). Nevertheless, the distribution of spending remained grossly unequal. Public spending on health had increased across the world, except in low-income countries where government health spending decreased and external health aid played an essential supporting role. In 2021, about 11% of the world’s population lived in countries that spent less than US$ 50 per person per year, while the average per capita spending on health was around US$ 4 000 in high-income countries. Low-income countries accounted for only 0.24% of global health expenditure, despite having an 8% share of the world’s population.....”

“....The record spending on health in 2021 demonstrated how countries prioritized public health during the pandemic even as economies and societies reeled from the massive disruptions it caused. However, the report also highlights that the scale of growth in public spending on health observed during this period is unlikely to be sustained, as countries shift focus to handle other economic priorities such as slowing growth, high inflation rates and increased debt servicing obligations associated with rising indebtedness....”

**WHO - Universal Health Coverage Day 2023 focuses on building resilience of health systems**


WHO press release on UHC Day (12 Dec). “On Universal Health Coverage (UHC) Day, WHO is calling on governments to prioritize investments in building resilient health systems to safeguard the health and well-being of all people, everywhere.”

The backdrop: “In an increasingly turbulent world, climate change, emergencies and other shocks will take an even greater toll on health systems and the people who need them most. Over 40% of people in the world already live in areas highly susceptible to climate change. Over a quarter of the global population live in settings affected by protracted conflict, poverty and lack of access to basic health services. Global humanitarian needs have reached record levels with 360 million people in need worldwide. At the same time, half the world’s population is not fully covered by essential health services and 2 billion people face financial hardship or are impoverished due to out-of-pocket health spending. Without urgent action, these gaps will only widen.....”

**Future of Global Health Initiatives – Launch of Lusaka agenda**

[https://futureofghis.org/final-outputs/](https://futureofghis.org/final-outputs/)

“The Lusaka Agenda – launched on UHC day 12 December 2023 – marks the culmination of a 14-month process of engagement that has included multi-stakeholder dialogues in Addis Ababa, Ethiopia (14 June), Wilton Park, UK (4-6 October) and Lusaka, Zambia (26 November). Building from existing efforts, it captures consensus around five key shifts for the long-term evolution of GHIs – and the wider health ecosystem – and highlights a number of near-term priorities to catalyse
action towards the five shifts. It provides a foundation for coordinated action to support these shifts, and a path towards a joint long-term vision of domestically-financed health systems and UHC that leaves no one behind.”

Do read the report - The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process

7-pager.

UHC 2030 - A look at the key findings of the 2023 State of commitment to universal health coverage


“….The State of UHC commitment brings a unique multi-stakeholder view to a simple question: Are countries acting on their commitments to UHC? The 2023 review provides an alarming answer, with insufficient progress in service coverage and setbacks in financial protection. However, it also shows that, since 2015, countries have made various commitments to UHC, prioritizing equity and recognizing the importance of UHC for achieving SDG 3, Ensuring healthy lives and well-being for all at all ages. Now is the time for countries to take urgent action to close the gaps between policy, implementation and results. “

“Here’s a summary of the key findings of the review based on the eight action areas from the UHC Movement Action Agenda: …”. Check them out, per action area.

Some key trends:

“After the 2019 UN high-level meeting on UHC, annual country commitments to UHC almost doubled between 2019 and 2021. Yet, in 2022, the trend stagnated and even reversed in some countries. Although the majority of countries recognize UHC as a goal, which is reflected in laws and national plans, there are few concrete operational steps and lack of adequate public financing for health, setting UHC targets for 2030 further off track. • Countries’ commitments do not address all three dimensions of UHC: service coverage, population coverage and financial protection. Most commitments address service coverage (43%) and population coverage (42%), with relative lack of commitment and clear targets for financial protection (15%), which is a crucial, integral component of UHC. Reducing financial barriers to health care was systematically under-prioritized, including under-investment. • Countries continue to rely on disease- and service-specific programmes and interventions instead of operationalizing UHC commitments through comprehensive reforms for comprehensive health benefits and integrated service delivery.”

Lancet GH (Comment) - Universal health coverage is fundamental to preparing for a healthier and better tomorrow

A Achrekar, J Koon et al (on behalf of the Coalition of Partnerships for UHC and Global Health); https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00591-0/fulltext
Among others, authors are worried about the current lack of a health focus in the Summit of the Future, scheduled for Sept 2024.

“On Dec 12, Universal Health Coverage (UHC) Day, we stand at a crossroads in our collective journey towards achieving health for all. This moment is not just a checkpoint at which to gauge current progress; it also represents a crucial opportunity to place health at the forefront of global development, political agendas, and collective actions. Time is of the essence, and we can ill afford to squander it. This year has been pivotal for UHC and global health on the political stage. …” Read why.

“…. The need for faster progress on UHC is substantive and pressing. The latest Global Monitoring Report on UHC showed that, in 2021, about half of the world’s population—4·5 billion people—lacked access to essential health services …. Since 2021, as the Coalition of Partnerships for UHC and Global Health, we have been at the forefront of advocating for our shared ambition of achieving UHC and other SDG3 targets—including reducing maternal, neonatal, and child mortality; ending the epidemics of HIV, tuberculosis, malaria, and neglected tropical diseases; ensuring universal access to sexual and reproductive health services; reducing premature mortality from non-communicable diseases; and addressing the growing burden of mental health conditions and others. Reaching UHC is critical for achieving these SDG3 and other relevant SDG targets.”

“In light of the global stagnation in progress, our resolve to intensify our advocacy efforts and keep health at the top of the global agenda has only strengthened. Looking at the year ahead, with decisive moments for the 2030 Agenda for Sustainable Development on the horizon, our concern deepens regarding the notable absence of a health focus in the draft decision for the Summit of the Future next September. … As we mark UHC day, we know that prioritising UHC and health for all will prepare us for a better future. We therefore urge governments to position health at the core of the Summit of the Future’s agenda.”

BMJ GH (Editorial) - The role of Primary Health Care, primary care and hospitals in advancing Universal Health Coverage
Luke N Allen et al. https://gh.bmj.com/content/8/12/e014442

Nuanced reply to R Horton’s Offline from some weeks ago, Offline: Primary healthcare is not enough.

Lancet GH Series - The People’s Voice Survey on Health System Performance
https://www.thelancet.com/series/peoples-voice-survey

“Understanding how health systems perform is key to improving health service delivery and health outcomes. Like any other service sector, health systems need to learn from the populations who use and fund them. Currently, there are few rapid and comparable approaches that incorporate population views when tracking health system performance. The People’s Voice Survey is a new survey that is rapid, low-cost, and population-representative. With proper adaptation, it is applicable to any country, regardless of national income, health expenditure, or health system structure. The six papers in this Series highlight the innovative measures featured in the People’s Voice Survey, including confidence in public primary care, system competence in preventive care, and user activation. They examine quality and confidence in health systems as well as people’s
experience with several prominent health system initiatives, such as universal health coverage, primary care, and vaccination drives. Given the manifest inequities in health quality and effective coverage, they also examine wealth, location, and gender equity in key aspects of health system performance.”

Do start with the Introduction to The Lancet Global Health’s Series on the People’s Voice Survey on Health System Performance (By M Kruk et al.)

“…. The People’s Voice Survey is a new survey designed by the Quality Evidence for Health System Transformation (QuEST) Network—an initiative focused on the measurement and improvement of health system quality through a multicountry research consortium. The People’s Voice Survey is a rapid, low-cost, population-representative telephone survey. With proper adaptation, it is applicable to any country, regardless of national income, health expenditure, or health system structure. The People’s Voice Survey aims to promote health system accountability to the population, track the impact of reforms and policies over time, promote benchmarking across countries and subnational regions, and inform action towards more effective and person-centred health systems. The instrument was developed with a large global group of collaborators in 18 countries and in consultation with policy makers and regional stakeholders…..”

With an overview of the six papers.

PS: “... At its core, the People’s Voice Survey aims to bring a social voice to health system measurement.”

BMJ Collection – Quality of care

https://www.bmj.com/qualityofcare

“…. Despite progress toward improving quality of care, there are persistent challenges to sustainably integrating quality improvement efforts into national health systems. Challenges, for example, relate to health management capacity, strengthening accountability mechanisms, demonstrating impact through measurement, and systematically involving communities to improve quality of care. The covid-19 pandemic laid bare additional challenges, including the importance of maintaining provision of quality care during emergencies and in vulnerable settings. This BMJ collection, in collaboration with the World Health Organization and the World Bank, offers critical thinking on both the unfinished agenda and emerging priorities for improving quality of care in low- and middle-income countries. Examples are primarily drawn from maternal, newborn and child health to illustrate current issues that warrant further attention and action as well as new and evolving opportunities for ensuring all people have access to quality health services.”

- Related: WHO press release Health service quality must be a priority, not an afterthought: New Collection on quality of care

“…. Countries need to ensure continuous attention to the quality of their healthcare services, including during emergencies, contends a new Collection of articles launched today in the British Medical Journal (BMJ). The authors call for greater investment and political attention to quality issues – not just access - as a cornerstone of universal health coverage…..”
Do start with the Editorial - Enable, engage, and innovate for quality

We certainly also want to flag: The politics of health system quality: how to ignite demand

“Kevin Croke and colleagues consider how demand for quality health systems can be made a political and public priority to drive change in low and middle income countries.”

Key messages: “... Generating greater demand for health system quality is a key element of quality improvement strategies in low and middle countries; Yet most of these strategies have overlooked the political challenges that this entails; Both top-down reforms by policy makers and bottom-up mobilisation from the public face systematic barriers; Reformers should seek to cultivate issue networks focused on health system quality, as a complement to top-down and bottom-up approaches.”

Book (Elements in Global Development Studies)- Going Public The Unmaking and Remaking of Universal Healthcare
by R Kumar & A-E Birn. Cambridge:

“This Element highlights the pivotal role of corporate players in universal health coverage ideologies and implementation, and critically examines social innovation-driven approaches to expanding primary care in low-income settings. It first traces the evolving meanings of universal health/healthcare in global health politics and policy, analysing their close, often hidden, intertwining with corporate interests and exigencies. It then juxtaposes three social innovations targeting niche “markets” for lower-cost services in the Majority World, against three present-day examples of publicly financed and delivered primary healthcare (PHC), demonstrating what corporatization does to PHC, within deeply entrenched colonial-capitalist structures and discourses that normalize inferior care, private profit, and dispossession of peoples.”

Pandemic Accord & IHR amendments negotiations

With updates & analyses on the back-to-back meetings from last week in Geneva, among others.

GHF – Pandemic Agreement Talks “Difficult” Amidst Polarisation, Pressure Builds for a "Lite" Accord by May 2024 sans Contentious Provisions [INB7 Update]

Update from late last week on the INB negotiations re a ‘Pandemic accord’.

“... The process could take two paths, a shorter, easier one that might lead to the final deadline in May 2024, albeit without much change in status quo. A second, more challenging one, with a longer timeline, but one that might lead to few but potentially significant changes in the governance of
health emergencies particularly for response measures. It is beginning to appear that political expediency could very likely push the first approach.”

“... With effectively five months to spare, and an enormous gulf to close, increasingly many delegates privately questioned the possibility of concluding negotiations by May 2024 unless countries agree towards a narrow aspirations-based accord that more or less keeps the status quo....”

Managing IP - US continues to resist mandatory IP rules in latest WHO pandemic draft


(gated) “The latest copy of a draft pandemic treaty shows the US and its allies are digging in over developing countries’ request for mandatory tech transfer”.

Via X, a few quotes from the article with James Love (KEI)’s view:

"But James Love, director of the non-profit Knowledge Ecology International, told Managing IP he was “more optimistic than most commentators” of a deal getting done in time after observing talks in Geneva last week. ... “The chances of getting a deal are good, but one fear people have is that we’ll get an agreement that’s not very specific or actionable. That would be a bad outcome – a successful negotiation with a meaningless instrument.”

James Love: “‘But I don’t think it will be that bad. I don’t think the US red lines are as red as they say.’ "How hardline can the US afford to be on IP issues if it costs them on another issue? The US will have to deal with that at some point,” Love said.””

• And a Tweet by the author of a (similar) Politico article, Ashley Furlong: “If the U.S. had its way, action to prepare the world for the next pandemic would be almost entirely voluntary. In a document obtained by POLITICO, which shows the negotiating text as it stood on Dec 5, the US continues to weaken provisions.”

WHO - Financing, stages of alert for potential pandemics among the issues debated in sixth meeting of WGIHR


Official WHO press release after the latest WGIHR meeting (re the IHR amendments).

"“WHO Member States this week continued their negotiations on proposals for amendments to the International Health Regulations (IHR), with extensive discussion on financing for preparedness and response to health emergencies, as one of the areas of common interest to the Intergovernmental Negotiating Body (INB). .... The sixth meeting of the Working Group on
**Amendments to the IHR (WGIHR) was held on 7-8 December 2023.** The IHR are a set of legally binding obligations for the 196 States Parties and for WHO with respect to public health events with risk of international spread. The proposed amendments, of which more than 300 have been submitted by States Parties to 33 of the 66 articles of the IHR, are a reaction to the challenges encountered during the response to the COVID-19 pandemic.

“WGIHR members had very constructive discussions this week that continue to move us towards a package of amendments to be submitted to the next World Health Assembly. Of particular importance was agreeing on next steps on financing mechanisms for health emergency preparedness and response. The WGIHR is working in coordination with the INB on this and other common issues,” said Co-Chair Dr Ashley Bloomfield of New Zealand. Co-Chair Dr Abdullah Asiri of Saudi Arabia also noted that, “One of the most critical matters the WGIHR is discussing centres on proposals for a tiered alert system, also referred to by Member States as the ‘public health alert – PHEIC – pandemic continuum’. The greater clarity we achieve on these definitions and the actions they require, the more prepared the world will be for the next pandemic.”

**GHF - Developing Countries Could Use IHR Negotiations as a Tool to Ensure Pandemic Agreement Talks Stay on Course [WG-IHR Update]**

Priti Patnaik and Tessa Jager; [Geneva Health Files](https://www.genevahealthfiles.ch);

Analysis of the same (WGIHR) meeting.

“... When the process first began more than two years ago, countries were supposed to have concluded their negotiations on the IHR by December 2023. But pending discussions and consensus on key proposals including those focused on introducing equity-related considerations to the IHR, more time has been sought to conclude the negotiations on amending these rules. In addition, critical issues such as definition of a pandemic; a tiered alert system for declaring health emergencies; and on financing mechanisms; are being addressed both in the forum to amend the IHR, and in parallel discussions towards a new Pandemic Agreement. Unless these key issues are addressed within the overall scope of governing health emergencies including also pandemics, changes to IHR cannot be approved in isolation, diplomatic sources explained to us this past week.”

Ps: on the INB-IHR dynamic: “A number of diplomats from developing countries told us that although the amendments to the IHR could have a greater acknowledgment on matters of equity in the principles, it will remain to be seen whether proposals operationalizing equity will eventually feature in final package of amendments. Interestingly, not all developing countries fully agree that the amendments to the IHR must transform the technical nature of the instrument. For some countries, bringing in equity related provisions amounts to politicization of the instrument. ... And yet, for developing countries particularly the Africa Group, among others, mainstreaming equity in the IHR are a central purpose to these proposed amendments.”

“... Countries are also looking at the IHR more broadly to govern health emergencies in general, than the narrow approach of the Pandemic Agreement that is intended to focus only for pandemics. “We are keen that the definition of a pandemic should feature in the IHR. PHEICs become pandemics, so it logical for the IHR to have this definition...” “... Notwithstanding the uncertainty around an instrument (a new Pandemic Agreement) that does not exist yet, countries are keen to have as much legal clarity as is possible in a prevailing instrument (the IHR) that has 196 State Parties to it. And that brings up the dynamics of countries wanting to bind both these
tracks of negotiations into a combined package that will deliver not only amendments to the IHR, but also a new Pandemic Agreement. A number of developing country negotiators indicated this week, that countries would not approve a package of amendments to the IHR, unless the negotiations for a Pandemic Agreement will also deliver intended results…..”

“... So, in the event that there is no Pandemic Agreement by May 2024, will the amendments to the IHR hang in balance? It is a possibility that cannot be ruled out.”

Global Health Governance

TGH - The EU Global Health Strategy, One Year On
I Kickbusch et al;

https://www.thinkglobalhealth.org/article/eu-global-health-strategy-one-year

“ Early achievements and challenges ahead.”

“...The European Commission adopted the European Union Global Health Strategy on November 30, 2022. The strategy emerged in the wake of the COVID-19 pandemic to add a global dimension to efforts to improve public health within the European Union (EU). Over the past year, the EU and its member states began implementing the strategy to further strengthen the EU’s contribution to global health. Early achievements demonstrate the strategy’s potential, but important challenges lie ahead in fulfilling it. …”

CGD (blog) - It’s Time to Evolve Gavi’s Eligibility and Transition Model
M Pincombe et al;


Blog linked to a new CGD paper.

“Harsh fiscal prospects and broader shifts in the health landscape are creating challenges for Gavi’s approach to country eligibility and transition. To date, Gavi’s income-based eligibility model has functioned well during periods of sustained growth in low- and middle-income countries and has helped incentivize countries to increasingly self-finance immunization. However, amidst acute budget pressures and the pandemic’s fallout on immunization services and health systems, this model is no longer fit for purpose. Changes are needed to ensure Gavi can deliver on its mission going forward. In a new CGD policy paper, we build on earlier analysis and project countries’ prospects for transitioning from Gavi support between 2023 and 2040 using updated macroeconomic data. Below, we highlight key takeaways from this analysis: first, Gavi’s current model is not well-suited to meet current fiscal challenges; and second, roughly 40 countries are projected to remain eligible for Gavi support through 2040, raising questions about longer-term commitments for support beyond the Sustainable Development Goals (SDG) era. We then offer
recommendations for how Gavi can evolve its approach to eligibility and transition in its next strategic period, “Gavi 6.0.” ...

Journal of Global Health - Shared health governance, mutual collective accountability, and transparency in COVAX: A qualitative study triangulating data from document sampling and key informant interviews

“... COVAX’s goals may have best been pursued through shared health governance – a theory of global health governance based on six premises, in which global health actors collaborate to achieve a shared goal. Shared health governance employs a framework for accountability termed “mutual collective accountability”, in which actors hold each other accountable for achieving their goal, thus relying on transparency with one another.” “...We conducted a multi-method qualitative study triangulating document analysis and key informant interviews to address the question: To what extent did COVAX employ shared health governance, mutual collective accountability, and transparency....”

Conclusion: “...The COVAX partnership only achieved four of the six premises of shared health governance. Since actors involved in COVAX did not hold one another accountable for their role in the partnership, it did not employ mutual collective accountability, while also lacking in transparency....”

Lancet World Report – CPHIA 2023: realising Africa’s new public health order
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02795-2/fulltext

“The annual Conference on Public Health in Africa has quickly become a key event for shaping Africa’s health future. Munyaradzi Makoni reports.”

“...The ambition of a new public health order for Africa is now a major focus of health policy on the continent, and the CPHIA has become a key forum for exploring how it might be made a reality....”

Overview of how the five pillars (of the new public health order) were covered at CPHIA 2023.

And: “Enabling Africa to set its health agenda is what CPHIA is all about. “Having a major conference like CPHIA on the continent here in Africa means that we can change the narrative”, said Machingaidze. “It means that we can lead the conversation.”

COP 28 (2dn week)

Below you find some coverage & analysis related to – mostly- the main agreement at the COP (and some reactions). Also some other highlights from the COP – but do also check the extra ‘Planetary health’ section (for much more on the COP).
Guardian - Cop28: second draft text of climate deal calls for ‘transitioning away’ from fossil fuels


With overall analysis of the final adopted text, and the various positions during the last COP week.

“Latest [and adopted] draft does not include a commitment to phase out or phase down fossil fuels, as many countries, civil society groups and scientists have urged.”

“Instead, it called on countries to contribute to global efforts to transitioning away from fossil fuels in energy systems “in a just, orderly and equitable manner, accelerating action in this critical decade, so as to achieve net zero by 2050 in keeping with the science” ....”

On the various positions of different camps: “.... Climate justice advocates have told the Guardian that rich countries have failed to show the leadership necessary to solve the climate crisis, and many are too mired in their own hypocrisy over fossil fuels to break the impasse at Cop28, Saudi Arabia and a few allied countries were in a small minority that had publicly raised strong objections to the inclusion of any reference to reducing the production and consumption of fossil fuels in the text of a potential deal. Many developed countries have publicly pushed hard for a phase-out of coal, oil and gas – but with caveats such as “unabated” or just coal, in the case of the US. In contrast, many in the developing world – despite their desire to see global temperatures limited to 1.5C above pre-industrial levels – say any commitment to phasing out fossil fuels must be “fair, funded, and fast”, with the rich polluting countries transitioning first......”

PS: more detail on these respective stances (and criticisms), via The Guardian.

Guardian - Cop28 landmark deal agreed to ‘transition away’ from fossil fuels


Overall analysis. With also some first reactions (by Gutteres, J Kerry, J Rockström)

“Summit president hails ‘historic package to accelerate climate action’ but critics decry ‘litany of loopholes’ in final text.”

PS: “Key points to come out of the deal included:

- It reinforced the 1.5C goal and recognised it would require a 43% emissions cut by 2030 and 60% by 2035 relative to 2019 levels. It implies a major increase in targets and policies when countries submit new commitments in 2025.

- Countries backed a call for global renewable energy to be tripled and the rate of energy efficiency improvements doubled by 2030.
• A statement that global emissions should peak by 2025 was dropped. China, among others, objected to this despite evidence it may be on track to peak its own emissions by then.

• Language backed by fossil fuel interests found its way into the text, including “transition fuels” – a code for natural gas – and “carbon capture and utilisation and storage”.

• Little progress was made on climate adaptation and finance, which the deal acknowledges will need trillions of dollars in support.

• A loss and damage fund to help the most vulnerable repair the damage from climate breakdown was operationalised – a major step forward – but significant work remains to build its capacity.”

More Guardian analysis: Good Cop, bad Cop: what the Cop28 agreement says and what it means Including on what’s NOT in there.

Climate Home News - No ‘phase-out’, but Dubai deal puts oil and gas sector on notice

HPW - Midnight Marathon at COP28 as Island Nations Confront a ‘Death Sentence’

Analysis by HPW of the final (adopted) text. Excerpts:

“The latest draft text, released early Wednesday after negotiations into the late hours, does not include a commitment to phase out or down fossil fuels. Scientists, environmentalists, and human rights advocates view phasing out fossil fuels as essential to maintaining the 1.5C warming cap set in the 2015 Paris Agreement. Instead, the draft calls on nations to transition “away from fossil fuels in energy systems, in a just, orderly, and equitable manner, accelerating action in this critical decade, so as to achieve net zero by 2050 in keeping with the science.”…”

“Significant changes include removing a directive to phase out coal use “this decade,” allowing coal-dependent nations like China and India to continue their reliance on this highly polluting fuel. The revised text also weakens language on the $7 trillion global fossil fuel subsidies, focusing now only on those not addressing energy poverty or a just transition, and excludes targets on methane and other non-greenhouse gases. While the first draft drew widespread criticism, reactions to the new draft are mixed. The central change in language around fossil fuels is the shift from nations “should” transition away from fossil fuels to a text that “calls on” nations to do so — a minor but significant change in U.N. language.

“…Despite falling short of demands from over 100 countries and environmental groups, the draft is the first COP agreement to directly address the need to move away from all fossil fuels. “For the first time in three decades of climate negotiations the words fossil fuels have ever made it into a Cop outcome,” said Mohamed Adow, Director of the energy and climate think tank Power Shift Africa. “We are finally naming the elephant in the room.”…”

PS: “…..Meena Raman, of the Third World Network and a seasoned COP participant, referred to UN and Oil Change International reports, highlighting the contradiction of these nations. “Many reports have clearly shown that these same countries, as they come here and pretend to be climate champions and talk about limiting temperature rise and talk about ending fossil fuels,
have signed and continue to sign licenses for expansion and production of fossil fuels,” said Raman. Raman also pointed out the draft’s failure to address the means of implementation which would allow developing countries to invest in green energy. These include areas such as finance, technology, and capacity building, crucial for developing nations to phase out fossil fuels. “

- See also HPW - COP28: Landmark Fossil Fuel Deal Falls Short of Phase-Out

“…. The final agreement notably restricts the call for a fossil fuel transition to “energy systems”, raising questions over the agreement’s applicability to fossil fuels used in heavy industry, as feedstocks for chemicals and plastics, and in transportation — all major contributors to annual greenhouse gas emissions.”

“…. Reactions from scientists, activists, and policymakers were mixed, highlighting the deal’s historic nature but also its shortcomings.” Among others, from Maria Neira (WHO); F Otto (Imperial college London); Mike O’Sullivan (university of Exeter).

PS: “The agreement also candidly addresses the immense scale of the financial challenges ahead. It estimates that developing countries will require between $215 and $387 billion in adaptation finance by 2030, with a global annual investment of $4.3 trillion in green energy required until 2030, escalating to $5 trillion thereafter. The agreement also includes a call for reforming the global financial architecture, notably the World Bank and the International Monetary Fund, to enable developing countries to access vital finance to adapt to climate change. …… The agreement recognizes the need for trillions, not billions, of dollars to tackle climate change, yet it stops short of outlining specific funding sources. ….”

“…. Further accomplishments of the UAE Consensus include pledges to halt deforestation by 2030 and to incorporate health as a distinct sector in adaptation funding, a key ask of the World Health Organization and global health experts. “Health is firmly embedded in the newly adopted Global Goal on Adaptation,” Arthur Wyns, COP28 advisor at the World Health Organization told Health Policy Watch. “A dedicated health adaptation target helps to ensure the health sector itself will receive a stronger focus on adaptation going forward.”

And a final quote: “Mike Berners-Lee, a carbon footprinting specialist at Lancaster University, cautioned that the fossil fuel sector achieved its goals at the summit. “Cop28 is the fossil fuel industry’s dream outcome,” he observed. “Because it looks like progress, but it isn’t.”

Guardian (Explainer) - Why ‘implementation’ matters in the global fight against the climate crisis

Informative read. “Developing countries argue they don’t lack ambition when it comes to phasing out fossil fuels – it’s all about the means.”
“... Why do some developing countries appear to be resisting a fossil fuel phase-out? The answer is fundamentally about **implementation** – how countries struggling to eradicate poverty and provide basic services (including energy) for their people fund the transition away from fossil fuels.

The “**means of implementation**” has become a sticking point at the talks, with **developing countries united in demanding that developed countries honour their legally binding obligations under the Paris agreement**. Developing countries that have contributed so little to the climate crisis but are suffering the worst impacts argue that a phase-out must be centred around equity, which means it must be “fast, fair, funded and forever”. .... Developed countries must go first, start immediately, stop expansion plans, and provide proper financial assistance rather than loans so the rest of the world can work towards the same ends....”

UN News - COP28 ends with call to ‘transition away’ from fossil fuels; UN’s Guterres says phaseout is inevitable


“Reacting to the adoption of the outcome document, UN chief António Guterres said that mention of the world’s leading contributor to climate change comes after many years in which the discussion of this issue was blocked. He stressed that the era of fossil fuels must end with justice and equity. “To those who opposed a clear reference to a phaseout of fossil fuels in the COP28 text, I want to say that a fossil fuel phase out is inevitable whether they like it or not. Let’s hope it doesn’t come too late”, he added.”

“... **What else happened at COP28?** The loss and damage fund designed to support climate-vulnerable developing countries was brought to life on the first day of the COP. Countries have pledged hundreds of millions of dollars so far for the fund; Commitments of worth $3.5 billion to replenish the resources of the Green Climate Fund; New announcements totaling over $150 million for the Least Developed Countries Fund (LDC) and Special Climate Change Fund (SCCF); An increase of $9 billion annually by the World Bank to finance climate-related projects (2024 and 2025); Nearly 120 countries backed COP28 UAE Climate and Health Declaration to accelerate actions to protect people’s health from growing climate impacts; Over 130 countries have signed up to COP28 UAE Declaration on Agriculture, Food, and Climate to support food security while combating climate change; Global Cooling Pledge has been endorsed by 66 countries to reduce cooling related emissions by 68% from today.”

“What’s next? The next round of national climate action plans – or Nationally Determined Contributions – is due in 2025, when countries are expected to have seriously boosted their actions and commitments.”

Some more early reactions:

Climate and health alliance - Health Organisations: COP28 “Signals” Alone From World Leaders Will Not Protect People’s Health

As COP28 closes today in Dubai, the health community commended agreements in the outcome text of COP28 that some countries noted as signaling the end of the fossil fuel era. However, health groups denounced the summit’s failure to commit to a full phase out of fossil fuels, a critically urgent step towards protecting people’s health, and criticized the failure to commit to strong targets for adaptation to build resilient systems capable of protecting vulnerable people.

Civil society response (Climate Action international) - COP28: New path to transition away from fossil fuels marred by lack of finance and loopholes

“New path to transition away from fossil fuels marred by lack of finance and loopholes.”

COP28 in Dubai sends an important signal on the end of fossil fuels but leaves more questions than answers on how to ensure a fair and funded transition that is based on science and equity.

Guardian - Indigenous people and climate justice groups say Cop28 was 'business as usual'

“Developing countries call agreement to transition away from fossil fuels ‘unfair’ and ‘inequitable’.”

Mary Robinson (the Elders)
https://twitter.com/TheElders/status/1734847594243788821

“The COP28 agreement, while signalling the need to bring about the end of the fossil fuel era, falls short by failing to commit to a full fossil fuel phase out. If 1.5°C is our ‘North Star’, and science our compass, we must swiftly phase out all fossil fuels to chart a course towards a liveable future. To fail to keep global warming below 1.5°C has catastrophic implications for the most vulnerable communities and countries. At a time of profound global challenges, that nations have managed to salvage enough common ground in Dubai to keep the climate action process moving forward is notable. Progress on loss and damage and tripling renewable energy demonstrate the vital role of multilateralism in addressing the climate crisis. However, at COP28 transparency, equity and climate justice have been undermined by misleading language, false solutions and game-playing. Furthermore, the final agreement lacks the critical financial keys to unlock the trillions of dollars needed for any just transition. Without providing the necessary means for implementation we doom those countries on the frontlines of the climate emergency to failure. Climate action must not cease because the gavel has come down on COP28. World leaders must continue to urgently pull together and find ways forward to tackle this existential threat. Every day of delay condemns millions to an uninhabitable world.”

Kevin Anderson - Quick Response To The Draft Final Text Of COP28
Short blog, well worth a read.

He concludes: “...The climate challenge we face today is 40 billion tonnes of carbon dioxide harder than it was last year, and around one third of a trillion tonnes more difficult than at the time of the Paris Agreement. **COP28 might well have been appropriate if it had taken place in 2000, but in 2023 it falls far short of our Paris temperature and equity commitments.** The time for polish, rhetoric and applause is long gone. We face a climate emergency that the COP process appears simply unwilling or unable to address.”

Devex - COP 28 adaptation accord blasted as 'devoid of actionable commitments'

“Countries have agreed on a playbook for the world to increase its resilience to worsening climate shocks at the United Nations’ climate change conference, or COP 28, in Dubai. **But low-income countries warned much stronger finance provisions are needed to deliver.** The framework — which was reached today following an extension of the negotiations — is intended to help nations develop adaptation plans, orient investments, and track progress on delivering on a global goal on adaptation to “enhance adaptive capacity, strengthen resilience and reduce vulnerability to climate change.”

“...African countries repeatedly described an agreement on a robust adaptation framework as “the most important outcome for Africa at COP 28.” But the outcome fell short of many low-income countries’ expectations and followed difficult negotiations, in which the Arab group and a grouping of like-minded emerging economies, which includes China and India, repeatedly blocked negotiations in the first week of the conference. **...Under the agreement, countries agreed on seven thematic targets to achieve “by 2030 and progressively beyond.”** This includes significantly reducing climate-induced water scarcity, building climate-resilient food production, health services and infrastructure, protecting cultural heritage, and reducing impacts on ecosystems and poverty eradication. ... The framework also sets targets for countries to deliver adaptation planning, implementation, and monitoring. By 2027, all countries should establish early warning systems and by 2030, nations should have adaptation plans in place, and have made progress in implementing them.”

“... Low-income nations, and particularly African countries, repeatedly asked for the framework to set specific, measurable, and time-bound quantitative and qualitative targets to help guide the delivery of the adaptation goal.... ... A “request” to high-income countries to provide low-income nations “with long-term, scaled-up, predictable, new and additional finance” was removed. While the text previously “committed” to closing the adaptation finance gap, the final agreement only “seeks” to do so. The accord, however, “urges” high-income countries “to mobilise support, including private finance” to support low-income nations in implementing the goal. **Countries agreed to prepare a report on a goal to double adaptation finance provisions — to $40 billion — by 2025 ahead of COP 29 in Azerbaijan next year when a ministerial dialogue will be held on the issue. But this falls short of the roadmap detailing how the goal will be met, which low-income countries have been calling for.”

- Related: Climate Change news - ‘Car without wheels': Adaptation playbook lacks finance target
Climate Change News - Oil-reliant Azerbaijan chosen to host Cop29 climate talks


As I said, Sapiens is totally up for the job that lies ahead. “The Eastern European group of countries has chosen Baku, Azerbaijan to host next year’s Cop29 climate talks, according to two sources in the Cop28 meeting room where the decision was made.” “Azerbaijan gets two-thirds of its revenue from oil and gas, one of the highest percentages of any country in the world...”

Guardian - Fossil fuel phase-out will ‘not avert climate breakdown without protections for nature’


Important view, by J Rockström. “Top climate scientist says carbon sinks such as forests and wetlands vital to keeping temperature rise below 1.5C.”

““Human destruction of nature is pushing the planet to a point of no return, and even a phase-out of fossil fuels will not stave off climate breakdown unless we also protect the natural world, one of the world’s top climate scientists has warned. Johan Rockström, the director of the Potsdam Institute for Climate Impact Research, told the Guardian: “Even if we phase out all fossil fuels, if we do not get involved in nature, [the destruction of natural landscapes and habitats] can make us lose what we all have agreed on the safe future for humanity on Earth – that is, to stay within the 1.5C limit. It’s really decisive, that we get it right on nature.”

“All the scientific models that show a pathway for the world to stay within the crucial temperature threshold of 1.5C above pre-industrial levels make big assumptions about the retention of natural “carbon sinks”, such as forests, wetlands and peatlands, he said. Without these carbon sinks, the excess carbon dioxide in the atmosphere would increase even faster....”

Guardian (op-ed) - Cop28 is a farce rigged to fail, but there are other ways we can try to save the planet


From this weekend, on the COP “format”. “Inaction and self-interest are built into climate summits. Instead, we need a voting system that can’t be subverted by fossil fuel producers.

Listing three sorts of reforms possible (of the COP). Let’s hope this piece will be acted upon in the years ahead.
COP28: UN says staggering $7 trillion spent every year on investments that fuel climate change


“Nearly $7 trillion of public and private finance each year supports activities that directly harm nature – some 30 times the amount spent on nature-based solutions annually, according to a shocking UN report launched on Saturday at COP28 in Dubai. The report from the UN’s environmental wing, UNEP, also revealed that despite decades of calls for ending finance flows towards sectors that harm some of humanity’s most valuable assets, those investments currently account for a whopping 7 percent of global GDP.”

“…The report, launched to coincide with a day set aside at the latest UN climate conference for discussions on nature and land use, also highlighted the fact that these investments dwarfed the annual amount being invested in nature-based solutions, which totaled roughly $200 billion last year. … A staggering $5 billion of these nature-negative finance flows come from the private sector, which is 140 times larger than private investments in nature-based solutions, and almost half of that stems from only 5 industries: construction, electric utilities, real estate, oil and gas, and food and tobacco. “

PS: you find more on the COP in the extra Planetary Health section, below.

More on Planetary Health & One Health

Devex - Opinion: WHA 77 — a landmark for climate and health policymaking?


« Our health and that of the planet depend on how political leaders address climate change. Will the next World Health Assembly resolution on climate and health make a difference for future generations? »

« …. In 2024, 16 years after the first World Health Assembly resolution on climate change and health, WHO member states are reviewing its content. This is an opportunity to overcome the limitations of the last resolution to address the challenges of today. We need a resolution that responds to the magnitude of the health and climate crisis, as demonstrated by ample scientific evidence. …. The process is presided over by the Netherlands and Peru, with Barbados, Fiji, Kenya, and the United Kingdom, which are expected to draft the first concept of the new resolution next year. The text will then be adopted at the 77th WHA in May 2024. »

HPW - G20 Plans ‘One Health’ Meeting as Zoonotic Threats Grow

https://healthpolicy-watch.news/g20-plans-one-health-meeting-as-zoonotic-threats-grow/
“The powerful Group of 20 (G20) countries will host a high-level meeting on One Health in October 2024 to better prepare members to address the health of people, animals and ecosystems. This was revealed by Alexandre Ghisleni, Brazil’s Global Health Ambassador, at a COP28 side event to launch an implementation guide for the One Health Joint Plan of Action devised by the four United Nations (UN) agencies.

“Known as the quadripartite, the four are the Food and Agriculture Organization, UN Environment Programme (UNEP), World Health Organization (WHO) and World Organisation for Animal Health (WOAH).”

Global Health Financing

Guardian - World Bank warns record debt levels could put developing countries in crisis

“Urgent action is needed to prevent record debt repayments by the world’s poorest countries developing into a full-blown crisis, the World Bank has warned. The Washington-based multilateral body said the escalating cost of servicing past borrowing caused by rising interest rates was siphoning money away from spending on health, education and tackling the climate crisis.”

“The Bank sounded the alarm in its latest International Debt Report, which showed the sharpest rise in global borrowing costs in four decades had pushed payments on the external debts of all developing countries to $443.5bn in 2022. …”

“… After a prolonged period of low interest rates, the US Federal Reserve and other central banks have responded to higher inflation by raising rates. The World Bank said this had intensified debt vulnerabilities for low income and middle income countries. In the past three years alone there have been 18 sovereign defaults in 10 developing countries – greater than the number recorded in all of the previous two decades, while about 60% of low-income countries are at high risk of debt distress or already in it.”

“Debt campaigners have said the situation requires a comprehensive strategy for easing the financial burdens of poor countries on the scale of the initiatives produced in the late 1990s and early 2000s. The Bank said debt was a particular problem for the 75 low income countries eligible for low interest rate loans and grants from its International Development Association (IDA).”

WHO - Global report on the use of sugar-sweetened beverage taxes, 2023
https://www.who.int/publications/i/item/9789240084995

In case you missed this. See also last week’s IHP newsletter.

WHO - Global report on the use of alcohol taxes, 2023
https://www.who.int/publications/i/item/9789240086104
Idem.

Fossil fuel taxes for health: a critical analytical review

“Fiscal instruments for fossil fuels are in wide use but perversely take the form of massive direct and indirect subsidies. Fossil fuel tax reform is overdue, but to date efforts to link this important public policy agenda to health, in addition to sustainability and climate, have been lacking. The combustion of fossil fuels nevertheless has a number of important direct and indirect links to health: fossil fuel combustion is the main source of air pollution worldwide and as such is responsible for as many as 3.61 million deaths per year; fossil fuel combustion is the major human source of net-positive carbon emissions and as such is the main anthropogenic driver of global heating and the climate emergency, which are in turn causes of many negative human health impacts. The correct pricing of fossil fuels as an energy source through the use of fiscal policy reform would result in millions of fewer premature deaths per year and additions to global public revenues of approximately 4% of gross world product per year, enough to fund transitional measures for those negatively affected by fossil fuel price reform and also to finance the major part if not all of the sustainable development goals.”

Access to medicine & health technologies

HPW - Gavi, The Vaccine Alliance Agrees on $1 Billion Investment in African Vaccine Manufacturing

See also last week’s IHP newsletter on the GAVI Board meeting.

“The Board of Gavi, the Vaccine Alliance has approved the establishment of a new African Vaccine Manufacturing Accelerator (AVMA), a financing instrument that is to make more than $1 billion available to support sustainable vaccine manufacturing in Africa.”

“The board decision marks a historic reversal of past efforts which saw the agency’s massive budget for vaccine procurement concentrated on the biggest pharma manufacturers in Asia, Europe and the Americas who could offer the lowest price-per-dose on vaccines Gavi procured due to economies of scale. While such an approach may have seemed cost-efficient a decade ago, it also reinforced a concentration of vaccine production in certain regions of the world – and amongst a few key vaccine producers, leaving little space for new omers. That, in turn, left Africa high and dry when the COVID pandemic created a worldwide demand for a new vaccine, which only one or two South African manufacturers had the expertise to produce....”
**GAVI - The African Vaccine Manufacturing Accelerator: what is it and why is it important?**


Very informative article on AVMA. “A new innovative financing instrument, called the African Vaccine Manufacturing Accelerator (AVMA), has been approved by the Gavi Board. But why is it important for African countries to produce vaccines, how will it work, and why now?”

“.... The African Vaccine Manufacturing Accelerator (AVMA) is designed to make up to US$ 1 billion available over the next ten years to support the sustainable growth of Africa's manufacturing base, which has the potential to not only contribute to healthy global vaccine markets, but also benefit outbreak and pandemic prevention, preparedness, response and resilience....”

“.... Gavi's [ten-point plan](https://www.gavi.org/vaccineswork/african-vaccine-manufacturing-accelerator-what-and-why-important) for developing and strengthening vaccine manufacturing in Africa set out the key actions needed to diversify and secure vaccine supply in Africa and support of the AU's vision, including the need for Gavi to update the Alliance's market shaping model to assign greater value to vaccine supply resilience in Africa. As part of the ten-point plan, Gavi set out the need for a new financial instrument that would send a powerful signal to global markets that Gavi will support the development of African vaccine manufacturing. And this is where AVMA comes in. AVMA aims to deliver the right balance of incentives to encourage investment in Africa, and the entrance of new African manufacturers at the scale needed to be viable on a long-term basis.”

“.... AVMA works by offering two types of incentive payments that offset some of the initial high costs of production. ... The first type of payment, known as a 'milestone payment', will be triggered when a manufacturer producing one of the vaccines included in the Gavi priority vaccine market group succeeds in obtaining WHO prequalification (PQ). ... The second type of payment, termed an 'accelerator payment', will be paid as a per-dose 'top-up', in addition to the offered market rate manufacturers receive on winning Gavi-UNICEF tenders. ....”

Do also check out what the [priority market vaccines are](https://www.gavi.org/vaccineswork/african-vaccine-manufacturing-accelerator-what-and-why-important).

PS: “Gavi estimates that AVMA would need to disburse between US$ 750 million to US$ 1 billion to see a solid and sustainable foundation offering both resilient vaccine supply and improved pandemic response. As a minimum, the instrument aims to support at least four African vaccine manufacturers operating sustainably and at scale to win Gavi/UNICEF tenders for the production of well over 800 million vaccine doses over 10 years.”

**Devex - Exclusive: Vaccine org CEPI under pressure to share pricing agreements**


Must-read. “Activist groups are calling for more openness from the vaccine development organization.”
“Activist groups are calling on the Coalition for Epidemic Preparedness Innovations to take steps to improve transparency and access, including publishing the terms of any pricing agreements that the organization reaches, in an open letter exclusively shared with Devex.”

“CEPI, which launched in 2017 to develop immunizations against emerging infectious diseases, was a key player in the COVAX partnership that ultimately fell short of delivering equitable access to COVID-19 vaccines. It is now leading a 100 Days Mission — an initiative to develop the capacity to respond to the emergence of any new disease with a vaccine within 100 days.....”

Expert Review of Vaccines - Tackling vaccine inequity in 2023: have we made progress?
Els Torreele (Editorial); https://www.tandfonline.com/doi/full/10.1080/14760584.2023.2292771

Hard-hitting as always, a bit bleaker perhaps than I would describe the current state of affairs, but unfortunately, she seems mostly right (in addition to far more knowledgeable than me on this)

A few excerpts:

“... The short answer is no. Given the difficulties to build consensus among World Health Organization (WHO) member states toward a binding Pandemic Accord, and the weak political declaration on Pandemic Prevention, Preparedness and Response adopted in October 2023 by the United Nations General Assembly, there is little indication that desperately needed change to put equity at the heart of the response will happen What is required is nevertheless clear: an end-to-end pharmaceutical ecosystem designed to deliver for public health, in which all regions have the ability to research, develop, manufacture and roll-out vaccines and other health technologies to address their health needs. In combination with in-country preparedness and response capacity to get vaccines into people’s arms, such an approach would be transformational....”

“... outstanding areas of controversy for the Pandemic Accord remain stuck along the classic lines of high-income countries (HIC) versus low- and middle-income countries (LMIC) interests, reflecting historic economic power imbalances between countries and the influence of pharmaceutical industry lobbies. They include control over research and development (R&D), including intellectual property rights, transfer of technology and knowhow, Access (to pathogens) and Benefit Sharing (ABS), all central to equity. Without a breakthrough that would transform critical health technologies like vaccines and the underlying technology platforms into collectively governed common goods for health, rather than privately owned commodities that are traded in the global market for profit, we will repeat and further entrench health inequities...”

“... The same actors that failed to make COVID-19 vaccines globally available when most needed are positioning themselves at the center of the future preparedness and response ecosystem. These include GAVI, The Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI) that together formed COVAX, and other partners involved in the Access to COVID-19 Accelerator (ACT-A) such as the Bill & Melinda Gates Foundation (BMGF), Wellcome, and WHO. Touting their status as global health actors working to increase access to health technologies in LMICs, they seek to be mandated, empowered, and financed to be in charge again – and promise to be even quicker. This is the main premise of the ‘100 Days Mission’ around which they coalesce. Despite documented challenges of the global health public-private partnerships set up during Covid-19, these remain the preferred operational model supported by G7 governments, the BMGF,
Wellcome, and the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) … At a minimum, funding agreements for such public-private partnerships should contain binding conditionalities related to equitable access including sharing technologies and knowhow with a range of manufacturers in the Global South, and/or cost-plus pricing and transparency of the underlying R&D cost outlays....”.

But do read the whole Editorial. Including this: “… To ensure equitable vaccine access in LMICs when and where needed, countries and local producers in the Global South must have ownership and decision-making over vaccine manufacturing technology and facilities, what they produce, and for whom. “

KEI - WTO: Prospects to adopt proposed decision text on the extension of the 17 June 2021 Ministerial Decision to Covid-19 therapeutics and diagnostics appear grim

https://www.keionline.org/39300

“On 4 December 2023, the World Trade Organization (WTO) published a document (WT/GC/W/913, IP/C/W/694/Rev.1) entitled, “Decision text on extension of the 17 June 2022 Ministerial Decision to COVID-19 therapeutics and diagnostics”. This document is a communication from Bangladesh, The Plurinational State of Bolivia, Egypt, India, Indonesia, Pakistan, South Africa, and the Bolivarian Republic of Venezuela on behalf of the Co-Sponsors of the IP/C/W 669/REV.1 Proposal (the TRIPS waiver proposal). This proposed decision text is on the agenda of the WTO General Council meeting scheduled for 14-15 December 2023 (Agenda item 3(III)....”.

“However, based on positions expressed at the most recent TRIPS Council meeting in June 2023, it remains unlikely that the impasse on the extension of the MC12 Decision on the TRIPS agreement to Covid-19 therapeutics and diagnostics will be resolved by the end of 2023.” With overview of stances Switzerland, EU, UK, Japan, among others.

The article concludes: “With no clear timeline in sight for USTR, Congress, and all stakeholders to review the USITC’s 497 page report, the prospects for the extension of the 17 June 2023 Ministerial Decision (on vaccines) to diagnostics and therapeutics appear grim.”

SRHR

Science Advances – U.S. global health aid policy and family planning in sub-Saharan Africa


“The Trump administration reinstated and expanded the Mexico City Policy (MCP) in 2017 as the Protecting Life in Global Health Assistance (PLGHA) policy, forbidding international organizations receiving all U.S. health assistance from promoting abortion. Existing evidence suggests that abortion rates rise under the MCP, but the direct effect of U.S. funding restrictions on supply and use of family planning has received less attention. By studying PLGHA’s impact on health service
delivery providers and women in eight sub-Saharan African countries, we are able to fill this gap. We find that health facilities provide fewer family planning services, including emergency contraception, and that women are less likely to use contraception and more likely to have given birth recently under the policy. These findings suggest that PLGHA has important unintended consequences that are detrimental to reproductive health and the autonomous decision-making of health service providers and women."

Social determinants of health

BMJ GH (Editorial) - Capitalogenic disease: social determinants in focus
G Singh & J Hickel; https://gh.bmj.com/content/8/12/e013661

“... We need an analytical framework that can assess the extent to which these arrangements may have adverse effects on health outcomes. We propose that the term capitalogenic disease may help towards this end. The historical geographer Jason Moore has used the term capitalogenic to specify that the ecological crisis we presently face is not simply a natural phenomenon or a problem caused by generic human activity, but is being produced by the capitalist system of production and by processes of capital accumulation. The term has become indispensable to analysts across disciplines for identifying the causal dynamics of ecological crisis and envisioning pathways out of it. We propose that this term can and should be applied where appropriate to disease and health inequalities as well....”

“Here, we illustrate the concept of capitalogenic disease with eight concrete examples:....”

The authors conclude: “... It is a basic principle of medical science that before diseases can be properly cured or otherwise addressed, they must be named and understood. Language plays a crucial role here. The concept of capitalogenic disease enables us to think about social determinants in more specific ways, with a more precise aetiology and pathogenesis. It helps us to understand how various health crises are created, and how they are connected, and empowers us to address them. Following others who have sought to link disease within bodies to injustices outside them, the concept concretises for researchers and health professionals how an apparently abstract economic system has real-world effects on bodies and lives....” And then suggest some remedies.

“What might remedies look like? We propose that human and planetary health would be better served by a postcapitalist economic system—one that is more democratic, more equitable and where production is focused on what is required for human needs and well-being rather than capital accumulation, with living wages, secure livelihoods and universal access to essential goods and services. Health systems in particular should be decommmodified or otherwise universalised, necessary medical technologies should be shared, and funding for healthcare and health research should focus on areas of urgent concern to suffering communities.”
Decolonize Global Health

WHO Bulletin - Developing an agenda for the decolonization of global health
David McCoy et al  https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.289949.pdf?sfvrsn=5e0c6817_4

“In recent years, interest has grown in the decolonization of global health with a focus on correcting power imbalances between high-income and low-income countries and on challenging ideas and values of some wealthy countries that shape the practice of global health. We argue that decolonization of global health must also address the relationship between global health actors and contemporary forms of colonialism, in particular the current forms of corporate and financialized colonialism that operate through globalized systems of wealth extraction and profiteering. We present a three-part agenda for action that can be taken to decolonize global health. The first part relates to the power asymmetries that exist between global health actors from high-income and historically privileged countries and their counterparts in low-income and marginalized settings. The second part concerns the colonization of the structures and systems of global health governance itself. The third part addresses how colonialism occurs through the global health system. …”

Miscellaneous

HPW - Anthrax is Spreading in Zambia and Neighbouring Countries

“Zambia is experiencing its worst anthrax outbreak in a decade, while four neighbouring countries – Kenya, Malawi, Uganda and Zimbabwe – have also reported outbreaks, according to the World Health Organization’s (WHO) Africa region....”

“... Anthrax is a zoonotic disease caused by a bacteria that occurs naturally in soil and mostly affects ruminants such as cows, sheep and goats. Humans develop the disease from infected animals or contaminated animal products, and almost always need to be hospitalised after infection as it causes serious illness. …”

“... Due to the scale of the outbreak in Zambia, shared ecosystem with neighbouring countries and frequent cross-border animal and human movement, there is a heightened risk of regional spread of the disease,” according to WHO.”

PS: “... There is a vaccine for people and animals but there is limited stock, according to WHO. The Zambian government has vaccinated more than 122,000 cattle, sheep and goats with support from Food and Agricultural Organization (FAO).”

Open WHO newsletter
Open WHO newsletter
Resource, with focus on learning for health emergencies.

For more on these free online courses, see also [https://openwho.org/](https://openwho.org/)

But Open WHO also has other online courses, for example on UHC.

Some more reports & papers of the week

**WHO - Despite notable progress, road safety remains urgent global issue**


“...The annual number of road traffic deaths fell slightly to 1.19 million per year, according to the latest WHO report. Yet with more than 2 deaths occurring per minute and over 3200 per day, road traffic crashes remain the leading killer of children and youth aged 5–29 years.”

“The latest WHO *global status report on road safety 2023* shows that, since 2010, road traffic deaths have fallen by 5% to 1.19 million annually. Yet, road crashes remain a persistent global health crisis, with pedestrians, cyclists and other vulnerable road users facing an acute and rising risk of death....”

“... The report shows that 28% of global road traffic deaths occurred in the WHO South-East Asia Region, 25% in the Western Pacific Region, 19% in the African Region, 12% in the Region of the Americas, 11% in the Eastern Mediterranean Region and 5% in the European Region. ... Nine in 10 deaths occur in low- and middle-income countries, and fatalities in these countries are disproportionately higher when set against the number of vehicles and roads they have. The risk of death is 3 times higher in low-income than high-income countries, yet low-income countries have just 1% of the world’s motor vehicles....”

“... The report reveals an alarming lack of progress in advancing laws and safety standards. Just six countries have laws that meet WHO best practice for all risk factors (speeding, drink–driving, and use of motorcycle helmets, seatbelts and child restraints) while 140 countries (two-thirds of UN Member States) have such laws for at least one of these risk factors. Of note, 23 of these countries modified their laws to meet WHO best practice since the Global status report on road safety 2018.”

“The global motor-vehicle fleet is set to double by 2030. Yet just 35 countries – less than a fifth of UN Member States – legislate on all key vehicle safety features (e.g. advanced braking systems, front- and side-impact protection, etc). The report also reveals major gaps in ensuring safe road infrastructure, with just 51 countries – a quarter of UN Member States – having laws that require safety inspections that cover all road users.....”

- Coverage via [The Guardian – Africa sees sharp rise in road traffic deaths as motorbike taxi boom](https://www.theguardian.com/world/2023/aug/13/africa-traffic-deaths-motorbike-taxis)
“Fatalities rose by 17% in a decade on the continent, despite falling globally, with campaigners calling for stricter safety standards on motorcycle helmets.”

- More coverage via HPW - [Ten Countries Halve Road Traffic Deaths – But Global Progress is Slow](#)

“Ten countries have slashed their road traffic deaths in half between 2010 and 2021, while 35 others have reduced deaths by between 30% and 50%, according to the World Health Organization’s (WHO) [Global Status Report on Road Safety 2023](#) released this week. The big achievers are Belarus, Brunei, Denmark, Japan, Lithuania, Norway, Russia, Trinidad and Tobago, United Arab Emirates and Venezuela....”

WHO Council on the Economics of Health for all - Advancing the right to health: from exhortation to action - Council Brief No. 5
Alicia Ely Yamin et al; [WHO](#)

“This paper analyses ways in which the right to health supports health policies, programmes, and infrastructures for the delivery of health goods and services. Whenever possible, the paper also discusses the effect that the right to health has on health outcomes, and the macro-structural constraints that health systems face in their push for the right to health. The result is an analysis that goes far beyond the increasingly common exhortations to enshrine the right to health in legislation or constitutions. Indeed it proposes specific pathways that may produce positive results, namely comprehensive, universal and equitable health systems.”

With 10 Recommendations.


**Global health governance & Governance of Health**

WHO - WHO Director-General's remarks at the seminar "Health in the G20" – 13 December 2023

“... I congratulate Brazil on its G20 presidency, and I welcome the theme you have chosen of “Building a Just World and Sustainable Planet”, which could not be more relevant, nor more timely. I also welcome your health priorities: Pandemic prevention, preparedness, and response; Digital health; Equity in health; And climate change and health....”
UNAIDS - Governments commit to step up the global HIV response to end AIDS as a public health threat by 2030


“The 53rd meeting of UNAIDS’ Programme Coordinating Board (PCB) concluded today in Geneva, Switzerland, with Board members making strong commitments to redouble efforts to end AIDS by 2030..... This PCB meeting took place at a critical time for the response to HIV, midway through the Global AIDS Strategy 2021-2026 as UNAIDS is redoubling its focus on achieving the 2025 targets..... Addressing the shortfalls in global funding for HIV and for UNAIDS, Ms Byanyima urged donors to front-load resources, support developing countries to grow their fiscal space, and to fully fund UNAIDS with multi-year funding (UNAIDS currently has a shortfall of US$ 50 million). In 2022, US$ 20.8 billion was available for the global response to HIV, far short of the US$ 29.3 billion needed by 2025....”

Devex - Trump would ‘very likely’ withdraw US from WHO again, says key ally


“Rep. Marjorie Taylor Greene, a Republican from Georgia, repeated misinformation about threats to U.S. national sovereignty and warned that a second Trump administration would pull out of the World Health Organization again.”

HPW - Global Red Cross Elects New President Amid Row Over Sexual Harassment Claims


“The election of the next president of the International Federation of the Red Cross and Red Crescent Societies (IFRC) was almost derailed on Monday after the body’s board tried to postpone voting to investigate sexual harassment allegations against one of the candidates, Kenya’s Abbas Gullet. However, Kate Forbes of the American Red Cross was eventually elected after the general assembly overruled the board and pushed ahead with the election....”

Devex - Opinion: Democracy is higher up the UK aid agenda, which is good news

A Smith; https://www.devex.com/news/opinion-democracy-is-higher-up-the-uk-aid-agenda-which-is-good-news-106727

“This overdue shift in U.K. development policy shows that democracy’s progress is no longer taken for granted.” (Yes, I would have thought the past ten years+ in the UK should’ve taught them that :)

And a link:
Global health financing

Accelerating Sustainable Health Financing in Africa: The Africa Leaders Meeting (ALM) Declaration in Action


Coverage of a side event at the recent Lusaka conference.

“... sustainable health financing emerged as a prominent topic, showcased at a side event led by the Global Fund. This event drew attention to the transformative role of the Africa Leaders Meeting (ALM) Declaration in mobilizing domestic resources, offering a promising pathway towards sustainable healthcare solutions for Africa.”

“... The Africa Leaders Meeting (ALM) initiative emerged as a transformative force in response to the urgent need for sustainable health financing. This journey began with the landmark 2001 Abuja Declaration. Building on this foundation, the African Union Assembly adopted the Africa Scorecard on Domestic Financing for Health in 2016, providing a comprehensive framework to track progress toward the Abuja target. In 2019, solidifying a collective commitment, H.E. President Paul Kagame gathered all African Union Heads of State to ratify the ALM Declaration. This historic moment marked the official launch of the ALM initiative, aiming to secure “More money for health,” achieve “More health for the money,” ensure equity and improved financial protection, and promote country leadership and coordination.”

PS: “The Global Fund has stepped in to support the ALM agenda through grants from the Bill and Melinda Gates Foundation (BMGF). This funding, disbursed by the Global Fund, empowers Regional Economic Communities (RECS) to work directly with countries in implementing the ALM agenda, including National Health Financing Dialogues.....”

UHC & PHC

CGD (blog) - Here’s One Global Health Tool to Help Integrate the Vertical with the Horizontal


“.... To advance toward SDG3, policymakers need to shed light on why progress is stalling. For that, we need different data—and we argue that health facility surveys can help move the policy community forward in the right direction.”
“.... For those interested in advancing towards UHC, there are three key health facility survey programs: USAID’s Service Provision Assessment (SPA) Surveys; WHO’s Service Availability and Readiness Assessments (SARA); and the World Bank’s Service Delivery Indicators (SDI) Health Surveys. .... The revamped SDI health survey is now taking the lead in addressing this crucial need for high quality data on system performance. The key advantage of the World Bank’s revamped SDI health survey is that it brings an integrated vertical and horizontal approach to the table: it’s all about systems. ....”

Journal of Health Economics - The effect of primary healthcare on mortality: Evidence from Costa Rica

Went viral this week, this paper. “This paper uses the gradual implementation of a primary healthcare (PHC) intervention in Costa Rica to examine the long-term effect of PHC on mortality. Nine years after opening a primary care center, known as a Health Area, there was an associated 13% reduction in age-adjusted mortality rate in the assigned patient population. The effect was highest among adults over 65 years of age and for those with noncommunicable diseases, such as cardiovascular-related causes of death. We also show that as Health Areas opened, more individuals sought care at primary care clinics, while fewer sought care at emergency rooms; these changes may have partially mediated the effect of the intervention on mortality.”

PAHO, IDB and World Bank launch alliance to strengthen primary health care in the Americas

(4 Dec) “The Pan American Health Organization (PAHO), the Inter-American Development Bank (IADB) and the World Bank (WB) today launched the Alliance for Primary Health Care in the Americas, a collaboration to boost investment, innovation and implementation of policies and initiatives aimed at transforming health systems in the region with a focus on primary health care....”

The Jakarta Post - Indonesia is in need of a health care reset

Op-ed related to one of the many vital UHC & PHC battles in the world. Ahead of the Indonesia presidential debate, Diah Saminarsih & Kent Buse put forward a five-point reform agenda for PHC led health system transformation based on a recent @CISDI_ID White Paper.

A few excerpts:

“... As the three candidate pairs prepare for the first presidential debate on Tuesday organized by the General Elections Commission (KPU), they have included health in their vision and mission
statements, although their commitment is yet to be convincing. It is good to see that these statements incorporate maternal health, stunting and attention to primary health care. All three pairs have also pledged to increase the availability of health services, including in remote areas of the archipelago. Two candidates have pledged to broaden UHC, but none mention governance of public financing. Only two candidates show concern for decent jobs for the health workforce. Meanwhile, only one candidate has pledged to include community health workers as part of the paid health workforce. However, lessons learned from the COVID-19 pandemic, including community engagement, inter-sectoral and interinstitutional cooperation between all levels of government, action on the social determinants of health and inclusive decision-making, are missing from the candidates’ manifestos. “

“To inform and inspire the incoming administration, the Center for Indonesia’s Strategic Development Initiatives (CISDI), a health think tank, has published a white paper containing detailed plans for the next 10 years. To translate the recommendations into impact, five structural shifts are proposed. The first involves a fundamentally different approach to governance for health. Instead of a hierarchical structure, governance must be a continuous loop, from devolved local administrations through provincial, national and global platforms, as part of a unified system that involves all actors, including across sectors. The latter is key to addressing persistent and emerging social and commercial determinants and pivoting to a healthy society approach (Buse et al., 2023). The second reform is equally transformative in the Indonesian context, even if it has been mainstreamed elsewhere, such as in the AIDS response: namely, a people-centered “nothing about us without us” approach .... .... Finally, the white paper calls for Indonesia to step up its contributions to global health. Presently, its health diplomacy is fragmented and the role of civil society organizations is too limited. The new administration can do for international health cooperation what the Bandung Conference of 1955 did for South-South cooperation. This requires a revitalized global health strategy.”

WHO Bulletin - Machine learning in health financing: benefits, risks and regulatory needs

Inke Mathauer et al: [https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.290333.pdf?sfvrsn=b69b7f80_4](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.290333.pdf?sfvrsn=b69b7f80_4)

“....While the use of machine learning for health financing functions (revenue raising, pooling and purchasing) is increasing, evidence lacks for its effects on the objectives of universal health coverage (UHC). This paper provides a synopsis of the use cases of machine learning and their potential benefits and risks....”

And a link:

- CGD - [Measuring the Quality of Hospital Care—a Pragmatic Approach](https://www.cgdev.org/measuring-quality-hospital-care-pragmatic-approach)
WHO Afro - Senegal, WHO launch regional emergency hub to bolster Africa’s response to health crises


“The Government of Senegal and World Health Organization (WHO) today inaugurated a regional health emergency hub in the Senegalese capital Dakar to further bolster the African region’s capacity to respond swiftly and effectively to health crises and save lives.”

“Building on the lessons learned during the COVID-19 pandemic, WHO in Africa has over the past two years worked closely with countries in the region to establish decentralized emergency response systems to ensure an effective response to health crises. Under a transformative initiative, the Organization has embarked on a mission to establish three emergency hubs in the region. The WHO Regional Emergency Hub in Dakar launched today is the second of its kind after WHO and the Government of Kenya launched the Nairobi health emergency hub in 2022. A health emergency hub in Pretoria is planned to be launched in 2024.”

BMJ GH - Low scoring IHR core capacities in low-income and lower-middle-income countries, 2018–2020

B Burmen et al; https://gh.bmj.com/content/8/12/e013525

“.... Between 2018 and 2020, an analysis of SPAR scores in low-income and lower-middle-income countries identified six low scoring IHR core capacities: food safety, health service provision, risk communication, points of entry, chemical events and radiation emergencies. .... Low-income and lower middle-income countries should prioritise efforts to improve existing IHR-related policies and mechanisms based on evidence generated through operational and implementation research, with a specific focus on these low-scoring capacity areas.”

Chatham House (Expert Comment) - The hidden scale of laboratory accidents: the need for transparency and engagement


“Reducing opportunities for human error must be a top policy priority to reduce the risk of potentially catastrophic laboratory accidents involving high-consequence pathogens.”

- Linked to related Chatham House paper – Laboratory accidents and biocontainment breaches

“....This paper discusses the findings of a new review of all reports of laboratory accidents worldwide that were published between 2000 and 2021. The review highlights that few countries
require the reporting of laboratory accidents, and that what is reported is a significant understatement of the scale of the problem. To improve safety and security where pathogens are involved, understanding of the full scale of laboratory accidents and their causes is essential, and a sustainable risk-based approach – that takes full account of local context, and can be tailored – must be at the heart of policymaking in the sector.”

**Planetary health**

With some more reads & analysis of key points at COP28, mostly.

To start, if you really want to know everything about the COP, see [Carbon Brief - COP28: Key outcomes agreed at the UN climate talks in Dubai](https://carbonbrief.org/cop28). In-depth analysis of all key outcomes.

**ODI – COP28: what's the verdict?**


“.... At the start of COP28, we identified six issues to watch during the gruelling two weeks of negotiations. Given the mixed response, let’s examine how the UAE Consensus stacks up. ....”

**Guardian - Why is the phase-out of fossil fuels the biggest flashpoint at Cop28?**


Analysis from last weekend. “The question of whether the final agreement from Cop28 includes a call for a “phase-out” or “phase-down” of fossil fuels is seen by many as being the single most important indicator of success at the UN summit. The issue may appear to be a simple scientific one but is in fact complex and deeply political.”

“A call for a phase-out of fossil fuels gives the strongest possible signal to the world that the burning of coal, oil and gas must be reduced rapidly to have a hope of keeping the global temperature rise below 1.5C. And that is why some fossil-fuel-heavy countries are so opposed to it. The world is hurtling towards climate breakdown: global emissions are still rising while the time left in which to kickstart a rapid decline is extremely short. The strongest way to illustrate the need for that fall is to agree to a phase-out of fossil fuels....”

“A phase-down could enable further delay and allow carbon capture to be used as a dangerous smokescreen, by suggesting that significant levels of future fossil fuel burning can be mopped up by technology. That is a “fantasy, according to Fatih Birol, the head of the International Energy Agency. Carbon capture has failed to reach any meaningful scale to date and is likely to be far more expensive than clean energy technologies. The science says most existing fossil fuel reserves must remain in the ground. But the fossil fuel industry is planning the opposite, expanding production by double the amount compatible with 1.5C. A political signal that fossil fuels will be phased out will help push countries and companies to end that expansion.....”
Global Climate & Health Alliance - COP28: ‘Abated’ Fossil Fuels Would Still Prove Devastating to Human Health


Some analysis (of various options) as the second week was kicking off.

“As the COP28 climate negotiations roll into their final days, the Global Climate and Health Alliance today warned negotiators that some of the pathways available in the current COP28 texts will prove detrimental to human health. While the future use of fossil fuel use - responsible for 75% of global greenhouse gas emissions and 90% of carbon dioxide - is being debated, the health implications are not under discussion. From a health point of view, points of concern include:

- Full phase out of fossil fuels vs phase out of “unabated” fossil fuels
- Phase out of fossil fuels vs phase out of fossil fuel emissions
- Phase out of all fossil fuels vs phase out of coal (but not oil and gas)

Some countries oppose mentioning fossil fuels in the final COP28 agreement entirely. Others are debating whether to commit to phasing out all use of fossil fuels, or phasing out ‘unabated’ fossil fuels, which would allow continued unfettered use of ‘abated’ fossil fuels. ‘Abated’ refers to relying on unproven technologies like carbon capture and storage (CCS) to extract CO2 from emissions generated by fossil fuel use. Proposals also include a focus on “emissions” rather than fossil fuels; or to limit phase out language to coal, rather than all fossil fuels.....”

Guardian - One in four billionaire Cop28 delegates made fortunes from polluting industries


“Exclusive: analysis by Oxfam raises concerns about influence wielded by ultra-rich mega-emitters at summit.”

“At least a quarter of the billionaires registered as delegates at Cop28 made their fortunes from highly polluting industries such as petrochemicals, mining and beef production, a new analysis has shown. The findings, revealed to the Guardian in an exclusive analysis of the 34 billionaires who are signed up to the UN summit, raise concerns about the influence wielded by ultra-rich, mega-emitters on the world’s efforts to tackle the climate crisis. Together the 34 are worth about $495.5bn. ... The high number of billionaires at the conference, along with the many private jets they flew in on, suggests Cop may now be second only to Davos as a gathering point for the world’s ultra-rich, who can meet and potentially influence government leaders and senior politicians and bureaucrats, while making deals with other business owners.....”

Guardian - Big meat and dairy lobbyists turn out in record numbers at Cop28

“Food and agriculture firms have sent three times as many delegates to the climate summit as last year.”

Devex - What’s in a name? US seeks to rebrand climate 'loss and damage' fund

“Climate activists accuse the United States of pushing more neutral phrasing that does not suggest that high-emitting countries are responsible for providing funding to address the harms caused by climate change.”

“.... For example, speaking in Dubai last week, U.S. Special Presidential Envoy for Climate John Kerry repeatedly referred to a “fund for climate impact response,” rather than using the phrase “loss and damage” — even rewording questions from reporters to reflect the preferred phrasing. “By not calling it a ‘Loss and Damage Fund’ you’re trying to downplay the significance of financing for addressing loss and damage,” Liane Schalatek, associate director of the Heinrich Böll Foundation Washington, D.C., a German policy think tank, said in a press briefing at COP 28 last week. .... The competing language sets up an early battle for the fund’s governing board, which will be assembled early next year. It also reflects a long-standing fight over the issue of liability and financial obligations as lower-income countries that have contributed least to climate change experience many of its worst impacts.....”

Climate Home News - Why didn’t China and India sign Cop28 tripling renewables pledge?

“China and India are on track to triple renewable capacity this decade, but were put off by anti-coal language and cost concerns.”

Guardian - WTO chief urges countries to prioritise subsidies that tackle climate crisis

“Ngozi Okonjo-Iweala says current incentives are distorting world trade and hampering fight against climate breakdown.”

“Governments must start to distinguish between the good subsidies they need to fight the climate crisis and the bad ones that are increasing greenhouse gas emissions, the world’s trade chief has said. .... Subsidies and other incentives to burn fossil fuels and encourage poor agricultural practices, amounting to about $1.7tn a year, are distorting world trade and hampering the fight against climate breakdown, Ngozi Okonjo-Iweala, the director general of the World Trade Organization, told the Guardian....”
“... Developed countries devote more money to fossil fuel subsidies than the poor world, so if they reduced those emissions-increasing subsidies, they could free up cash for the poor world, to pay into climate finance such as the loss and damage fund for poor and vulnerable countries, she said. ... She also urged countries to bring their trade policy in line with the goal of limiting global temperature rises to 1.5C (2.7F) above pre-industrial levels. “Countries need to review the import tariff regimes to make sure they’re not charging less for polluting items, and charging more for the green items,” she said. “At the WTO, we’ve noticed that import tariffs in many countries on renewables are on average higher than tariffs for fossil fuel goods.” ....”

- PS: via ONE’s Aftershocks newsletter:

“The Netherlands launched a new global coalition to phase out fossil fuel subsidies. The coalition, which comprises 13 countries, will prioritise publishing an overview of their subsidies by next year’s climate conference, identifying and addressing international barriers to phasing out subsidies, and taking action to reduce subsidies....”

Nature (Editorial) - COP28: the science is clear — fossil fuels must go
https://www.nature.com/articles/d41586-023-03955-x

“Phasing out fossil fuels is not negotiable. World leaders will fail their people and the planet unless they accept this reality.”

Guardian - Cop28’s winners and losers: from fossil fuel firms to future generations

I can’t find much wrong with this list of ‘winners & losers’...

Guardian - UN sets out roadmap to combat global hunger amid climate crisis

“Targets include cutting methane emissions from livestock by 25%, halving food waste and managing fisheries sustainably by 2030.”

“Reforming the world’s food systems will be a key step in limiting global temperature rises, the UN said on Sunday, as it set out the first instalment of a roadmap for providing food and farming while staying within 1.5C. .......The roadmap will be laid out over the next two to three years, starting with a document published at Cop28 in Dubai that contains 20 key targets to be met between 2025 and 2050, but little detail on how they can be met. More detail on how the aspirations can be achieved will be set out in future instalments at the next two Cop summits.”
“The targets include: reducing methane emissions from livestock by 25% by 2030; ensuring all the world’s fisheries are sustainably managed by 2030; safe and affordable drinking water for all by 2030; halving food waste by 2030; eliminating the use of traditional biomass for cooking by 2030. Torero said the plan would not include calls for a meat tax, which some experts have advocated, but would examine measures to tax sugar, salt and super-processed foods, and better food labelling.....”

- Related: FT - Ramp up meat production to address health challenge in poorer countries, UN says

“Food agency says animal protein needed to address hunger and nutrient deficiencies in developing nations.”

“...The world must ramp up the production of meat to address widespread hunger and nutrient deficiencies faced by people in developing countries, the UN said, even as it called on those in richer nations to eat less animal protein. The findings are part of the UN Food and Agriculture Agency’s global food systems’ road map to 1.5C report, released on Sunday at the COP28 climate summit in Dubai. It is billed as an extensive plan to tackle hunger and bring greenhouse gas emissions from the agrifood industry within targets set by the Paris climate agreement.....”

- And see also Devex – FAO’s net-zero plan for food systems lacks ambition, experts say

“The Food and Agriculture Organization road map to 1.5 degrees Celsius calls for marginal changes to the global food systems at a time when wholesale transformation is needed, according to experts.”

Devex - The biggest philanthropy pledges at COP 28

“Leading global foundations made a series of multimillion-dollar pledges at COP 28 to bring more attention and financing to health, food systems, ocean, and emissions work.”

Including: ... Wellcome pledged more than £14 million, or roughly $18 million, to efforts to measure the impacts of climate change on human health. The funding will be used to incorporate climate data into an open-source platform for collecting and analyzing national and local health data that is operated by the University of Oslo and used by more than 100 countries.”

Global Public Investment network - Time for GPI Brief – GPI and Climate Finance

Policy brief (6 Dec). GPI and Climate Finance. Excerpts from a major report on GPI: Time for GPI.

Project Syndicate - SDRs Are the Great Untapped Source of Climate Finance
“Instead of bickering over the wording of national policy commitments, G7 countries should advance new issuances of special drawing rights, the International Monetary Fund’s reserve asset. By reallocating existing SDRs, rich countries could unlock funding for climate-mitigation projects across the developing world.”

Global Policy - Why a Blanket Demand for Fossil Fuel Phase Out is Bad Science


We’re not really convinced by the first part of this short article. But we recommend the second part:

“…. For the last few days, I’ve been working here on the ground to help a range of senior leaders from the Global South – the Gambia, Ghana, Nigeria, Chad, Kenya, Malaysia and beyond – to engage with the COP process. What many Western environmentalists and others don’t understand is that developing nations view their demands for a ‘phase out’ as a colonial narrative of control. They worry that it will prevent them from standing on their own feet, building their own infrastructure, by developing their own resources which often include fossil fuels. They fear that without a meaningful transition plan with clear timelines, expertise, and tremendous amounts of finance, such a transition would not only be impossible – leaving them potentially condemned to destitution. And they’re particularly concerned that they may end up being fundamentally subjugated to powerful Western markets and technology in a kind of ‘green colonialism’. .... Which begs the question: how ‘scientific’ really is it to call for a phase out without remotely offering a specific plan for what that entails, and how it can be achieved, and funded – for every one of the 198 countries at COP?”

And via ONE’s Aftershocks:

- “Another notable launch from the later stages of COP28 was a global expert commission on debt, climate, and nature, announced by Colombia, France, and Kenya....” “The commission is the latest milestone of an initiative to tackle the link between sovereign debt and climate inaction. It was first proposed at the Summit for a New Global Financial Pact in Paris earlier this year.”

Covid

SS&M - COVID-19’s death transfer to Sub-Saharan Africa

J-L Arcand et al;

« ...The purpose of this paper is to illustrate how the recession induced in China and the Global North by COVID-19 lockdowns may have had indirect effects on SSA mortality that are higher than those directly attributed to the pandemic itself.....”
Preprint - Variability in excess deaths across countries with different vulnerability during 2020-2023

https://www.medrxiv.org/content/10.1101/2023.04.24.23289066v2

Preprint by J P Ioannidis et al. With focus on 34 countries.

“.... Excess deaths during 2020-2023 reflect the direct and indirect effects of the COVID-19 pandemic and of the measures taken. Data from 34 countries with detailed death registration and allowing to adjust for changes in the age structure of the population over time show two groups, each with very different excess death outcomes. The 17 more vulnerable countries (those with per capita nominal GDP<$30,000, Gini>0.35 for income inequality and/or at least 2.5% of their population living in poverty) had very high excess deaths compared with 2017-2019, while the other 17 less vulnerable countries had deaths during 2020-2023 that were comparable to 2017-2019...”

Lancet GH (Viewpoint) - Vaccinating international seafarers during the COVID-19 pandemic


“Despite their key role in the distribution of essential goods, seafarers were often overlooked in international COVID-19 responses. Border closures isolated them at sea, often for months beyond contract. Distributing vaccines to seafarers was inconsistent and often depended on the creativity of charities and industry and labour stakeholders. Even seafarers who received vaccinations often had them unrecognised in the ports they visited. These oversights should not be repeated in preparation for future pandemics. As a vulnerable population and as key international workers, seafarers’ health should be prioritised by national and international health policy.”

Nature - A synthesis of evidence for policy from behavioural science during COVID-19

https://www.nature.com/articles/s41586-023-06840-9

by K Ruggeri et al.

Infectious Diseases & NTDs

Telegraph – West Africa grapples with a wave of diphtheria as vaccine coverage slips

“West Africa is battling what is thought to be its worst diphtheria outbreak ever recorded – a result of low child vaccination rates which have allowed the deadly infection to tear through the region.....”

**AMR**

FT - Gut bugs team up to fight disease by eating invading bacteria's lunch
https://www.ft.com/content/583f8d28-7dc2-4636-9ef3-ffa5cba5b672

“Research into ‘colonisation resistance’ boosts efforts to harness microbes to improve general health.”

“Teams of bacteria in the gut help fight disease by eating the food that invading pathogens need to thrive, according to research that underscores the health benefits of fostering humans’ rich digestive ecology. Intestinal bugs’ wide-ranging appetites have the secondary impact of starving incoming microbes that cause infections such as salmonella and pneumonia, says the paper published in Science on Thursday. The findings boost a growing research effort to improve human resistance to bacteria that are introduced via eating and drinking but can cause illness elsewhere in the body. They offer the prospect of making intestinal tracts more hostile to dangerous new entrants through dietary changes and bespoke supplements of beneficial bugs. This field is becoming increasingly important as the rise in antibiotic resistance triggers a quest for alternative methods of treating and preventing bacterial diseases....”

“... The research focused on two pathogens: Salmonella enterica Serovar Typhimurium and Klebsiella pneumoniae, which occurs in the gut naturally but can cause diseases ranging from meningitis to urinary tract infections. The scientists then tested 100 gut microbes to gauge their effectiveness at stopping the two invading bacteria — a phenomenon known as “colonisation resistance”....”

**NCDs**

Annals of Global Health - Integrated Knowledge Translation for Non-Communicable Diseases: Stories from Sub-Saharan Africa
https://annalsofglobalhealth.org/articles/10.5334/aogh.4228

by N Jessani et al.

**Social & commercial determinants of health**

Reuters - Ban flavoured vapes, WHO says, urging tobacco-style controls
Reuters
The World Health Organization (WHO) on Thursday urged governments to treat e-cigarettes similarly to tobacco and ban all flavours, threatening cigarette companies' bets on smoking alternatives."

"Some researchers, campaigners and governments see e-cigarettes, or vapes, as a key tool in reducing the death and disease caused by smoking. But the U.N. agency said "urgent measures" were needed to control them. Citing studies, it said there was insufficient evidence that vapes helped smokers quit, that they were harmful to health and that they could drive nicotine addiction among non-smokers, especially children and young people."

"The WHO called for changes, including bans on all flavouring agents like menthol, and the application of tobacco control measures to vapes. Those include high taxes and bans on use in public places."

"Big tobacco firms shifting to new nicotine products, including Philip Morris International and British American Tobacco, have the most to lose if tobacco alternatives face the same rules as cigarettes."

See WHO – Urgent action needed to protect children and prevent the uptake of e-cigarettes

Sexual & Reproductive health rights

Lancet GH (Editorial Jan issue) - Postnatal morbidity: prevalent, enduring, and neglected

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00559-4/fulltext

"... On Dec 6, with eClinicalMedicine, we co-published a Series of papers on Maternal Health in the Perinatal Period and Beyond. ... ... This Series ambitiously aims to prompt a paradigm shift in maternal health. The current dictum from health authorities is that the 6 weeks after birth constitute the postnatal period. This timeframe is too short, and it does a huge disservice to women who still experience the effects of pregnancy and childbirth months, years, or even decades later, but who have felt abandoned by health services that no longer include them in postnatal care."

The editorial concludes: ...It was a deliberate choice that this Series focused on the pregnant person and not on the infant. Women are often considered only as part of a mother–infant dyad, given that the health and survival of both are often influenced by similar determinants. However, there are many obstetric outcomes that only affect the person who has given birth. A must-read Comment was written to accompany the Series, by Sayeba Akhter, an obstetrician who suffered obstetric fistula and a negative delivery experience. As she powerfully says: “the joy of having a newborn is cherished by everyone, but the pain, physical exertion, psychological trauma, and other sequelae of pregnancy and labour are borne by the mother alone.” We must finally recognise postnatal morbidity as enduring but neglected. Women should not bear the load of this morbidity alone, unrecognised, nor unaided."

"
HPW - Why are Postpartum Haemorrhage Deaths Still a Global Health Crisis?

Coverage of a recent Geneva Graduate Institute/Global Health Centre event: “Dying for Life: Are Mothers Still a Global Health Priority?” The November 27 event was moderated by Claire Somerville, director of the Geneva Graduate Institute’s Gender Centre.

**Neonatal and child health**

Nature - Dirty air is linked to smaller babies across huge swathes of Asia and Africa
https://www.nature.com/articles/d41586-023-03808-7?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1702371456

“Exposure to high levels of ozone causes mothers in low- and middle-income countries to give birth to infants with a low birth weight.”

“Women in low- and middle-income countries (LMICs) exposed to relatively high concentrations of ground-level ozone during pregnancy give birth to lower-weight babies than women who breathe cleaner air. ... Ground-level ozone typically forms when pollutants emitted by cars or power plants react with sunlight. Scientists have already observed an association between ozone and low birth weight in high-income countries. To investigate this problem elsewhere, Mingkun Tong at the Peking University Health Science Center in Beijing and colleagues analysed data from nearly 700,000 births in LMICs between 2003 and 2019.....”

Devex - Why do some malnourished kids relapse? Study finds urban-rural divide

“Relapse rates for children treated for severe acute malnutrition are nearly 50% higher in rural areas, a new study from Action Against Hunger found.”

“... The study, released today, was the first of its kind and tracked children treated for severe acute malnutrition, a life-threatening form of hunger, across Mali, Somalia, and South Sudan. ....”

**Adolescent health**

BMJ GH - Are concepts of adolescence from the Global North appropriate for Africa? A debate
N Ngwenya et al ; https://gh.bmj.com/content/8/12/e012614
Adolescence is widely defined as a distinct phase in the life-course during which an individual completes their biological development and transitions from childhood to adulthood. This article presents a debate, conducted in 2018 at a scientific symposium in Mwanza, Tanzania, of the appropriateness of this for Africa, and by extension whether health interventions and global health policy that are shaped by such concepts can be universally applicable and relevant.”

The proponents for the motion argued that adolescence is indeed a distinct developmental phase when puberty is achieved and the neurocognitive development that occurs shapes behaviours that impact health outcomes. This occurs universally, is marked by cultural rites, and recognised in legal frameworks and therefore geographical distinctions in understanding are unnecessary. The opponents argued that adolescence is more than a biological or legally recognised transition to adulthood: instead, concepts, including that of adolescence, are shaped by beliefs, values and expectations founded within a cultural milieu. The concept is dissonant to Africa as it prioritises individualism over communalism, and attributes gender and social roles as accepted in the Global North.

Authors conclude: «Thus, many interventions targeted at adolescents in Africa have remained ineffective. The notion that the concept of adolescence, which originated in the Global North but is universally applied, is a consequence of colonialism giving less value to the lived realities and understandings of peoples from the Global South.»

Access to medicines & health technology

Bhekisa How to get meds to Africa faster — and safer
https://bhekisisa.org/article/2023-12-11-how-to-get-meds-to-africa-faster-and-safer/

“The African Medicines Agency (Ama) — a medicines regulator in the making for Africa — has received over 30 applications from pharmaceutical companies for medicines to approve during its pilot phase, which will last for about a year. Ama will be based in Rwanda and will review new medicines and production facilities on behalf of African countries. South Africa’s medicines regulator is coordinating the applications by offering its digital platform for manufacturers to file their documents. But South Africa won’t have a say in the appointment of Ama’s board or director general until it ratifies the treaty for the establishment of the agency; 27 African Union member states had ratified it by the end of November.”

BMJ (News) - India’s medicine regulator is criticised for quality checking only cough medicines destined for export
https://www.bmj.com/content/383/bmj.p2951

“India’s system for regulating medicines has been questioned after an investigation found that more than 100 cough syrups made for the export market failed quality tests.”

“Specialists have said that the Central Drugs Standard Control Organization (CDSCO), the national regulatory body for pharmaceuticals that conducted the investigation, lacks the necessary oversight to ensure that medicines manufactured in India are safe. The comments follow a report from
CDSCO shared with the media on 4 December on the results of tests conducted on more than 2000 cough syrups. Of these, 128 syrups manufactured by 54 companies, which were meant for the export market, were found to have problems with quality....

Health and Human Rights Journal (Perspective) - Pharmaceutical Patents and Economic Inequality

Among others, on the egalitarian advantages of “impact rewards”.

Science News - Biden wants NIH to have ‘march-in’ power to override patent rights for high-priced drugs
https://www.science.org/content/article/biden-wants-nih-have-march-power-override-patent-rights-high-priced-drugs

Rather important news from the US from late last week. “Proposal would clarify that agencies can consider cost a factor in whether federally funded inventions are being made available.”

Human resources for health

Plos GPH - Task shifting healthcare services in the post-COVID world: A scoping review
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0001712

By S Das et al.

BMJ GH - Comparing the roles of community health workers for malaria control and elimination in Cambodia and Tanzania
https://gh.bmj.com/content/8/12/e013593

by B Adhikhari et al.
Decolonize Global Health

Devex - USAID sets out new measures for localization targets

“USAID has revealed the latest opportunities in its pipeline, in its quarterly business forecast, and has also outlined how it will measure a key localization target.”

Miscellaneous

Towards a WISE – Wellbeing in Sustainable Equity – New Paradigm for Humanity
Juan Garaj (Co-founder of the Sustainable Health Equity movement);
https://www.peah.it/2023/12/12800/

“What is the alternative to current world disarray? The ethics, concept, and metrics of the new world order economy based on Wellbeing in Sustainable Equity -WiSE- prove that a new political and socio-economic order is urgently needed and is feasible, which can preserve and advance human knowledge, avert the tragic constant death toll of global health inequity, and avert the climate disaster and ecological destruction threatening the very future of coming generations”

Lancet Editorial – The promise of genetic therapies in sickle cell disease
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02797-6/fulltext

“The eagerly awaited news that the US Food and Drug Administration (FDA) had approved two gene therapies for sickle cell disease, including the first CRISPR-based treatment for any disorder, was announced on Dec 8. .....

“Because genetic therapies require the infrastructure and expertise to perform stem-cell transplantation, they are currently out of reach in much of sub-Saharan Africa and India, where most people with sickle cell disease live. .....

“The speed of progress in CRISPR technology is unparalleled in science, and genetic therapies have immense potential to transform the lives of people with serious monogenic disorders. Medical breakthroughs such as these also bring unique social and ethical dilemmas. The challenge now is of equity and accessibility: ensuring these transformative therapies are available to everyone who needs them.”
NPR - It's one of the biggest experiments in fighting global poverty. Now the results are in


“It's an unprecedented – and massive – experiment: Since 2017 the U.S.-based charity GiveDirectly has been providing thousands of villagers in Kenya what's called a "universal basic income" – a cash grant of about $50, delivered every month, with the commitment to keep the payments coming for 12 years. It is a crucial test of what many consider one of the most cutting-edge ideas for alleviating global poverty. This week a team of independent researchers who have been studying the impact released their first results. …”

AP - UN says Africa faces unprecedented food crisis, with 3 in 4 people unable to afford a healthy diet

https://apnews.com/article/africa-un-au-food-hunger-03c66d5afa6b99b2427678f99a87ec56

From late last week. “At least three-fourths of Africans can’t afford a healthy diet, and a fifth are undernourished due to an “unprecedented food crisis,” United Nations agencies said in a report released Thursday with the African Union Commission.”

“The continent’s 1.4 billion people are confronting high levels of hunger and malnutrition as the hit on world grain supplies from Russia’s war in Ukraine compounds the ills of African conflicts, climate change and the aftereffects of the COVID-19 pandemic, the report said…..”

Guardian – Activists in Uganda finalise appeal to overturn draconian anti-gay law


Ugandan civil society activists will meet with constitutional court judges (on Monday) this week to finalize their appeal seeking to overturn the country’s harsh anti-LGBTQ law passed in March; a full hearing is expected later this month.

PS: “The legislation, blamed for a rise in violence, has prompted the US to impose visa restrictions on hundreds of Ugandans involved in enacting it.”

TWN - Debt-for-nature swaps: Miracle or mirage?


“As the end of 2023 approaches, 136 countries are considered to be in a critical debt situation. At the same time, more and more international agencies (including the UN) point to debt swaps as an “innovative” solution for tackling sovereign debt problems, while also generating resources for biodiversity and/or climate action…..”
“Swaps, therefore, are gaining increasing attention, particularly due to the proliferation of so-called debt-for-nature swaps. However, a recent report by the European Network on Debt and Development (Eurodad) suggests that such swaps will not provide substantial debt reduction, nor will they create sufficient fiscal space for developing countries to tackle development and climate challenges.....”

“The report identifies several concerns with debt-for-nature swaps....”

Papers, guides & reports

Lancet Global Health – January issue
https://www.thelancet.com/journals/langlo/issue/current

Many of the articles were already published online before. But do check them out. We already highlighted the Editorial of this issue in the SRHR section above.

Among others, have a look at:

- Comment by A N Wade - Chronic non-communicable diseases in sub-Saharan Africa

Comment linked to a new Lancet GH study on the Gambia: Prevalence of hypertension, diabetes, obesity, multimorbidity, and related risk factors among adult Gambians: a cross-sectional nationwide study

Wellcome Open Research - Invisibility in global health: A case for disturbing bioethical frameworks
A Alenichev et al : https://wellcomeopenresearch.org/articles/8-191/v2

“In recent years, the global health community has increasingly reported the problem of ‘invisibility’: aspects of health and wellbeing, particularly amongst the world’s most marginalized and impoverished people, that are systematically overlooked and ignored by people and institutions in relative positions of power. It is unclear how to realistically manage global health invisibility within bioethics and other social science disciplines and move forward. In this letter, we reflect on several case studies of invisibility experienced by people in Brazil, Malaysia, West Africa and other transnational contexts.....”

Quadripartite Collaboration on One Health - A guide to implementing the One Health Joint Plan of Action at national level
This guide was developed through a participatory process, led by the Quadripartite organisations – the FAO, UNEP, WHO and WOAH – involving staff engaged in One Health across the headquarters and regional levels of the four organisations. It reflects inputs from multi-sectoral consultations including from the One Health High-Level Expert Panel and countries with the purpose of establishing and strengthening efforts towards a sustainable One Health approach at national level.....

Blogs & op-eds

LSE (blog) - X, LinkedIn, Bluesky, Mastodon, Threads... TikTok? How to choose in a fractured academic social media landscape

"Over the past year the landscape of academic social media has become increasingly complex, leaving researchers with the question of where best to spend their energies. Taking stock of the current platforms Andy Tattersall weighs up their pros and cons and how they might best be used by academic for social microblogging."

Foreign Policy - Is There Such Thing as a Global South?

"The category is emotionally powerful but fundamentally flawed." With some pretty convincing arguments.

Tweets (via X & Bluesky)

Eric Reinhart
""Global health" with its supposed goal of "health for all"—except for Palestine, apparently—is quite plainly a bankrupt field responsive above all to billionaire donors and neocolonial state funders. I've been disappointed to see such cowardice bear out once again."

Laurie Garrett
"It looks like Big Oil has permanent control of the COP #ClimateAction process: The next gathering will also in a Petrostate, #Azerbaijan. Legit question: Is there a diplomatic path to saving Earth from an average +2 deg C increase in surface temperature? “
Andrew Harmer

"Transitioning away from fossil fuels in our energy systems, beginning in this decade, in a just, orderly and equitable manner so as to achieve net zero by 2050 in keeping with the science" "Beginning in this decade" - and that's just the 'transition'!

“NB how 'in keeping with the science' relates to net zero rather than keeping FF in the ground. 'The science' is employed strategically and ‘net zero’ is a gift to FF lobbyists.”

Johan Rockström

“No, COP28 will not enable us to hold the 1.5°C limit, but yes, the result is a pivotal land-mark. It makes clear to finance, business and societies that we are now finally - 8 years behind Paris schedule - at the beginning of the end of the fossil-fuel driven world economy (1/4)....”

Bill McGuire

“The COP28 final communiqué is nothing less than our civilisation’s suicide note.”

Podcasts & webinars

Check out the latest episode of the Global Health Matters podcast, hosted by Dr Garry Aslanyan: Dialogues a conversation with Vidya Krishnan (who.int)

“.... In this episode of Dialogues, host Garry Aslanyan speaks with Vidya Krishnan, a health-focused Indian investigative author. Vidya’s book, “The phantom plague: how tuberculosis shaped history” (PublicAffairs Books, 2022), is about how history shaped tuberculosis, especially in India, and how tuberculosis transmission persists because of conditions such as poverty, crowding, a lack of political commitment and poor public policies. She notes in her book that “poverty is the disease, tuberculous is the symptom.” ...”