

# IHP news 758 : The party is over

( 19 January 2024)

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,

It's that time of the year again ... Party time in Davos! Early this week, **Oxfam** [showed](#) how we finally get tantalizingly **close to the 'from billions to trillions' agenda** (*well, at least for somebody on this planet*); glossy **Goldman Sachs** and **McKinsey** reports featured once again in Davos men & women's Theories of Change (*hurray for the new [Global Alliance for Women's Health](#) !*); our colleagues from Devex spotted some **"A-listers"** (*as if it were the Oscars*); and even our Belgian diplomats considered it a brilliant idea to invite Bill Gates to the **'Belgian House'** in Davos, in order to bring some additional "star quality" to the Belgian party ( *with Bill serving a beer from multinational AB InBev, among others*). Davos 2024 also displayed a fancy "innovation": Gates staff were **'backpacking'** in the Swiss mountain village this week, with small *"backpacks emblazoned with "The Future of Health" and filled with examples of products that could save millions of lives"*. Sadly [not yet on a "shoestring budget"](#) though 😊.

Yes, I'm aware many of you think the world is in a dire place nowadays, with far more important problems than philanthrocapitalism. And so many (*certainly in power corridors, but also in the global health community*) probably reckon *"good that at least Bill wants to (continue to) spend his money on something useful"*, even more so now that many 'donor countries' are cash-strapped nowadays and the debt situation in many LICs dire. But that's **putting the cart before the horse**, I'm afraid.

This year's **Oxfam "Five versus five billion" report**, [Inequality Inc. How corporate power divides our world and the need for a new era of public action](#), put it like this: *".... This paper lays out our fundamental choice: between a new age of billionaire supremacy, controlled by monopolists and financiers, or transformative public power that is founded upon equality and dignity."* Or in the words of **Sandrine Dixon-Declève** (*co-president of the Club of Rome and executive chair of Earth4All*), and more linked to **this year's Davos theme, "Rebuilding trust"**, in a FT op-ed - [Growing income inequality is driving public mistrust](#) : *".... if those gathered in Switzerland are serious about tackling declining trust, they must also raise tough questions about growing inequality."* Adding, *"... As Earth4All's Social Tension Index concludes, with worsening inequality, social tensions will continue to rise in this century, thereby fuelling populist nationalism and the erosion of democracy and public trust around the world."* We will probably see a lot more of that this year, in this all-important global election year. (PS: I'm aware these annual Oxfam reports are a bit controversial in some circles, but I refer you to the specialized right-wing pundit press for that : )

With hindsight, I would argue "global health power" probably made the same mistake as other elites (including from international and multilateral organisations): that public-private partnerships (PPPs) and philanthrocapitalism would suffice to mitigate the worst excesses from global capitalism. While that might have seemed like a good idea at the start of this millennium (even with some notable successes), I'm afraid that at least from the global financial crisis on, they'd better have paid a lot

more attention to the consecutive (hard-hitting) Oxfam pre-Davos reports, and their killer stats. Unfortunately, by and large, they haven't – [certainly not enough](#). With the results we see now, all over the world, since some years. And where they have listened the least, the “state of democracy” seems to be in the worst shape.

Even established thinkers are arriving at the same conclusion now, though from a different (more geopolitical) angle - see for example **Cédric Dupont** (professor international relations at the Geneva Graduate Institute), arguing: [“The WEF’s original “raison d’être” in facilitating public-private partnerships may not be as relevant as it was in the past”](#). But that insight might come too late.

**Andrew Harmer**, in a must-read pre-WHO Executive Board meeting blog post, [Economics And Health For All – A New Narrative On Health And The Economy?](#) indeed **worries time is running out**, before we descend irreversibly into autocracy. “... *To me it feels like the end game – a phrase the Marvel universe has depressingly brought into public discourse. 2024 continues with multiple crises that demonstrate how governments under the leadership of brutal men can cause carnage....*”

Last weekend, in a Guardian pre-Davos [Analysis](#), Larry Elliot argued “*four C’s would dominate this year’s Davos: **conflict; the new cold war; climate; and chaos – or the potential for it, arising as a result of misuse of artificial intelligence by hostile states and criminals....***”. And last year, Githinji Gitahi (Amref Health Africa), emphasized Africa and its people were at a critical crossroads tackling four frictions, seeing “4 C’s” as well: [COVID-19 and public health threats, Climate Change, Conflict in Africa and elsewhere, as well as Cost of living](#).

Sadly, even if the ‘globalization’ party is over in Davos, it appears participants are still not ready to seriously contemplate another ‘C’ – **Capitalism** (in its different and constantly metastasizing avatars). More in particular, the **post-capitalist scenarios** this world so urgently needs – at least, if they’re serious about averting the first “billionaire-friendly” scenario sketched above by Oxfam. Meanwhile, increasingly, we already see another ‘C’ looming on the horizon (and on our tv screens), one that feels uncomfortably familiar to people born early in the previous century: **Carnage**.

Enjoy your reading.

Kristof Decoster

## Featured Article

### Unsafe abortion remains a problem in South Korea, in spite of the recent decriminalization

**Teresa Alberto dos Santos** (student at Karolinska Institutet - in the Health Economics, Policy and Management Global Masters Programme)

Wandering through Seoul in 2020, I spotted a woman and her baby in a café. This was a rare sight, as having a baby has turned into a sign of [extreme wealth](#) in South Korea – the country with the [lowest fertility](#) rate in the world. Parents are eager to show their children off, while other baby-feverish South Koreans admire the little miracle. Only 3 months prior, I was living in Norway, where children wander around town in their winter overalls, like ants in a summer picnic, making me wonder how one could have so many children. South Korea was the complete opposite.

These days, the socioeconomic context in South Korea presents a barrier to traditional, nuclear family units. High housing prices are a deterrent to stable housing for young people and couples. In addition, cultural attitudes towards women's role in society, particularly their role as housewives after marriage, act as [deterrents to marriage](#). Single motherhood is [stigmatized](#) culturally – in 2021, most people were [not in favor of unmarried women bearing and raising children](#).

These factors have contributed to a constant drop in fertility rates over the last few decades. [Anti-natalist policies](#) were implemented in the 60s (when the total fertility rate was around 6.0) and 70s, as a means of population control. In combination with some of the abovementioned factors, fertility rates dropped rather drastically. Since 2005, the South Korean government thus changed tack, among others via [pronatalist policies](#), including in the form of financial incentives. Not to much avail [so far](#) – the fertility rate has further decreased over the past years, reaching [0.78](#) in 2022.

Interestingly, based on my personal interactions with South Korean society, most of my friends seem to be sexually active, but almost none of them use contraception. Data seem to confirm this. In 2021, only 36.3% of the people aged between 19 and 49 claimed to always use contraception and 19.3% to mostly [use contraception](#), while the average age of [sexual activity onset](#) was 14.1 years old (*data sourced from the Korean Statistical Information Services (KOSIS)*).

And this brings us to the role of abortion (and access to it).

Part of the answer for South Korea's [ultra-low fertility rate](#) indeed also seems to lie in the (still lingering) use of abortion as a means of family planning. This is perhaps a remnant from the [60s and 70s government policy](#), when abortion was considered as such - it was called a 'menstrual adjustment procedure' back then. Abortion was widely conducted in the family planning clinics, even if technically illegal. From the early 2000s onwards, however, the constant drop in fertility rates led the government to [revive and endorse](#) the anti-abortion laws put in place in [1953](#), limiting the access to safe abortions which, although illegal, had been widely accessible previously.

In 2019, however, the constitutional court found the ban on abortion unconstitutional, setting a deadline for the revision of the law until the end of 2020, but the revision never took place. Thus, since 2021, abortion has been decriminalized, but no new law was put in place, leaving abortion in a [legal grey area](#).

### **A pre-2021 abortion "access" anecdote**

Before 2021, when I was living in South Korea, a friend found out she was pregnant and opted to terminate the pregnancy – at a time when abortion [was still illegal](#). Interestingly, she succeeded, giving me some insight into the issue of illegal abortions in South Korea.

My friend's pregnancy took place during the COVID-19 pandemic – implying that travelling overseas for an abortion was not an option. She checked in with numerous existing health facilities, until one agreed to perform a surgical abortion, for a shockingly high price of 3 million Won (around 2,100 Euros) in cash. The appointment was scheduled on a Post-it® note and there was no post-procedure care – she was asked to leave as soon as the procedure was completed. Groggy, with a diaper to

contain bleeding, my friend made her way home. Despite this unpleasant experience, she was one of the lucky ones, as she didn't have any post-abortion complications. Although this clinic was part of the healthcare system, the fact that abortion was criminalized did not allow the system to provide patients with financial protection or [quality assurance](#) of the procedure, making this an [unsafe abortion, which can lead to](#) life-long injuries, severe disability, heavy bleeding, and infertility, not to mention mental health issues.

The criminalization of abortion before 2021 didn't prevent the termination of pregnancies, as over [35%](#) of pregnancies between 2015 and 2019 ended in abortion.

### The picture since 2021

[Little has changed](#) since 2021. Abortion is still not covered under the national health insurance service, constituting an unspecified medical practice, meaning that doctors can be penalized for offering them. Therefore, the experiences of many South Korean women who opt for abortion remain similar to that of my friend's (pre-2021).

Official [statistics](#) and [doctor's testimonials](#) indicate a fall in surgical abortion rates in recent years, but at the same time we see an increase in stories of women with adverse effects after taking unsupervised abortion pills - already between 2018 and 2019, there was a slight increase in the use of abortion pills from [8,3% to 9,8%](#) among women between 15 and 40. This increase in the uptake of abortion pills seems to be due to the [high price of abortion surgery compared to pills](#), but also due to [stigma](#) associated with abortion. Therefore, abortions may not be decreasing, but becoming less safe in some cases. Quite some South Korean women also still seem to go abroad (to places such as Thailand and Vietnam) for abortion.

In sum, the decriminalization of abortion in South Korea in 2021 was a big step, but there is still a need for appropriate regulation to offer women a safe environment to exercise their reproductive rights. Concerns about the low fertility rate are legitimate, but a change in the country's cultural attitudes on the role of women and the acceptance of single mothers, alongside supportive strategies like financial incentives throughout the child's upbringing, and offering [paternity leave](#) to combat gender norms, may be ways to encourage younger people to have children. Conversely, making abortion difficult increase the chances of unsafe abortions, thus negatively impacting women's health. It is not the answer to preventing abortions or the use of abortion as a family planning tool.

## Highlights of the week

### Run-up to 154<sup>th</sup> WHO's Executive Board meeting (22-27 Jan, Geneva)

<https://www.who.int/about/accountability/governance/executive-board/executive-board-154th-session>

In last week's issue, we already referred to some **background websites, analyses, preparatory documents**. So we continue from there. We hope you also managed to follow some of G2H2 preparatory [webinars](#) (if not, check out the recordings).

## WHO Director-General's opening remarks at 39th Meeting of the Programme, Budget and Administration Committee of the Executive Board - 16 January 2024

[WHO](#):

A few quotes:

“...For the first time, **this PBAC is four days instead of three, with this first day dedicated to deep-dive discussions on the 14th General Programme of Work and the Investment Round.** Another innovation is that for the first time we will have a **facilitator for those deep-dive discussions, Björn Kummel of Germany**, who is well known to all of you.”

“...A green light from the EB to move forward will be another important step in this Member State-led journey towards a sustainably financed and stronger WHO. Pending that approval, **we seek the leadership of Member States in making this first investment round a success by reaching the estimated funding gap of US\$7 billion for the GPW14 base budget.** It’s important to underline that **this amount includes existing pledges and contributions.** We hope to use the Investment Round to attract new donors, and to continue working with Member States to make new contributions more flexible. ....”

### GHF - Proposed New Technical Committee to Streamline Functioning of WHO Governing Bodies [EB154 PRIMER]

P Patnaik; [https://genevahealthfiles.substack.com/p/eb154-geneva-financing-governance-reform-amsteg?utm\\_campaign=email-post&r=97mey&utm\\_source=substack&utm\\_medium=email](https://genevahealthfiles.substack.com/p/eb154-geneva-financing-governance-reform-amsteg?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email)

Primer on next week’s EB meeting.

“In today’s edition, **we bring you an update on some of the proposals that will be considered at next week’s Executive Board meeting.** We look at some of the **nuts and bolts of governance and financing, and how these processes are tightly interlinked.**”

“A number of governance reforms directly linked to financing have been set in motion, flowing from the work towards sustainable financing of WHO. **From a new technical committee to streamline functioning of governing bodies, to better reporting requirements, from budgetary implications of new initiatives to closer scrutiny of top leadership, a slew of these proposals changes is now being discussed.** Some stakeholders worry that in the name of efficiency, proposals could undermine the multilateral nature of the organization. But many admit an overhaul of how WHO conducts its business is long overdue....”

“**At the 154th Executive Board meeting next week, these technical proposals will be taken up.** This story focuses on **these reforms-in-the-making that have emerged from the Agile Member States Task Group on Strengthening WHO’s Budgetary, Programmatic and Financing Governance (AMSTG).** (These proposals were taken up at the closed-door meeting of the Programme, Budget and Administration Committee of the EB this week)...”

PS re the new **technical committee proposal**:

“In its plan, the secretariat has suggested the establishment of a new committee of the Executive Board on technical matters. The proposal says: “...It is proposed that under Rule 18 of the Rules of Procedure of the Executive Board of the World Health Organization, a new committee would be established to consider and provide recommendations on technical matters to the Executive Board and Health Assembly in the same way that the Programme, Budget and Administration Committee does in respect of programme planning, monitoring and evaluation, and financial and administrative matters.....”

Plus some early feedback from observers on this proposal:

**Thomas Schwarz from Medicus Mundi International Network**, said: “While I fully understand the need to improve efficiency and effectiveness of the WHO governing bodies, **this proposal is inappropriate and potentially poisonous both regarding inclusiveness/participation of civil society and transparency of decision-making.** Currently, the EB opens discussions on all agenda items with proposed resolutions and decisions on “technical matters” and allows civil society organizations in official relations to provide statements. **If the EB follows the secretariat’s proposal, these discussions would then be held behind the closed doors of the new committee, with neither access for civil society nor any transparency regarding the deliberations,** as we already experience with the PBAC meetings.”

“... Many do believe that unburdening these governance processes will involve delegation to committees. ... Suerie Moon, global health governance scholar had told us last year when these discussions first came to the fore: “**There is value and a strong logic for delegating certain tasks to committees within the EB. The key question is who serves on those committees and ultimately where does decision-making authority lie?** If the committee includes diverse representation of Member States, it can make the board more responsive and efficient while protecting the legitimacy of the decision-making process. It is a normal way of working for boards. Committees often make recommendations to a board, then the full board is still responsible for interrogating that recommendation and making the final decision. But the committee's work allows for more in-depth deliberation within a sub-group, can improve the quality of the thinking provided to the full board, and allow the Board to do more.” ...”

### **Andrew Harmer (blog) - Economics And Health For All – A New Narrative On Health And The Economy?**

<https://andrewharmer.org/2024/01/15/economics-and-health-for-all-a-new-narrative-on-health-and-the-economy/>

Another must-read blog from Harmer.

Here, he writes “ about EB154/26 [Economics and health for all: Report by the Director General](#), which builds off The WHO Council on the Economics of Health for All’s Final Report [Health for All: Transforming economies to deliver what matters](#). The bottom line – the narrative is not especially new and it seems to be deliberately ignoring important parts of the story.”

A few quotes & excerpts to give you a flavour:

**“... if you don’t want growth for growth’s sake, you will – at some point – have to contend with capitalism.”**

**“...I’m really not convinced that the call for “investment and innovation by all actors” is going to achieve the goal – it just seems wildly inadequate. If you want all the things expressed in the goal, you will – at some point – have to contend with those actors who don’t want to play ball. And they are very powerful.”**

**“... ideology is so conspicuous by its absence in both the Council’s report and the EB document that it feels like a deliberate omission.** Most global health courses will introduce its students to ideology (mine do) – you can’t understand the social, economic, political or commercial determinants of health without understanding ideology. So, just ignoring it in these reports is very odd.” **“... some of these recommendations are ones that many would and could support. These arguments have been percolating for decades, perhaps centuries, and expressed in a way that does bring ideology – neoliberal ideology in particular – to the front of the analysis.** For example, [The Struggle for Health](#) – a pamphlet written by Amit Sengupta, Chiara Bodini, and Sebastian Franco – pulls no punches in its preface: “Neoliberalism, the dominant economic system in the world today, with its principal objective of endless accumulation of capital and the creation of profits for a tiny elite, stands in contradiction to the rights of populations to health and health care”. I recommend reading this pamphlet: **it covers many of the same issues and shares some similar concepts to the Council report. But it is explicitly anti-capitalist, situates health within the context of struggle,** and is more socially-oriented than the member-state oriented narrative of the Council report.

**“...Sadly, though, I feel like time is running out. ....”** (see intro this week)

**PHM Commentary - Universal health coverage stalls while financial protection goes backwards: Is WHO contributing to the reinvention of structural adjustment?**

<https://mailchi.mp/phmovement/eb15406uhc?e=6f40aa51df>

Just one of many PHM pre-EB comment we recommend reading. (for the overview on all agenda items, see [PHM EB 154](#)).

**“The report which the Board will consider ([EB154/6](#)) does not explore the reasons for the failure of WHO’s UHC strategy...”**

**“.... In an apparent response to the lack of financing for PHC, the new report presents a new initiative called Health Impact Investment Platform** which involves the African Development Bank, the European Investment Bank, Islamic Development Bank and the Inter-American Development Bank, joining hands to make an initial €1.5 billion available to LICs and LMICs in concessional loans and grants to extend the reach and scope of their PHC services.”

**“WHO country offices are being incentivized with liberal project funds to write-up financing proposals that countries will then sign on to.** While it comes with high sounding politically correct affirmations of the importance of primary health care, it overlooks the fact that most LMICs are already deeply indebted, and this will only add to their indebtedness. Most countries are paying more for debt servicing than on welfare. Some of these banks are already supporting corporate investment in healthcare, through private sector arms – like IFC in the case of the World Bank.



Meanwhile the inclusion of investor state dispute settlement clauses in many bilateral and plurilateral treaties can greatly reduce the policy space available to governments for promoting quality, efficiency and equitable resource allocation. **The structural adjustment regime from the 1980s is being reinvented, with WHO support, through unsustainable debt, and conditional bailouts.....**

## WHO – Operational framework for monitoring social determinants of health equity

<https://www.who.int/publications/i/item/9789240088320>

“In advance of next week’s #EB154 meeting @WHO just released the “Operational Framework for Monitoring #SocialDeterminants of #HealthEquity.” “...This Operational framework for monitoring social determinants of health equity provides countries with critical guidance on monitoring the social determinants of health and actions addressing them, and using data for policy action across sectors to improve health equity. The publication is meant as a resource for national governments and their partners.”

## Davos 2024 (general info/analysis/reports)

We first start with some **general analysis** from Davos – in the following section re Davos we’ll use a **global health/planetary health lens**.

### Guardian (Analysis) - Climate, chaos and war fill a doomy agenda at Davos

Larry Elliott; <https://www.theguardian.com/business/2024/jan/13/davos-world-economic-forum-climate-chaos-war>

“The World Economic Forum has already wrestled with pandemic and recession, but the troubles keep coming. ... ..That’s because **there are four “C”s that will dominate this year’s event: conflict; the new cold war; climate; and chaos – or the potential for it**, arising as a result of misuse of artificial intelligence by hostile states and criminals....”

PS: “...**Two risks that once seemed to be clouds on the distant horizon have now become immediate dangers**. The WEF’s annual global risks report was dominated by fears that **AI – a technology that has advanced rapidly since last year’s Davos – will be used for nefarious purposes**, and that **time is running out to prevent global heating reaching a tipping point.....**”

### Guardian - Geopolitical tensions and AI dominate start of World Economic Forum

<https://www.theguardian.com/business/2024/jan/15/geopolitical-tensions-and-ai-dominate-start-of-world-economic-forum>

“Ukraine, Middle East and Taiwan overshadow annual meeting at Davos, with artificial intelligence also high on agenda.”



## Guardian - World's five richest men double their money as poorest get poorer

<https://www.theguardian.com/inequality/2024/jan/15/worlds-five-richest-men-double-their-money-as-poorest-get-poorer>

Coverage of Oxfam's annual (hard-hitting) pre-Davos report on inequality. "Oxfam predicts first trillionaire within a decade, with gap between rich and poor likely to increase."

**"The world's five richest men have more than doubled their fortunes to \$869bn (£681.5bn) since 2020, while the world's poorest 60% – almost 5 billion people – have lost money. ... At the same time, it warns, if current trends continue, world poverty will not be eradicated for another 229 years."**

"Highlighting a dramatic increase in inequality since the Covid pandemic, [Oxfam](#) said the world's billionaires were \$3.3tn (£2.6tn) richer than in 2020, and their wealth had grown three times faster than the rate of inflation. The [report, Inequality Inc.](#), finds that seven out of 10 of the world's biggest corporations have a billionaire as CEO or principal shareholder, despite stagnation in living standards for millions of workers around the world...."

**"...People worldwide are working harder and longer hours, often for poverty wages in precarious and unsafe jobs,"** the report says. "Across 52 countries, average real wages of nearly 800 million workers have fallen. These workers have lost a combined \$1.5tn over the last two years, equivalent to 25 days of lost wages for each worker." ... "Oxfam said the most recent Gini index – which measures inequality – found that global income inequality was now comparable with that of South Africa, the country with the [highest inequality in the world](#)."

- Oxfam Report: [Inequality Inc. How corporate power divides our world and the need for a new era of public action](#)

With some more quotes, key messages & killer stats that caught our attention:

**"... This paper lays out our fundamental choice: between a new age of billionaire supremacy, controlled by monopolists and financiers, or transformative public power that is founded upon equality and dignity."**

**... Globally, men own US\$105 trillion more wealth than women – the difference in wealth is equivalent to more than four times the size of the US economy...."**

**"... We are living through an era of monopoly power that enables corporations to control markets, set the terms of exchange, and profit without fear of losing business..... In sector after sector, increased market concentration can be seen everywhere...."**

**"...Private equity firms, backed globally by US\$5.8 trillion of investors' cash since 2009, have used privileged financial access to act as a monopolizing force across sectors. Beyond private equity, the 'Big Three' index fund managers – BlackRock, State Street and Vanguard – together manage some US\$20 trillion in people's assets, close to one-fifth of all assets under management, which has deepened monopoly power....."**

**“The report identifies four ways in which the richest ensure that the corporations they control drive up inequality: rewarding the wealthy instead of workers, tax avoidance and evasion, privatisation of essential public services and driving climate meltdown.”**

**“...an economy for all is possible. Runaway corporate power and runaway extreme wealth have been contained and curbed in the past and can be again. This report outlines concrete, proven and practical ways to make the economy work for all of us.... Three in particular.**

- Related FP2P blog with some key messages from the report: [Corporate power is driving up inequality. This is how to make corporates work for the common good instead – this year’s Oxfam Davos report](#) (by A Kamande)

**Global Justice Now (report) : ‘Taken, not earned: How monopolists drive the world’s power and wealth divide’**

<https://www.globaljustice.org.uk/news/new-report-taken-not-earned-how-monopolists-drive-the-worlds-power-and-wealth-divide/>

**“WEF’s wealthiest exploiting consumers and small businesses with 50% markups.”**

**“Over a five-year period, the average markup for the world’s top 20 companies is reported to be 50% compared to 25% average for smaller firms. Amalgamated market value of the top 20 companies is equivalent to the GDP of France, Germany, India, Brazil, South Africa and the United Kingdom combined. Wealthy billionaires and top companies, including WEF partners, use their power to effectively rip off consumers, workers, citizens, and suffocate smaller businesses.”**

**Guardian - Tax our wealth, super-rich tell politicians at Davos**

<https://www.theguardian.com/business/2024/jan/17/wealth-tax-super-rich-davos-abigail-disney-brian-cox-valerie-rockefeller>

**“More than 250 billionaires and millionaires are demanding that the political elite meeting for the World Economic Forum in [Davos](#) introduce wealth taxes to help pay for better public services around the world.”**

**PS: “...A new poll of the super-rich shows that 74% support higher taxes on wealth to help address the cost of living crisis and improve public services. A survey, conducted by Survation on behalf of campaign group [Patriotic Millionaires](#), polled more than 2,300 respondents from G20 countries who hold more than \$1m (£790,000) in investable assets, excluding their homes – putting them in the richest 5%. The polling found that 58% supported the introduction of a 2% wealth tax on people with more than \$10m, and that 54% thought that extreme wealth was a threat to democracy....”**

**Cfr press release Oxfam - [Nearly three quarters of millionaires polled in G20 countries support higher taxes on wealth, over half think extreme wealth is a “threat to democracy”](#)**

**Devex - How tighter ODA budgets will change development this year**

<https://www.devex.com/news/how-tighter-oda-budgets-will-change-development-this-year-106928>

“Devex President Raj Kumar predicts that **the need for aid reform will "come to a head" in 2024.**”

**“Single-issue alliances and multilateral development banks will become more central and more powerful in global development this year, as other parts of the sector tighten their belts.**

That's the prediction of Devex President Raj Kumar, during an event on the key global development trends to watch in 2024.”

**“With heavy political pressures on aid budgets in some of the biggest donor countries and a growing share of official development assistance being diverted to meet humanitarian needs, less money will be left for long-term development programming, Kumar said....”**

And some links & other snippets:

- Devex - [- Opinion: Can private sector ‘Davos man’ be the change at WEF 2024?](#)

With a paragraph on **increased inclusivity** of the event. “... the WEF annual meeting has worked hard to evolve into a forum which can meaningfully impact global development and be less “global north” about it. While still very far from being inclusive, WEF organizers are now giving a greater voice to those who may not represent conventional big money but are from rapidly growing regions with burgeoning demand and young labor forces, who represent an increasing share of the world’s population. They’ve also been giving increasing focus to social issues....”

- Some more quotes via [Devex](#) with views on the merits & downsides of Davos:

“For all the flaws and contradictions of Davos — still not enough participation from global majority countries compared to the US and other wealthy countries; far too few women and the private jet bonanza flying to and from Swiss airports — **it fills a unique space ... in bringing public and private together, which is ultimately the raison d’être of the WEF,**” Sara Pantuliano of the ODI think tank wrote ...” “.... Pantuliano noted that **with the United Nations and other international bodies hamstrung by “global geopolitical fractures,”** this year’s gathering is an important way to **unite business interests, governments, civil society, and philanthropies....”**

... “At best, **Davos is a place for needed dialogue,**” Rebecca Riddell (Oxfam America) tells Devex contributing reporter Natalie Donback. **“It can be a place for holding political and business leaders to account, which is why some members of civil society, including Oxfam, are there.** But Davos is not a democratic space **in which transparent and participatory decisions are made.”**

## Davos 2024 – focus on (global & planetary) health

HPW - ‘Existential’ Climate Crisis Overshadows Davos Talks – Amid Concerns About AI and Antibiotic Resistance

<https://healthpolicy-watch.news/existential-climate-crisis-overshadows-davos-talks-amid-concerns-about-ai-and-antibiotic-resistance/>

**““What we have is an existential climate crisis,” World Bank CEO Ajay Banga told the World Economic Forum’s annual meeting (WEF) in Davos on Wednesday. “We cannot think of eradicating poverty without caring about climate. We cannot think of eradicating poverty without thinking about health. We cannot think of eradicating poverty without caring about food insecurity and fragility.” Banga’s remarks aptly summed up the mood of the past two days at the WEF, as the climate crisis casting a shadow over almost every session.”**

**“United Nations (UN) Secretary General Antonio Guterres spoke of a “global crisis in trust” caused by the “paradox” of “runaway climate chaos and the runaway development of artificial intelligence without guardrails” ....”**

PS: **“Meanwhile, Dr Jean Kaseya, head of Africa Centre for Disease Control, said that Africa was also planning to digitize data collection as part of its efforts to build pandemic preparedness, alongside improved early warning systems, better skilled health workers and multisectoral collaboration....”**

PS: **The ‘disastrously branded’ threat of antimicrobial resistance: “... Another lethal and growing threat is that posed by antimicrobial resistance (AMR) – and issue that has been hampered by “disastrous branding due to ambiguity”, according to the Global Fund’s Peter Sands. “The terminology needs to be sharpened to get the public involved. The global community is bad at dealing with creeping problems. By the time it becomes a blazing fire, it’s going to be really dangerous,” urged Sands....”**

## **Reuters - Record budget for Gates Foundation as wider global health funding stalls**

[Reuters](#);

From last weekend. **“The Bill & Melinda Gates Foundation plans to spend more this year than ever before -- \$8.6 billion -- as wider health funding for the lowest income countries stutters after the COVID-19 pandemic. The 2024 budget agreed by the foundation’s board is up 4% on last year and \$2 billion more than in 2021.”**

**“In a statement, the foundation said global health budgets were in decline overall and contributions to health in the lowest-income countries were stalling. ....” “... While overall aid spending has leveled off, sub-Saharan African countries saw a nearly 8% decline in aid in 2022, even as they face growing needs and shrinking budgets due to debt and other financial pressures. The foundation has committed to increasing its annual spending to \$9 billion by 2026....”**

PS: **“...The CEO (Suzman) and other Gates executives plan to carry backpacks at the World Economic Forum event in Davos, Switzerland, which starts on Monday, showcasing simple health products that could save millions of lives, from vaccine patches to an artificial intelligence (AI)-enabled ultrasound tool. Gates will also talk about the potential for AI in health more broadly at the event....”**

- For the **Gates Foundation statement**, see [Amidst Ongoing Global Crises, Gates Foundation Announces Largest Budget Ever: \\$8.6 Billion in 2024 to Save and Improve Lives](#)

**“... At the foundation’s “The Future of Health” event at the World Economic Forum Annual Meeting, Bill Gates will showcase several health innovations** that the foundation has funded and its partners have been developing that could save the lives of women and children. His talk will also address the role that artificial intelligence (AI) and other technologies can play in [transforming health and improving lives](#) for people living in low-income countries. Gates will call on global leaders, philanthropists, CEOs, and others to help rebuild global trust and solidarity by joining together to save the most vulnerable people. **The foundation predicts that if innovations currently in the R&D pipeline are properly funded, they could help cut maternal deaths by 40% in the lowest-income countries by the end of the decade, and further drive down preventable child deaths.** ... To emphasize that many solutions are simple, portable, and already close at hand, Gates and other foundation leaders will **carry backpacks in Davos emblazoned with “The Future of Health”** and filled with examples of products that could save millions of lives....”

## Devex - Why Bill Gates wants a COP for global health

<https://www.devex.com/news/why-bill-gates-wants-a-cop-for-global-health-106938>

**“Speaking at the World Economic Forum in Davos, the billionaire defended the need to keep health funding levels high.”**

**““I'd love to have a global health meeting like COP 28 where 70,000 people came and talked about children surviving and being fully nourished in their brains and their bodies," he added. "I'm jealous of that attention," he joked to laughs from the audience.”**

PS: “... Gates said Tuesday that it would be "kind of a crime" if [Gavi, the Vaccine Alliance](#) and [The Global Fund to Fight AIDS, Tuberculosis and Malaria](#) did not raise as much or more than they did in the past in their upcoming replenishments. If aid budgets were at the U.N. target of 0.7% of gross national income, Gates said, then tackling climate change would not force donors to skimp on things “like making sure all the world’s children have vaccines.”

PS: “Asked if he was concerned about the potential impact of elections in the United States and Europe this year, Gates replied **“absolutely.”** Pointing out that the U.S. is a key donor to global AIDS initiative [PEPFAR](#), the Global Fund, and Gavi, he said: "I think the U.S. is a case where the election will have a consequence that you might have a reduction in that aid budget.””

- PS: Bill Gates also provide his take on Africa's debt cycle and the future of health (see [Devex](#) )

**“Speaking at a breakfast event in Davos on Tuesday, Bill Gates summed up his concern that the budgets of low-income countries in Africa were increasingly being “squeezed.” “Their debt levels got very high over the last 20 years,” he said. “Every year they were taking new loans and the interest on their existing loans was quite modest. So if you take ... Africa as a whole, now, they are getting far less new loans, and the interest on their existing loans is very very high. And so the money they have for even the basics, education, and primary health care is going to get squeezed.”**

- And for Bill’s take on **Global Citizen** (also via [Devex](#) ):

**“Vince Chadwick also took advantage of Gates' appearance at Davos to ask something that's been on his mind for a while about the rock concert-organizing, aid advocacy group Global Citizen.**

Background: “The group first came to our attention in 2020 when it held a virtual pledging summit with the European Commission on COVID-19 that claimed to have generated an additional €6.15 billion. However, €4.9 billion of that — mostly in the form of loans — came from the European Investment Bank and had been committed months earlier. In 2021, Sweden and the Netherlands told us that contrary to the group's claims, Global Citizen’s advocacy — such as encouraging its members to post on social media — had no impact on the countries' contributions to the June 2020 replenishment for Gavi, the Vaccine Alliance.”

**“We asked Gates, one of the group’s regular funders, whether he's satisfied Global Citizen is pushing donors to give more, and not merely allowing national leaders to take the stage with celebrities and win plaudits for what they would have done anyway. “I don't mind applauding people for things they would have done anyway,” Gates replied. “The .001% we spend on Global Citizen you could say, ‘Go ahead and do the math.’ The key question is what ideas do you have about maintaining this aid. “We are trying to be as creative as we can to keep the visibility. Do those concerts create visibility? Absolutely. We can show you the survey data. We're using numbers and surveys to try to get people to maintain awareness here. But we're open to any idea.”**

## **Davos 2024: How health policy is responding to women, digitalization, and climate change**

<https://www.weforum.org/agenda/2024/01/davos-2024-how-health-policy-is-responding-to-women-digitalization-and-climate-change/>

Published at the start of Davos. “**Key sessions and reports** will look at how climate change affects health, how to close the women's health gap and how digital tools can transform healthcare.” With an overview of these (scheduled) **key sessions and reports**.

Among others, **three key reports will be launched**, which look at the economic impacts of climate change, how to close the gap in women’s health, and how digitalization can transform healthcare for good. The reports are: **Quantifying the Impact of Climate Change on Human Health; Closing the Women’s Health Gap: A \$1 Trillion Opportunity to Improve Lives and Economies; Transforming Healthcare: Navigating Digital Health with a Value-Driven Approach**.

For more info on these reports, see also WEF - [Data to watch in 2024, from digital jobs to climate change and health](#)

Also a **(WEF) white paper**: Patient-First Health with Generative AI: Reshaping the Care Experience.

## **Guardian - Improving women’s health ‘could add at least \$1tn a year to global economy’**

[https://www.theguardian.com/global-development/2024/jan/17/improving-womens-health-boosts-global-economy-global-alliance-for-womens-health?CMP=share\\_btn\\_tw](https://www.theguardian.com/global-development/2024/jan/17/improving-womens-health-boosts-global-economy-global-alliance-for-womens-health?CMP=share_btn_tw)

With more detail & key messages from this report. “**Later diagnoses and lack of data mean women spend 25% longer than men in poor health**, World Economic Forum report finds.”

**“Closing the gender health gap could add at least \$1tn (£790bn) a year to the global economy by 2040, according to the first report to quantify the economic opportunities of investing in women’s wellbeing. Every \$1 invested to improve women’s health could generate \$3 for the economy as quality of life improves and women are able to actively participate in the workforce. It could lead to an extra seven healthy days each year for every woman, or more than 500 days over a lifetime....”**

**“The [research, published in Davos on Wednesday](#) by the World Economic Forum and the McKinsey Health Institute (MHI), found that on average women were in poor health for 25% longer than men and that this could be cut by almost two-thirds if the health gap was closed.”**

PS: **“The report’s release coincided with the launch of the [Global Alliance for Women’s Health](#), a multisector global platform to improve investment in women’s health. At least 42 organisations have signed up to support the alliance, pledging \$55m.”**

- See also WEF - [Women are second-class citizens when it comes to health. Closing the gap could be worth \\$1 trillion](#)

PS: **“The alliance will be guided by a governing board co-chaired by Brazil’s Minister of Health Nísia Trindade Lima and Anita Zaidi, president of the Bill & Melinda Gates Foundation’s gender equity division, with participation from global leaders across sectors....”**

**WEF - These 3 climate disasters will have the biggest impact on human health by 2050**

<https://www.weforum.org/agenda/2024/01/climate-change-health-impact-mortality/>

**“The climate crisis could result in an additional 14.5 million deaths, \$12.5 trillion in economic losses, and \$1.1 trillion in extra costs to healthcare systems by 2050, according to a [new report](#) by the World Economic Forum and Oliver Wyman.”**

**“Rising temperatures and extreme weather events will exacerbate infectious and cardiovascular diseases, respiratory issues and other health problems, with vulnerable communities disproportionately affected...”: 1. **Floods and extreme rainfall** will cause the most loss of life .... 2. **Droughts** are drawing wider geographic circles ... 3. **Heat waves** threaten economies.**

**World Economic Forum Launches New Global Initiative to Advance Digital and AI-Driven Transformation of Healthcare Systems**

<https://www.weforum.org/press/2024/01/wef24-new-global-initiative-digital-transformation-of-healthcare-systems/>

**“The newly launched Digital Healthcare Transformation **Initiative** will accelerate public-private collaboration around digital health, data and artificial intelligence.”**



## Davos 2024: WEF report finds challenges in health and wellness; reversals in global health cooperation

<https://www.downtoearth.org.in/news/world/davos-2024-wef-report-finds-challenges-in-health-and-wellness-reversals-in-global-health-cooperation-93900>

**“Prior to 2020, most indicators of health cooperation grew slowly and steadily.”**

**“The world has faced significant challenges in the last three years, including reversals in global health cooperation and sharp increases in violent conflict, a recent report by World Economic Forum (WEF) has found. Overall, global cooperation has started to decline since 2020, it found. The report, The Global Cooperation Barometer 2024, was released on January 8, 2024 ahead of the WEF’s annual meeting in Davos.”**

**“The barometer, developed in collaboration with management consultants McKinsey & Company, used 42 indicators to measure five pillars of global cooperation between 2012 and 2022. The five pillars are trade and capital; innovation and technology; climate and natural capital; health and wellness; and peace and security. ....”**

## WEF - New initiative supports equitable regional vaccine manufacturing

<https://www.weforum.org/agenda/2024/01/initiative-supports-equitable-regional-vaccine-manufacturing/>

**“The [Regionalized Vaccine Manufacturing Collaborative \(RVMC\)](#) will be established as a Global Initiative hosted at CEPI alongside regional leaders and partner organizations.”**

**“The RVMC Framework is an actionable toolkit that regions can use to scale manufacturing.” With 8 pillars.**

**“... The Regionalized Vaccine Manufacturing Collaborative (RVMC), incubated at the World Economic Forum in partnership with Deloitte and co-chaired by the U.S. National Academy of Medicine and the Coalition for Epidemic Preparedness Innovations (CEPI), will now be established as a Global Initiative hosted at CEPI.”**

**“This new Global Initiative will begin with an initial CEPI commitment of \$15 million and be led by partner organizations including the Africa CDC, CEPI, Pan-American Health Organization, U.S. National Academy of Medicine, and the World Economic Forum in collaboration with both public and private sector leaders across regions. Dr Frederik Kristensen, former Deputy CEO of CEPI will assume the newly created role of RVMC Director....”**

## HPW - Clearing the Air: Clean Air Fund Calls for Philanthropic Boost as Air Quality Funding Plateaus

<https://healthpolicy-watch.news/clearing-the-air-clean-air-fund-calls-for-philanthropic-boost-as-air-quality-funding-plateaus/>

**“The Clean Air Fund (CAF) urged philanthropic funders to significantly increase their support for programs and services to enhance air quality with a [new report](#) published in time for the World Economic Forum Annual Meeting 2024 in Davos.”**

**“... The report showed that philanthropic foundation funding for air quality surged to \$330 million from 2015 to 2022, with annual financing experiencing a more than fourfold increase during that period. Nonetheless, the data indicates only a marginal uptick in 2022, with estimated funding for air quality from foundations at \$71.3 million—a slight rise from the previous year—hinting at a deceleration in year-on-year growth. ... From 2019 to 2021, annual increases averaged \$14.7 million, whereas during the subsequent period from 2021 to 2022, the increase dwindled to just \$3.8 million....” “...Moreover, outdoor air-quality funding accounts for less than 0.1% of all foundation funding.”**

**“Funding for air quality from foundations has increased but remains a minuscule proportion of total philanthropic funding,” said CAF CEO Jane Burston. “Air pollution is one of the most pressing challenges of our time, with 99% of the world still breathing toxic air. “I urge funders to recognize that air quality isn’t a niche issue and work together to tackle the problem...”**

**“...CAF’s report focuses exclusively on funding for air quality from philanthropic foundations. “**

## **HPW - First Global Campaign for Access to Assistive Technology is Launched at Davos**

<https://healthpolicy-watch.news/campaign-to-urge-prioritising-assistive-technology-access/>

**““It’s not just about people with disabilities, this is about all of us,” stresses Pascal Bijleveld, the CEO of [ATscale Global Partnership](#), an organization established in 2018 to advocate for assistive technologies (AT) access, especially in low- and middle-income countries.”**

**“The first-ever global campaign to expand access, ‘Unlock the Everyday’, was launched on Tuesday at the World Economic Forum (WEF) in Davos, led by ATscale together with UNICEF, the World Health Organization (WHO), the International Disability Alliance and other partners....”**

**“...An estimated 2.5 billion people worldwide need at least one form of assistive technology, with the most common devices being eye glasses, hearing aids, prostheses and wheelchairs. By 2050, the number is likely to increase to 3.5 billion, [says WHO](#). But access to AT is more than uneven: in low- and middle-income countries (LMICs) only 10% of those in need can obtain appropriate devices in contrast to 90% in high-income countries. ...Ensuring lifetime access to the AT they need for people in LMIC would cost approximately \$70 billion over 55 years, [the campaign estimates](#). But there is a nine-to-one return on investment from providing AT through improved educational outcomes, better paid employment and lower longer-term healthcare costs, a recent [ATscale study](#) shows. “**

## **HPW - At Davos, Lessons from COVID Help Prepare for ‘Disease X’**

<https://healthpolicy-watch.news/at-davos-lessons-from-covid-help-prepare-for-disease-x/>

**“Improving disease surveillance, strengthening primary healthcare, and being able to expand quickly during a crisis are some of the important lessons from the COVID-19 pandemic that can be**

applied to ‘Disease X’, according to health experts speaking on a **panel at the World Economic Forum** on Wednesday.....”

## **CGD (blog) - The US Government Wants to Make the World Lead-Free: Why That’s a Big Deal, and How We Can Make It Happen**

R Silverman et al; <https://www.cgdev.org/blog/us-government-wants-make-world-lead-free-why-thats-big-deal-and-how-we-can-make-it-happen>

“Two and a half years ago we called on the Biden Administration to consider a “moonshot” development goal: the global elimination of childhood lead poisoning. **Today, at the World Economic Forum in Davos, Switzerland, that goal got a little closer with an announcement by USAID Administrator Samantha Power that the US Government wants to slash global lead poisoning. And, what’s more, it’s willing to use its extensive soft power to advance that goal....”**

“...With today’s news from Davos, **global lead poisoning has officially gone mainstream in global development...**”

“....**At the Davos panel today, USAID Administrator Samantha Power took to the Davos stage to chart a path [Towards a Lead Free Future](#). She announced that the USAID is ramping up efforts to eliminate childhood lead poisoning by committing \$4million to government-led interventions in India and South Africa and making a call to action to other donors to step up and join the US Government to build up testing capacity, measuring progress and identifying and eliminating sources of lead. She also announced that the US will be the first bilateral donor agency to join the Global Alliance to Eliminate Lead Paint. ....”**

And some links:

- HPW - [Building Climate-Resilient Health Systems and Crops](#) (coverage of a panel session, among others with **Vanessa Kerry**, WHO’s special envoy for climate change and health) Quote: “**...A lot of funding was put on the table for climate and health [at COP28]. \$1 billion was pledged,**” said Kerry. “But of that \$800 million was pre-committed, pre-earmarked, **so this isn’t new money. And this isn’t available money”**
- **Speech [Tedros in Davos](#):** he praised initiatives like the **mRNA manufacturing facility in Kigali, the WHO Health Technology Access Pool, and the Regionalized Vaccine Manufacturing Collaborative** for their contribution to pandemic preparedness.

## **Global Health Governance (& financing)**

**Devex – The 4 most important calls for global health funds in 2024**

<https://www.devex.com/news/the-4-most-important-calls-for-global-health-funds-in-2024-106903>

(must-read) **“There are multiple replenishment campaigns and fundraising events happening in 2024. But in a multielection year, and increasingly tight fiscal space, experts say it’s a tough fundraising environment for global health.”** (also with the view of Peter Baker (CGD))

Focus here on: 1. **WHO investment round; 2. International Development Association’s 21st replenishment, or IDA21; 3. Gavi, the Vaccine Alliance (replenishment campaign launch); 4. The Pandemic Fund.**

## **Lancet World Report – Challenges ahead for the new head of Gavi**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00092-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00092-8/fulltext)

**“Sania Nishtar has been appointed to lead the vaccine organisation as it decides how to spend billions of dollars left over from the COVID-19 response. John Zarocostas reports.” With some early reactions to Nishtar’s appointment.**

**“... We welcome Dr Nishtar as the new CEO of Gavi”, Sharmila Shetty, Vaccines Medical Advisor at Médecins Sans Frontières Access Campaign, told The Lancet. “A big challenge she will face will be completing Gavi’s unfinished agenda of vaccinating, reaching zero-dose and under-immunised children,”** said Shetty. **“Since a significant proportion of these children live in fragile and humanitarian contexts, we’d like to see Gavi be more proactive here, with more innovative strategies and new partnerships to reach these vulnerable children. Gavi should also make a permanent policy change to align with WHO recommendations to ensure that all children who missed out on their immunisations (at least up to the age of 5) are caught up and protected”,** she noted.”

**Some experts say that Nishtar will need to change the institution’s modus operandi.** As reported in The Lancet in September, Gavi has billions of dollars in funds left over from the COVID-19 response and how to reinvest it will require Nishtar’s immediate attention. An African Vaccine Manufacturing Accelerator has already been established with \$1 billion of support from Gavi. **“Whether to address future pandemics or ensure equitable access to new vaccines, Dr Nishtar will have to change the mindset of an institution that has shied away from challenging the power of multinational pharmaceutical companies and its rich country donors”, Rohit Malpani, a public health consultant, told The Lancet. This means, he said, going beyond Gavi’s new interest in expanding regional and local production of vaccines to working with governments and other institutions “to develop new vaccines through incentives other than patents”. It also means, he noted, “finding ways to ensure that the perspectives of low-income countries are prioritised”.**

**Kamal-Yanni hopes that Nishtar will address accountability,** and noted that Gavi “are not the best on transparency and accountability, particularly to people in developing countries. So, it’s about implementing ‘real transparency’ and accountability beyond donors.” ... **A critical review of Gavi’s role during the COVID-19 response is also seen as essential...”**

**“... David Heymann, Professor of Infectious Disease Epidemiology at the London School of Hygiene and Tropical Medicine, told The Lancet, that one of the challenges will be whether or not Gavi should add newer vaccines as they become available for adults...”**

## **K Bertram - Anything But Health. How Health is Fully Dropping off the Agenda.**

<https://katribertram.wordpress.com/2024/01/17/anything-but-health-how-health-is-fully-dropping-off-the-agenda/>

As always, more than worth a read. **“In 2024, health has fully dropped off the agenda. Why? And what should we as community do about this?”**

## **SS&M - The Who Foundation In Global health Governance: Depoliticizing corporate philanthropy**

R Ralston et al ; <https://www.sciencedirect.com/science/article/pii/S0277953623008729>

**“The creation of the WHO Foundation during the COVID-19 pandemic represents a significant institutional development in the politics of financing the World Health Organization [WHO]. In the context of longstanding acute financial pressures, the objective of the WHO Foundation is to widen WHO's resource base by attracting philanthropic donations from the commercial sector. In placing funding decisions ‘at one remove’ from WHO, the stated expectation is that the WHO Foundation will act as an intermediary, insulating the WHO from potential conflicts of interest and reputational risk through a combination of strategic distance from WHO and proximity with its norms and rules of engagement with non-state actors. Yet, whether this model has translated into practice remains under-studied. In this article, we focus on emerging institutional practices within the WHO Foundation, highlighting a drift from its stated governance model. Based on analysis of WHO Foundation documents, we demonstrate how due diligence and transparency practices within the Foundation have been redesigned in ways that contradict or subvert its claims to applying alignment with WHO's governance norms, notably relating to its engagement with health harming industries such as alcohol and petrochemical companies. While this situation may seem paradoxical, we argue that, in placing funding decisions ‘at one remove’ from the formal institutions and structures of WHO, the creation of the Foundation has served to displace this issue to a more secluded arena where drifts in practice are less exposed to political oversight and scrutiny. Focusing on the discursive aspects of this process of depoliticisation, we contend that the Foundation has strategically managed ‘fictional expectations’ of accountable and transparent governance in order to mitigate concerns about its mandate and functions. This assessment provides new and important insights into the depoliticizing functions of the WHO Foundation and the significant implications this may have for global health governance.”**

## **GHF - Embedded: Examining Management Consultants in Global Health [GUEST ESSAY]**

T Hanrieder & Julian Eckl; [Geneva Health Files](#);

Reposted from LSE Impact blog - [Wizards, pretenders, or unaccountable curators? How consultants shape policy in underfunded international agencies](#)

With some key messages from their paper from last year - [The political economy of consulting firms in reform processes: the case of the World Health Organization](#)

“... as we describe in our study of consulting firm engagement at WHO, **consultants act as discretionary curators of reform inputs**. They filter the knowledge and voices that go into reform proposals, and they are often closely entangled with the interests of certain stakeholders and funders....”

PS: “... **The Gates Foundation**, one of the main sponsors of consulting firm services to WHO, **has meanwhile decided to insource some management strategy capacity**. The foundation runs, so to say, **its own internal McKinsey**. ....”

## TGH - African Public Health and Future Philanthropy

J Gichuru (Mastercard Foundation); <https://www.thinkglobalhealth.org/article/african-public-health-and-future-philanthropy>

“Africa deserves philanthropy that involves its communities and recognizes their insights.”

With focus on **the Saving Lives and Livelihoods partnership**, co-launched by Mastercard Foundation and the Africa Centers for Disease Control and Prevention (CDC) during the pandemic - then a \$1.5-billion initiative to buy COVID-19 vaccines, roll out doses across the continent, build a vaccine manufacturing workforce for Africa, and strengthen the Africa CDC to ensure long-term health and economic security for Africa. Read up on the **current state of affairs re this Partnership**.

## WHO's Health Emergency Appeal 2024

[WHO launches appeal for US\\$ 1.5 billion for key emergencies in 2024](#)

“The **Health Emergency Appeal** supports WHO in responding to ongoing and new emergencies around the world, including 15 **Grade 3** emergencies. ...”

“WHO is appealing for **US\$1.5 billion** to protect the health of the most vulnerable in 41 emergencies around the globe ....” “In 2024, almost 300 million people will require humanitarian assistance and protection, with an **estimated 166 million people** requiring health assistance....”

“The appeal covers the emergencies that demand the highest level of response from WHO, with the aim to reach over **87 million** people. It is being issued in a context of complex emergencies cutting across crises of conflict, climate change and economic instability, which continue to fuel displacement, hunger, and inequality. ...”

“... The appeal notes the **positive value of funding to supporting people with humanitarian needs**. **Every US\$ 1 invested in WHO delivers a return on investment of at least US\$ 35**. .... The funding would go to the **African Region, with US\$ 334 million**; the **Eastern Mediterranean Region, with US\$ 705 million**; the European region, with US\$ 183 million; the Western Pacific Region, with US\$ 15.2 million; the South-East Asia Region, with US\$ 49 million; and the Americas Region, with US\$ 131 million....”

- Coverage via HPW - [In Face of Growing Conflict and Climate Emergencies, WHO Appeals for \\$1.5 Billion](#)

With some quotes, from the **launch of WHO's [health emergency appeal](#) on Monday.**

From dr. **Tedros, M Ryan & Martin Griffiths**, United Nations Under-Secretary-General for Humanitarian Affairs.

## Pandemic Accord (& other PPR news)

On X, we came across a **rather upbeat L Gostin** (thread):

**“The mood in Geneva is becoming bullish on the #PandemicTreaty & I do mean treaty. A Framework Convention looks likely, & it should be.** With popularism surging in elections, esp the US, there's fresh urgency to deliver by May. **Here's what's likely & current sticking points.”**

**“Here are key areas that must agreed: \* Equity:** Most discussed is PABS, specifically, the benefits. The EU may not budge on TRIPS, but the treaty must refer to IP waivers, compulsory licensing, must at least be recognized in the treaty Equitable access to countermeasures is key.”

**\* Financing:** The African block is right to insist on sustainable financing and yet the reality is that it will probably be long-term. They are making sure there is real commitment now to find more funds for the Pandemic Treaty & IHR, esp core health system capacities.”

**“Compliance & accountability** are still on the table in the Pandemic Treaty & IHR, but is more likely in the latter. The US is pushing for it & the preferable outcome is for a compliance and/or implementation committee for both instruments. But I am not optimistic.”

## Oxford Open Infrastructure and Health - Pandemic treaty—will it fragment or consolidate the global health emergency infrastructure?

H Nikogosian;

[https://academic.oup.com/ooih/article/doi/10.1093/ooih/ouad006/7503139?utm\\_source=twitter&utm\\_campaign=8693h94wc&utm\\_medium=OxfordJournals&login=false](https://academic.oup.com/ooih/article/doi/10.1093/ooih/ouad006/7503139?utm_source=twitter&utm_campaign=8693h94wc&utm_medium=OxfordJournals&login=false)

**“... equally important is its place in the global health security architecture.** A new legal instrument will, with no doubt, complement and enrich the existing infrastructure. But **would a new instrument also fragment or consolidate the already crowded framework of other international normative regimes relevant to pandemic prevention, preparedness and response,** ‘from human rights to intellectual property rights, pathogen sharing and One Health’, within which the IHR operates?”

**“To review this question, the paper focuses on both fragmentation and consolidation potentials of the upcoming instrument in some detail, including whether—and how—possible fragmentation could be mitigated.** Then the paper concludes with reflections on possible risks and benefits, and on the instrument’s potential impact on the evolving global health emergency infrastructure in general.”



## Health Affairs - To Prepare For The Next Pandemic, We Must Spend Now On TB And Other Major Diseases

S Soe-Lin et al ; <https://www.healthaffairs.org/content/forefront/prepare-next-pandemic-we-must-spend-now-tb-and-other-major-diseases>

“.... A new **Pandemic Fund** was created in November 2022 with \$2 billion initially pledged, against which over \$7 billion of proposals were submitted during the Fund’s **first call for proposals**. This large excess demand underscores the importance of spending limited resources wisely and strategically to get ready for the next pandemic. **This raises two questions: First, which areas of pandemic investment have the biggest payoff and should thus be prioritized? Second, if these investments do not have an immediate benefit against future pandemics, since we do not know when the next one will hit, can they help in the meantime to support ongoing efforts in low- and middle-income countries (LMICs) to battle infectious diseases like AIDS, tuberculosis (TB), and malaria that kill more than 2.5 million people each year? Can pandemic preparedness investments thus be dual-purpose, delivering health benefits now in “peacetime” and again against a global pandemic in “wartime”?...**”

The authors say they can, using TB as a case study.

## Cholera

### Guardian - Cholera cases soar globally amid shortage of vaccines

[https://www.theguardian.com/global-development/2024/jan/12/cholera-cases-soar-globally-amid-shortage-of-vaccines?CMP=share\\_btn\\_tw](https://www.theguardian.com/global-development/2024/jan/12/cholera-cases-soar-globally-amid-shortage-of-vaccines?CMP=share_btn_tw)

“Resurgence classified as grade 3 emergency by WHO, with southern Africa and Haiti among those hardest hit.”

“Cholera cases soared last year, according to preliminary data from the World Health Organization, which recorded 4,000 cholera deaths and 667,000 cases globally. The numbers surpassed that of 2022, and the WHO has classified the global resurgence of cholera as a grade 3 emergency, its highest internal health emergency level.”

“Outbreaks were deadliest in Malawi and Haiti, where the number of deaths reached 1,771 and 1,156 respectively, making it the worst outbreak in Malawi’s history. “The unprecedented rate of cases and deaths is terrifying, and utterly overwhelming the health systems of these countries,” said Machinda Marongwe, the programme director of Oxfam in Southern Africa. “The outbreak is spiralling into an uncontrollable health crisis.” ....”

### Bloomberg - Zambia Imposes Cholera Restrictions as Vaccine Program Starts

<https://www.bloomberg.com/news/articles/2024-01-15/zambia-imposes-cholera-restrictions-as-vaccine-program-starts>

“Country received more than 1 million doses from UNICEF; Officials been cleared to search for suspected cholera cases.”

## **Southern African countries face “terrifying and overwhelming” cholera outbreak as COVID-19 cases surge - Oxfam**

<https://www.oxfam.org/en/press-releases/southern-african-countries-face-terrifying-and-overwhelming-cholera-outbreak-covid>

(17 Jan) “Malawi, Mozambique, Zambia and Zimbabwe are facing an unprecedented surge of cholera cases, Oxfam warned today. “

- And a link: **Lancet Infectious Diseases** - [Effectiveness of one dose of killed oral cholera vaccine in an endemic community in the Democratic Republic of the Congo: a matched case-control study](#).

## **Tobacco (trends) report**

### **WHO - Tobacco use declines despite tobacco industry efforts to jeopardize progress**

<https://www.who.int/news/item/16-01-2024-tobacco-use-declines-despite-tobacco-industry-efforts-to-jeopardize-progress>

Encouraging news. “Globally there are **1.25 billion adult tobacco users**, according to the **latest estimates in the World Health Organization (WHO) tobacco trends report** out today. **Trends in 2022 show a continued decline in tobacco use rates globally. With about 1 in 5 adults worldwide consuming tobacco compared to 1 in 3 in 2000.**”

“The report shows that **150 countries are successfully reducing tobacco use**. ... While the numbers have steadily decreased over the years **the world will make it to a 25% relative reduction in tobacco use by 2025, missing the voluntary global goal of 30% reduction from the 2010 baseline.** Only 56 countries globally will reach this goal, down four countries since the last report in 2021. ...”

PS: “... **Next month countries are set to meet in Panama for the 10th Session of WHO Framework Convention on Tobacco Control (FCTC) Conference of Parties where the tobacco industry will try to influence global health policies by offering financial and in-kind incentives, interfering with countries rights to protect the health of their populations....**”

- Coverage via Reuters - [Global tobacco use tumbles despite industry lobbying](#)

“**Global tobacco use has tumbled in a generation** with one in five people smoking versus one in three in 2000, the World Health Organization said on Tuesday. **The drop comes despite what the U.N. global health agency said were ongoing efforts by Big Tobacco to seek to influence global health policies to its own advantage.**”

“...One example of tobacco companies' efforts to win influence cited by the WHO was their offers of [technical and financial support](#) to countries ahead of a major WHO meeting on tobacco control in Panama in February....”

PS: “The report published every two years gave **some preliminary data on the prevalence of [vaping](#) on** which the WHO is urging governments to apply tobacco-style control measures. It said there were at least 362 million adult users of smokeless tobacco products globally but admitted this might be an underestimate due to missing data.”

## Planetary Health

### Guardian - Azerbaijan appoints no women to 28-member Cop29 climate committee

<https://www.theguardian.com/environment/2024/jan/15/cop29-climate-summit-committee-appointed-with-28-men-and-no-women-azerbaijan>

“The organising committee for the Cop29 global climate change summit in Azerbaijan in December comprises **28 men and no women**, the president of Azerbaijan, Ilham Aliyev, has [announced](#). The decision was called “regressive” by the She Changes Climate campaign group, which said “**climate change affects the whole world, not half of it**”. In contrast, 63% of the members of the organising committee for the Cop28 climate summit, held in the United Arab Emirates last month, were women....”

In fact, Azerbaijan seems to be aiming for an ‘all stars’ team of fossil fuel execs and scandal-hit officials, see Climate Home News - [Azerbaijan appoints fossil fuel execs and scandal-hit officials to all-male Cop29 committee](#).

### Guardian - Human ‘behavioural crisis’ at root of climate breakdown, say scientists

<https://www.theguardian.com/environment/2024/jan/13/human-behavioural-crisis-at-root-of-climate-breakdown-say-scientists>

“New paper claims unless demand for resources is reduced, many other innovations are just a sticking plaster.”

“... One month out from Cop28, the world is further than ever from reaching its collective climate goals. **At the root of all these problems, according to recent research, is the human “behavioural crisis”, a term coined by an interdisciplinary team of scientists.** ..... “We’ve socially engineered ourselves the way we geoengineered the planet,” says Joseph Merz, lead author of [a new paper](#) which proposes that **climate breakdown is a symptom of ecological overshoot, which in turn is caused by the deliberate exploitation of human behaviour.**”

“We need to become mindful of the way we’re being manipulated,” says Merz, who is **co-founder of the Merz Institute**, an organisation that researches the systemic causes of the climate crisis and how to tackle them. .... **Just one-quarter of the world population is responsible for nearly three-quarters of emissions. The authors suggest the best strategy to counter overshoot would be to use**

the tools of the marketing, media and entertainment industries in a campaign to redefine our material-intensive socially accepted norms.....”

## HPW - Love For Future Generations Motivates People to Support Climate Action

<https://healthpolicy-watch.news/love-for-future-generations-motivates-people-to-support-climate-action/>

“There is overwhelming support for immediate government action on climate change, according to a global **report** from 23 countries. .... Over three-quarters (77%) of people agree with the statement, “It is essential that our government does whatever it takes to limit the effects of climate change,” and just over 10% disagree, according to the **report produced by non-profit Potential Energy Coalition, research institute Yale Program on Climate Change Communication, and philanthropies Meliore Foundation and Zero Ideas.....”**

## One Health

### Development – thematic section with focus on One Health

<https://link.springer.com/journal/41301/online-first>

Plenty of articles are online already. In addition to the article from **R van de Pas, ‘One Health-what’s the problem,’** (see a previous IHP newsletter issue), among others:

- [One Health and Sustainable Development: A Roadmap for Development Finance](#) (by A Sarkar & M Koivusalo)
- [Bio-surveillance as One Health: A Critique of Recent Definitions and Policy Initiatives](#) (by N Ramakrishnan)
- [The One Health Approach: Examining its Occidental Culture, Paradoxes and Strategic Directions](#) (by M Leneman)
- [One Health and the Opportunity for Paradigm Shifts Through a New WHO Pandemic Agreement](#) (N Jamal)

PS: all of them also featured in the **G2H2 webinar on ‘Reclaiming One Health’** from Tuesday.

## Access to medicines & other health technologies

### Speaking of Medicine and Health -The quest for Africa’s diagnostic self-sufficiency

Zibusiso Ndlovu; <https://speakingofmedicine.plos.org/2024/01/12/the-quest-for-africas-diagnostic-self-sufficiency/>

“Reimagining diagnostic self-sufficiency of the future is an important discourse for Africa and this post explores the readiness of Africa to pursue diagnostic self-sufficiency.”

## Nature Biotechnology (News feature) - Reducing the costs of blockbuster gene and cell therapies in the Global South

<https://www.nature.com/articles/s41587-023-02049-3>

**“Researchers in low- and middle-income countries are developing their own IP, scaling up local manufacturing, and looking for biomarkers — all in the hope of bringing costs down and getting therapies to people who need them.”**

## Euractiv - A new industrial deal to guarantee availability of critical medicines

<https://www.euractiv.com/section/health-consumers/opinion/a-new-industrial-deal-to-guarantee-availability-of-critical-medicines/>

**“Finding solutions to address shortages of critical medicines across the EU is a clear priority for the European Commission and the Belgian Presidency of the EU Council, write Stella Kyriakides and Frank Vandenbroucke. “**

**“... Today’s launch of the work on a **Critical Medicines Alliance** will bolster the production of critical medicines in the EU and diversify international supply chains. ....”**

## BE’S Corbevax gets WHO EUL authorization

<https://www.biologicale.com/news.html>

**“Biological E. Limited (BE), a Hyderabad-based Vaccines and Pharmaceutical company, today announced that the World Health Organisation (WHO) has granted an Emergency Use Listing (EUL) to their CORBEVAX vaccine, which is India's first indigenously developed COVID-19 vaccine that is based on protein sub-unit platform....”**

- Related **tweet Peter Hotez:**

**“We provided proof of concept that it’s possible to bypass big pharma to still do big things. 100 million doses administered and counting, now the XBB booster version coming.”**

## Gaza

## UN News - Gaza health system collapsing, as UN agencies renew ceasefire call

<https://news.un.org/en/story/2024/01/1145632>

**“The World Health Organization (WHO) is continuing to do all it can to deliver critical medicines, supplies and fuel to Gaza hospitals, where the health system is collapsing, an agency official said on Wednesday. “**

**“Sean Casey, WHO Health Emergency Officer, was speaking fresh from a more than five-week visit to the war-torn enclave, where he said convoys have faced access and security constraints, as well as movement limitations. ....”**

### **Guardian (op-ed) - South Africa’s genocide case against Israel is imperfect but persuasive. It may win**

**Kenneth Roth** (former executive director HRW);

[https://www.theguardian.com/commentisfree/2024/jan/13/south-africa-israel-genocide-the-hague?CMP=share\\_btn\\_tw](https://www.theguardian.com/commentisfree/2024/jan/13/south-africa-israel-genocide-the-hague?CMP=share_btn_tw)

“In the Hague trial, both sides have largely avoided evidence contradicting their case. Yet South Africa’s arguments are strong.”

### **Foreign Policy - Why the Global South Supports Pretoria’s ICJ Genocide Case**

<https://foreignpolicy.com/2024/01/17/israel-gaza-icj-genocide-south-africa-namibia-bangladesh-global-south/>

“**Namibia and Bangladesh are the most vocal** of many countries backing South Africa’s legal challenge to Israel.”

### **Telegraph - Authoritarian nations are ‘weaponising’ the West’s weak stance on human rights abuses, report warns**

[Telegraph](#);

See also last week’s IHP news on this **Amnesty International Report**. “Human Rights Watch accuses Britain and allies of ‘picking and choosing’ which injustices they challenge, to maintain diplomatic relations.”

### **WHO - Preventing famine and deadly disease outbreak in Gaza requires faster, safer aid access and more supply routes**

<https://www.who.int/news/item/15-01-2024-preventing-famine-and-deadly-disease-outbreak-in-gaza-requires-faster--safer-aid-access-and-more-supply-routes>

From early this week. **“As the risk of famine grows, and more people are exposed to deadly disease outbreaks, a fundamental step change in the flow of humanitarian aid into Gaza is urgently needed, United Nations agencies warned ....** The heads of the **World Food Programme (WFP), UNICEF and the World Health Organization (WHO)** say that getting enough supplies into and across Gaza now depends on: **the opening of new entry routes; more trucks being allowed through border checks each day; fewer restrictions on the movement of humanitarian workers; and guarantees of safety for people accessing and distributing aid....”**

PS: “...The latest Integrated Food Security and Nutrition Phase Classification (IPC) [report](#) found devastating levels of food insecurity in Gaza and confirmed that the entire population of Gaza

– roughly 2.2 million people – are in crisis or worse levels of acute food insecurity. Virtually all Palestinians in Gaza are skipping meals every day while many adults go hungry so children can eat, and the report warned of famine, if current conditions persist..... **The conflict has also damaged or destroyed essential water, sanitation and health infrastructure and services and limited capacity to treat severe malnutrition and infectious disease outbreaks.** With Gaza’s 335 000 children under 5 years of age especially vulnerable, UNICEF projects that, in the next few weeks, child wasting, the most life-threatening form of malnutrition in children, could increase from pre-crisis conditions by nearly 30 per cent, affecting up to 10 000 children....”

## **JAMA (Viewpoint) - Wars in Gaza and Beyond - Why Protecting the Sacredness of Health Matters**

L Gostin et al; <https://jamanetwork.com/journals/jama/article-abstract/2812862>

“This Viewpoint discusses the importance of safeguarding health access in times armed conflict worldwide and the need to bolster compliance with international humanitarian law.”

## **HHR - Improving Global Health Governance in Armed Conflicts: Lessons from COVID-19**

Beier Nelson et al; <https://www.hhrjournal.org/2024/01/improving-global-health-governance-in-armed-conflicts-lessons-from-covid-19/>

« ... As **the world emerges from the COVID-19 pandemic, the global community is confronted with a different type of outbreak—not of disease, but armed conflict. According to the United Nations (UN), we are currently witnessing the highest number of violent conflicts since World War II.** Global health governance systems must have compliance from the international community to support the well-being of populations caught in the crossfire. Such measures foster public health and build a foundation for preventing new hostilities....” “**...International governance structures, notably the UN, are pivotal in managing conflicts between nations and fostering global peace. At the forefront of global health initiatives is the World Health Organization (WHO),** which oversees 193 member states, coordinating the response and implementation of guidelines to address health threats worldwide.....”

“**Recognizing war as a health emergency** underscores the imperative for international collaboration. **Lessons gleaned from the cracks exposed during the COVID-19 pandemic highlight the need to refine the dynamics between WHO and its member states.** Applying these insights ensures a more robust and responsive approach to health crises in times of armed conflict....”

“**....The importance of a strong WHO-member state relationship extends beyond pandemic contexts. In times of war, WHO relies on data from member states to assess available humanitarian aid supplies, facilitating distribution to needy areas.** Presently, WHO oversees the coordination of humanitarian supplies for Gaza, where 1.6 million civilians urgently require food, water, and medical provisions. **Maintaining open communication with WHO is crucial to ensure that affected populations receive the necessary humanitarian support. Securing buy-in from member states is paramount.** In December 2023, WHO called for a resolution of uninterrupted humanitarian aid in Gaza, and there have been more recent resolutions by the UN Security Council to protect the flow of aid. It is the international community’s responsibility to heed the calls for humanitarian assistance. **There is an urgent need for ongoing cooperation between WHO and**



its member states to effectively address the health repercussions of war and foster a climate of peace. Such collaboration is necessary to achieve the ideals of global health and human rights.”

## Lancet series – Parkinson’s disease

<https://www.thelancet.com/series/parkinsons-disease>

“The prevalence of Parkinson’s disease, the second most common neurodegenerative disorder, is increasing worldwide. Characterised clinically by progressive asymmetric slowness of movement, rigidity, tremor, gait disturbance, and a wide range of non-motor symptoms, the aetiology of Parkinson’s disease is multifactorial, involving both genetic and environmental risk factors. **Despite the growing public health burden, current treatment strategies are focused solely on symptom management**—and disease-modifying treatments are urgently needed to help prevent development of the most disabling refractory symptoms, such as gait and balance difficulties, cognitive impairment and dementia, and speech and swallowing problems.”

“In this three-paper Series, the authors address the current state of knowledge on the epidemiology of Parkinson’s disease, recent advances in our understanding of the pathogenesis of the disease, as well as the latest evidence supporting the optimal medical, surgical, and physical treatment of Parkinson’s disease.”

## Miscellaneous

### WHO releases AI ethics and governance guidance for large multi-modal models

<https://www.who.int/news/item/18-01-2024-who-releases-ai-ethics-and-governance-guidance-for-large-multi-modal-models>

“The World Health Organization (WHO) is releasing new guidance on the ethics and governance of large multi-modal models (LMMs) – a type of fast growing generative artificial intelligence (AI) technology with applications across health care. The guidance outlines over 40 recommendations for consideration by governments, technology companies, and health care providers to ensure the appropriate use of LMMs to promote and protect the health of populations.....”

Related: Nature (News) – [Medical AI could be ‘dangerous’ for poorer nations, WHO warns](#)

“The rapid growth of generative AI in health care has prompted the agency to set out guidelines for ethical use.”

“The organization, which today issued a report describing new guidelines on large multi-modal models (LMMs), says it is essential that uses of the developing technology are not shaped only by technology companies and those in wealthy countries. **If models aren’t trained on data from people in under-resourced places, those populations might be poorly served by the algorithms, the agency says.....”**

## Tortoise media - The world is sliding backwards on quality of life

<https://www.tortoisemedia.com/2024/01/11/the-world-is-sliding-backwards-on-quality-of-life/>

Re **the Social Progress Index** - used by the EU, the Indian government and several UK councils, among others.

**“It’s gone into reverse. For the first time in the index’s 12-year history it shows a global decline in social progress** as measured by dozens of indicators tracking basic needs, “foundations of wellbeing” and access to opportunity. Specifically, it shows that: **four in five people now live in countries where social progress is stagnating or declining;** Covid knocked back global health, but a long-term decline in respect for rights and freedoms has slowed social progress too; and the **global reversal follows a decade of improvement in all 170 countries assessed except four** – Syria, Venezuela, the US and the UK. “

## Stat - For-profit biomedical institute, backed by billionaires, launches in Cambridge to speed drug discovery

<https://www.statnews.com/2024/01/13/arena-bioworks-drug-discovery/>

**“A team of high-powered scientists and billionaire investors said Friday that they’re launching a biomedical institute in Cambridge’s Kendall Square with \$500 million in private funding with the aim of shortening the path from research breakthroughs to life-saving medicines.** The institute, called **Arena BioWorks**, will **put drug discovery and company creation under one roof**, upending the traditional model where academic research and venture-backed drug development are separate....”

- Related **tweet** **Els Torreele**:

**“This goes to show that investing capital in so-called risky drug discovery and development is expected to generate great returns (ie, financial risk is considered minimal).** Not exactly what 101 economists and pharma lobbyists like us to believe. **Financialization of R&D pays off!”**

## Stat - The WHO and drug regulators want to reformulate the flu vaccine. It’s easier said than done

<https://www.statnews.com/2024/01/16/flu-vaccine-reformulate-who-drug-regulators/>

**“Last fall, the World Health Organization and some national drug regulators urged influenza vaccine manufacturers to drop the component known as B/Yamagata from flu vaccines as quickly as possible,** citing the fact that this lineage of flu B viruses appears to have been snuffed out during the Covid-19 pandemic. **It might seem like that request would be as simple** as deciding to leave blueberries out of a mixed-fruit smoothie. **It turns out it is not.”**

**“.... Dozens of manufacturers around the world make hundreds of millions of doses of flu vaccine every year. Most of those products are quadrivalent, meaning they target four types of influenza** — the influenza A viruses H1N1 and H3N2, and two lineages of flu B viruses, B/Victoria and B/Yamagata....”

... “So the whole end-to-end manufacturing — including the components of quality and validation in many sites — are [quadrivalent] specific, and now will need to be revalidated and submitted for [trivalent],” Barbosa said. “From a regulatory and procedural standpoint, this is an extremely complex picture.”... The complexity of the regulatory realities facing manufacturers explains why the industry feels the 2024-2025 flu season target can’t be met and that 2025-2026 is more realistic, Barbosa told STAT in an interview....”

“...The IFPMA is advocating for a synchronized global shift, arguing that to make the change sooner in some but not all countries could jeopardize the ability of manufacturers to fill the orders they get from countries that buy the vaccines. ... ..Barbosa said the IFPMA and its members are hoping for clearer guidance from the WHO and regulatory agencies when global influenza experts convene in February for the twice-annual meeting to select the strains to be included in the next iteration of flu vaccines. The February meeting picks the strains for the following Northern Hemisphere flu shot; the same experts meet in September to select the strains for the next Southern Hemisphere winter....”

**Amnesty International (report) - Africa: We are facing extinction: Escalating anti-LGBTI sentiment, the weaponization of law and their human rights implications in select African countries**

<https://www.amnesty.org/en/documents/afr01/7533/2024/en/>

“Across Africa, LGBTI persons face a distressing regression of progress, enduring relentless protests and formidable obstacles to their rights. **This review exposes an alarming trend: the weaponization of law to target and marginalize the LGBTI community, exacerbating a deteriorating state of human rights.** During 2022/23, there was a surge in fear, attacks, increased oppression, and growing hostility towards their identities.....”

“This review explores cases from select African countries, namely Botswana, Burundi, Eswatini, Ghana, Kenya, Malawi, Mozambique, Namibia, Tanzania, Uganda, Zambia, Zimbabwe, casting light on the rights violations faced by LGBTI individuals in the African context.”

Link:

- WHO - [Extended deadline for feedback on development of a WHO guideline on the health of trans and gender diverse people](#) New deadline: 2 February.

## Global health governance & Governance of Health

**TGH - Reflections on Nikki Haley’s Health Policy and Foreign Aid Positions**

<https://www.thinkglobalhealth.org/article/reflections-nikki-haleys-health-policy-and-foreign-aid-positions>

“Haley's past and current stances on (domestic) health and foreign aid/global health.”

PS: something tells me we won't really need this analysis this year : )

## Studies in Comparative International Development: Special issue - Politics, Power, and Inequality in Global Health

<https://link.springer.com/journal/12116/volumes-and-issues/58-3>

- Start with [Shifting Ground Beneath our Feet: New Research in the Political Science and Sociology of Global Health and its Significance](#) (by Kim Yi Dionne et al).
- Make sure you also check out [Global Health Expertise in the Shadow of Hegemony](#) (by A Kentikelenis et al).

**“ In this article, we posit that norm-making in global health governance occurs in the shadow of hegemony; a system of status and stratification that is centered on economic and security concerns and maintained by countries at the core of the world system. These countries—notably the USA and other major economies in the Global North—project their hegemonic position in the world system across areas of global organizing, including in global health. We explore the relationship between epistemic consensus and hegemonic interests as parameters that shape the outcome of norm-making processes. To pursue this argument, we examine this relationship in the context of the development of policy norms to counter non-communicable diseases in developing countries and to pursue the securitization of global health.....”**

## Devex - Is USAID excluding too much funding from its definition of 'local'?

<https://www.devex.com/news/is-usaid-excluding-too-much-funding-from-its-definition-of-local-106898>

**“USAID has promised to allocate 25% of eligible funding to local organizations. But what counts as eligible funding? A recent report argues that the agency has been a bit generous to itself when setting out its definitions.”**

**“The [U.S. Agency for International Development](#) is being too generous to itself when assessing how much of its funding goes to local organizations. That's the conclusion drawn by [the report “Funding the Localization Agenda”](#) from the U.S. arm of Oxfam, published at the start of the year. The report builds on a methodology developed last year by [Publish What You Fund](#), a British NGO that scrutinizes aid spending, which last year also questioned whether USAID's metrics were too generous.....”**

## Special issue Eurohealth - A Europe that cares, prepares, protects: Strengthening the EU Health Union

[https://eurohealthobservatory.who.int/publications/i/a-europe-that-cares-prepares-protects-strengthening-the-eu-health-union-\(eurohealth\)](https://eurohealthobservatory.who.int/publications/i/a-europe-that-cares-prepares-protects-strengthening-the-eu-health-union-(eurohealth))

To mark the 2024 Belgian Presidency of the Council of the EU.

“To mark the 2024 Belgian Presidency of the Council of the European Union, the Belgian health presidency team and the European Observatory on Health Systems and Policies worked together to reflect on a selection key priorities for the next Commission’s agenda with regard to the European Health Union. These priorities can be grouped in **three thematic clusters: a Europe that cares, prepares, and protects.**”

## Global Policy Forum (Briefing) -Reforms to the global financial architecture

J Martens; [https://www.globalpolicy.org/en/publication/reforms-global-financial-architecture?utm\\_source=brevo&utm\\_campaign=GPF%20Newsletter%20012024&utm\\_medium=email](https://www.globalpolicy.org/en/publication/reforms-global-financial-architecture?utm_source=brevo&utm_campaign=GPF%20Newsletter%20012024&utm_medium=email)

**“Proposals, conflicts and prospects on the way to the Summit of the Future 2024 and the Financing for Development Conference 2025.”**

“... The international financial architecture is “outdated, dysfunctional and unfair”, according to UN Secretary-General António Guterres. In view of these challenges, **the UN Member States made the reform of the international financial architecture a priority topic of the UN Summit of the Future (SotF).** It is due to take place at the level of Heads of State and Government in New York **on 22 and 23 September 2024. The outcome will be a Pact for the Future.** Its content will be negotiated in New York in the months leading up to the Summit. “

**“The following six topics are expected to be discussed in the negotiations on the global financial architecture:** i. Reforms of the international financial institutions ; ii. Short-term liquidity and financial safety nets ; iii. Long-term financing of sustainable development; iv. Prevention and management of debt crises; v. Reforms of the global tax architecture; vi. Regulation of the global financial markets.”

## Wellcome Annual Report 2023

<https://wellcome.org/reports/wellcome-annual-report-2023>

**“Find out how Wellcome performed in 2022/23,** with commentaries from our Chair and Director, reports on what we did last year and reviews of our finances and investments.”

**“The first year in Wellcome's decade-long plan to spend £16 billion saw charitable spend increase. In 2022/23, Wellcome spent £1.7 billion supporting ambitious discovery research into life, health and wellbeing, and actions taking on the urgent health challenges facing everyone – climate and health, mental health and infectious diseases.** Our major funding announcements in 2023 included the **commitment of up to £126 million for a large-scale trial for what could be the first new tuberculosis vaccine in 100 years.** We also saw **two major breakthroughs for child health globally – against malaria and mitochondrial disease –** which were supported by Wellcome’s long-term commitment to Discovery Research.....”

# Global health financing

## Devex - Why UK aid spending is finally rising after years of painful cuts

<https://www.devex.com/news/why-uk-aid-spending-is-finally-rising-after-years-of-painful-cuts-106941>

**“A little-known “star chamber” set up by international development minister Andrew Mitchell to tackle chaotic dishing out of official development assistance is bearing fruit.”**

**“It is one of the most obscure committees within the U.K. government, but it is helping to deliver a big increase in aid spending overseas after years of devastating budget cuts. One year after Andrew Mitchell, the then-newly installed international development minister, set up what he dubbed a “star chamber” — to get a grip on chaotic allocations of official development assistance — there is tentative evidence that order is being restored.”**

**“Spending is now rising sharply at the Foreign, Commonwealth & Development Office, helping to enable a £1 billion (\$1.27 billion) humanitarian relief pot and a £150 million “resilience and adaptation” fund to help low-income nations prepare for climate disasters, and falling at the domestic departments which were grabbing more and more of a shrinking ODA pot.”**

## Afrodad-The Legal Foundations of the African Public Debt

<https://afrodad.org/portfolio/the-legal-foundations-of-the-african-public-debt/>

**“Public debt in African economies has become a subject of critical examination as nations grapple with the challenges and opportunities it presents. This research paper embarks on a comprehensive exploration of the complexities surrounding public debt in Africa, aiming to shed light on its historical roots, legal foundations, theoretical dimensions, creation processes, rights and liabilities, and transparency mechanisms.”**

- And via Devex - [Kicking the can](#)

**“USAID quietly revealed on Friday that it will extend the global health supply chain contract that handles HIV products and technical assistance for an additional two years. The project, currently led by contractor Chemonics International, was scheduled to end in November this year.”**

**“The [latest extension](#) pushes that end date to November 2026, as USAID continues the slower-than-expected rollout of its new “NextGen” global health supply chain project, valued at close to \$17 billion. A USAID spokesperson tells my colleague Michael Igoe that **the extension is intended “to provide continuity of services until the NextGen contracts are awarded and fully operational,”** while noting that the contract currently procures more than 4,500 HIV commodities.”**

## UHC & PHC

### Health Systems & Reform - Does Public Financial Management Save Life? Evidence from a Quantitative Review of PFM and Health Outcomes in Sub-Saharan African Countries

Yann Tapsoba, H Barroy et al;

<https://www.tandfonline.com/doi/full/10.1080/23288604.2023.2298190>

**“... This paper contributes to the literature by estimating the correlation between PFM quality and health outcomes from a sample of sub-Saharan African countries over the period 2005–2018, using a pooled ordinary least squares (OLS) estimator. .... The findings indicate that countries with high-quality PFM tended to have the lowest maternal, under-five and noncommunicable diseases (NCDs) mortality. Among the standard PFM dimensions, the one associated with the higher correlation with maternal and under-five mortality was “predictability and control in budget execution.” Better PFM quality was significantly associated with a drop in maternal and under-five mortality in countries which allocated a higher proportion of their budget to the health sector. In countries allocating a lower proportion of their budget to health, the correlations between PFM quality and the three mortality indicators were not significant. The negative correlations between PFM quality and maternal and under-five mortality were significant only in countries with more effective governance. These findings support an emphasis on strengthening PFM as a means of improving health service provision and health outcomes.”**

### WHO - Global review of the role of artificial intelligence and machine learning in health-care financing for UHC

<https://www.who.int/publications/i/item/9789290210597>

“This document is a global review of opportunities, best practices, emerging trends & pitfalls in application of AI-ML technologies in the area of healthcare financing for UHC and their relevance to PMJAY.”

And related **policy brief**: <https://www.who.int/publications/i/item/9789290210603>

### Plos GPH - Barriers to and enablers of quality improvement in primary health care in low- and middle-income countries: A systematic review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002756>

By C O Odhus et al.

### OECD (report) - Fiscal Sustainability of Health Systems

<https://www.oecd.org/health/fiscal-sustainability-of-health-systems-880f3195-en.htm>

Focus on **OECD countries**. “How to Finance More Resilient Health Systems When Money Is Tight?”



**“Finding sufficient funds to pay for more resilient health systems is challenging in the current economic context.** COVID-19 has shown the need for additional targeted spending on public health interventions, the digital transformation of health systems, and bolstering the health workforce. Rising incomes, technological innovation and changing demographics put further upward pressure on health spending. **This could result in health spending reaching 11.8% of GDP across OECD countries by 2040. This publication explores the policy options to finance more resilient health systems whilst maintaining fiscal sustainability.** It finds that the scale of the additional health financing needs requires ambitious and transformative policy changes. Robust actions to encourage healthier populations and policies to reduce ineffective spending can put future health expenditure on a far gentler upward trajectory. These would enable spending to reach a more sustainable 10.6% of GDP in 2040. Better budgetary governance is critical. It improves how public funds for health are determined, executed and evaluated. Therefore, **a focus of this report is on how good budgeting practices can increase the efficiency of current public spending, and also enable more ambitious policy changes in the medium to longer-term.** Findings of this report are **targeted at health and finance policy makers**, with improved dialogue between health and finance ministries especially important when governments are operating in a constrained fiscal setting.”

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

**TWN – The European Union’s ABS Proposal for the pandemic instrument: Backwards in International Solidarity & Exacerbates Inequity**

<https://www.twn.my/title2/health.info/2024/hi240103.htm>

Analysis by S Shashikant.

“ As Geneva was winding down for the Christmas break last December, the **European Union (EU) circulated a six-page proposal on access and benefit-sharing to World Health Organization (WHO) Members.** The proposal comes at a very late stage of the negotiations on the pandemic instrument and is expected to spark significant concerns. **The EU proposal**, which deviates from international norms established by the Convention on Biological Diversity (CBD) and its Nagoya Protocol **is expected to exacerbate inequity, discourage the timely sharing of specimens and sequences by WHO Members, undermine national sovereignty, and erode the intergovernmental character of the WHO.** The multilateral benefit sharing proposed by the EU is wholly inadequate and terribly flawed.....”

**Lancet (Health Policy) - -The Tokyo 2020 and Beijing 2022 Olympic Games held during the COVID-19 pandemic: planning, outcomes, and lessons learnt**

B McCloskey et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02635-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02635-1/fulltext)

**“....The extensive experience from the Tokyo and Beijing Olympic Games highlights that it is possible to organise mass gatherings during a pandemic,** provided that appropriate risk assessment, risk mitigation, and risk communication arrangements are in place, leaving legacies for future mass gatherings, public health, epidemic preparedness, and wider pandemic response.”

## U.S. – UK Strategic Dialogue on Biological Security

<https://www.whitehouse.gov/briefing-room/statements-releases/2024/01/16/u-s-uk-strategic-dialogue-on-biological-security/>

“...the **U.S. National Security Council and the UK Cabinet Office announced a new Strategic Dialogue on Biological Security during a launch event today**. Underpinned by the [UK Biological Security Strategy](#) and the [U.S. National Biodefense Strategy](#), this Strategic Dialogue reflects a shared ambition to bolster future health and economic resilience against a growing and diverse spectrum of biological threats....”

## Science - Wisconsin bill to restrict pathogen studies worries scientists

<https://www.science.org/content/article/wisconsin-bill-restrict-pathogen-studies-worries-scientists>

“U.S. House and three states have now passed or considered bans on “gain-of-function” research for viruses and bacteria.”

## Planetary health

### Nature (News) - Earth boiled in 2023 — will it happen again in 2024?

<https://www.nature.com/articles/d41586-024-00074-z>

“With last year now officially the hottest on record, climate researchers look ahead with trepidation.”

PS: “... . **Researchers are still working to determine whether the extreme temperatures of 2023 are a sign that global warming is accelerating, or are, in part, a fluctuation attributable to natural variability in the global climate system.** Former NASA climate scientist Jim Hansen, who warned the world about the dangers of climate change in the 1980s, has suggested that an increase in trapped solar energy on Earth is leading to faster rates of global warming. But other researchers aren’t so sure. **“Watching the climate for the next few years will tell us if we broke it or not,”** says Andrew Dessler, a climate scientist at Texas A&M University in College Station....”

### Speaking of Medicine - ATACH or Detach? Health systems in the COP28 agenda

<https://speakingofmedicine.plos.org/2024/01/10/attach-or-detach-health-systems-in-the-cop28-agenda/>

by Renzo Guinto et al.

PS: “[Alliance for Transformative Action on Climate and Health](#) : “The [Alliance for Transformative Action on Climate and Health](#) (ATACH; “the Alliance”) **works to realize the ambition set at COP26 to build climate resilient and sustainable health systems**, using the collective power of WHO Member States (“Member States”) and other stakeholders to drive this agenda forward at pace and scale; and

promote the integration of climate change and health nexus into respective national, regional, and global plans.”

### Guardian - Climate crisis to increase cancer risk for tens of millions of people in Bangladesh

[https://www.theguardian.com/world/2024/jan/17/climate-crisis-increase-cancer-risk-bangladesh-water?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/world/2024/jan/17/climate-crisis-increase-cancer-risk-bangladesh-water?CMP=Share_iOSApp_Other)

“Scientists say sea level rises, flooding and extreme weather will **accelerate release of arsenic into water supply.**”

“Climate breakdown will put tens of millions of people in [Bangladesh](#) at heightened risk of cancer from contaminated well water, according to research....”. Cfr a **new study in Plos One.**

### Annals of Global Health - The Open Burning of Plastic Wastes is an Urgent Global Health Issue

Gauri Pathak et al. <https://annalsofglobalhealth.org/articles/10.5334/aogh.4232>

“... In this viewpoint, **we direct attention to this critical but largely overlooked dimension of plastic pollution as an urgent global health issue.** We also advocate interventions to raise awareness about the risks of open burning and emphasize the necessity of phasing out some particularly pernicious plastics in high-churn, single-use consumer applications.”

### Guardian - ‘Cheaper to save the world than destroy it’: why capitalism is going green

<https://www.theguardian.com/environment/2024/jan/15/cheaper-to-save-the-world-than-destroy-it-why-capitalism-is-going-green>

Author of a new book. “**Akshat Rathi** argues that around the world economies are switching to clean technology as prices drop.”

“...The **root of the climate crisis is “not capitalism but the corruption of capitalism”**, according to the **author of a new book on how people, policy and technology are working to stop the planet from heating.** “

“**Akshat Rathi, a climate reporter with financial news outlet Bloomberg,** argues that **smart policies can harness capitalism to cut carbon pollution without killing markets or competition.** “It is now cheaper to save the world than destroy it,” he writes, adding that this holds true even when viewed through a narrow capitalist lens. ... “Capitalism cannot be the solution to climate change,” Rathi told the Guardian. “But there can be a form of capitalism that we have seen working – in many different parts of the world, in big and small ways – that if we can use and deploy in other parts of the world, we really can use this tool to the advantage it provides us.”..”

“In [Climate Capitalism](#), Rathi runs through stories of success and failure that have helped people invent clean technologies, develop them into profitable products and build them at scale ...”

... “When I was writing this book, it **was absolutely crucial to try and bring the stories of scaling solutions in developing countries,**” said Rathi. “Historically, they’re not the largest emitters, but we know that the climate problem is a global problem that will either succeed or fail depending on what India and China do ... **if we can show that clean energy technologies can scale in India and China, which they are doing, and learn from those lessons, we may be able to apply them in South Africa and Kenya and Nigeria.**”

### The Elephant - The Trade in Pesticides: A Toxic Double Standard

L O Bosire; <https://www.theelephant.info/analysis/2024/01/17/the-trade-in-pesticides-a-toxic-double-standard/>

“African countries have long been victims of the double standard that allows agrochemical giants to dump in their territories pesticides that are banned or restricted in Europe. It is high time they put effective pesticide regulations in place.”

## Covid

### Health Affairs Forefront - Lessons For Global Health From COVID-19: Views From Sub-Saharan Africa

H MacGregor et al ; <https://www.healthaffairs.org/content/forefront/lessons-global-health-covid-19-views-sub-saharan-africa>

« .... Here, we reflect on salient points emerging from our research experiences that have relevance for global health policy and practice, at this time when preparedness for future pandemics is high on the agenda. **We argue for the inclusion of a diversity of regional- and local-level perspectives in discussions about the governance of epidemics....**”

### UN News - Europe: 1.4 million lives saved thanks to COVID-19 vaccines

<https://news.un.org/en/story/2024/01/1145582>

“**COVID-19 vaccines saved at least 1.4 million lives in Europe** – “irrefutable” proof of the power of these inoculations, **the regional head of the World Health Organization (WHO)** said on Tuesday. Delivering his first message of the new year, **Dr. Hans Kluge** stressed that without vaccines, the death toll on the continent “could have been around four million, possibly even higher.”...” And **argued for a pandemic accord soon.** (see also [HPW](#) )

### Science – First SARS-CoV-2 genome was deposited in U.S. database earlier than previously known

<https://www.science.org/content/article/first-sars-cov-2-genome-deposited-us-database-earlier-than-previously-known>

“Lawmakers say delay in making the sequence public held up vaccine work.”

**“A U.S. House of Representatives panel yesterday released evidence that a Chinese research team submitted a SARS-CoV-2 genome to a U.S. database on 28 December 2019, nearly 2 weeks before a sequence from another group became public and kick-started the race to develop vaccines and drugs for COVID-19. The revelation, first **reported by The Wall Street Journal**, renewed allegations that Chinese officials tried to cover up early sequences of the new coronavirus. **Lawmakers said the new information also raises the question of whether the U.S. National Institutes of Health’s (NIH’s) GenBank database should somehow flag submissions of pathogen sequences with urgent public health importance.** The agency had marked the researcher’s submission as incomplete and deleted the sequence before it became public.”**

“The never-completed **GenBank submission** was “a huge missed opportunity” to start developing drugs, diagnostics, and vaccines earlier, agrees virologist Jeremy Kamil of Louisiana State University Health Shreveport....”

### **Nature (News) - Potent new pill provides COVID relief for the masses**

<https://www.nature.com/articles/d41586-024-00117-5>

**“The drug simnotrelvir shortens symptoms for those with mild infections and is sold at a lower price in China than its main rival.”**

“There’s new hope for the [average person seeking relief from COVID-19](#): a **drug called simnotrelvir has been shown to speed recovery from mild to moderate disease by about 1.5 days.** A clinical trial found that simnotrelvir, which is administered as a series of pills, kicks in almost immediately after being taken, relieving symptoms such as fever, cough and runny nose. ... The results were published today in the ***New England Journal of Medicine.***”

## **Infectious diseases & NTDs**

### **Guardian - Cape Verde becomes fourth African country to eliminate malaria**

<https://www.theguardian.com/global-development/2024/jan/12/cape-verde-becomes-fourth-african-country-to-eliminate-malaria>

From end of last week. “With no recorded cases since 2017, the archipelago has had a long journey to become free of the disease, which killed 608,000 people globally in 2022.”

### **Lancet Infectious Diseases - Global incidence and mortality of severe fungal disease**

D W Denning et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(23\)00692-8/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(23)00692-8/fulltext)

**Review.** Concluding: “... These updated estimates suggest an **annual incidence of 6·5 million invasive fungal infections and 3·8 million deaths**, of which about 2·5 million (68%; range 35–90) were directly attributable.”

- See also Cidrap News - [Global mortality from fungal diseases has nearly doubled](#)

**“Global incidence and mortality from invasive fungal disease is substantially higher than previously thought, according to a [systematic review](#) published last week in *The Lancet Infectious Diseases*.”**

**“...The mortality figures are higher than the prior estimates of 1.5 million to 2 million annual deaths, in part because many fungal infections exacerbate diseases such as leukemia, lung cancer, and AIDS, and deaths have often been attributed to those diseases. In addition, many fungal diseases go undiagnosed and untreated because of limited access to diagnostics.”**

**Lancet – Chemoprevention for malaria with monthly intermittent preventive treatment with dihydroartemisinin–piperaquine in pregnant women living with HIV on daily co-trimoxazole in Kenya and Malawi: a randomised, double-blind, placebo-controlled trial**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02631-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02631-4/fulltext)

New study. Check out also the related **comment in the Lancet**: [Dihydroartemisinin–piperaquine for prevention of malaria in pregnant women living with HIV](#).

**Science (News) - A promising snakebite treatment seemed ready for prime time. Then, it backfired**

<https://www.science.org/content/article/promising-snakebite-treatment-seemed-ready-prime-time-then-it-backfired>

**“Researchers publish first-ever report of antibody-dependent enhancement of snake venom toxin as a warning to others developing new treatments.”**

**“A single bite from the terciopelo (*Bothrops asper*), a viper that lives in Central America and northern South America, is responsible for hundreds of fatalities each year. Many more are maimed by the venom’s muscle-destroying toxins, as existing treatments are largely ineffective at preventing tissue death. Now, **researchers report that a once-promising new drug, an antibody that counteracts a pernicious toxin in the viper’s venom, has failed in animal trials. But the way that it failed—worsening the toxin’s damage in mice and eventually killing the animals instead of protecting them—may [reveal new aspects of antibody biochemistry](#)** and down the road help save victims of snakebites and other toxins, scientists report today in *Nature Communications*. ...”**

**Telegraph - Man’s best friend? New research shows that pets can carry dangerous pathogens**

<https://www.telegraph.co.uk/global-health/science-and-disease/animal-viruses-why-your-pets-could-kill-you/>

**“Pets have long been implicated in the spread of diseases to people, ranging from rabies and the plague to canine coronavirus.”**

## **Devex Opinion – It's official, noma is a neglected tropical disease. Now what?**

I S Fall; <https://www.devex.com/news/opinion-it-s-official-noma-is-a-neglected-tropical-disease-now-what-106927>

“The designation of noma as an NTD **lays bare the obvious and critical need for an integrated approach to health care.**”

## **AMR**

### **BMJ GH – Development of a cross-sectoral antimicrobial resistance capability assessment framework**

A S Ferdinand et al; <https://gh.bmj.com/content/9/1/e013280>

“... This paper describes the **development of a framework comprising five assessment tools** which provide a detailed assessment of country capacity to address AMR within both the human and animal health sectors. “

## **NCDs**

### **Science (News) - New risk genes for glaucoma identified in people of African ancestry**

<https://www.science.org/content/article/new-risk-genes-glaucoma-identified-people-african-ancestry>

“Findings from largest genetic study of its kind could pave the way for identifying vulnerable people before symptoms set in.” Based on a new study in **Cell**.

## **Mental health & psycho-social wellbeing**

### **Project Syndicate - The Global Mental-Health Crisis Demands New Thinking**

Dixon Chibanda; <https://www.project-syndicate.org/commentary/alternative-solutions-to-mental-health-crisis-in-developing-world-by-dixon-chibanda-2024-01?barrier=accesspaylog>

« Even rich-country psychiatric systems lack the capacity to offer traditional mental-health services as widely as needed. Fortunately, lower-resource countries have been pioneering new, scalable models for delivering high-quality, low-cost psychiatric care to communities where it was not previously available.”



NYT - Workplace Wellness Programs Have Little Benefit, Study Finds

<https://www.nytimes.com/2024/01/15/health/employee-wellness-benefits.html>

Read why.

## Social & commercial determinants of health

World Development - Profit shifting of multinational corporations worldwide

Javier Garcia-Bernardo et al.;

<https://www.sciencedirect.com/science/article/pii/S0305750X23003455?dgcid=author>

« ... **We estimate that firms shifted over \$850 billion in profits in 2017.** Profits were shifted primarily to countries with effective tax rates below 10%. Countries with lower incomes lose a larger share of their total tax revenue.....”

Review of International Political Economy - Unfollow the money: mapping the micro agents of international tax

Saila Stausholm et al;

<https://www.tandfonline.com/doi/full/10.1080/09692290.2023.2297360?src=exp-la>

“Financial globalization has enabled multinational corporations to shift profits between jurisdictions to lower their tax rate, undermining public finances and concerning policy makers. **While policy efforts have focused on the jurisdictions that enable lower taxes, scholars increasingly recognize the importance of micro-level actors.** We geographically map corporate tax advisors, influential micro-level actors in tax avoidance, using a novel empirical approach based on LinkedIn. **We show that tax advisors are generally located in large cities in the EU and OECD, rather than in places targeted as ‘tax havens’.** Using multiple regression analysis, we find that the location of tax advisors is not correlated with the location of corporate profits, financial secrecy, or economic activity. Rather, it correlates with managerial and financial activity. **We find that tax advisors are disproportionately placed in the countries writing the blacklists rather than the countries blacklisted.** We argue that **effective regulation of tax avoidance needs to focus on tax advisors, not only on the destination of financial flows.**”

The Milbank Quarterly - Mapping the Lobbying Footprint of Harmful Industries: 23 Years of Data From OpenSecrets

H Chung et al; <https://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12686>

“Our research reveals the similarities and differences among the lobbying activities of tobacco, alcohol, gambling, and ultraprocessed food industries, which are often a barrier to the implementation of public health policies.”

“Over 23 years, we found that **just six organizations dominated lobbying expenses in the tobacco and alcohol sectors, whereas the gambling sector outsourced most of their lobbying to professional firms.** Databases like **OpenSecrets** are a useful resource to monitor the commercial determinants of health.”

And a link:

- The Milbank Quarterly - [Multisector Collaboration vs. Social Democracy for Addressing Social Determinants of Health](#) (by Seth Berkowitz)

## Sexual & Reproductive health rights

**Oxford - Maternal death rates in the UK have increased to levels not seen for almost 20 years**

<https://www.ox.ac.uk/news/2024-01-11-maternal-death-rates-uk-have-increased-levels-not-seen-almost-20-years>

“ .... [The latest set of data](#) presented by the [MBRRACE-UK Collaboration](#) investigation into maternal deaths in the UK shows that the mortality rate for women who died during or soon after pregnancy has increased to levels not seen since 2003-05.....”

**Plos GPH – Association between the use of Accredited Social Health Activist (ASHA) services and uptake of institutional deliveries in India**

S Mishra et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002651>

Cfr tweet: “New @PLOGPH study finds that ASHAs are effective in enhancing the uptake of maternal services particularly institution-based deliveries in India.”

**Cidrap News - CARB-X to fund development of gonorrhea vaccine**

<https://www.cidrap.umn.edu/antimicrobial-stewardship/carb-x-fund-development-gonorrhea-vaccine>

“**CARB-X announced today that it is awarding Dutch contract development and manufacturing organization Intravacc \$633,000 to develop a vaccine for gonorrhea.** The money will help support early-stage development of Intravacc's meningococcal outer membrane vesical (OMV) vaccine, which carries tailored gonococcal antigens designed to prevent infections caused by the *Neisseria gonorrhoeae* bacterium.....”

**CARB-X to fund development of neonatal sepsis vaccine**

<https://www.cidrap.umn.edu/antimicrobial-stewardship/carb-x-fund-development-neonatal-sepsis-vaccine>

“CARB-X announced today that it is awarding \$1.7 million to St. Paul, Minnesota—based biotechnology company Syntiron to develop a maternal vaccine that targets two leading causes of neonatal sepsis.”

## Access to medicines & health technology

### MSF calls on European Parliament and Council to lift export prohibition in Union compulsory license

<https://msfaccess.org/msf-calls-european-parliament-and-council-lift-export-prohibition-union-compulsory-license>

**“Doctors Without Borders/Médecins Sans Frontières (MSF) supports the proposed Union compulsory license (CL) that is currently being reviewed by the European Parliament, and soon by the European Council. Compulsory licenses are important public health safeguards that can enable wider production and access to more affordable medical products for everyone who needs them. The Union CL would allow for cross-border collaboration of production and supply in the European Union (EU) so that, for example, multiple EU member states could share the production of medical products regardless of patent barriers. However, the Union CL draft proposal contains language prohibiting the exportation of products produced under the CL, allowing their supply and use only within EU countries. This is against the flexibilities enshrined under Article 31(f) of the World Trade Organization (WTO) TRIPS Agreement, which allows for a non-predominant part of products produced under a CL to be exported to other countries. Including such a flexibility in the Union CL proposal would promote global access to medical tools and be especially useful during international health emergencies. ....”**

### Global Fund - Our Next Generation Market Shaping Approach Health Equity Through Partnership on Innovation, Supply Security and Sustainability

[https://www.theglobalfund.org/media/13586/publication\\_next-generation-market-shaping-approach\\_overview\\_en.pdf](https://www.theglobalfund.org/media/13586/publication_next-generation-market-shaping-approach_overview_en.pdf)

**“.... the Global Fund adopted the NextGen Market Shaping framework in 2022. This framework outlines specific interventions to drive equitable access to affordable and quality-assured health products and services in support of the Global Fund’s 2023-2028 Strategy. ...Three interventions are at the core of the approach, which aim to: 1. Shape innovation and accelerate new product introductions at scale. 2. Promote capacity building for regional manufacturing. 3. Drive environmentally sustainable procurement and supply chains.....”**

### Guardian - ‘Medicine is going personalised’: Moderna’s UK boss on the coming vaccine revolution

<https://www.theguardian.com/business/2024/jan/16/medicine-is-going-personalised-modernas-uk-boss-on-the-coming-vaccine-revolution>

**“Darius Hughes** was a key figure in Pfizer’s pioneering Covid vaccine drive. Now he has changed companies – and **sees a big future for mRNA technology.**”

“... The man who launched Pfizer’s Covid-19 vaccine in the UK three years ago – when 90-year-old Margaret Keenan in Coventry became the first person in the world to receive one – is **now overseeing the construction of a manufacturing and research centre in Oxfordshire for rival US job maker Moderna.** The company’s Harwell site is **Britain’s first centre dedicated to the production of messenger RNA (mRNA) vaccines against new Covid variants and other illnesses, and part of the UK’s “100 days mission” initiative** – the ambition for governments to be able to respond to future pandemics within 100 days of a threat being identified.....”

**“...Moderna hopes to launch a combined flu and Covid vaccine next year, followed in 2026 by a - triple shot including not only flu and Covid but also respiratory syncytial virus (RSV),** which can cause severe illness and hospitalisation in children and older people....”

“...While looking promising, **personalised cancer vaccines** throw up challenges with clinical trials and regulatory approval because they are “individual to a particular person” – but **Hughes believes they are the future.** **“Medicine is going personalised, and it’s not just in vaccines and in cancer,”** he says. “We’re going to have to be at the forefront of this.”....”

## **Geneva Solutions - WTO chief economist breaks down big challenges ahead of trade talks**

<https://genevasolutions.news/sustainable-business-finance/wto-chief-economist-breaks-down-big-challenges-ahead-of-trade-talks>

Analysis pre the WTO meeting in Abu Dhabi, in February. “As the **countdown begins for the 13th Ministerial Conference in Abu Dhabi next month,** the halls of the World Trade Organization (WTO) in Geneva are abuzz with activity.”

**“The WTO's 164 member states are making a final, frenetic push to reach consensus on key issues at their highest decision-making meeting, convened every two years.** These include the reforms of the dispute settlement system, the landmark fisheries subsidies agreement and reforms regarding agricultural subsidies, a divisive topic among member nations. **The extension of the intellectual property rights waiver for Covid-19 vaccines to include diagnostics and treatments adds to the mix** as well as the lifting of a longstanding moratorium on customs duties on data transfer.....”

## **Lancet World Report – Imported drugs are unlikely to lower US prices any time soon**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00093-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00093-X/fulltext)

“The US Food and Drug Administration has approved Florida's plan—the first in the nation—to buy drugs from Canada, but opponents threaten its future. Susan Jaffe reports.

## Human resources for health

**Health Research Policy & Systems - Unsung heroes in Ghana's healthcare system: the case of community health volunteers and community health management committee**

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-023-01099-y>

By S E Ankomah et al.

**The Review of Economics and Statistics - Medical Worker Migration and Origin-Country Human Capital: Evidence from U.S. Visa Policy**

<https://direct.mit.edu/rest/article-abstract/106/1/20/107668/Medical-Worker-Migration-and-Origin-Country-Human>

“... We exploit changes in U.S. visa policies for nurses to measure the origin-country human capital response to international migration opportunities. Combining data on all migrant departures and postsecondary institutions in **the Philippines**, we show that nursing enrollment and graduation increased substantially in response to greater U.S. demand for nurses. The supply of nursing programs expanded. Nurse quality, measured by licensure exam pass rates, declined. Despite this, for each nurse migrant, nine additional nurses were licensed. New nurses switched from other degree types but graduated at higher rates than they would have otherwise, increasing the human capital stock in the Philippines.”

And a link: **Plos GPH - [Engaging Community Health Workers \(CHWs\) in Africa: Lessons from the Canadian Red Cross supported programs](#)**

## Decolonize Global Health

**Nature (Correspondence) - Centres of Excellence in AI for global health equity — a strategic vision for LMICs**

Hossein Akbarialiabad et al; <https://www.nature.com/articles/d41586-024-00113-9>

“We propose that Centres of Excellence should be established in low- and middle-income countries (LMICs) to enable artificial intelligence (AI) to deliver equity in health care. These ‘decolonized’ centres, supported by international finance and run in collaboration with global technology and health leaders, would be tailored to meet the needs of LMICs and address the challenges they face....”

**Science (Editorial) – Time to support Indigenous science**

<https://www.science.org/doi/10.1126/science.ado0684>

“....An urgent question is how institutions can appropriately support (and not hinder) Indigenous science’s key role in creating a sustainable future....”

The editorial concludes: **“For centuries, Indigenous scientists have had to adapt to, and develop fluency in, Western modes of knowledge making. It’s now Western scientists’ turn to learn from, and respect, Indigenous science.”**

## **ORF - Echoes of the empire: Neo-colonialism and global media**

J Naduvath; <https://www.orfonline.org/expert-speak/echoes-of-the-empire-neo-colonialism-and-global-media>

**“As technologies get more disruptive and ambitions for global dominance intensify, the ‘neo-colonialism’ of information will exacerbate with time.”**

## **Miscellaneous**

### **Lancet (Perspective) - Samira Asma: harnessing better data for better health**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00090-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00090-4/fulltext)

Profile of **Samira Asma, WHO's Assistant Director-General for Data, Analytics and Delivery for Impact**. **“ At WHO, and previously at the US Centers for Disease Control and Prevention (CDC), Asma has gained decades of experience in harnessing reliable data to improve global health. In her current role, she led the creation of the WHO Results Framework, an accountability mechanism for WHO and countries to reach global health targets...”**

### **Devex (Opinion) – Why these global health 'failures' changed the world**

C Iglesias; <https://www.devex.com/news/opinion-why-these-global-health-failures-changed-the-world-106895>

**“For large global health campaigns, does failure to reach targets actually constitute lack of success?”**

Comparing here the ‘3 by 5 Initiative’ “failure” (from the 2000s) (in terms of legacy) with what Covax’s legacy might be.

### **Devex - How is a shift to cash changing the aid sector?**

<https://www.devex.com/news/how-is-a-shift-to-cash-changing-the-aid-sector-106889>

(gated) **“The amount of aid delivered in cash is rising each year. But is that shift being hampered because it's not in the interests of some of the sector's key institutions?”**

**“The use of cash and voucher assistance in humanitarian aid has more than doubled in the last five years. But for many, the question is not why cash is growing more popular in the sector, but why it’s taking so long. Volumes of cash and voucher assistance — also known as CVA — stood at \$10 billion in 2022, compared to \$4.3 billion in 2017, according to [The State of the World’s Cash 2023](#) report, published late last year by the [CALP Network](#), a global network of organizations involved in the provision of CVA.....”**

## **Guardian - Ocean fungi from twilight zone could be source of next penicillin-like drug**

<https://www.theguardian.com/environment/2024/jan/16/ocean-fungi-from-twilight-zone-could-be-source-of-next-penicillin-like-drug>

**“Largest study of ocean DNA reveals abundance of fungi thriving in extreme environment of the deep sea.”**

## **Papers & reports**

### **Lancet Global Health – February issue**

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

Editorial: [\*\*Noma: neglected no more?\*\*](#)

**“...To eradicate noma, we must ultimately alleviate the poverty that allows it to thrive. However, this aim is unlikely to be completed in a timeframe that is useful for a disease with such rapid progression. We, therefore, hope that improved recognition of noma as an impactful disease is a sign of substantial developments to come in this field; they are much needed.”**

Check out the rest of the issue.

Among others:

- Comment - [TAK-003 dengue vaccine as a new tool to mitigate dengue in countries with a high disease burden](#) (by A Wilder-Smith)

**“ TAK-003 is a live attenuated tetravalent dengue vaccine developed by Takeda Vaccines (Cambridge, MA, USA).....”**

- Comment - [Priorities to reduce the burden of hypertension in Africa through ACHIEVE](#) (by P Olowoyo et al)

**“... In response to this rapidly increasing burden of hypertension and its complications, the Accelerating African Control of Hypertension through Innovative Epidemiology and a Vibrant Ecosystem (ACHIEVE) conference was convened to develop implementation pathways for achieving**



the World Hypertension League's targets of ensuring that 80% of Africans with hypertension are diagnosed, 80% of individuals diagnosed with hypertension are treated, and 80% of treated individuals have controlled blood pressure by 2030.... “ This led to a **12-item communiqué**.

### **HP&P - Humanitarian–Development Nexus: strengthening health system preparedness, response and resilience capacities to address COVID-19 in Sudan—case study of repositioning external assistance model and focus**

Muna Mohamed Nur et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czad087/7529072?searchresult=1>

« The advent of the COVID-19 pandemic and the establishment of a new transitional government in Sudan with rejuvenated relations with the international community paved the way for external assistance to the EU COVID-19 response project, a project with a pioneering design within the region. The project sought to **operationalize the humanitarian–development–peace nexus, perceiving the nexus as a continuum rather than sequential** due to the protracted nature of emergencies in Sudan and their multiplicity and contextual complexity. **It went further into enhancing peace through engaging with conflict and post-conflict-affected states and communities and empowering local actors.** »

« ...Learning from this experience, external assistance models to low- or middle-income countries (LMICs) should apply principles of flexibility and adaptability, while maintaining trust through transparency in exchange, to ensure sustainable and responsive action to domestic needs within changing contexts. .... **While applying such an approach of a health system lens to health emergencies in LMICs is thought to be a success factor in this case, more robust technical guidance to the nexus implementation is crucial** and can be best attained through encouraging further case reports analysing context-specific practices.”

### **BMJ Collection - How are social media influencing vaccination?**

<https://www.bmj.com/social-media-influencing-vaccination>

“Understanding online behaviour and health outcomes.”

“**Social media platforms are transforming communication and the ways in which people access information about health.** Despite the many benefits of these tools, concerns exist around the capacity for social media to enable proliferation of misinformation or scientifically invalid ideas, particularly around vaccination. How can we draw insights from research conducted using social media to understand its effects on beliefs and behaviours around vaccination, and to influence population health outcomes? **In collaboration with the Advancing Health Online Initiative (AHO), this collection brings together original research examining the diverse relationships between social media use and vaccination beliefs and behaviours globally.** The research studies included in this collection were funded through AHO’s Vaccine Confidence Fund. Further Analysis and Opinion articles, commissioned by The BMJ, explore the challenges of carrying out research in this nascent field and in drawing insights for policy action.”

## Global Public Health –The ubiquity of ‘self-care’ in health: Why specificity matters

Laura Ferguson; <https://www.tandfonline.com/doi/full/10.1080/17441692.2023.2296970>

**Review article.** “... Despite increased interest in **self-care for health**, little consensus exists around its definition and scope. The World Health Organization has published several definitions of self-care, including in a 2019 Global Guideline rooted in sexual and reproductive health and rights (SRHR), later expanded to encompass health more generally. To establish a robust understanding of self-care, **this exploratory study inventorises, consolidates, presents and analyses definitions of self-care beyond the SRHR field.....**”

## Journal of Migration & Health (Editorial) - Connecting the dots: The triangle of migration, health and climate change

D Zenner et al ; <https://www.sciencedirect.com/science/article/pii/S2666623523000594>

Launching a special issue. « ... In **this special edition**, we present a collection of papers seeking to make progress on this topic: to improve the evidence on the nexus of migration, human health, climate change, and planetary health - the drivers, impacts and responses, with specific attention to the needs of migrant populations.....”

Links:

- [Globalization & Health - Conducting co-creation for public health in low and middle-income countries: a systematic review and key informant perspectives on implementation barriers and facilitators](#) (by G R Longworth et al.) **Review.**
- [Health Policy - Theories, models and frameworks for health systems integration. A scoping review](#) (by C Piquer-Martinez et al).

## Tweets (via X & Bluesky)

**Anthony Costello**

“Great. **The next world summit to stop climate disaster will be chaired by Mukhtar Babayev**, 26 years in the State Oil Company of the Azerbaijan Republic, and a **committee of 28 members who are ..er...all men. Will Borat be joining them?**”

**Katri Bertram**

(re the Oxfam news on the 1<sup>st</sup> trillionaire in less than a decade): “Not sure this is what **the “billions to trillions” movement** was aiming for, but this is what we’re ending up with... 😞”

Re Bill Gates’ dreams of a COP for global health: “**I think this used to be called the WHA, no....?** [www-devex-com.cdn.ampproject.org/c/s/www.deve...](http://www-devex-com.cdn.ampproject.org/c/s/www.deve...)”

## **Unni Karunakara**

**“Ben [Phillips], I do not understand why UN agencies, NGOs, and activists make a beeline for Davos every year. This just helps to legitimize a meeting that is part of the problem and not the solution. Why not organize an annual anti-Davos meeting on inequality on the same dates?”**

## **Global Fund**

**“The @GlobalFund has invested over \$727 million in health management and information systems in 95 countries – helping to digitize and integrate national, regional and local health data to be able to detect and respond to disease outbreaks rapidly. #WEF24.”**

## **Andrew Harmer**

**“When we talk about the political and economic determinants of global health, it might be worth reflecting on how many senior global health leaders were once politicians and/or financiers (spoiler alert - most of them).”**

## **M Mazzucato**

**“ Between 2012 and 2021, the 14 biggest pharms companies spent \$747 billion on stock buybacks & dividends, more than the \$660 billion they spent on R&D (@Lazonick). Time to definancialize the health sector. #WEF24 “**