IHP news 756: The “mother of all elections” is upon us in 2024

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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,

We hope you all safely arrived in the new year. Sadly, in too many parts of the world, the arrival into 2024 isn’t as straightforward.

We start this week’s first issue of the year with a warm invitation to spread the word about this (weekly) newsletter to your friends and colleagues – well, at least if you like this (rather comprehensive) “knowledge management tool” 😊. As a reminder, the ‘Highlights’ section provides the “must read/scan” ‘one stop’ to get the main news & reports of the week in global health policy & governance land (occasionally resembling ‘La La Land’). Extra sections are optional, in line with your own interests, and tend to offer some additional reads (mostly papers), organized by area. People can self-subscribe here.

With that, let’s get to business. As you will have read, this year has among others the biggest election in history’ ‘in store, “… with more than half the world due to exercise their right to vote, putting the spotlight on the state of global democracy.” From what I can tell, that’s a fairly sorry state in (too) many countries. On X, Rob Yates was wondering – as is his habit – how many parties will go to elections running on a UHC platform. I’m personally also wondering how we can get some youngsters of the Tik Tok generation more informed. One of the nice things about New Year’s eve, when you meet up with family, is that you learn a bit more about the world of the younger members in your family. Turns out that some deal with politicians on TikTok the way they deal with swiping on Tinder: they get exactly 3 seconds to get their (first) point across, otherwise it’s “Next!” Which brings me to one of the less enchanting things about New Year’s eve: you can end up feeling like a boomer :)”

Enjoy your reading.

Kristof Decoster
Securing access to essential medicines in Europe - Unpacking the potential of the EU List of Critical Medicines

Bélén Tarrafeta (Pharmaceutical Policy Advisor and Researcher working at the Institute of Tropical Medicine of Antwerp)

On December 6th, 2023, the European Medicines Agency (EMA) in collaboration with the EU Heads of Medicines Agencies (HMA) released the first-ever European List of Critical Medicines. This list includes 200 medicines whose “continued supply is considered a priority in the EU, to avoid serious harm to patients and help healthcare systems function”. At present, the list includes only the names of active pharmaceutical ingredients without specifying the pharmaceutical form (tablet, injection, syrup, etc.) or dosage strength (such as milligrams per tablet or per milliliter).

From a global public health perspective, drawing parallels between this brand new EU List of Critical Medicines and the WHO Model List of Essential Medicines, initially published in 1977 and updated biennially, is tempting. Indeed, similarities exist. Both lists guide the selection of priority health products from a public health perspective. They also aim to support efforts to ensure the uninterrupted availability and quality of these chosen medicines.

However, there are also profound differences in approach, objectives, and processes. The WHO model list has served for decades as a guide for countries, mostly in the Global South, to develop their own National Essential Medicines Lists. Essential medicines are chosen through a meticulous process that evaluates disease prevalence, public health relevance, evidence of efficacy and safety, and comparative cost-effectiveness. By 1999, 156 countries, primarily low and middle-income, had established national lists, critically shaping pharmaceutical policies, procurement strategies, and clinical practices, thereby contributing to the optimization of pharmaceutical expenditures. Furthermore, in 2007 the WHO published the first Essential Medicines List for Children and in 2017 it introduced the AWaRe Classification of antibiotics to guide their appropriate use in the fight against antimicrobial resistance.

In contrast, countries in the Global North generally do not adopt Essential Medicines Lists as a standard national reference for medicine selection. Nonetheless, healthcare providers must select and manage medicines to offer to patients from the multitude of registered and marketed products. For instance, public and private healthcare coverage schemes define lists of medicines that are eligible for reimbursement. The complexity of medicine evaluation can sometimes result in suboptimal choices, including the inclusion of medicines with no added benefit (as reported for example here, here and here).

The EU List of Critical Medicines is an important component of the European Commission set of actions aimed at preventing shortages of medicines in EU member states. The EU has observed a significant increase in shortages of basic medicines since 2008, as highlighted in the 2020 Report on The Shortages of Medicines. The COVID-19 pandemic and the war in Ukraine further intensified the vulnerability of supply chains. The winter of 2022-2023 witnessed a major crisis in the availability of basic antibiotics across many European countries, triggering substantial political and social alarm,
and accelerating the development of a common strategy to prevent and manage shortages of medicines.

The Critical Medicines list has been developed through the collaborative efforts of member states and comprises medicines already registered and marketed in the EU. They have been selected following a risk assessment methodology centered on the potential negative health impact resulting from a shortage of each active ingredient. Unlike in the WHO model list, the primary objective is not to inform clinical and public health policies, but rather to establish a consensus on the crucial active pharmaceutical ingredients that the Commission should prioritize through investments in production and the supply chain.

Recognizing the list's limitations in preventing all shortages, its primary goal is to secure the continual availability of the selected critical medicines, providing alternative treatments for those experiencing supply issues. This, in turn, should contribute to guaranteeing the provision of high-quality healthcare. Perhaps the EU should consider elevating its ambitions, after this important step. Only including critical active pharmaceutical ingredients on the list without specifying the pharmaceutical form or dosage strength indeed raises the question whether this approach can guarantee suitable treatments for a variety of healthcare conditions and populations.

The WHO Essential Medicines List approach, built on decades of experience, indicates that essential (or critical) medicines should be chosen through systematic and transparent comparative cost-effectiveness evaluations, guided by scientific evidence. It is crucial to specify the needed formulations and dosages for each medicine. Along the same lines, a more comprehensive EU Critical Medicines list will facilitate the rational prescription and use of medicines, addressing antimicrobials, and considering the specific needs of children. Efforts to prevent the inappropriate and/or unnecessary prescription of medicines become even more crucial given the current reality of medicine shortages affecting all regions in the world. Furthermore, such a list will aid in controlling public, private, and patient expenditures, while providing guidance for interventions necessary to secure the supply chain.

Establishing its first-ever Critical Medicines List marks a significant milestone for the EU, including the acknowledgment of weaknesses in its procurement and supply system for medicines and the initiation of efforts to address them. However, embracing a more comprehensive approach could represent a valuable advancement for EU health systems and the communities they serve.

With the contribution of Raffaella Ravinetto and Radhika Arora.
Highlights of the week

War in Gaza

Guardian (op-ed) - It’s not just bullets and bombs. I have never seen health organisations as worried as they are about disease in Gaza


“A quarter of its population could die within a year due to outbreaks of disease caused by this unprecedented conflict.”

NYT - Half of Gazans Are at Risk of Starving, U.N. Warns
https://www.nytimes.com/2024/01/01/world/middleeast/gaza-israel-hunger.html

“More than 90 percent of Palestinians in the territory say they have regularly gone without food for a whole day, according to the United Nations.”

Guardian - Unicef delivers half a million vaccines into Gaza to prevent spread of childhood disease

“More than half a million vaccines for childhood diseases, including polio and measles, have been delivered into Gaza to prevent the spread of deadly infections, officials said on Monday. Between 25 and 29 December, Unicef transported 600,000 vaccines to the territory, which will be administered to nearly 300,000 eligible infants and children under five over the coming year.”

“Unicef warned that the spread of disease among Gaza’s 1.9 million internally displaced people was a “less visible crisis” that “threatens the health and well-being of children.” The Palestinian Authority health ministry said the new vaccine supplies had entered Gaza through the Rafah border crossing, aided by cold storage facilities from the Egyptian government....”

AP - South Africa launches case at top UN court accusing Israel of genocide in Gaza
https://apnews.com/article/south-africa-israel-un-court-palestinians-genocide-ffe672c4eb3e14a30128542eaa537b21

In case you missed this. From just before the year end. “South Africa launched a case Friday at the United Nations’ top court accusing Israel of genocide against Palestinians in Gaza and asking the court to order Israel to halt its attacks — the first such challenge made at the court over the current war....”
PS: “South Africa asked The Hague-based court to issue an interim order for Israel to immediately suspend its military operations in Gaza. A hearing into that request is likely in the coming days or weeks. The case, if it goes ahead, will take years, but an interim order could be issued within weeks....”

“... South Africa can bring the case under the Genocide Convention because both it and Israel are signatories to it...”

• Related Guardian analysis – [Stakes high as South Africa brings claim of genocidal intent against Israel](https://www.theguardian.com/world/2023/dec/05/stakes-high-as-south-africa-brings-claim-of-genocidal-intent-against-israel)

By P Wintour (The Guardian’s Diplomatic editor). “Israel’s decision to defend itself at the international court of justice will make it harder for it to brush aside any adverse finding.” Insightful read.

Looking back on 2023

WHO - 2023 marked by achievements and 'avoidable suffering': WHO chief


Tedros’ words, as 2023 was ending. “The past year saw significant milestones and challenges in global public health but also immense and avoidable suffering, the Director-General of the World Health Organization (WHO) said on Tuesday.” With an overview of both.

PS: “Looking to 2024, the WHO chief highlighted the opportunity to address gaps in global pandemic preparedness. He said Governments, are currently negotiating the first-ever global agreement aimed at enhancing collaboration, cooperation, and equity in responding to pandemics of the future. “The Pandemic Accord and plans to strengthen the International Health Regulations represent monumental actions by governments to create a safer and healthier world,” Tedros affirmed.”

Gapminder - 100 Positive News from 2023


With among others, 17 positive news stories related to health.

IS Global - Our Five Words of the Year 2023


“We’ve chosen five words that strongly resonated throughout 2023 and are particularly relevant to global health.”
They are: Permacrisis; heat; phase down/phase out; preparedness; & artificial intelligence.

Guardian - World will look back at 2023 as year humanity exposed its inability to tackle climate crisis, scientists say


“The hottest year in recorded history casts doubts on humanity’s ability to deal with a climate crisis of its own making, senior scientists have said.” With the views of James Hansen & J Rockström, among others.

“As historically high temperatures continued to be registered in many parts of the world in late December, the former Nasa scientist James Hansen told the Guardian that 2023 would be remembered as the moment when failures became apparent. Now director of the climate programme at Columbia University’s Earth Institute in New York, Hansen said the best hope was for a generational shift of leadership. “The bright side of this clear dichotomy is that young people may realise that they must take charge of their future. The turbulent status of today’s politics may provide opportunity,” he said.....”

“...Veteran climate watchers have been horrified at the pace of change. “The climate year 2023 is nothing but shocking, in terms of the strength of climate occurrences, from heatwaves, droughts, floods and fires, to rate of ice melt and temperature anomalies particularly in the ocean,” Prof Johan Rockström, the joint director of the Potsdam Institute for Climate Impact Research in Germany, said. He said these new developments indicated the Earth was in uncharted territory and under siege. “What we mean by this is that we may be seeing a shift in Earth’s response to 250 years of escalated human pressures ... to a situation of ‘payback’ where Earth starts sending invoices back to the thin layer on Earth where humans live, in the form of off the charts extremes.” “... Rockstrom was among the authors of the 2018 “Hothouse Earth” paper, which warned of a domino-like cascade of melting ice, warming seas and dying forests could tilt the planet into a state beyond which human efforts to reduce emissions will be increasingly futile. Five years on, he said that what disturbed him most in 2023 was the sharp increase in sea surface temperatures, which have been abrupt even for an El Niño year....”

Guardian - Big oil ‘fully owned the villain role’ in 2023, the hottest year ever recorded


“Fossil fuel firms ‘took the mask off’ as they reneged on climate pledges and doubled down on expansion of planet-heating energy.”

And a few more upbeat links (as we don’t want to knock you already out at the start of a new year 😊)

- Guardian - Climate scientists hail 2023 as ‘beginning of the end’ for fossil fuel era.
• Guardian - I thought most of us were going to die from the climate crisis. I was wrong

“In an extract from her book Not the End of the World, data scientist Hannah Ritchie explains how her work taught her that there are more reasons for hope than despair about climate change – and why a truly sustainable world is in reach.”

For a review of this new book, see The Guardian - Not the End of the World by Hannah Ritchie review – an optimist’s guide to the climate crisis. “These insights into how we can reverse the climate emergency are informative and useful, but are they convincing?”

“...With this book she wants to do for environmental problems what Hans Rosling did for social ones...”

Looks like this new book will try to change the narrative a bit in the coming months – and I have little doubt “the Powers that be” will like it, among others given her stance on capitalism : ) Let’s hope she’ll be proven right (at least, in terms of that we can still avoid the worst of climate breakdown).

We quote her stance on capitalism here in full: “...I accept that there are definitely flaws with capitalism. What I would push back against is the notion that we can just dismantle capitalism and build something else. The core reason is time. We need to be acting on this problem urgently, on a large scale, in the next five to 10 years, and to me it does not seem feasible that we’re going to dismantle the system and build a new one in that time. I think capitalism does drive innovation, which is what we need to create affordable low-carbon technologies.”

PS: That doesn’t mean we (fully) agree. But for sure, an essential read for the “Davos Crowd” : )

Looking ahead to 2024

Focus 2030: Global Health Time line 2024
https://focus2030.org/Global-health-timeline-2024

With an overview of all the major international events related to the achievement of Sustainable Development Goal 3 - Good health and well-being.

Stat - 3 issues to watch in global health in 2024

With focus here on infectious disease.

Will 2024 be the year the world finally stops polio transmission?... Whither pandemic preparedness and global health cooperation?.... The impact of climate change on infectious diseases....”
Guardian - Could 2024 be the year nature rights enter the political mainstream?


“Movement is growing to give legal rights and political representation to nonhuman animals, species and places.”

“….. Two new coalitions of scientists, lawyers, philosophers and artists have joined the burgeoning global campaign for ecosystems and other species to have legal rights and even political representation. “The More Than Human Rights (Moth) project and Animals in the Room (Air) are exploring bold tactics to further their cause, including authorship claims for forests, policy advocacy on behalf of bears and whales, and fungal strategies to spread ecological thinking. They represent a new wave of nature and animal rights movements gaining traction amid frustration over humanity’s ultra-exploitative relationship with other species and growing concern about the shortcomings of the technology-and-markets approach to the climate crisis....”

PS: “The main division between the groups is on the scale at which rights or political representation should be granted. Some organisations believe it should be limited to pets, others to the more obviously sentient animals, such as whales, cows, pigs and bears. Others want to focus on river basins or mountains, or on nature as a whole. The Indigenous leader Davi Kopenawa Yanomami goes even further: “I think it is better to talk about the rights of the Earth more than the rights of nature ... If we are serious, we must not allow any more projects to destroy the Earth.” …”

“... There is also the question of how far to push the agenda. Talk of rights for forests or political representation for animals is so unusual that it can raise smirks of derision. But Rodríguez-Garavito believes people are now more willing to consider ideas that were previously on the fringes. “We want to find the sweet spot between edginess and realism.....”

Lancet World Report - Humanitarian appeals for 2024 face severe funding losses

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00001-1/fulltext

“The UN and the International Committee of the Red Cross have announced cuts in responses to the 2024 global humanitarian appeals. John Zarocostas reports.”

“The UN and the International Committee of the Red Cross (ICRC) have announced vastly reduced funds in response to their separate humanitarian appeals to help people affected by conflict, climate disasters, and health epidemics in 2024. The scale of the projected reductions, attributed to the funding crisis, has taken charities working in global emergencies aback....”

The New Humanitarian - Trends driving humanitarian need in 2024 (and what to do about them)

“Here are **seven key trends** likely to leave millions of people in need of food, medical care, shelter, or other humanitarian aid over the next year; plus, some ideas on what governments, aid groups, or individuals might do differently so 2025 looks a little better....”

**New Humanitarian - What’s shaping aid policy in 2024**

I Loy et al; [https://www.thenewhumanitarian.org/analysis/2024/01/04/whats-shaping-aid-policy-2024](https://www.thenewhumanitarian.org/analysis/2024/01/04/whats-shaping-aid-policy-2024)

Analysis. “The issues and dilemmas driving change in the coming months.” On six humanitarian policy trends.

- And if you prefer **podcasts**, see for example [Andrew Green on BBC Sounds 2024 in global health](https://www.bbc.co.uk/sounds/play/w3ct4pf3)

“A treaty to help the world cope with the next pandemic, new ways to treat undernutrition and a last goodbye to polio. Could these be some of the health advances that 2024 will bring? Claudia asks global health journalist Andrew Green for his predictions.”

**Science – Ten science stories poised to make headlines in 2024**

[Ten science stories poised to make headlines in 2024 | Science | AAAS](https://scienceaaas.org/article/10-science-stories-poised-make-headlines-2024)

Among others: antidengue mosquitoes take off; first fruits of long Covid trials.

**PPPR & other health emergencies**

**WB - The Pandemic Fund Announces Second Round of Funding with Half-a-Billion-Dollar Envelope**


“The Pandemic Fund’s Governing Board approved a grant envelope of $500 million for its second round of funding to help low- and middle-income countries scale up efforts to better prepare for future pandemics. Interested eligible countries, Regional Entities, and Implementing Entities are invited to submit proposals through an online portal starting in late February through May 17, 2024.”

“In recognition of the high demand for funding under the first Call—considered a pilot Call, the second Call for Proposals will have a larger funding envelope and will again prioritize high-impact investments at national and regional level in early warning and disease surveillance systems, laboratory systems, and strengthening human resources and public health and community
African Insight Informs AHF’s Pandemic Governance and Funding Recommendations


“…In a collaborative effort to reshape global health policy discourse, the AHF Global Public Health Institute, in partnership with the University of Miami Public Health Policy Lab and AHF Africa Bureau, has released a critical report titled “African Insights: Recommendations for Global Pandemic Governance and Funding 2023.”

“The report is comprised of eleven recommendations derived from a set of consultations with key non-governmental African global public health experts and thought leaders on critical issues of global health. Notably, this report offers recommendations on the governance of global health financing, the WHO Pandemic Agreement, and regional strategies for pandemic prevention, preparedness, and response (PPPR). It also highlights the importance of further integrating African voices in the global health discourse, ensuring that the region’s specific needs and insights are adequately addressed in global pandemic deliberations. The report also emphasizes that without adequate and sustainable global health financing, it is unlikely that low-and middle-income countries (LMICs) will be able to build an adequate level of PPPR capacity and resilience. To this end, the report includes a series of recommendations aimed at the Pandemic Fund, the global financing mechanism established to provide LMICs and regions with critical gap-financing for PPPR.”

“Among these recommendations is a plea for the Board of the Pandemic Fund to work with the WHO Intergovernmental Negotiating Body, the entity charged with drafting and negotiating the Pandemic Agreement, to integrate its fund into the Agreement. Rather than creating additional financing mechanisms for PPPR, as it is currently proposed in the Negotiating Text of the WHO Agreement, the Pandemic Fund would become the instrument’s official financing mechanisms for LMICs. Creating additional mechanisms for PPPR, with overlapping functions with the Pandemic Fund and the well-established Global Fund to Fight AIDS Tuberculosis and Malaria, could be counterproductive and harm the existing global health financing ecosystem.”

NYT (oped) - Why the World Needs Its Own Immune System

By Atul Gawande (assistant administrator for global health at U.S.A.I.D. );

“The thing that has surprised me most since I began my job leading foreign assistance for global health at the U.S. Agency for International Development is how much emergencies have defined my work. The bureau I oversee focuses on reducing the global burden of mortality and disease and on protecting the United States from health threats from abroad. Our work is supposed to primarily serve long-range goals — for instance, eradicating polio (after 35 years of effort, we’re down to just a handful of wild-type cases in the world) and ending the public health threat of H.I.V., malaria and tuberculosis by 2030. But from the moment I started, more immediate problems have diverted time, attention and resources. … … This past May, the World Health Organization reported a total
of 56 active global health emergencies, a situation that Mike Ryan, the head of the W.H.O.’s health emergencies program, has described as “unprecedented.” This is now the pattern: one emergency after another, often overlapping, diverting focus away from longer-term public health goals. And there’s no sign of this letting up.....”

“... But we can break the pattern. Longer-range investment in local preparedness for such events — in building what I think of as a global immune system — could reduce the threat these crises pose and even reduce dependence on foreign aid to weather them... ... This is not about developing resilience (the ability to recover from crisis) or robustness (the ability to resist crisis). It is about developing what the writer Nassim Nicholas Taleb has called antifragility — the ability to become stronger from crisis.”

“... Our body’s immune system provides an example: It rapidly detects and neutralizes pathogens before they do catastrophic damage, while getting stronger with each exposure. Similarly, a global immune system would rapidly detect and neutralize health threats before they do catastrophic damage to the world, while evolving and strengthening with each event.....”

Mpox

AP - Stigma against gay men could worsen Congo's biggest mpox outbreak, scientists warn
https://apnews.com/article/congo-monkeypox-outbreak-gay-discrimination-mpox-bdfbae117989cfa41f5e7e36d583c036

“As Congo copes with its biggest outbreak of mpox, scientists warn discrimination against gay and bisexual men on the continent could make it worse.....” Informative short article.

AMR

STAT (op-ed) - Gaza, Ukraine, and other conflicts could be accelerating antibiotic resistance

“In recent months, evidence suggests, the war in Ukraine and the ongoing conflict in Gaza have led to spikes of multidrug-resistant bacterial infections. This is to be expected; conflicts often create conditions that are perfect for drug resistance to emerge and spread, with the first evidence of this dating back as far as the 1940s. ... What is particularly worrisome about this is that the number of conflicts across the globe is at an historical high, and on the rise. This suggests that, even with nearly 5 million deaths a year now associated with antimicrobial resistance (AMR), we may have drastically underestimated the true scale of this escalating global crisis — it may be spreading even faster than we realized.....”
IHME - Five major takeaways on antibiotic-resistant infections in Africa


“IHME and its collaborators recently published findings on AMR, also known as antibiotic resistance, in the WHO African region in The Lancet Global Health. Here, we highlight five key points from the study....”

- Related: Cidrap News - In Africa, high infection rates drive deaths from antimicrobial resistance

With more coverage of the Lancet GH study from December. See also a previous IHP newsletter.

FT - New drug offers hope in fight against hospital ‘superbugs’

https://www.ft.com/content/3fe32a51-823a-4b83-8c36-57065544b55d

“A potential drug offers rare promise in the fight against antibiotic-resistant “superbugs” after it successfully targeted a bacterium that causes life-threatening infections in hospital patients, research has shown. .... While the drug being developed by Swiss pharmaceutical group Roche has been tested on only one type of bacteria, the way it works suggests it could be effective against other microbes — and encourage much-needed research investment in the field. “We discovered a new way of killing bacteria. You could imagine tweaking the chemistry to address other targets,” said Michael Lobritz, global head of infectious diseases at Roche Pharma Research & Early Development. Lobritz is co-author with experts from Harvard university of the two papers published in Nature on Wednesday. Roche is conducting phase 1 clinical trials in humans on the candidate drug, which targets a bacterium known as carbapenem-resistant Acinetobacter baumannii, or CRAB. The pathogen, which causes conditions such as sepsis and pneumonia, thrives in hospitals due to its ease of transmission among patients weakened by other illnesses....

“.... The anti-CRAB candidate drug, known as zosurabalpin, could be effective against other pathogens that have become resistant to traditional antibiotics and imperil hospital patients, scientists say. These are all part of the same class of so-called Gram-negative bacteria, which have similar outer membrane structures to CRAB.....”

- For more on this news, see the Guardian - Scientists hail new antibiotic that can kill drug-resistant bacteria

“Zosurabalpin has defeated strains of pneumonia and sepsis in mice, raising hopes for human trials.”

PS: “Meanwhile, the UK’s science, innovation and technology committee has called for steps to develop the potential of bacteria-killing viruses – called bacteriophages – that could provide an alternative to antibiotics for resistant infections. In a report published on Wednesday, the committee said development of phage therapies had hit an impasse because in order to enter clinical trials they needed to be manufactured to certain standards, yet investment in manufacturing plants hinged on successful clinical trials.....”
Related: Nature Editorial – **A new class of antibiotics is cause for cautious celebration — but the economics must be fixed**

“The threat of antimicrobial resistance means that new antibiotics need to be used sparingly. Governments must support their development with a long-term funding plan.”

“.... The obstacles for developing such compounds are not just scientific: the economic incentives are insufficient for many companies to take the risk. As the threat of resistance grows, the international community must do more to shepherd promising drugs from bench to bedside....”

PS: “In September, the United Nations General Assembly will host a high-level meeting to discuss antimicrobial resistance — the first such meeting since 2016. This will highlight the problem and offer an opportunity to extract real commitments from member states. ....”

Global Health Governance

Devex - What next for Africa’s revamped health institutions?

Must-read. “The continent’s efforts to achieve greater public health independence is a work in progress. Here’s a look at what to expect out of some of these efforts this year.”

“During the COVID-19 pandemic, African nations were at the back of the queue for critical lifesaving supplies — notably vaccines. The devastation this brought pushed the continent’s leadership to reshuffle the public health architecture to work toward ensuring the health security of a population of over a billion people. This includes pushing forward the creation of a new pan-African regulatory agency, a new epidemics fund, a more autonomous Africa Centers for Disease Control and Prevention, and efforts to boost the pharmaceutical manufacturing sector, among others. Most of these efforts are a work in progress. Here’s a look at where some of them stand and what to expect out of them this year....”

With updates on: The African Medicines Agency (AMA); Africa CDC; Africa Public Health Foundation; African Pharmaceutical Technology Foundation; the mRNA vaccine technology transfer hub; BioNTech mRNA facility in Rwanda; African Vaccine Manufacturing Accelerator.

Among others:

“**The African Medicines Agency... is moving closer to an official launch.”**

“**The Africa Centres for Disease Control and Prevention is developing a governance framework around a new Africa Epidemics Fund, which it hopes the continent’s leaders will sign off on when they meet for the African Union summit in February.**”

“**The Africa Public Health Foundation, which mobilizes resources for the Africa CDC’s funding priorities, is set to launch its strategic plan in the first quarter of 2024.”**
“• And with up to $1 billion available over 10 years to boost vaccine production on the continent, the Africa Vaccine Manufacturing Accelerator will officially launch in June.”

Devex - New foundation is ready to help African pharmaceutical manufacturers


(gated) “Starting this month, the African Pharmaceutical Technology Foundation is commencing its work on ramping up the continent’s pharmaceutical manufacturing sector.”

“….. This year, the new African Pharmaceutical Technology Foundation begins its work. The African Development Bank launched the foundation in 2022 to serve as a Pan-African agency that brings manufacturing companies — local and international — to the table to make deals around technology transfers. Since this soft launch, the foundation’s team has been busy building its structure, which has included setting up the board, advisory council, operational procedures, and office in Kigali. The foundation signed a host country agreement with Rwanda in December.”

“Starting this month, the foundation’s team is ready to get to work. This includes the launch of four programs that focus on: • Helping African firms achieve “good manufacturing practice” certification. • Using TRIPs flexibilities for the production of generic medicines. • Creating a vibrant biosimilars industry. • Building “regional centers of excellence.””

See also Devex for more on this ‘new player in Africa’s public health architecture’.

Tim Unwin’s blog - “The Bill Gates Problem...” by Tim Schwab

https://unwin.wordpress.com/2024/01/02/the-bill-gates-problem-by-tim-schwab/

Another review of Tim Schwab’s book.

Concluding: “please never accept funding from the Bill & Melinda Gates Foundation....”

Peter Singer (blog) - To GSD (Get Sh*t Done) on the SDGs, measure and manage impact


Singer lays out some lessons from WHO’s 13th General Programme of Work (GPW 13), which he crystalizes in four principles. “…While I use WHO as the case example, the principles are generalizable to any organization in any sector focused on social impact. An overarching point: if you want to speed up SDGs, drive this through your strategy....” Well worth a read, given its focus on WHO’s 13th GPW.

PS: Draft fourteenth general programme of work (as of 21 Dec) (to be discussed at the upcoming WHO EB meeting, end of January). (for the period 2025-2028)
Global Health Financing

FT - How anti-obesity drugs built the world’s largest charitable foundation
https://www.ft.com/content/69324884-a626-4787-a4ce-aece410d1dcc

“Novo Nordisk Foundation is little known outside Nordic countries but is bigger than Wellcome or Gates.” Some excerpts:

“… A century ago the makers of a revolutionary new drug called insulin promised not to make “nasty profits”. Their commitment created what is now the largest charitable foundation in the world, fuelled by the latest major development in medical science: anti-obesity drugs. The Novo Nordisk Foundation is the controlling shareholder of Danish drugmaker Novo Nordisk, currently Europe’s most valuable company thanks to soaring sales of weight loss and diabetes drugs Wegovy and Ozempic. The foundation holds 77 per cent of Novo’s voting rights and 28.1 per cent of its shares.”

“Chief executive Mads Krogsgaard Thomsen told the Financial Times in an interview at the foundation’s headquarters in Copenhagen that the soaring popularity of the drugs, known as GLP-1s after the hormone they mimic, took him by surprise. ….. Thanks largely to Wegovy and Ozempic, the foundation’s assets under management have risen 300 per cent in the past 10 years and, according Krogsgaard Thomsen, it is now looking to expand overseas. “It is very satisfying to have created or been responsible for creating all these medicines. And now, realising that some of the profits that they generate, we can return back to society, in the form of philanthropy, in the form of research, grants, education and even sometimes investments.”

“… In the past 10 years in particular, the money Novo Nordisk pays to it in dividends and through share buybacks has soared, rising about 180 per cent over the period to Dkr14.2bn ($2.1bn) last year. As of the end of last year, the foundation had Dkr805bn or $116bn of assets. … It pays out less than its two better known peers because its assets are less liquid and its aim is to exist forever, said Krogsgaard Thomsen. But with distributions of about 4 per cent of its assets each year, it is still one of the top three philanthropic organisations by granting capacity.”

“One of its aims is to try to tackle the root causes of obesity and diabetes. It also funds research on stem cell science and climate change and gives to humanitarian causes, such as providing shelters and essential medicines to Ukraine. In all, Krogsgaard Thomsen feels it is time for the foundation to build up its international profile.…. Krogsgaard Thomsen said cardiometabolic disease was “grossly underfunded”, compared with philanthropic efforts to fight infectious diseases, particularly in poorer countries. ….. The foundation is funding a Center for Basic Metabolic Research, a collaboration with the genomics-focused Broad Institute in Boston, and has set up a Centre for Childhood Health that aims to promote healthy weight for children. In parts of India and east Africa, it is teaching healthcare professionals to improve the prevention and treatment of noncommunicable diseases like diabetes. It recently opened its first office in Delhi. As it starts to fund projects outside the Nordics, it will be important for the foundation to find experienced local partners, said Katherina Rosqueta, founding executive director of the Center for High Impact Philanthropy at the University of Pennsylvania.”

PS: “… Rosqueta said it was positive that the foundation wanted to use its expertise for anti-obesity initiatives in developing countries but added that a “cynical observer” might also see a link with opening up new markets. The foundation stressed it was a separate entity from the company Novo
Nordisk, which has had some back office operations in India for many years. Another difference is that the foundation can share its findings with health systems more widely because, unlike a company, it has no need to protect proprietary data. While the company does give away generic insulin in developing markets, the foundation can focus on running programmes using cheap generic drugs — those that are available now, such as statins to lower cholesterol, and later GLP-1s, when they go off patent. “

Via Devex – Chopped

“Some bad news from last year: USAID assistance was down $5.8 billion for the fiscal year ending in September 2023 from the previous year for a total obligation of $16.2 billion. And a lot of those cuts came at the expense of multilateral global health organizations.”

“Nobody saw a bigger drop than officials at the Global Fund to Fight AIDS, Tuberculosis and Malaria, where funding in core contributions fell by $3.3 billion to $811.5 million, according to an analysis by Devex Senior Development Analyst Miguel Antonio Tamonan. That still left the Global Fund as the second-largest multilateral recipient, behind the World Food Programme. Gavi, the Vaccine Alliance, also saw its funding cut in half to $290 million — making it USAID’s fifth-largest multilateral recipient. Even WHO wasn’t immune from a funding cut. The eighth-largest recipient, it netted $203.5 million, down $13.4 million from the previous year....”

ODI - What do we know about health spending in sub-Saharan Africa?

“The 2023 update of the World Health Organization Global Health Expenditure Database (GHED) was published last month....”

Together with the preliminary results from 2022, it shows a reversal in the long-run de-prioritisation of spending on health by governments in sub-Saharan Africa. It also shows that our understanding of health spending for the region is incomplete. .... while the GHED offers valuable insights on global trends, our understanding is nevertheless limited due to issues around timeliness, completeness and the quality of the data.....”

UHC ( & Health systems)

Brazil Leads in Public Health: First to Include Dengue Vaccine in Universal System
“Setting a global precedent, Brazil has become the first country to incorporate a dengue vaccine, known as Qdenga, into its universal public health system, the Sistema Único de Saúde (SUS).”

Telegraph - Latin America’s health systems are falling behind the rest of the world, WHO warns

“The pandemic, persistent inequality, outdated technology and the consequences of climate change have put progress into reverse.”

“Latin America’s health systems are “in pain” and falling behind the rest of the world – a result of persistent inequality, outdated technology and the consequences of climate change, the region’s director for the World Health Organization (WHO) has warned. Dr Jarbas Barbosa, the director of the Pan American Health Organisation, a branch of the WHO, said that Latin America was “in pain,” adding that the Covid-19 pandemic had further exacerbated the dire state of the continent’s healthcare systems.”

PS: “Dr Barbosa believes the continent’s healthcare failings can be partly explained by the limited funding it receives from the global community, making it difficult to purchase medicines and the latest technologies. International financing initiatives like Gavi and the Global Fund provide the world’s poorest countries with billions of dollars each year to invest in essential medical resources. Yet the allocation of this funding, says Dr Barbosa, is based on an outdated model which places too much emphasis on income-level categorisations. Out of Latin America’s 33 countries, 28 are considered middle-income, four are considered high-income and one low-income. These categorisations determine the amount of funding handed to each nation. “The Caribbean is the second region in the world with the highest HIV prevalence rate – but only five countries out of 15 are eligible to receive support from the Global Fund to Fight HIV,” he said. Dr Barbosa said that it was a misconception that middle-income countries do not need international support in improving their healthcare systems. “In reality, when a country moves from low to middle, their national budget for health doesn’t increase,” he added....”

Access to medicines & other health technologies

HealthGap - Challenging Dr. Tedros’ Breathtakingly Bad Statement Supporting Intellectual Property and its “Measured Use”


Not exactly mincing words here. (from 20 Dec, after Geneva Health Files broke the story)

“As reported today, Dr. Tedros is now on record emphasizing that IP rights “should not be undermined” and supporting their “measured use.” (see Geneva Health Files reporting and statement below). This is a breath-takingly bad reversal of WHO DG Tedros’ previous advocacy on
the need to overcome intellectual property barriers impeding equitable access to COVID-19 health technologies and medicines more generally…..… Activists have been concerned for the past three years about the WHO’s failure to more vociferously champion waiver of IP rights and full use of TRIPS flexibilities within the structures of the Access to Covid-19 Tools Accelerator, especially the therapeutics pillar; it reluctance to advocate for addressing IP and technology transfer barriers within the new Interim Medical Countermeasures Network and at successive Global Forums on Local Production; and its implicit support for “voluntary measures on mutually agreed terms” in Pandemic Accord and International Health Rules negotiations. In all these venues, the WHO has imposed radio-silence concerning country- and region-led compulsory and government use licensing campaigns that could complete the circle on ensuring adequate supplies, more affordable pricing, and equitable distribution of life-saving medical products. “

“… The WHO DG is providing political and ideological cover for U.S. and E.U. hypocrites and for the super-profitable biopharmaceutical industry that failed so miserably in providing timely, adequate, affordable, and equitable access to COVID-19 PPE, tests, vaccines, and medicines. Instead of leading a bold health-rights campaign in the ashes of covid apartheid to ensure equitable access in the future, Dr. Tedros offers rhetorical ammunition for the status quo of Big-Pharma/rich-country hegemony over what should be global public goods. Dr. Tedros must immediately rectify his ill-advised statement and clarify that using IP “in very measured ways” includes countries exercising their rights under the WTO TRIPS Agreement to waive IP rights during pandemics and global health emergencies and to make full use of all TRIPS flexibilities, including most especially compulsory and government-use licenses.”

TWN - COVID-19: Big Pharma using patent “evergreening” to monopolize vaccines

“Pharmaceutical companies took advantage of the COVID-19 pandemic by filing multiple patents on the same technology, also known as “evergreening”, thus ensuring maximum profits and monopolies on life-saving vaccines and drugs, the Make Medicines Affordable Campaign has said. In a news release issued on 18 December, the Make Medicines Affordable (MMA) Campaign, which is led by the International Treatment Preparedness Coalition (ITPC), highlighted the findings of a study by a team of four independent researchers as well as two experts on access to medicines from the MMA Campaign. The study, titled “Unveiling Patenting Strategies of Therapeutics and Vaccines: Evergreening in the Context of COVID-19 Pandemic,” was published in Frontiers, a leading science journal, and its lead researchers are Maria Lorena Bacigalupo, Maria Florencia Pignataro, Carolinne Thays Scopel, and Gabriela Costa Chaves....”

“According to the MMA news release, the study found that pharmaceutical companies and academic institutions filed a total of 73 patent applications through the Patent Cooperation Treaty (PCT) system to maintain their monopolies on selected drugs and vaccines, even during and after the COVID-19 pandemic.....”

- The Study in Frontiers – Unveiling patenting strategies of therapeutics and vaccines: evergreening in the context of COVID-19 pandemic
Migration & health

WHO Bulletin - Tracking migration and health inequities
E M Vidal et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.290776.pdf?sfvrsn=33aa31c4_3

“Over 281 million people around the world are counted as international migrants. Many migrants are forcibly displaced – with 36.4 million refugees and 6.1 million asylum-seekers by mid-2023. Furthermore, there were 62.5 million internally displaced people at the end of 2022. While many of these migrants are healthy, many, in particular refugees, asylum-seekers and internally displaced people, are at risk of poor health outcomes and often experience health-related inequities, facing little or no access to health care. Addressing this risk through inclusive health systems is vital to achieving universal health coverage (UHC) and is in line with existing rights conventions. Inclusive health systems can also have positive effects on integration. Moreover, while expanding health-care access is fundamental, policy-makers must simultaneously address the wider social determinants of migrants’ health. However, policy opportunities are constrained by a lack of timely and quality data. Generating and using more reliable data is necessary to advance migration health and achieve better public health outcomes for all…. “

Also sketching a way forward.

CNN - Away from threat of Islamist violence or floods, health risks for pregnant women in Nigeria’s refugee camps remain high

This story is part of As Equals, CNN’s ongoing series on gender inequality.

A story is told of a pregnant young woman who has nowhere else to give birth to her son than in a manger. Aisha Aliyu is a woman pregnant with her tenth child who faces the prospect of delivering that child in Abuja’s Durumi Camp – home to 3,000 internally displaced people. …. Mothers like Aisha have been forced from their ancestral homes by the Boko Haram insurgency and natural disasters and must now cope with unhygienic health facilities, limited access to essential nutrients and medication for illnesses such as malaria – which poses grave risks during pregnancy – all while they try to navigate the additional financial burden displacement places on them.

SRHR

WHO Bulletin - Advancing the “sexual” in sexual and reproductive health and rights: a global health, gender equality and human rights imperative
Tedros et al; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10753275/
From the new January issue.

“... it is time for the global health community to unite around a bold agenda to affirm and secure sexual health as part of sexual and reproductive health and rights for all. ... The obstacles to advancing sexual health as part of a comprehensive approach to sexual and reproductive health and rights are deeply rooted in political dynamics, social values and gender inequalities. **Steps to make universal sexual and reproductive health and rights a reality** (Box 1) can make a difference if applied ambitiously and sustainably....”

PS: “The Bulletin of the World Health Organization has issued a call for papers for a 2024 theme issue on sexual health and well-being, providing an opportunity to improve the dialogue around a crucial aspect of all of our lives.”

**NCDs**

IJHPM - Barriers and Opportunities for WHO ‘Best Buys’ Non-Communicable Disease Policy Adoption and Implementation From a Political Economy Perspective: A Complexity Systematic Review

G Loffreda et al; [https://www.ijhpm.com/article_4549.html](https://www.ijhpm.com/article_4549.html)

Authors “conducted a complex systematic review of articles discussing the adoption and implementation of WHO's 'best buys' NCD policies. We identified **political economy factors** and constructed a **causal loop diagram (CLD) program theory** to elucidate the interplay between factors influencing NCD policy adoption and implementation.”

Findings: “...Our CLD highlights a central feedback loop encompassing three vital variables: 1) the ability to define, (re)shape and pass appropriate policy into law; 2) the ability to implement the policy (linked to the enforceability of the policy and to addressing NCD local burden); 3) ability to monitor progress, evaluate and correct the course. **Insufficient contextspecific data impedes** the formulation and enactment of suitable policies, particularly in areas facing multiple disease burdens. **Multisectoral collaboration** plays a pivotal role in both policy adoption and implementation. **Effective monitoring and accountability systems** significantly impact policy implementation. The **commercial determinants of health (CDoH) serve as a major barrier** to defining, adopting, and implementing tobacco, alcohol, and diet-related policies....”

Lancet Editorial – Treating obesity and diabetes: drugs alone are not enough


Concluding: “A simple pill or injection will undoubtedly help some patients, but it cannot be the sole basis for addressing the complexities of obesity. Obesity is a product of not only an individual's circumstances and behaviour, but also society at large, shaped by global food markets and trade agreements. **Multidimensional approaches are needed to curb the effects of the obesogenic environment**, particularly against an international industry that promotes overproduction of **cheap food and drinks**. Physical activity needs to increase; walking and cycling for journeys to work...”
or school should be normalised and made easier and safer. Sugar taxes and curbs on marketing of high-energy, high-fat, ultra-processed foods need to be implemented. **Prevention must be the foundation upon which everything else follows.**

**Planetary Health**

**Nature (Comment) - Degrowth can work — here’s how science can help**

Jason Hickel et al; [https://www.nature.com/articles/d41586-022-04412-x](https://www.nature.com/articles/d41586-022-04412-x)

Perhaps the most remarkable thing about this insightful article is that it went viral. Perhaps the times are changing ... ( a bit) ?

“**Wealthy countries can create prosperity while using less materials and energy if they abandon economic growth as an objective.**”

**PS: “….Addressing the question of how to prosper without growth will require a massive mobilization of researchers in all disciplines, including open-minded economists, social and political scientists, modellers and statisticians. Research on degrowth and ecological economics needs more funding, to increase capacity to address necessary questions. And the agenda needs attention and debate in major economic, environmental and climate forums, such as the United Nations conferences....**

**Decolonize Global Health**

**Global Public Health - Latin America at the margins? Implications of the geographic and epistemic narrowing of ‘global’ health**


“To explore the narrowing of the concept of ‘global’ in global health, **this article traces how Latin America has held a place of both privilege and power as well as marginalisation in the field.** We employ a **modified extended case method** to examine how Latin America has been ‘seen’ and ‘heard’ in understandings of global health, underscoring the region’s shifting role as a key site for research and practice in ‘tropical medicine’ from the mid-nineteenth century through World War II, to a major player and recipient of development assistance throughout the ‘international health’ era after World War II until the late twentieth century, to a region progressively marginalised within ‘global health’ since the mid-1980s/1990s. We argue that the progressive marginalisation of Latin America and Southern theory has not only hurt health equity and services, but also demonstrates the fundamental flaws in contemporary ‘global’ thinking. **The narrowing of global health constitutes coloniality of power, with Northern institutions largely defining priority regions and epistemic approaches to health globally, thus impoverishing the field from the intellectual resources, political experience, and wisdom of Latin America’s long traditions of social medicine and collective health.”**
More in particular, “…. To better understand the power and limits of the enactment of epistemic power, at times to the detriment of alternative epistemological approaches, this article focuses on Latin America to trace how the region has held a place of both privilege and power and marginalisation within evolving responses to health on a global scale. Latin America, and particularly the unique social medicine approaches emerging from key sites in Latin America (e.g. Argentina, Brazil, Chile, Costa Rica, and Cuba), offers important lessons in moving beyond neoliberal health policymaking and advancing equity, justice, and inclusion in the next iterations of health on a global scale. Our analysis of how Latin America is ‘seen’ and ‘heard’ in global health suggests that one significant factor in the region’s progressive marginalisation during the consolidation of global health over the past two decades is precisely the ways in which its approaches to social medicine and collective health have underscored how social, cultural, and political forces shape health and illness. By developing meaningful alternatives in relation to both epistemology and policy, Latin America has challenged the biomedicalisation that has dominated mainstream global health approaches.”

Science Perspective – Investing in Africa’s scientific future
Tulio de Oliveira et al; https://www.science.org/doi/10.1126/science.adn4168

« ... Investing in Africa’s genomics future is an imperative not just for the continent’s health but for global health security as well.”

Miscellaneous

Guardian - ‘We’re playing Whac-A-Mole’: why the aid system is broken
https://www.theguardian.com/global-development/2024/jan/04/were-playing-whac-a-mole-why-the-aid-system-is-broken

Helicopter view & thus must-read. “Calls for drastic overhaul of funding as conflicts and climate crisis drive surge in humanitarian needs and appeals fall short.”

Bloomberg – Burundi Says LGBTQ Unacceptable, Shuns Rights-Linked Foreign Aid

Burundi is the latest country to push against LGBTQ+ rights globally. Its president, Evariste Ndayishimiye asserted a stance against tying foreign aid to support for LGBTQ+ relations.

- And a link: Guardian - Ugandan LGBTQ+ activist in critical condition after brutal knife attack

“Steven Kabuye was stabbed by unknown assailants on a motorbike after receiving death threats.”
"Experts say the synthetic, cannabinoid-like drug is as dangerous as heroin and cocaine – and it’s killing around a dozen users every week.”

“... Kush first emerged in Sierra Leone half a dozen or so years ago. Manufactured and distributed by criminal gangs, the drug typically costs 5 leones (20p) per joint – though many users will spend around £8 a day, a small fortune for a country with an average per capita income of under £400 a year..... The composition of the drug varies from place to place. Fentanyl and tramadol are said to be ingredients, as is formalin, a disinfectant. There are also several media reports of human bones being crushed up and added to kush, though there is no evidence to substantiate this....”

“... it’s not just Sierra Leone which is grappling with the fallout from kush. A wave of addiction is slowly moving across West Africa, with the horrors of Freetown now being repeated in the urban centres of Liberia and Guinea. Estimates suggest more than a million people from the region are now addicted.....”

Global health governance & Governance of Health

WHO – Member states portal
https://www.who.int/about/accountability/governance/member-states-portal

Resource. “This Portal brings together in one place information and reports relating to WHO’s strategic planning, performance, budget and finance, human resources, procurement and risk management. ...”

Book - Rethinking Global Health: Frameworks of Power
Among others, developing a **new model of ‘Transformative Global Health’**.

**Devex - Foreign aid ‘red warning lights’ to watch in the US Congress in 2024**


(gated) “Experts say to expect uncertainty, challenges over budget fights and a tricky environment to push through any foreign aid bills.”

“The U.S. Congress comes back to work in 2024 with a lengthy, self-inflicted to-do list, including foreign aid legislation that faces an uncertain year. ... In all seriousness, lawmakers could theoretically get their act together for a less batty, more productive legislative year, but the odds are stacked against them given the corrosive political environment — both in terms of internecine feuds within the Republican Party and the usual sniping between Republicans and Democrats. Plus there’s the fact that lawmakers kicked the can of most everything down the road, leading to a massive, time-sensitive pileup. Not to mention it’s a presidential election year, meaning emotions will be boiling over. ....”

“This doesn’t bode well for foreign aid-related business — including the 2024 budget, the reauthorization of the key U.S. global HIV/AIDS initiative....”

“So, what do some of the experts she talked to think? “The bipartisan consensus on foreign aid is being tested. It may still hold, it hasn’t collapsed but it feels like it’s eroded,” says Justin Fugle of Plan USA. ....”

**Devex - GOP rallies behind 'defund the UN' campaign**


“As the 2024 U.S. presidential campaign season opens, Republicans find applause by bashing the United Nations.”

**Development Policy Review - Reported effects of non-governmental organizations (NGOs) in health and education service provision: The role of NGO–government relations and other factors**


“..... study to examine how the relationship between non-governmental organizations (NGOs) and governments impact the reported outcomes of NGO service delivery. In low- and middle-income countries, NGOs often provide services that are typically provided by high-income states, such as education and healthcare. However, such service provision requires NGOs to interact with the government....”

“Currently, there is not much research on whether the relationship between NGOs and governments affects the delivery of services to the beneficiaries. The researchers have identified five types of
constructive relationships between NGOs and governments, ranked on a spectrum from high to low engagement. These are collaboration, contracting, consultation, advocacy, and substitution.

- And via Devex – Need not apply

“Over the holidays, Dr. Jean Kaseya, the director-general of the Africa Centres for Disease Control and Prevention, posted a call for applications for the deputy director-general role at the pan-African public health agency. He said that “due to geographic balance and quota issue in African Union, candidates must be from one of these 32 countries where the quota for regular staff is not full.”

“That means that the current acting deputy director, Dr. Ahmed Ogwell Ouma, who is from Kenya, is excluded from the role because his country is not one of the 32 listed. Ouma served as deputy director when Dr. John Nkengasong led the organization and then took on the role of acting director after Nkengasong left in 2022, before Kaseya was appointed last year. Ouma had also been one of the candidates for the top spot at Africa CDC.”

Global health financing

Global Health Research & Policy - Integrated health reporting within the UN architecture: learning from maternal, newborn and child health


“Despite a proliferation of the United Nations General Assembly high-level meetings on a range of health issues and developmental challenges, global funding continues to flow disproportionately to HIV and maternal, newborn and child health (MNCH). Using the experience of MNCH, this short article argues that successful human rights framing and the development of robust and regular reporting mechanisms in the international development architecture has contributed to these areas receiving attention. Taking non-communicable diseases (NCDs) as an example of a relatively neglected health area, we propose mechanisms that would improve integrated reporting of health issues in a way that aligns with the move toward cross-cutting themes and matching political and financial commitments with impact. As new frameworks are being developed to support multi-agency approaches to achieving SDG 3—including reporting and accountability—there are opportunities to ensure MNCH and NCDs jointly seek data collection measures that can support specific targets and indicators that link NCDs with early childhood development.”

SS&M - Less stunted? The impact of Chinese health aid on child nutrition

Jia Li et al; https://www.sciencedirect.com/science/article/abs/pii/S0277953624000030

“Despite the increasing recognition of China's role as a global health donor, particularly in Africa, few studies have explored its effectiveness. We geographically matched project-level aid data from AidData with household survey data from Demographic and Health Surveys across eight African countries to examine the effect of Chinese health aid on the nutritional status of children in recipient countries. .... The empirical results consistently indicated that children living adjacent to Chinese health aid projects had a better nutritional status. The treatment effect of Chinese health
aid projects is heterogeneous across household characteristics, types, and sectors of aid projects. Finally, vaccination may serve as a mechanism linking Chinese health aid and child nutrition in the treatment areas of recipient countries.”

**UHC & PHC**

People’s Dispatch – Challenges lie ahead for health in Brazil


“Progress in protecting public healthcare under the Lula government in 2023, yet challenges loom ahead.”

“Rosana Onooko-Campos, the president of the Associação Brasileira de Saúde Coletiva or the Brazilian Association of Collective Health (Abrasco) and one of the organizers of the Frente Pela Vida (Front for Life), reflects on the most significant events in healthcare in Brazil in an interview with Outra Saúde....”

Global Health Research & Policy - Policy Brief - Building quality primary health care development in the new era towards universal health coverage: a Beijing initiative


“... To promote high quality development of PHC, an International Symposium on Quality Primary Health Care Development was held on December 4-5, 2023 in Beijing, China, and the participants have proposed and advocated the Beijing Initiative on Quality Primary Health Care Development. The Beijing Initiative calls on all countries to carry out and strengthen 11 actions: fulfill political commitment and accountability; achieve “health in all policies” through multisectoral coordination; establish sustainable financing; empower communities and individuals; provide community-based integrated care; promote the connection and integration of health services and social services through good governance; enhance training, allocation and motivation of health workforce, and medical education; expand application of traditional and alternative medicine for disease prevention and illness healing; empower PHC with digital technology; ensure access to medicinal products and appropriate technologies; and last, strengthen global partnership and international health cooperation. The Initiative will enrich the content of quality development of PHC, build consensus, and put forward policies for quality development of PHC in China in the new era, which are expected to make contributions in accelerating global actions.”

WB (blog) - Eliminating bottlenecks in public finance to improve the delivery of health services

“Globally, health economists and practitioners have been increasingly focusing on bottlenecks in public financial management (PFM) to improve the delivery of health services to citizens. The World Bank’s FinHealth: PFM in Health Tool offers a holistic analysis of health sector service delivery from a Governance and a PFM perspective and helps develop a sequenced and detailed action plan to address bottlenecks and help improve service delivery.”

“FinHealth highlights that governance is critical to effective allocation and use of public resources, greater accountability and increasing responsiveness. It aims to help governments identify key challenges and opportunities that can help improve service delivery results at the provider level. Here are five key lessons based on global experiences in applying FinHealth: ....”

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

White House - FACT SHEET: Biden-Harris Administration Releases Global Health Security Partnerships Annual Progress Report Demonstrating Results from United States Investments

White house:

(30 Dec) “... To show the American people the impact of these life-saving investments, the Administration is releasing its annual report, Progress and Impact of U.S. Government Investments in Global Health Security today. This report highlights the Administration’s bold actions to accelerate implementation of the National Biodefense Strategy and Implementation Plan for Countering Biological Threats, Enhancing Pandemic Preparedness, and Achieving Global Health Security. ....”

Re expanding GHS partnerships: “... By 2025, the United States is committed to directly supporting at least 50 countries to strengthen and achieve regional, national and local capacity in five critical areas to prevent, detect, and respond to infectious disease threats. Building these capabilities accelerates country compliance with the International Health Regulations (IHR) and helps reach the 2024 Global Health Security Agenda (GHSA) target. In 2022, the United States expanded our bilateral global health security support from 19 to 25 partner countries: Bangladesh, Burkina Faso, Cameroon, Côte d’Ivoire, Democratic Republic of the Congo (DRC), Ethiopia, Ghana, Guatemala, Guinea, India, Indonesia, Kenya, Liberia, Mali, Mozambique, Nigeria, Pakistan, the Philippines, Senegal, Sierra Leone, Tanzania, Uganda, Ukraine (when the operating environment allows), Vietnam and Zambia. .....”

BMJ GH (Analysis) - Lessons learnt from COVID-19 to reduce mortality and morbidity in the Global South: addressing global vaccine equity for future pandemics

R Martin et al; [https://gh.bmj.com/content/9/1/e013680](https://gh.bmj.com/content/9/1/e013680)

« .... Access can be increased by: fostering the spread of mRNA intellectual property (IP) rights, with mRNA vaccine manufacturing on more continents; creating price transparency for vaccines; creating easily understandable, accessible and transparent data on vaccines; creating demand for a new
international legal framework that allows IP rights to be waived quickly once a global pandemic is identified; and drawing on scientific expertise from around the world. **Delivery can be improved by:** creating strong public health systems that can deliver vaccines through the lifespan; creating or strengthening national regulatory agencies and independent national scientific advisory committees for vaccines; disseminating information from reliable, transparent national and subnational surveillance systems; improving global understanding that as more scientific data become available, this may result in changes to public health guidance; prioritising access to vaccines based on scientific criteria during an epidemic; and developing strategies to vaccinate those at highest risk with available vaccines. »

**SS&M - What can we learn from historical pandemics? A systematic review of the literature**


« What are the insights from historical pandemics for policymaking today? **We carry out a systematic review of the literature on the impact of pandemics that occurred since the Industrial Revolution and prior to Covid-19**... Our review identifies **two gaps in the literature:** (1) the need to study pandemics and their effects more collectively rather than looking at them in isolation; and (2) the need for more study of pandemics besides 1918 Spanish Influenza, especially milder pandemic episodes. ....”

**BMJ GH - Lost in translation: the importance of addressing language inequities in global health security**

Alanna S Fogarty et al; [https://gh.bmj.com/content/8/12/e014419](https://gh.bmj.com/content/8/12/e014419)

“**Language inequities in global health stem from colonial legacies, and global health security is no exception.** The International Health Regulations (IHRs), a legally binding framework published by the WHO, lay the foundation for global health security and state the roles and responsibilities States Parties are compelled to follow to improve their capabilities to prevent, detect and respond to potential public health emergencies of international concern. It includes the submission of a mandatory status report that assesses a nation’s implementation of IHRs. Known as the **States Party Self-Assessment Annual Report (SPAR) tool**, WHO has made its guidance document available in all six WHO official languages (Arabic, Chinese, English, French, Russian and Spanish). The Republic of Iraq (Iraq) experienced significant challenges during the completion and submission of the 2022 SPAR. This experience demonstrated that translation of English materials to other languages, such as Arabic, is not prioritised and further underscored how scoring of a country’s global health security capacities can be significantly impacted by users’ ability to read and comprehend the materials in English. Not only can this lead to inaccurate SPAR scoring, but it can also lead to the improper allocation of resources and prioritisation of policy developments and/or amendments.....”

**Telegraph - The Ebola survivors who are still infectious – 10 years after the world’s biggest outbreak**

“A decade after the virus ravaged West Africa, the threat of its return looms in an unlikely source: the testicles of men who survived.”

**Planetary health**

Nature (Comment) - Impacts for half of the world’s mining areas are undocumented

V Maus et al; [https://www.nature.com/articles/d41586-023-04090-3](https://www.nature.com/articles/d41586-023-04090-3)

“As the race to extract minerals and metals for clean-energy technologies accelerates, researchers must take more steps to map and study mines globally.”

Project Syndicate - The Pillars of Green Wisdom

E Macron; [https://www.project-syndicate.org/commentary/main-priorities-for-global-climate-policy-by-emmanuel-macron-2023-12](https://www.project-syndicate.org/commentary/main-priorities-for-global-climate-policy-by-emmanuel-macron-2023-12)

“We must not allow the ongoing war in Ukraine and the fighting in Gaza to distract us from collective efforts to reduce our greenhouse-gas emissions, achieve carbon neutrality by 2050, save our biodiversity, and fight poverty and inequality. A flurry of summits in recent years has clarified the main priorities in the coming years.”

In this op-ed, Emmanuel ‘I wouldn’t exactly qualify him as a pillar of green wisdom’ Macron lists some of the main priorities, in his view, linked to a number of upcoming high-level summits.

Science (Policy Forum) - Biodiversity monitoring for a just planetary future

M Chapman et al; [https://www.science.org/doi/10.1126/science.adh8874](https://www.science.org/doi/10.1126/science.adh8874)

“Data that influence policy and major investment decisions risk entrenching social and political inequities.”

“…. Biodiversity data carry more influence than ever before, guiding the implementation of massive multilateral commitments and global investments that will affect nature and people for decades to come—from informing priorities for more than doubling the global area under conservation management to creating international biodiversity offset markets. We examine two contentious questions that arise as we consider the disparities in biodiversity data and their consequences in the wake of contemporary biodiversity policy: Are the best available data really a suitable standard? Can more data and better statistical methods ensure that inequities aren’t entrenched when implementing data-driven solutions?”
Guardian - 2023’s costliest climate disasters show poor lose out in ‘global postcode lottery’


“Countries less able to rebuild or who have contributed least to climate crisis suffer worst, research reveals.”

“A list of the 20 costliest climate disasters of 2023 has revealed a “global postcode lottery stacked against the poor”, according to an analysis. … The research by the charity Christian Aid found that devastating wildfires and floods are hitting those who can least afford to rebuild, and the countries that have contributed least to the climate crisis by burning far fewer fossil fuels than wealthy nations, which have faced fewer climate disasters…..”

Studies in Political Economy - Critical engagements with “Climate Change as Class War”—towards a politics of better


This paper is part of the SPE Special Theme “Critical Engagements with ‘Climate Change as Class War.’”

“….In recent years, a schism has emerged within ecosocialist thought on the best way to challenge capitalist responses to the ecological crisis, with modernists on one side and degrowthers on the other. This piece calls for ecosocialists to work past this schism by focusing on common ground and embracing a pluralist Left, wherein both modernist and degrowth currents work collaboratively to gain power by making it clear how confronting capitalism and pursuing ecological sustainability can make our lives better. “

Nature Climate Change - The potential of wealth taxation to address the triple climate inequality crisis

L Chancel et al; https://www.nature.com/articles/s41558-023-01891-2

“The triple climate inequality crisis, or disparities in contributions, impacts and capacity to act within and between countries, is a central issue in addressing climate change. This Comment advocates for progressive wealth taxation as a viable solution to the finance gap.”

Plos GPH - Impact of higher-income countries on child health in lower-income countries from a climate change perspective. A case study of the UK and Malawi

E Hannah et al; https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002721
“...This article uses the UK and Malawi as a case study to illustrate higher-income countries’ impact on child health in lower-income countries. It aims to assist higher-income countries in developing more targeted policies....”

Covid

Nature (News) - Long COVID is a double curse in low-income nations — here’s why
https://www.nature.com/articles/d41586-023-04088-x

“Not only is the prevalence of the condition poorly understood, but it’s also often ignored by physicians and the wider public.”

A few excerpts:

“... Much of the world’s research on long COVID is conducted in wealthy regions, and data on the prevalence or severity of the condition in other locales are more limited (see ‘Dearth of research’). “The main story about long COVID in low- and middle-income countries is that there are relatively few studies,” says Theo Vos, an epidemiologist at the Institute for Health Metrics and Evaluation in Seattle, Washington. “But wherever people have looked at it, they find it.” ....”

“...Evidence so far suggests that the prevalence of long COVID in LMICs could be similar to that of wealthier countries — although, in both settings, the numbers vary a lot. One review found that between 8% and 41% of people who had a SARS-CoV-2 infection but weren’t hospitalized had symptoms. But a dearth of research on the condition in less-wealthy countries creates a double curse. An absence of information about prevalence and risk factors leaves advocates hamstrung: few physicians acknowledge that long COVID exists. The lack of data also hampers efforts to search for the mechanisms of the condition and tailor treatments. “You need data for action,” says Waasila Jassat, a public-health specialist at Genesis Analytics, a consultancy firm in Johannesburg, South Africa. “You need evidence to advocate for services, and you cannot just use data from other countries.”....”

“...Another reason to study long COVID in different contexts is that the condition might manifest differently from place to place. Many researchers suspect that there are multiple mechanisms underlying long COVID. The risk of the condition might be influenced by genetic and environmental factors, says Olufemi Erinoso, a public-health researcher at the University of Nevada in Reno, who has studied long COVID in Lagos, Nigeria. “We need to have a global approach to the disease to understand how genetics might affect the outcomes.”...

“...One trend that looks to be consistent worldwide is that the number of people who develop long COVID seems to be tapering off with the SARS-CoV-2 variants over the past two years....”

Cidrap News – Study describes clinical features that may lead to long COVID
https://www.cidrap.umn.edu/covid-19/study-describes-clinical-features-may-lead-long-covid
“A second study suggests that long Covid fatigue is linked to changes to the mitochondria in muscle cells.”

And a link:

- PNAS Nexus - Predicting the spread of SARS-CoV-2 variants: An artificial intelligence enabled early detection

AI found three strong predictors of a dominant variant: “— The number of infections a strain causes in its first week relative to the number of times it appears in sequencing among other variants; — The number of mutations in the spike protein; — The number of weeks since the current dominant variant began circulating.”

Infectious diseases & NTDs

Star – Why many children are not completing doses of malaria vaccine


“Report says caregivers who overcome personal barriers are discouraged by the poor attitudes of health providers.”

Coverage of a recent study in BMC Public Health (re Kenya). See RTS,S/AS01 malaria vaccine pilot implementation in western Kenya: a qualitative longitudinal study to understand immunisation barriers and optimise uptake

Lancet World Report- Steady but variable progress towards global HIV targets

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00002-3/fulltext

“An eclectic mix of countries have already reached the UNAIDS 95-95-95 targets, but others including Russia, Ukraine, and the USA remain off track. Tony Kirby reports.”

“...Although it might be unsurprising that countries such as France and the UK have already surpassed the targets, UNAIDS and other global health experts are particularly glad to see the number of successful African countries in the list. Eswatini (97-94-93), Botswana (96-93-92), Zimbabwe (95-94-89), and Rwanda (95-92-90) are resounding success stories. Burundi, Kenya, Lesotho, Malawi, Namibia, Togo, Uganda, and Zambia are close to joining them....”
**AMR**

Euronews - Scientists discover the first new antibiotics in over 60 years using AI


“A new class of antibiotics for drug-resistant Staphylococcus aureus (MRSA) bacteria which was discovered using more transparent deep learning models.”

“The use of artificial intelligence (AI) is proving to be a game-changer when it comes to medicine with the technology now helping scientists to unlock the first new antibiotics in 60 years. ...”

“...The results were published in Nature (20 Dec). “

**Working paper - Market Exclusivity and Innovation: Evidence From Antibiotics**


“The US incentivizes drug innovation via patents as well as market exclusivity periods awarded by the US Food and Drug Administration. We estimate the causal effects of extending market exclusivity for an important drug class: antibiotics. Using a difference-in-differences approach, we show that the Generating Antibiotic Incentives Now (GAIN) Act – a policy change that granted 5 additional years of exclusivity for antibiotics but not antivirals or vaccines – led to a significant increase in phase 3 clinical trials. We also find evidence that the GAIN Act generated novel innovation, including larger effects among drugs with more novel patents.”

**NCDs**

Guardian - ‘People eat two or three packets a day’: how instant noodles took over the world


“High-salt, processed noodles have become a favourite cheap meal, especially in developing countries, but nutritionists warn of the health costs.”

“... The popularity of instant noodles is spreading quickly in developing countries: in Africa, South America and parts of Asia where noodles are not part of traditional diets. This has come with concerns about their link to the rise of non-communicable diseases, particularly those related to the heart, because of the high levels of salt they typically contain.....”
The Conversation - Coca-Cola in Africa: a long history full of unexpected twists and turns

“A new book called Bottled: How Coca-Cola Became African tells the story of how the world’s most famous carbonated drink conquered the continent. It's a tale of marketing gumption and high politics and is the product of years of research by critical writing lecturer Sara Byala, who researches histories of heritage, sustainability and the ways in which capitalist systems intersect with social and cultural forces in Africa. We asked her some questions about the book....”

NEJM Evidence - Living with Asthma in Low- and Middle-Income Countries in the Six WHO Regions

“.... In this Patient Platform, we share stories from six men, women, and children living with asthma from different LMICs across the six WHO regions. The stories are their own perspectives, each written jointly with a local coauthor identified through the Global Asthma Network....”

Nature Medicine - The Dhaka Call to Action to accelerate the control of cardiovascular diseases in South-East Asia
P Joshi; https://www.nature.com/articles/s41591-023-02678-w

« .... A regional workshop for implementing the WHO South-East Asia NCD roadmap 2022–2030 was held on 12–15 June 2023 in Dhaka, Bangladesh, with participation of the countries in the region. The outcome of this workshop was the ‘Dhaka Call to Action — accelerating the control of cardiovascular diseases in a quarter of the world’s population’ ....”

“The call to action is built upon the SEAHEARTS initiative (the WHO HEARTS package adaptation for the South-East Asia Region) and sets ambitious interim milestones to be achieved by 2025 for accelerating CVD control. These include placing 100 million people with hypertension and/or diabetes on protocol-based care, and ensuring that 1 billion people are covered by at least three WHO MPower measures for tobacco control (https://www.who.int/initiatives/mpower), 1 billion people are covered by at least one of the WHO SHAKE package measures for reducing salt intake and 2 billion people are protected from the harmful effects of trans-fatty acids (TFAs) through best practice or complementary policy measures of WHO REPLACE....”

Mental health & wellbeing

SS&M – How, when, and why is social class linked to mental health and wellbeing?
A systematic meta-review
Systematic meta-review.

Social & commercial determinants of health

Globalization & Health - Is the commercial determinants conversation confined to the health sciences? Potentially, and that’s a problem

“The commercial determinants of health (CDoH) are attracting increased interest and are of great importance when discussing how trade affects health. Through a citation analysis of recent foundational CDoH documents (a Lancet paper series and an Oxford University textbook), we find that fully 71% of all citations reference the health sciences. The health sciences may be well suited to documenting the specific pathways of how commercial (by)products and practices harm human health. However, to operationalize upstream solutions for mitigating these harms, our citation analysis suggests that the field can engage political scientists, economists, sociologists, the trade law and business, as well as advocates in civil society and journalism, more so than it currently does. With CDOH explicitly referring to the interaction between commerce and health, CDoH researchers might be uniquely positioned to get health on the agenda of others, which requires that CDoH methods, datasets, evidence reviews, and proposed interventions are drawn from the widest possible range of sources.”

TGH – Corporate Influence in Ecuador’s Food Policy

“Recent policies enable corporations to set priorities for the country’s child malnutrition strategy.”

Sexual & Reproductive health rights

BMJ - Applying global lessons to protect abortion access in the United States
https://www.bmj.com/content/384/bmj-2022-073833

“Strategies used in other countries, such as state referendums and strategic litigation, can help restore and protect abortion access in the United States, argue Terry McGovern and colleagues.”

“.... In contrast to the regression of abortion rights in the US, the global trend is towards liberalisation of abortion laws. Globally, strategic litigation, the use of referendums, and new models of advocacy that merge law, public health, and activism have often been successful in legalising, restoring, and protecting abortion rights. These efforts can serve as a blueprint for the US as it prepares for an uphill battle securing access to abortion state by state....”
BMJ Feature - How patriarchy and conservatism fuel deadly hesitancy among women with breast cancer
https://www.bmj.com/content/384/bmj.p2563

“Traditional conservative, patriarchal culture is preventing Asian women diagnosed with breast cancer from seeking treatment in time. Sonia Sarkar reports.”

The Nation - India’s remarkable drop in maternal deaths; could climate change pose a threat?

India made great progress in terms of its maternal mortality over the past decades, among others via measures such as expanding maternity units in rural areas and providing free ambulances. But water shortages now threaten that progress... Read how.

Access to medicines & health technology

HPW - Regulatory Collaboration Can Strengthen Medicines Access – African Scientific Conference
https://healthpolicy-watch.news/regulatory-collaboration-can-strengthen-medicines-access-african-scientific-conference/

“Some 70% of countries globally have weak national medicines regulatory systems. But the launch of the African Medicines Agency should help address many of the shortcomings on the African continent, said speakers at the 6th Scientific Conference on Medicines Regulation in Africa (SCoMRA), convened here in mid-December.”

“The conference, organized by the African Union Development Agency-NEPAD (AUDA-NEPAD) in partnership with the World Health Organization (WHO) and the African Medicines Regulatory Harmonization programme (AMRH) examined how stronger regulatory systems can increase equitable access to life-saving medicines....”

Guardian - 3D-printed chip showing body’s reaction to drugs could end need for animal tests
https://www.theguardian.com/science/2023/dec/27/3d-printed-chip-showing-bodys-reaction-to-drugs-could-end-need-for-animal-tests

“Exclusive: Device with compartments replicating major organs could also speed up patients’ access to new medicines.”
“... Scientists have developed a pioneering 3D-printed device that could speed up patient access to new medicines and eliminate the need for animal testing....”

“Thousands of animals are used in the early stages of developing medicines worldwide every year, yet many drugs tested on animals do not end up showing any clinical benefit. Now researchers at the University of Edinburgh have designed a groundbreaking “body-on-chip” that perfectly mimics how a medicine flows through a patient’s body. The plastic device means scientists can test drugs to see how different organs react without the need for live animal testing.... The device invented in Edinburgh is the first of its kind in the world. Made using a 3D printer, the chip’s five compartments replicate the human heart, lungs, kidney, liver and brain. They are connected by channels that mimic the human circulatory system, through which new drugs can be pumped....”

FT - Expired Pfizer Covid antiviral drugs set to cost Europe $2.2bn, data shows
https://www.ft.com/content/7ddd24bb-2394-4a63-96f0-464a3ccf6df6

“Millions of Paxlovid pills have gone unused as tight controls restrict access.”

“ More than a billion dollars worth of Pfizer’s Covid-19 antiviral drugs procured in Europe have been wasted, according to health data, as tight controls over who can receive the medication left millions of doses unused before their expiry date. Paxlovid — designed to be given to patients shortly after they test positive for the virus — has been far easier to obtain in the US than in Europe, where access has often been restricted to the elderly or people at high risk of developing severe Covid. But data from analytics group Airfinity shows European countries including the UK, France, Spain and Italy could have made the medication more accessible without using up supplies, as more than 1.5mn five-day courses of the pill worth about $1.1bn have expired despite their usage dates being extended by six to 12 months. By the end of February 2024, a total of about 3.1mn courses are set to expire, pushing the cost to European health systems to about $2.2bn, according to Airfinity. The data does not include contracts that were EU-wide......”

Telegraph - India’s new homegrown vaccine offers hope in fight against cervical cancer

“Social stigma and the high price of immunisation have stalled efforts to prevent HPV – but a ‘game-changing’ vaccine could change all that.”

“... Developed as a joint initiative between the Indian Government and the Serum Institute of India, the world’s largest vaccine manufacturer, Cervavac is a quadrivalent vaccine which protects against four HPV genotypes, including the two (HPV 16 and 18) which are responsible for around 70 per cent of cervical cancers. ...”

“... It is expected to be available to the government at a cost of around 200-400 INR (£2-4) per dose – around a tenth of the price of HPV vaccines currently sold by foreign pharmaceutical giants Merck and GSK. Experts hope that the cheaper cost will enable the government to include HPV vaccination in the country’s free national immunisation schedule, with the Ministry of Health and Family Welfare requesting state governments in January to start preparing for a roll-out. Introducing the
vaccine into the national programme would make it available, free of cost, to all girls as they reach
the age of nine – as well as helping to combat stigma, says Sharma. "

"... Approved for use in India last year, the new HPV vaccine is already available in some private
hospitals in the country, priced at 2000 INR (£20). Adar Poonawalla, the CEO of the Serum Institute
of India, had initially told reporters at an event to announce the vaccine in September last year that
Cervavac would be available first through state channels before entering the private market.
But since the government advised states to start preparing for a roll-out in January, there has been
silence on the projected timeline of the nationwide programme – despite initial expectations that it
would launch earlier this year...."

"... Some experts expressed concerns over the ability of a single manufacturer to provide the vast
quantity of vaccines which would be required annually for a population the size of India’s. To
vaccinate all girls when they turn nine, an estimated 11.2 million vaccines would need to be
produced each year. Whilst Poonawalla acknowledged that the annual production requirement is
“projected to be substantial” and confirmed that current capacity is just two to three million doses,
the company planned to expand this considerably, he said, “with a target of reaching 60-70 million
doses and eventually scaling up to 140 million doses annually.”"

FT (op-ed) - It’s time to start using cash incentives to boost vaccine take-up
R Duch (Oxford, centre for experimental social sciences); https://www.ft.com/content/5acb85b9-7115-4274-9c8d-07f7e409d49d

“A trial of $3 payments for getting a Covid jab in rural Ghana offers a game-changing way to meet
public health goals.”

"... One of the many challenges Africa faced during the pandemic was simply getting average
citizens, who recognised the important health benefits, to get vaccinated. Evidence from higher
income countries indicated that financial incentives could motivate Covid vaccination rates. And
some policymakers, such as Rabah Arezki, the Chief Economist of the African Development Bank
Group, advocated for such incentives as an ingredient in the rollout. We can now demonstrate that
this would have made a difference. In February 2022, we conducted a randomised trial in rural
Ghana that confirmed that tailored cash incentives bolster the take-up of Covid vaccines. The
effect was not just significant, it was large: the verified vaccination rate of those receiving a $3
payment was 9 per cent higher than those in the control group receiving no cash. Our findings
underscore the potential impact of cash on public health and on healthcare infrastructure in many
countries, including those in Africa, already overburdened before a crisis hits. Responding to a
global health shock, such as a pandemic, further undermines medical care and in many cases
exacerbates health inequalities. Our data suggest that financial incentives can increase the rate of
vaccinations — reducing the time and effort staff need to commit to a campaign...."

And a link:

- Science Advances - TBscreen: A passive cough classifier for tuberculosis screening with a
controlled dataset
Decolonize Global Health

BMJ Global Health - How to address the geographical bias in academic publishing
J Bol et al; https://gh.bmj.com/content/8/12/e013111

“... Journals from the Global South face challenges in competing with Global North journals in terms of prestige and finances, which hinders their recognition and impact. To diversify academic publishing, strategies should focus on improving the impact factor of Global South journals, such as requiring citation of relevant articles from within the region and copublishing with international journals. Decentralising editorial boards, addressing the language bias towards English and establishing independent regional-level citation databases can contribute to improving the quality and representation of Global South journals.”

BMJ GH – Authorship reflexivity statements: additional considerations
M Taylor, S Abimbola et al; https://gh.bmj.com/content/9/1/e014743

“In a recent consensus statement, a group of journal editors and researchers proposed the use of structured reflexivity statements to be submitted by authors and published alongside manuscripts, to describe how equitable partnership has been promoted within their collaboration. Included in the structured statement is a list of specific considerations for authors to address, including the origin of the research question (eg, how it stems from, recognises and contributes to prior local learning and efforts), the choice of study design (eg, whether it was chosen to address questions that matter locally, as opposed to being chosen to optimise the chances of publication in a prestigious journal), support for local capacity (where necessary, or where relevant, support received by outside researchers from local researchers and other actors) and how authorship was assigned (eg, in relation to gender balance, early career researchers and recognition of local leadership)....”

“...In this editorial, we reflect on some of the questions that have emerged for us during this initial phase, and open dialogue with the research community on how we might address them....”

Annals of Global Health (Viewpoint) - Decolonizing Global Health: Increasing Capacity of Community Health Worker Programs
Pamela Avila; https://annalsofglobalhealth.org/articles/10.5334/aogh.4325

“... Many global health volunteer experiences and research projects are focused on the needs of the host country participants, which perpetuates a sovereign or superior relationship towards low- or middle-income countries (LMIC). The purpose of this paper is to discuss ethical and culturally sensitive practices in LMIC when providing health care as a volunteer or researcher. International ethical standards for providing global health care are discussed. The author participated in a volunteer global health experience for three months in Kenya. An evaluation of a nongovernmental organization (NGO)-sponsored community health worker (CHW) program was conducted and is presented here. ..... Global health care can be provided in a more socially responsible and sustainable manner by supporting NGO-sponsored CHW programs affiliated with local ministries of health in LMICs.”
BMJ GH – Mentorship as an overlooked dimension of research capacity strengthening: how to embed value-driven practices in global health

https://gh.bmj.com/content/9/1/e014394

By C Bonaconsa et al. « Mentorship in global health remains an overlooked dimension of research partnerships. Commitment to effective mentorship models requires value-driven approaches. This includes having an understanding of (1) what mentorship means across different cultural and hierarchical boundaries in the health research environment, and (2) addressing entrenched power asymmetries across different aspects including funding, leadership, data and outputs, and capacity strengthening. ... “We focus this perspective piece on human capacity strengthening in research partnerships through mentorship. “...”

Miscellaneous

BMJ (News) - WHO announces committee for guidance on adult trans health

https://www.bmj.com/content/384/bmj.q14

See also the previous IHP newsletter.

“The World Health Organization has announced the members of the committee that will develop a new guideline on the health of trans and gender diverse adults. The guideline group has 21 members from across the world and includes doctors, transgender rights leaders, trans people, and a human rights lawyer. Most (14) of the members were announced in June 2023, with the additional seven members added in December.”

“The guidance will focus on the provision of gender affirming care, training for health staff on gender inclusive care, healthcare for trans and gender diverse people who have been subject to interpersonal violence, gender inclusive health policies, and legal recognition of self-determined gender identity. The group is set to meet in February to “interpret the evidence, with explicit consideration of the overall balance of benefits and harms,” formulate recommendations, and highlight research gaps....”

Science - Giant project will chart human immune diversity to improve drugs and vaccines

https://www.science.org/content/article/giant-project-will-chart-human-immune-diversity-improve-drugs-and-vaccines

“Human Immunome Project aims to capture immune data from thousands of people globally.”

Devex - UK development finance arm makes bid to be world’s ‘most transparent’

“New road map praised for putting British International Investment on course for "a big jump in performance" if it is delivered — as the U.K. government has demanded.”

“A “Transparency Roadmap” pledged by the United Kingdom’s development finance institution, or DFI, has been praised for setting it on a path to greater openness about the impact of its investment decisions. Ministers have set British International Investment, or BII, the ambitious target to become “the most transparent” bilateral DFI in the world — requiring a big improvement from its current ranking of 12th out of 21 on the independent Publish What You Fund index. The task is key to an expanded poverty-fighting role for BII in the U.K.’s new development strategy, including an expectation that it will make more than half of its investments in the “poorest and most fragile countries” by 2030....”

Devex - Inside Denmark’s plan to double capital for development finance

“Denmark boosted its aid budget for 2024. One of the more controversial plans involved a drive to double the amount of capital available to the IFU, the Danish development finance institution.”

Project Syndicate - The Conceptual Roots of the Global South’s Debt Crisis

“Modern Monetary Theory provides a useful lens through which to view the mounting sovereign-debt crisis in the developing world. It sheds light on why low- and middle-income countries borrow in foreign currencies, while also suggesting that rich countries could provide significant relief if they so desired.”

Papers & reports

WHO Bulletin – January issue
https://www.ncbi.nlm.nih.gov/pmc/issues/451803/

“In the editorial section, Jarbas Barbosa da Silva et al. make the case for a digital transformation of primary health care.”

See A digital transformation for primary health care.

Excerpt: “... To do so, governments need to modernize or reformulate public policies, strategies and action plans that optimize the organization of health services; leverage the power of telehealth (which includes telemedicine and tele-education in health) within integrated health services networks; increase digital literacy of the health workforce, providers and patients; and advance in
The adoption of new concepts such as connectivity and bandwidth as new determinants of health. …

“… The digital transformation of the health sector, particularly in primary health care, requires a human rights approach that ensures universal access to health and universal health coverage…”

BMJ GH - The impact of decentralisation on health systems: a systematic review of reviews

Sujata Sapkota et al; https://gh.bmj.com/content/8/12/e013317

“Decentralisation is a common mechanism for health system reform; yet, evidence of how it impacts health systems remains fragmented. Despite published findings from primary and secondary research illustrating range of impacts, a comprehensive and clear understanding is currently lacking. This review synthesised the existing evidence to assess how decentralisation (by devolution) impacts each of the six WHO building blocks, and the health system……”

Findings: “…. A range of positive and negative impacts of decentralisation on health system building blocks were identified; yet, overall, the impacts were more negative. Although inconclusive, evidence suggested that the impacts on leadership and governance and financing components in particular shape the impact on overall health system. Assessment of how the impact on building blocks translates to the broader impact on health systems is challenged by the dynamic complexities related to contexts, process and the health system itself.” Conclusions: “Decentralisation, even if well intentioned, can have unintended consequences. Despite the difficulty of reaching universally applicable conclusions about the pros and cons of decentralisation, this review highlights some of the common potential issues to consider in advance.”

Conflict & Health - Health systems resilience in fragile and conflict-affected settings: a systematic scoping review


“We conducted a scoping review to: (a) identify the conceptual frameworks of HSR used in the analysis of shocks and stressors in FCAS; (b) describe the representation of different actors involved in health care governance and service provision in these settings; and (c) identify health systems operations as they relate to absorption, adaptation, and transformation in FCAS…..”

Global Health Action - Strengthening Global Health Research


Review article.

“Global Health is a young discipline with equity of health and services as its core value. The discipline has a tradition of close links between practice and research in line with the ‘Health for All’ declaration launched by the World Health Organization (WHO) in 1978. The multitude of existential health crises facing mankind require a research agenda in line with Global Health Research core
values and methods, such as transdisciplinary collaboration, long time series of population-based observations and multifaceted interventions. Knowledge gaps cover climate effects on health and mechanisms for global spread and control of antibiotic resistance across species. Such health threats are preferably studied at Health and Demographic Surveillance Sites, a scientific infrastructure for Global Health Research in Africa and Asia, that gains to expand and monitor climate parameters and include sites in the northern hemisphere. Global Health Scientists together with science societies can ensure long-term funding of a global network of population-based health-climate sites…

Health Research Policy & Systems - "Research ends with publication": a qualitative study on the use of health policy and systems research in Ethiopia
By S Morankar et al.

BMJ GH - The role of social media in public health crises caused by infectious disease: a scoping review
K Terry et al; https://gh.bmj.com/content/8/12/e013515

“... thematic analysis of the role of social media revealed three broad themes: surveillance monitoring, risk communication and disease control. Within these themes, 12 subthemes were also identified. “

Conclusion: “... social media has become a hugely powerful force in public health and cannot be ignored or viewed as a minor consideration when developing public health policy. ...”

by D Rajit et al.

Tweets (via X & Bluesky)

Meg Davis
“I would love to see an estimate of a) the cost of all these 2024 #globalhealth convenings (reg fees, airfares, hotels, space & equipment rentals, etc), b) the climate impact of all the flights. How can we calculate this? It shouldn’t be impossible.”