

IHP news 759 : Global health tribes vs “the polycrisis”

(26 Jan 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,

We start this week’s newsletter by introducing the [5 IHP correspondents](#) for this year: **Elizabeth Irungu, Keerty Nakray, Niteh Lohan, Omar Elsayed & Rizka Ayu Setyani**. Stay tuned for their featured articles from February on!

This issue will pay, obviously, quite some attention to the [154th WHO Executive Board meeting \(22-27 Jan\)](#) (by compiling the excellent work of our colleagues from *Devex, Health Policy Watch, Geneva Health Files, and others*). But we also cover the launch of the **100 Days Mission’s** (third implementation) [report](#) in Rome, offer some updates & analysis on the **pandemic accord & IHR amendments negotiations**, briefly mention the **OECD Health Ministers meeting** in Paris (23 January), share the encouraging news on the **malaria vaccine roll-out**, list plenty of papers & reports (including a fabulous **HP&P supplement on [Rethinking External Assistance for Health](#) !**), and a lot more.

Meanwhile, post-pandemic, the term ‘[polycrisis](#)’ is all around us. Among others in this week’s **PMAC conference in Bangkok**, themed “[Geopolitics, human security and health equity in an era of polycrises](#)”. By way of example, **I Krastev & M Leonard** framed the polycrisis like this in [a Guardian piece](#) earlier this week. “... The term “*polycrisis*” has emerged to suggest that many crises are taking place more or less concurrently, and that the shock of their cumulative interaction is more overwhelming than their sum. “ Adding, however, that “... an underreported feature of the polycrisis is that **for different societies, social groups and generations, one crisis usually plays a dominant role above others.**” They list **five (crisis) tribes** – for Europe alone – and so it seems more than time for Frankie Goes to Hollywood to come up with a new version of ‘[Two Tribes](#)’ ahead of the European elections in June, and even more so in a “global” election year. The tribes will confront each other, among others (not unlike in the pandemic accord discussions), “[....amidst a torrent of fake news, lies, and conspiracy theories](#)”. Should be wicked fun.

As for the ‘**Tribes in Global Health**’, I do recommend this interview with **Ingrid Robeyns** - ‘[No one should have more than €10m’: the author of *Limitarianism* on why the super-rich need to level down radically](#)’. Especially for the “[PPP -](#)” and closely related ‘[wealthy-friendly](#)’ tribe 🤝. We also warmly recommend the brand new paper from **M Sparke & O Williams** to the same tribe(s), “[COVID and structural cartelisation: market-state-society ties and the political economy of Pharma](#)”. To provide them with a flavour already, here’s a **quote on COVAX**: “...we come back to the **central problem with COVAX** insofar as its Russian doll structure has also accommodated firm-firm and firm-state cartelisation arrangements, leading to an investor outlook and approach to managing the donated monies and vaccines **with a view to saving lives and saving IP simultaneously.**”

We know how that worked out.

Enjoy your reading.

Kristof Decoster

Featured Articles

The Political Determinants of Health - 10 Years On

Mara Linden & Remco van de Pas

As we can see every day on our tv screens and on social media, ours are times of escalating armed conflicts, climate chaos, democratic decline and health emergencies. Indeed, one message is emerging consistently across [mainstream media](#) and reports of international [institutions](#): we live in an era of multiple crises. Earlier this week, at WHO's Executive Board meeting, WHO DG Tedros used the term 'emergencies' many times during his [opening remarks](#). Scientists now even have established a [theoretical framework](#) to better understand the underlying patterns of an interconnected 'polycrisis'. Yet, the polycrisis does not come out of the blue. These crises - including in global health - are not merely a matter of 'wicked problems' and disease, they are very much a crisis of governance. At its core, health (and its determinants) is deeply political. The People's Health Movement (PHM) has been arguing this throughout its various [Global Health Watch](#) volumes produced since 2005.

Ten years ago, The Lancet-University of Oslo Commission on Global Governance for Health released [a report](#) on the political origins of health inequity. It aimed to examine new thinking and analyses on broader, transnational determinants of health. The Commission also provided several recommendations on how to improve global governance for health. The [Collective on the Political Determinants of Health](#), a group of inter-disciplinary practitioners and scholars is taking this legacy forward. Last week, some Collective members and others took stock of 10 years of scholarship on the political determinants of health at a hybrid workshop organised in Oslo (of which [recordings are now available](#)).

The workshop [opened](#) with a panel that reflected on the impact and success of the Commission's work, highlighting how the report has helped set the agenda. Building on the work of PHM and [WHO's Commission on the Social Determinants of Health](#) (among others), the report helped to consolidate a conceptual shift in thinking of health, emphasizing social and political determinants (including governance challenges outside of the health sector) that shape health inequities; it also included [youth perspectives](#) – fairly new at the time. The panel in Oslo also reflected on shortcomings of the Commission, however, and on what was missing from the Commission's analysis at the time: neoliberal capitalism, the lasting impact of the financial crisis, the increasing financialization of the global economy, the commercial determinants of health, the role of technology, and escalating climate change, for example. Granted, many of these have become more obvious since the publication of the Commission report. Panellists differed in their opinion on the need for pragmatism to move forward, versus more structural transformation of the capitalist system. Reflections on contemporary challenges of multipolarity (and particularly WHO's role in this 'new world'), public trust and

transparency, and the relation between the private and public sector provided the backdrop for the sessions that followed in the afternoon and the day after.

Inputs from Collective members from around the world were diverse, both in terms of content and disciplines involved. Recurring themes were, among others: questions of power, the impact of economic discourses in global health, and the role of private actors (in the form of powerful companies, foundations, and in public-private partnerships). Many presentations highlighted the growing inequalities that characterise not just the field of global health, but have become very visible in health outcomes themselves. They questioned the lack of accountability and emphasized the need for more scrutiny of pervasive market-based rationalities, the normalisation of “[Multistakeholderism](#)”, digitalisation and artificial intelligence, and colonial legacies in contemporary structures of global health cooperation. Participants also touched upon some of the challenges of the current, increasingly fragmented geopolitical setting. Institutions set up by the Global North, such as the International Monetary Fund, are clearly ill-equipped to deal with this new reality, and it remains to be seen whether increasing regionalization (of institutions and/or research and development), strengthening of local and civil society structures, and respectful cooperation in general, will prove to be sufficient responses in times of multiple crises. In that regard, the workshop certainly provided ample food for thought to continue the discussion within and between academia, policymakers and political actors. Going forward, these discussions should include more insights from practice, socio-ecological movements, and from different positionalities, including voices often [marginalized from these rather privileged debates](#).

As the workshop was taking place, a [snowstorm in Oslo](#) provided a mildly disruptive – but apt - backdrop. Indeed, the storm could be considered a metaphorical entry-point to the uncertain chaos that the nearby future may hold in relation to political developments and their impact on health inequities. Just across the park where we held our heated, but polite global health discussions, activists were staging their protests condemning the continuing armed wars and atrocities in Ukraine and Gaza. The activists presented us with a humble reminder to link our transnational policy and academic deliberations to the lived, harsh realities that a growing part of humanity experiences in our times. The political “World Order” is shifting, and the stability of Western imperial hegemony, also known as the *Pax Americana*, is increasingly affected – even if the annual World Economic Forum (Davos) meeting of powerful private and public actors, including [global health elites](#), coincided with our workshop. Global health policy needs to reflect this shift – and we should thus study and [propose alternative pathways and political models](#). This is not a time for mild reformism, tweaking around a failing system’s edges – it’s a time for paradigmatic change.

The authors are thankful to comments from Katerini Storeng.

On the authors:

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The World Economic Forum and the Deus Ex Machina of Disease-X

Garrett Wallace Brown, David Bell, Jean Merlin von Agris & Blagovesta Tacheva

Public health messaging should provide accurate information so that the public and their leadership can formulate appropriate responses, weighed against society's competing priorities. Planning should then concentrate resources on areas of greatest need with the expectation that they will achieve the greatest benefit. However, policy can become skewed towards narrow vested interests when private goals, such as financial profit, come to compete with health benefits during the decision-making process. Thus, decision-making must be resistant to conflicts of interest and narratives that promote those interests.

In the case of the recent World Economic Forum's (WEF) public health policy advocacy in Davos on Disease-X, neither of these measures of legitimacy were met.

To read on, see IHP - [The World Economic Forum and the Deus Ex Machina of Disease-X](#)

Highlights of the week

A few reads of the week to kick off

New Political Economy - COVID and structural cartelisation: market-state-society ties and the political economy of Pharma

M Sparke & O Williams; <https://www.tandfonline.com/doi/full/10.1080/13563467.2024.2304180>

See this week's intro. A must-read. Among others for Seth Berkley & other (former & current) bigwigs in ACT-A (2.0).

"The big profits and influence of pharmaceutical firms that again rose to prominence during the COVID pandemic illustrate far more than just the global reach and market power of Big Pharma. **Here we instead explain the power of these firms as a consequence of structural cartelisation that is networked and nested across hybrid state and market relations.** Global inequalities in access to COVID vaccines exposed the inequity outcomes of the cartelisation of the pharmaceutical sector in dramatic new ways. **To come to critical terms with this cartelisation, we describe how it is comprised of three kinds of nested and networked layers of structural collusion: namely, (i) firm-firm collusion, (ii) firm-state collusion; and (iii) firm-state-philanthropy collusion.** By suggesting that these kinds of collusional relations are nested, overlapping and deeply networked, we explain how they have come to work together structurally. And, in doing so, we argue, **they serve to capture value from biomedical innovation in ways that limit global access to medicines while simultaneously entrenching the dominance of high-income countries, lead firms and the interests of investors."**

Potsdam Institute for Climate Impact research (paper) - Covid-19, climate change, armed conflicts: world's crises can lead to interconnected polycrisis

<https://www.pik-potsdam.de/en/news/latest-news/covid-19-climate-change-armed-conflicts-world2019s-crises-can-lead-to-interconnected-polycrisis>

Press release of a new must-read paper by J Rockström's team.

"The world is currently experiencing a worsening polycrisis, caused by an entanglement and nonlinear amplification of many of the world's crises, like the Covid-19 pandemic, climate change and armed conflicts such as Russia's war on Ukraine. This is the result of a new paper authored by an international team of scientists, including PIK Director Johan Rockström. The researchers establish a substantive definition for a polycrisis and deliver a theoretical framework to better understand and address the entangled driving mechanisms behind contemporary global crises."

For the article, see [Global Polycrisis: The Causal Mechanisms of Crisis Entanglement](#) (in Global Sustainability)

PMAC in Bangkok (22-27 Jan)

<https://pmac2024.com/>

Theme this year: **Geopolitics, Human Security and Health Equity in an Era of Polycrises.**

Where is PHM at PMAC 2024 ?

<https://phmovement.org/sites/default/files/2024-01/PHM%20at%20PMAC2024%201.pdf>

Good question.

"... So why isn't PHM here in 2024? PMAC told us that we were no longer welcome at the IOC or at the conference. The reason: We objected to the involvement of fossil fuel corporations at PMAC 2023 and through an article in the BMJ (The dangers of "health washing" the fossil fuel industry (bmj.com)) We find this decision perplexing, sad and deeply worrying. Critical perspectives on the state of global health are needed more than ever, and the exclusion of the BMJ and PHM is indicative of inappropriate and unhealthy censorship."

HP&P (Supplement) - Rethinking External Assistance for Health

https://academic.oup.com/heapol/issue/39/Supplement_1

This supplement was **launched at PMAC**. For more on the background of this supplement, see [the Alliance for Health Policy & Systems Research](#).

- For an overview of the papers in this supplement, and some key messages, start with the editorial: [Still rethinking external assistance for health](#) (by S S Sparkes, Z C Shroff & K Hanson)

“... Despite the wide range of subject areas, **three themes emerge** from the body of knowledge presented in this supplement: (i) global shifts in the donor landscape, (ii) country-level engagement and political dynamics and (iii) how to structure external assistance to promote sustainable coverage.....”

Fabulous supplement. **We certainly recommend**, among others:

- [Making development assistance work for Africa: from aid-dependent disease control to the new public health order](#) (by J Nonvignon, A Soucat, A Odeyi et al)

“.... **This paper analyses the inter-regional variations and trends of DAH in Africa in relation to some key indicators of health system financing and service delivery performance**, examining (1) the trends of DAH in the five regional economic communities of Africa since 2000; (2) the relationship between DAH spending and health system performance indicators and (3) the quantitative and qualitative dimensions of aid substitution for domestic financing, policy-making and accountability. **Africa is diverse and the health financing picture has evolved differently in its subregions. DAH represents 10% of total spending in Africa in 2020, but DAH benefitted Southern Africa significantly more than other regions over the past two decades. Results in terms of progress towards universal health coverage (UHC) are slightly associated with DAH. Overall, DAH may also have substituted for public domestic funding and undermined the formation of sustainable UHC financing models. As the COVID-19 crisis hit, DAH did not increase at the country level.** We conclude that the current architecture of official development assistance (ODA) is no longer fit for purpose. It requires urgent transformation to place countries at the centre of its use. Domestic financing of public health institutions should be at the core of African social contracts. We call for a deliberate reassessment of ODA modalities, repurposing DAH on what it could sustainably finance. Finally, we call for a new transparent framework to monitor DAH that captures its contribution to building institutions and systems.”

- HP&P - [Understanding China’s shifting priorities and priority-setting processes in development assistance for health](#) (by Bingqing Guo, K Grepin et al)

“...**We find that China has become an important DAH donor to most regions if measured using project value, including but not limited to Africa.** China has prioritized aid to African and Asian countries as well as to CRS subsectors that are not prioritized by DAC donors, such as medical services and basic health infrastructure. Chinese quarterly medical aid exports almost quintupled after the start of the COVID-19 pandemic. Noticeably, China has allocated more attention to Asia, eye diseases and infectious disease outbreaks over time. In contrast, the priority given to malaria has declined over the same period. **Regarding factors affecting priority shifts, the outbreaks of SARS and Ebola, the launch of the Belt and Road Initiative and the COVID-19 pandemic appear to be important milestones in the timeline of Chinese DAH.** Unlike stereotypes of China as a ‘lone wolf’ donor, our analysis suggests **multilateral processes are influential in informing and setting Chinese DAH priorities.**”

- [Managing transitions from external assistance: cross-national learning about sustaining effective coverage](#) (by Z C Shroff et al)

But do scan the entire issue.

WHO's 154th EB meeting (22-27 Jan, Geneva)

- WHO - https://apps.who.int/gb/e/e_eb154.html For documents, agenda,

With among others: **WHO Results Framework: Delivering a measurable impact in countries** (technical paper – 15 Jan) Check out the 3 page-executive summary.

- WHO Tracker EB 154 - [Follow the WHO Executive Board \(EB154\)](#)

For the **People's Health Movement's (PHM) commentaries on different agenda items** to be considered at the WHO Executive Board (EB154) meeting. Among others: **[final integrated PHM Commentary – Hold Fast to the vision of Health for all](#)** and a number of **policy briefs**: <https://who-track.phmovement.org/ghg-reports-archive>

- **G2G2**: for among others, **recordings of last week's pre-EB briefings**, see: <https://g2h2.org/posts/january2024/>

We start the hefty section on #EB154 with a **small section with pre-analysis**, and then move to the **main compilation of key coverage & analysis** – more or less chronologically.

WHO's EB meeting: pre-analysis (of agenda items)

TGH - 2024 WHO Board Meeting: Flexible Finances and Global Crises Top Agenda

L Sloate; [Think Global Health](#);

“The WHO executive board to discuss investment round proposal, “polycrises,” and pandemics.”

People's Dispatch - Will WHO members seize the moment to fight against inequities?

<https://peoplesdispatch.org/2024/01/25/will-who-members-seize-the-moment-to-fight-against-inequities/>

In-depth **pre-analysis of the EB agenda, from a PHM point of view**. (+ some coverage of the first days) Recommended read.

Geneva Solutions - WHO gears up to replenish coffers amid tough outlook for health funding

[Geneva Solutions](#);

Pre- EB analysis, with focus on the **“Investment Round”** proposal.

“After a milestone move two years ago to overhaul its finances, **the World Health Organization (WHO) is gearing up for the next phase, with plans to raise \$7.1 billion later this year** against a difficult backdrop for global health funding and the uncertainty created by the US elections.”

Includes the **views of Leen Meulenberghs & B Kümmel**.

“**Leen Meulenberghs, WHO interim director of strategic engagement**, told Geneva Solutions that **for this first investment round “it will accept all types of funding” given the short time frame available** for member states and other donors to transition away from earmarked funding. In recent years the top voluntary contributors have included the United States, Germany and philanthropic institutions like the Bill and Melinda Gates Foundation, the Bloomberg Family Foundation and the Wellcome Trust which have all given funding tied to specific programmes. **“We are working with contributors to provide more flexibility,”** Meulenberghs said, adding that discussions were ongoing with many of its donors, including the Bill and Melinda Gates Foundation....”

“.... **The investment round also marks a major shift in making funding more predictable, said Björn Kümmel, former chair of WHO’s Working Group on Sustainable Funding**, which came up with the recommendations for the reforms. ... “Currently, the WHO raises funds through a completely fragmented non-coordinated manner, with different units approaching donors and working in siloes,” he told Geneva Solutions. “This leads to a situation where technical units spend much of their time and work raising funding for their salaries but also for their projects.” “Many of the projects cannot be done because of unpredictable resources. And in order to change that, the investment round sounds very promising at this stage,” Kümmel added....”

BMJ Opinion -Reforming the WHO regional director elections: an opportunity to restore trust

K Buse, H Clark et al; <https://www.bmj.com/content/384/bmj.q167>

“.... **WHO has placed the issue on the agenda of the meeting of the Executive Board this month**, signalling that it appreciates the need for change. **The Secretariat’s background note sets out a series of options for the board to consider...**”

PS: “.... We understand that when these measures were discussed at an informal meeting in preparation for the board meeting, **some members stressed the need to respect the autonomy of regions**. While we appreciate the benefits of regional approaches to much of the work of WHO, **in the case of governance practices, we think a more universal approach is warranted. Standards of governance should be set globally by the Executive Board** to reinforce the reputation of the WHO as the world’s leading global health organization....”

WHO's EB meeting – coverage & analysis (more or less chronologically)

HPW - WHO Executive Board to Debate New Strategy, Funding Solutions and Looming Disease Threats

<https://healthpolicy-watch.news/who-executive-board-to-debate-new-strategy-funding-solutions-and-looming-disease-threats/>

Coverage of the **opening** of the EB meeting. **“A week long meeting of WHO’s Executive Board kicked off on Monday with plans for a fresh WHO multi-year strategy, a new “Investment Fund” to help finance it – and a warning by Director General Dr Tedros Adhanom that he was “gravely concerned” that WHO member states would fail to adopt a global pandemic accord by the May 2024 deadline. “**

“... The week-long EB meeting faces an **agenda packed with nearly 50 items** – from the new WHO [Global Plan of Work \(2025-2028\)](#) to [WHO finance](#), [climate change and health](#) and progress reports in over a dozen disease themes as well as [health emergencies](#). Draft WHO strategies, member state decisions and resolutions that received EB approval then go on for consideration by the full World Health Assembly in May. **While the pandemic accord negotiations, as such, are not formally part of the week’s agenda, the issue will be sure to be a key focus** of private member state discussions as delegates meet face to face in Geneva. ...”

Includes a good **overview of Tedros’ “State of the Union” address**, with both positive milestones & challenges ahead.

PS: “Amongst the core strategic initiatives on the EB agenda for this year, **the new [WHO Global Plan of Work \(GPW 14\)](#), appeared to already enjoy broad support among member states**, with key blocs making positive mention of the strategy in the opening session. The draft GPW 14 is set to be reviewed by the EB this week, and then approved by the WHA in May. ...”

“Adoption of the new strategy would also conclude the existing GPW13 a year early. This, after it became clear that **the world would fall far short of two of the three GPW 13’s “Triple Billion” goals**, ensuring 1 billion more people get access to universal health coverage and 1 billion more protected from health emergencies. WHO claims to have helped the world meet the third goal, 1 billion people enjoying healthy lives, with 1.26 billion more people enjoyed better health in 2023 as compared to 2018. ... **The new strategy, while still referring to the “Triple Billion” goals, [sets out six strategic objectives](#), directly relevant to WHO programmes as well as linked to the SDGs**, including: Transformative action on climate change and health; Ensure health is at the centre of policy agendas that drive determinants and root causes; Address inequities in the coverage of essential health services and interventions; Reverse the trend in catastrophic health spending; Ensure all countries are prepared to prevent and mitigate health risks; and Rapidly detect and respond to acute crises and ensure essential services in protracted crises.”

PS: also some coverage of the **‘climate & health’ discussion on the opening day, with Russia which tried to squash the discussion.** (see also GHF below).

“... There was speculation that Russia was, in fact, referring to moves afoot by some countries to advance a new WHO resolution on climate and health – in the wake of the first official Health Day at COP28. **While the draft resolution has not yet been published, it would potentially strengthen WHO’s leadership role in addressing the issue within the health sector.** The move to squash a debate was quickly opposed by a wide range of countries – including the United States and Peru, as well as a number of African and European nations.”

- PS: In case you want to read [Tedros’ opening remarks in full.](#)

HPW - ‘Lies’ and Entrenched Positions Undermine WHO Pandemic Negotiations

<https://healthpolicy-watch.news/lies-and-entrenched-positions-undermine-who-pandemic-negotiations/>

“Misinformation, waning interest and entrenched positions threaten the World Health Organization’s (WHO) two pandemic-related negotiations aimed at strengthening future pandemic responses, according to a briefing given to the WHO executive board meeting on Monday. Draft agreements from the two processes – to establish a pandemic accord and to update the International Health Regulations (IHR) – are **due to be presented to the World Health Assembly in May.**”

“But agreement will only be reached if member states are prepared to compromise and push back against “fake news, lies and conspiracy theories”, said **WHO Director General Dr Tedros Adhanom Ghebreyesus.** A global misinformation campaign is pushing the notion that the pandemic agreement and changes to the IHR will “cede sovereignty to WHO and give the WHO Secretariat the power to impose lockdowns or vaccine mandates on countries”, said Tedros. ...”

“... Tedros urged member states to compromise and find a middle ground as “everyone will have to give something or no one will get anything”, said Tedros. ... However, **Tedros also expressed concern that there was very little time before the May deadline, and that impetus to achieve pandemic-related agreements was waning.**”

The briefing also featured the **views of co-chairs of the INB & IHR amendments working groups.**

- Related: **Guardian - [Global pandemic agreement at risk of falling apart, WHO warns](#)**

PS: “....**The WHO emergencies director, Michael Ryan,** reminded countries how the pandemic “ripped apart our social, economic and political systems and became a multi-trillion dollar problem”. In the midst of major geopolitical conflicts, “this is one thing the world agrees on”, he said.”

PS: **“Roland Driee, who is co-chairing the INB negotiations,** said the project had condensed a seven-year process into two years. He said the accord should be ambitious, innovative and with clear commitments. **On the disagreements,** he said European countries wanted more money invested in pandemic prevention, while Africa wanted the knowledge and financing to make that work, plus proper access to pandemic “countermeasures” such as vaccines and treatments. **He said there were two sessions of two weeks left to do an “extreme” amount of work.**”

- Related: [WHO Director-General's opening remarks at the Informal briefing on the Member State-led processes related to the INB and WGIHR – 22 January 2024](#)

GHF - Headwinds from Climate Politics at WHO Executive Board Meeting [EB154]

P Patnaik; https://genevahealthfiles.substack.com/p/headwinds-from-climate-politics-at?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email

“... Our edition today marks **some of the discussions on climate and health at the on-going WHO Executive Board meeting** that began in Geneva earlier this week. ...”

“Headwinds from the climate politics blew into the WHO Executive Board meeting that began in Geneva this week. Even as there is recognition that our planet is inflamed by the climate crisis with existential implications on human health, among other far-reaching consequences, some countries including Russia, North Korea, this week, objected to WHO’s additional efforts to address these challenges at this crucial intersection. **One of WHO’s key strategic objectives going forward is addressing the health impacts of climate change. The framing of the climate crisis as a health crisis is now here to stay. Not only will donors vote with their feet for such a direction, it appears that stakeholders across the board align with this transition.....”**

HPW - WHO ‘Investor Round’ Gets Enthusiastic Support as Route to Sustainable Funding

<https://healthpolicy-watch.news/who-investor-round-gets-enthusiastic-support-as-route-to-sustainable-funding/>

“By hosting a high-level “investor round” to raise flexible funding for its operations, the World Health Organization (WHO) will address one of its “greatest overall risks, namely dependency on the very few number of donors”. This is according to **Germany’s Björn Kümmel, chair of the WHO Working Group on Sustainable Financing**, who told the WHO’s executive board meeting on Monday that there is “completely fragmented resource mobilisation” throughout the global body.”

“Executive board members supported the proposal for an investor round – likely to be held in November – with uncharacteristic enthusiasm on Monday.”

“.... “The average length of a grant in WHO is 13 months. This is everything else but predictable,” Kümmel told the board. “There are 3,300 grants in this organisation with individual reporting requirements with the consequence that the technical staff, that needs to provide norms and standards for the world, is raising earmarked funds for their units in order to be paid and to be able to run the programmes. This is not effective, and this is certainly not sustainable,” added Kümmel, whose working group has been working on reforming WHO’s financing since 2021.”

“Meanwhile, Tedros told the board that he was embarrassed by the fact that the many WHO staff members were on 60-day rolling contracts due to financial restraints, which made them vulnerable and undermined stability. “If you talk about motivated and fit-for-purpose workforce, retaining and attracting talent without sustainable financing is impossible,” said Tedros.....”

“ Kümmel asserted that the investment round has the potential to be “truly catalytic” for all reforms that the board is pushing, and has the potential to introduce more flexible and predictable financing.”

PS: "... While board members accepted the proposal for an investor round, they want input on the investor case due to be developed by May, and urged that the case should be closely linked to the WHO's 14th global programme of work (GPW), which was also discussed on Monday."

GHF - Green Light for WHO to Raise Resources to Beef Up Finances; Countries Set Tighter Processes To Streamline WHO Spending [EB154]

P Patnaik; https://genevahealthfiles.substack.com/p/green-light-for-who-to-raise-resources?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email

Some great analysis.

"Countries have rallied behind WHO's efforts to raise resources to decisively address its financial needs. This marks a shift in the way global health's lead agency will be funded. It also reflects the tight fiscal pressures faced by countries, paving way for greater investments from the private sector and other actors to set the global health agenda. In a significant decision this week, the WHO Executive Board has set in motion the process to help WHO raise resources through an "Investment Round" later in 2024. This is even as other detailed measures are being put in place for greater transparency and accountability to not only ensure how WHO manages and spends its money, but also how it uses its resources to set priorities...."

"... At the 154th Executive Board meeting this week, countries approved a decision that would enable WHO to raise nearly US \$ 7 billion to fund the base segment of the budget for the period 2025-2028. (This is an indicative financial envelope that has been proposed by the WHO secretariat.) This story looks closely at these significant strategy and financing discussions that took place this week. The discussions at the EB this week, followed the deliberations at the Programme, Budget and Administration Committee. "

PS: **"A greater role for G20 in WHO financing?** In his remarks during the discussion, **DG Tedros Adhanom Ghebreyesus, seemed to have suggest a greater role for the G20 group in the WHO's efforts to raise resources.** Excerpts of his intervention: **"...We have a good opportunity especially to link the investment round with the [G20] presidency...because as you know some of the inputs of what we do is coming from G20 and previous G20s. Started including the last one with India, there was good representation of health, and now with Brazil, the same thing."**

PS: "Quid pro quo: WHO and member states - While a well-funded WHO will be key to battle the many challenges lapping up in global health from persistent health emergencies, conflicts, geo-politics, and more cutting-edge issues, the additional resources will undoubtedly come at a cost that will compel trade-offs for the UN's only technical agency. This is recognized by WHO leadership. In his opening remarks at the EB, DG Tedros said, "of course, we well understand that Member States expect a return for their investment, in the shape of a more effective and efficient WHO; a WHO that delivers a measurable impact. And so, you should. We remain committed to delivering the changes you asked for through the Agile Member States Task Group, and to which we have committed through the Secretariat Implementation Plan on Reform..." The WHO investment round will be a turning point, not only for WHO, but could open the door for other UN agencies who may consider the road to replenishment to address resource crunch."

HPW - WHO's New Regional Appointments Are Historic – and Controversial

<https://healthpolicy-watch.news/whos-new-regional-appointments-are-historic-and-controversial/>

Three were appointed.

PS: **“All three appointees spelt out their priority areas for their region** reflecting the health challenges the countries in their region face, as they took charge.”

PS: **“The WHO election in South-East Asia region has been mired in controversy**, with Bangladesh allegedly using its political clout to get Wazed elected. Unlike in other regions, she only had one other competitor, Shambhu Prasad Acharya, a WHO and public health veteran. Wazed is now tasked with providing WHO policy advice to her mother's government, but the WHO has not addressed the potential conflict of interest....”

“Within the public health community concerns were raised about the lack of transparency in the elections and there have been a call for reforms. Medical journal The Lancet also carried an editorial on the need to protect the integrity of WHO's regional offices....”

HPW - No Agreement on How to Address WHO Regional Election Differences

<https://healthpolicy-watch.news/no-agreement-at-who-executive-board-on-how-to-address-regional-election-differences/>

“Variation between the six regions of the World Health Organization (WHO) on how their regional directors are nominated – and whether these should be standardised – generated substantial discussion at the body's executive board (EB) meeting on Tuesday.....” Coverage of the debate.

PS: **“Wide support for measures to stop sexual exploitation : The Director-General's [report](#) on the implementation of measures to prevent and respond to sexual misconduct was also discussed** on Tuesday, receiving appreciation and support from a wide range of EB members. The implementation plan focuses on a range of issues including accountability, policies, investigation capacity, training, dedicated human resources, victim- and survivor-centred support and culture change.”

HPW - Universal Health Coverage Has Wide Support But is Undermined by Lack of Financing and Health Workers

<https://healthpolicy-watch.news/universal-health-coverage-has-wide-support-but-is-undermined-by-lack-of-financing-and-health-workers/>

“The World Health Organization's (WHO) executive board discussed ways to deliver Universal Health Coverage (UHC) on Wednesday, and while most member states expressed support for UHC, they highlighted bottlenecks of lack of finance and trained healthcare workers for being off track with its implementation.”

PS: **“Rwanda, speaking on behalf of the 47 countries in the WHO African region, drew attention to the burden of debt repayments on poor countries.** “The African neighbour states also note with great concern that, as noted by the UN Secretary-General, many countries are forced to spend more

on servicing debt than on health and education. In this regard, the IMF has reported that the average debt ratio in Sub-Saharan Africa has doubled in the decades from 30% of GDP at the end of 2013 to almost 60% of GDP by the end of 2022,” he said.”

PS: “... On the other hand, **countries that have achieved UHC fell into two buckets: those who are looking to build on the progress and those struggling to keep the level of progress up...**”

“... A key challenge for many countries in the developing world, and those at the forefront of facing climate impacts, is the **shortage of healthcare workers, as well as threats to their safety...**”

Finally, “... While many of the member states have highlighted the bleak situation globally in terms of half the world’s population not having access [to essential health services] and another quarter suffering financial hardship, I **think we should remember as well [that] 30% of the countries for which we have data, have been able to make progress on both of those indicators,**” said Dr Bruce Aylward, WHO’s Assistant Director-General of UHC, as the report was noted by the executive board.”

HPW - Endorsement of New WHO Health and Peace Initiative Offers Bright Spot in Dark Horizons of Conflict

<https://healthpolicy-watch.news/endorsement-of-new-who-health-and-peace-initiative-offers-bright-spot-in-dark-horizons-of-conflict/>

“WHO Executive Board delegates on Thursday gave the greenlight to a **draft proposal by Switzerland cementing the framework for a new WHO ‘Health for Peace’ initiative.** The move marked a bright spot in a day otherwise marked by heated debates over regional conflicts, including Gaza and the Ukraine. “

“The Health and Peace initiative **was first proposed in 2020** by WHO’s Director General, who grew up in a war-torn region of Ethiopia, now in Eritrea, whose remarks then “there can be no health without peace and no peace without health” – became a slogan for the initiative.”

PS: “**The draft decision,** which provides a more framework for the WHO approach to the issue, would represent a more formal seal of approval by member states, **should it get the go-ahead in May.** And that approval has been slow in coming due to member state fears that such an initiative could be politicized, as well as and overlapping with the work of other UN agencies....”

HPW - Poland Suggests Pandemic Accord Delay in WHO Board Session Dominated by Debate Over Gaza and Ukraine

<https://healthpolicy-watch.news/poland-suggests-pandemic-accord-delay-in-executive-board-session-also-divided-by-gaza-and-ukraine-conflicts/>

Coverage of “a **marathon 12 hour WHO Executive Board meeting Thursday** that veered sharply from topics such as pandemic preparedness and biosafety to the **Gaza and Ukraine war – with the latter dominating most of the day’s session....”**

More links on the EB meeting:

- HPW - [Organ Transplants and Mental Health in Conflicts Feature in WHO Session on Non-Communicable Disease](#)

“Discussion about non-communicable diseases (NCDs) opened a Pandora’s Box of problems at the World Health Organization’s (WHO) executive board **meeting on Wednesday....**”

- HPW - [Call for Swift Actions to Counter the Emerging Threat of e-cigarettes at WHO Board](#)

“World Health Organization’s (WHO) Director-General, Dr Tedros Adhanom Ghebreyesus lauded the success of tobacco control measures at the Wednesday evening session of the Executive Board meeting, but expressed concerns about the growing use of harmful products like e-cigarettes among youth....”

More analysis on the Pandemic Accord/IHR Amendments

HPW - WHO Pandemic Accord: The Final Stretch Begins

<https://healthpolicy-watch.news/pandemic-accord-update-the-final-stretch-begins/>

From last week on Friday. “**As we approach the final months of member-state negotiations over a World Health Organization Pandemic Accord, due to come before the World Health Assembly in May, the efforts to forge a consensus have witnessed modest progress. However, the original divide between developed and developing countries on key issues such as finance, access and benefit sharing, transfer of health technologies, and ‘One Health’ approaches to pandemic prevention, continue to cast a long shadow over the process.** Some critics worry that an accord, if and when one is achieved by the 2024 deadline, may be less meaningful in terms of substance and impact, because of the compromises required to reach an agreement.”

“This issue of the **Governing Pandemics Snapshot**, the latest in the **Geneva Graduate Institute series, recaps highlights of the past six months of negotiations. It takes a closer look at three strategic issues:**

- *The **conundrum of parallel negotiations over a new “Pandemic Accord” alongside negotiations over revisions to existing WHO International Health Regulations governing health emergencies;***
- ***Proposals for turning the new Pandemic Accord into a WHO Pandemic “regulation” – sidestepping the thorny issue of country ratification;***
- *Complex issues around the **sharing of pathogen genetic sequence data (GSD)**, essential for the development of new medicines and vaccines – but also a resource that developing countries assert needs recompense from the pharma industry.”*

PS: we particularly enjoyed **Suerie Moon’s train analogy: “Should Two Trains Become One?: the IHR vs Pandemic Accord Conundrum”**. Bit a tricky comparison though in times that quite some railways in Europe experience major troubles :)

100 Days Mission: Launch 3rd implementation report in Rome

<https://ippsecretariat.org/publications/>

“The International Pandemic Preparedness Secretariat (IPPS) launched the third annual report on the 100 Days Mission for pandemic preparedness at the Accademia dei Lincei in Rome. The report assesses international progress towards the 100 Days Mission – a pandemic preparedness initiative established in response to the impact of COVID-19, which aims to work with multisectoral partners to ensure the global availability of diagnostics, therapeutics, and vaccines (DTVs) within the first 100 days of a pandemic threat....”

The report highlights **progress, challenges and key actions for pandemic preparedness**. Includes some **priority action areas for 2024**.

PS: **“.... For the first time, a 100DM scorecard is being published as part of this annual implementation report, developed together with Policy Cures Research, which gives a more quantifiable sense of our state of readiness....”**

Some **key messages**: “Funding is heavily weighted towards COVID-19 and Ebola, and overly reliant on US Government funding, creating vulnerabilities. Only COVID-19 and Ebola (Zaire) have a full complement of approved DTVs, and these are not available to patients in all countries who need them. Diagnostics and therapeutics funding is lagging behind vaccines. Action is needed to agree on non-human models for testing products to accelerate licensure, for example, regulator approved animal models to enable use of the Animal Rule for product approvals, agreed correlates of protection and updated Target Product Profiles (TPPs) to drive suitable product development.”

HPW – Global Pandemic Preparedness Report Reveals Lack of Investment in Therapeutics and Vaccines

<https://healthpolicy-watch.news/global-pandemic-preparedness-report-reveals-lack-of-investment-in-therapeutics-and-vaccines/>

Coverage of the report. **“There is a global lack of preparedness and reactive responses when confronted with emerging epidemic threats, a concerning lack of investment in the R&D vaccine and therapeutics pipeline, and signs of waning focus on pandemic preparedness**, according to a [new report](#) by the International Pandemic Preparedness Secretariat (IPPS). ... **The report assesses how much progress has been made toward ensuring the global availability of diagnostics, therapeutics, and vaccines (DTVs) within the first 100 days of a pandemic threat. It also evaluates progress toward 100 Days Mission target of two antiviral therapies for each high-risk viral family, ready for Phase II/III clinical trials by 2026....”**

PS: **“... Two other publications were launched alongside the report on Tuesday: The 100DM Therapeutics Roadmap and the 100DM [Mission Scorecard](#)....”**

“The roadmap marks the start of a more coordinated approach to pandemic therapeutics development,” The scorecard aims to evaluate the pipeline thoroughly concerning WHO R&D Blueprint pathogens with pandemic potential.

....**What's next?** The 100DM team will urge the G7 and G20 to catalyse coordinated international action and will call for political commitment to building virtual prototype libraries of pandemic therapeutics, diagnostics, and vaccines. It will also push the need to work with the private and philanthropic sectors...."

"The IPPS identified four goals for 2024..."

- For more coverage/analysis, see also Devex - [The pipeline for pandemic products is bare. Here's why it matters](#)

"There are barely any therapeutics, vaccines, and diagnostics in the clinical pipeline for diseases with pandemic potential."

FT - Pandemic resilience effort must match Covid R&D funding, says health chief
[Pandemic resilience effort must match Covid R&D funding, says health chief \(ft.com\)](#)

"Chair of 100 Days Mission warns of huge economic cost if world cannot respond swiftly to new pandemics."

"Governments and industry should invest as much on preparing for pandemics as they have on Covid-19 research to avoid costly lockdowns, the chair of a body aiming to boost preparations for future health crises has warned. **The G7-backed 100 Days Mission was set up in 2021 to focus efforts on producing tests, treatments and vaccines at scale within 100 days of a new pandemic being declared by the World Health Organization.** But four years after the outbreak of Covid-19, **Mona Nemer, the chair of the mission's steering group,** said pandemic preparedness was being taken "for granted". **She urged countries and the pharmaceutical sector to boost funding to tackle nine other high-risk pathogens identified as threats by the WHO.** "If the economy is shut down for another year, it's going to [cost] hundreds of billions," Nemer, who is Canada's chief science adviser, told the Financial Times....."

"Between 2014 and 2022, more than \$18.7bn was invested in research and development to tackle WHO priority diseases, according to Policy Cures Research, a global health NGO, for the 100 Days Mission. Vaccines received \$11.3bn, compared with \$6.2bn for therapeutics research and \$1.3bn for diagnostics research. **The vast majority — nearly \$14.5bn in funding — was directed towards tackling Covid-19 since 2020.** There is a full set of treatments, tests and vaccines for just two pathogens on the WHO's priority list: Covid-19 and the Zaire Ebola virus strain. There are no approved products for two pathogens on the WHO's list: severe acute respiratory syndrome (Sars), a virus identified after an outbreak in China in 2003 that spread to four other countries, and Marburg, a virus with similar haemorrhagic symptoms to Ebola, which spreads to humans from fruit bats. **Nemer said committing to funding levels of \$10bn-\$15bn for R&D would be justified to tackle other pathogens....."**

PS: ".... Her comments [came] ahead of a conference in Rome on Wednesday that will discuss a new report on the 100 Days Mission's progress. **The mission is part of the International Pandemic Preparedness Secretariat, an independent body that works with the G7 on global health resilience. Italy assumed the G7 presidency at the start of the year.** Half of the \$18.7bn spent on R&D to tackle priority diseases between 2014 and 2022 was provided by the US government. **The reliance on US**

funding was a “major vulnerability” that leaves pandemic preparedness “very sensitive” to political upheavals, the 100 Days Mission report said.....”

Guardian - Arctic zombie viruses in Siberia could spark terrifying new pandemic, scientists warn

<https://www.theguardian.com/society/2024/jan/21/arctic-zombie-viruses-in-siberia-could-spark-terrifying-new-pandemic-scientists-warn>

“Threat of outbreak from microbes trapped in permafrost for millennia raised by increased Siberian shipping activity.”

“ Humanity is facing a bizarre new pandemic threat, scientists have warned. Ancient viruses frozen in the [Arctic](#) permafrost could one day be released by Earth’s warming climate and unleash a major disease outbreak, they say. **Strains of these Methuselah microbes – or zombie viruses** as they are also known – have already been isolated by researchers who have raised fears that a new global medical emergency could be triggered – not by an illness new to science but by a disease from the distant past. **As a result, scientists have begun planning an Arctic monitoring network that would pinpoint early cases of a disease caused by ancient micro-organisms.** Additionally, it would provide quarantine and expert medical treatment for infected people in a bid to contain an outbreak, and prevent infected people from leaving the region....”

“At the moment, analyses of [pandemic threats](#) focus on diseases that might emerge in southern regions and then spread north,” said geneticist Jean-Michel Claverie of Aix-Marseille University. **“By contrast, little attention has been given to an outbreak that might emerge in the far north and then travel south – and that is an oversight, I believe.** There are viruses up there that have the potential to infect humans and start a new disease outbreak.”

“... it is not melting permafrost directly that poses the most immediate risk, added Claverie. **“The danger comes from another global warming impact: the disappearance of Arctic sea ice. That is allowing increases in shipping, traffic and industrial development in Siberia.** Huge mining operations are being planned, and are **going to drive vast holes into the deep permafrost to extract oil and ores.** “Those operations will release vast amounts of pathogens that still thrive there. Miners will walk in and breath the viruses. The effects could be calamitous.””

“This point was stressed by Koopmans. “If you look at the history of epidemic outbreaks, one of the key drivers has been change in land use. [Nipah virus was spread by fruit bats](#) who were driven from their habitats by humans. Similarly, monkeypox has been linked to the spread of urbanisation in Africa. And that is what we are about to witness in the Arctic: a complete change in land use, and that could be dangerous, as we have seen elsewhere.””

Pandemic Fund

Devex – Where does the Pandemic Fund stand in its second year?

<https://www.devex.com/news/where-does-the-pandemic-fund-stand-in-its-second-year-106947>

(gated) **“Experts Devex spoke to commended some of the fund’s work to date, but they also highlighted outstanding challenges and areas it needs to overcome and address.”** They relate to governance and operations, and include raising money and unlocking additional funding from domestic resources, and ensuring the meaningful involvement of countries from the global south and civil society.

“Devex also spoke to Priya Basu, the fund's executive head, for answers.”

Pandemic Fund - Inaugural newsletter

<https://mailchi.mp/ec95dfde08e6/the-pandemic-fund-inaugural-newsletter>

“This first edition includes a snapshot of the milestones achieved in our first year, along with a glimpse into some of the key events we hosted and participated in.” Quite some information in this informative first issue, including on **milestones in governance & operations**.

AMR

Lancet GH (Viewpoint) - Antimicrobial resistance and the great divide: inequity in priorities and agendas between the Global North and the Global South threatens global mitigation of antimicrobial resistance

M Mendelsson et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00554-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00554-5/fulltext)

“To limit the catastrophic effects of the increasing bacterial resistance to antimicrobials on health, food, environmental, and geopolitical security, and ensure that no country or region is left behind, a coordinated global approach is required. In this Viewpoint, we argue that the diverging resource availabilities, needs, and priorities of the Global North and the Global South in terms of the actions required to mitigate the antimicrobial resistance pandemic are a direct threat to success. We argue that evidence suggests a need to prioritise and support infection prevention interventions (ie, clean water and safe sanitation, increased vaccine coverage, and enhanced infection prevention measures for food production in the Global South contrary to the focus on research and development of new antibiotics in the Global North) **and to recalibrate global funding resources to address this need.** We call on global leaders to redress the current response, which threatens mitigation of the antimicrobial resistance pandemic.”

OECD Health Ministerial meeting (Paris – 23 Jan)

<https://www.oecd-events.org/health-ministerial/en/content/ministerial-meeting>

On 23 Jan, **OECD members met in Paris for the OECD Health Ministerial Meeting to discuss the legacy and lessons learned from the COVID-19 crisis, the health policy challenges lying ahead, and**

the actions needed to address them. Under the theme, **Better Policies for More Resilient Health Systems**.

Check out the **declaration** <https://legalinstruments.oecd.org/en/instruments/OECD-LEGAL-0500>

Lancet - Working together to advance resilient health systems across the OECD

Frank Vandenbroucke; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00129-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00129-6/fulltext)

“At the OECD Health Ministerial Meeting on Jan 23, 2024, health ministers from the countries of the Organisation for Economic Co-operation and Development (OECD) discussed policies needed to strengthen the resilience of health systems, in an often adverse political and economic context.”

“...The conundrum facing health ministers is how to boost investment in health system resilience at a time of rising health-care costs while economic constraints have restricted fiscal space. Innovative solutions are needed to navigate these challenges. Simply multiplying what already exists will not work. It is not tenable to spend more money on treating the consequences of ill-health without addressing the wider context of health system resilience. **The renewed OECD health system performance assessment framework, which was approved in December, 2023**, can inform decisions on future investment priorities...”

“Health systems alone cannot change the broader social determinants of health. They need to work in partnership with the populations they serve. The need for people-centred care has never been greater, but so too has the need for societal conditions that make a healthy lifestyle possible for all people. For too long disease risk factors have been framed as mostly linked to individual choices. **The commercial determinants of health are rightly now receiving increased attention.**

...In addition to what individual countries can do, the OECD and WHO can provide evidence and recommendations; the EU can create necessary legislation for its internal market (eg, taxation, health warnings, regulation of advertisements, nutrition labelling, and age limits)....”

“...Governments need to look beyond health systems to redouble efforts to prevent ill health and address the social determinants of health. “

And some **tweets from Paris:**

- **Stéphanie Seydoux** (WHO Envoy for Multilateral Affairs)

“At @OECD_social Health Ministerial, @WHO calls to make health systems more resilient with 1/ conclusion of the Pandemic Agreement 2/ improving climate resilience and decarbonisation and 3/ efficient investment in : workforce, infrastructure, digital.”

- **Ilona Kickbusch:**

“3 priorities for #G7 Italy - #globalhealth architecture, health promotion and ageing and #onehealth with an #AMR focus says MOH @OECD.”

“ Brazil outlines that #equity is at the Centre of ALL #G20 events of the presidency
- this includes a very intersectoral vision of health @OECD.”

More on Global Health Governance & Financing

Lancet Editorial - Economic storms threaten to cast health adrift

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00131-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00131-4/fulltext)

“Is anyone listening to the World Bank's Chief Economist? Many countries, says Indermit Gill, are “on a path to crisis”. **The poorest countries are “stuck in a trap” that threatens to “obstruct progress on many global priorities”.** **“Without a major course correction, the 2020s will go down as a decade of wasted opportunity.”** Gill's main concern, as outlined in a series of [World Bank reports](#), **is the paralysing amount of debt, exacerbated by soaring interest rates, faced by many low-income and middle-income countries (LMICs).** As governments struggle to service their debt obligations, spending on public services, such as health and education, is likely to be slashed. Gill's comments are a dire warning of difficulties ahead for the global health community. “

“... The statistics are stark. Debt is increasing and outpacing economic growth in many LMICs. According to the [Centre for Global Development](#), LMIC governments spent 2.21% of gross domestic product on health in 2020, not much more than the 1.97% spent on interest payments. Development assistance for health, on which many of the poorest countries rely, reached unprecedented levels during COVID-19, up to an estimated US\$37.8 billion in 2021 and 2022. Yet, **according to the World Bank, LMICs paid a record \$443.5 billion to service their debts in 2022 alone.** Debt repayments are projected to grow by 10% for 2023–24, and by nearly 40% for low-income countries. The poorest are being hit the hardest.”

“... The obvious international response is **debt relief.**”

For many countries, that needs to happen fast.

BMJ – The BMJ Appeal 2023-24: IMF austerity policies are strangling healthcare systems in the Global South

<https://www.bmj.com/content/384/bmj.q189>

“Austerity should be replaced by economic alternatives that prioritise wellbeing, gender equality, and human rights, writes Natalia Rodriguez Malagon.”

“... A 2023 report by ActionAid, *Fifty years of failure: The IMF, debt and austerity in Africa*, analysed recent IMF advice to 10 African countries and found that eight of these countries had been advised to cut or freeze public sector wage bills. These recommendations result in recruitment freezes across health care and other public services—even in countries that already have acute workforce shortages. Existing employees have their pay frozen despite the rising costs of

living, and in some countries frontline workers are even fired. Women are affected the most by this macroeconomic policy advice....”

“... Alongside partners and women’s rights organisations and movements, ActionAid is calling for a reorientation of our economic model towards feminist approaches that prioritise care, wellbeing, gender equality, and human rights. This includes but is not limited to, the provision of universal, readily available, high quality, rights based, and gender responsive public goods and services—as outlined by ActionAid—encompassing health, education, early childhood development, potable water and decent housing, along with all necessary social protections. There are also calls for ambitious and progressive tax reforms, as well as debt cancellation....”

Devex - Gates CEO Mark Suzman urges wealthy to give away more money, faster

<https://www.devex.com/news/gates-ceo-mark-suzman-urges-wealthy-to-give-away-more-money-faster-106958>

My view: **We just need to tax them properly, Mark. Tax these ‘ultra-net high worth’ individuals ultra-hard :**)

“In his latest annual letter, Gates Foundation CEO Mark Suzman encourages ultra-wealthy donors to give more to global health and other development causes.”

“In his **latest [annual letter](#)**, published Thursday, Suzman urges donors to give more — and more quickly — to maximize the potential impact on pressing global issues. One of the “most exciting parts” of philanthropy is that “it has the flexibility to adapt quickly and take risks others can’t, which can accelerate progress.” ... “

“... the net worth of the world’s 2,640 billionaires is at least \$12.2 trillion, he said citing [data from](#) Forbes. If all of the world’s billionaires donated 0.5% of their wealth, it would “unlock” \$61 billion dollars, which would be enough to cover [all that] and still have \$49 billion left over, Suzman said....”

PS: **“...The foundation, which has historically prioritized global health, is also expanding its work related to climate change and artificial intelligence,** Suzman said. While most climate spending by governments, nongovernmental organizations, and foundations is focused on mitigating the worst impacts of climate change, **the Gates Foundation has prioritized funding to help communities — specifically smallholder farmers in sub-Saharan Africa — adapt** to heat waves, droughts, flooding, and other extreme weather events. That work is being done through partnerships with organizations such as [CGIAR](#).... **Longstanding priorities such as [women’s health and child mortality](#) also remain key issues for the foundation,** which has faced its share of criticism for its approach to global health and agriculture and its level of influence over institutions such as the [World Health Organization](#)....”

Policy & Society - The rising authority and agency of public-private partnerships in global health governance

A de Bengyi Puyvallée ; <https://academic.oup.com/policyandsociety/advance-article/doi/10.1093/polsoc/puad032/7582336?searchresult=1>

« In the scholarly literature, global PPPs have been conceptualized as arenas for voluntary public–private cooperation rather than agents of global governance. This paper challenges this approach, arguing that a sub-class of highly institutionalized partnerships have developed into transnational bureaucracies that, much like international organizations, can draw from their administrative capacities to exercise agency and gain and consolidate authority over time. To substantiate this argument, I present an in-depth analysis of five global health partnerships that played a leading role in the Access to Covid-19 Tools Accelerator (ACT-A), the initiative that sought to coordinate the global response to covid-19. Based on extensive document review and analysis of the ACT-A PPPs — Gavi, the Vaccine Alliance, The Global Fund to Fight AIDS, Tuberculosis and Malaria, The Coalition for Epidemic Preparedness Innovation, Unitaid, and The Foundation for Innovative New Diagnostics — I show how these partnerships’ leadership role during the pandemic emerged from a decade long build-up of PPP agency. These organizations gained administrative capacities that enabled them to increase their authority vis-à-vis their donors, boards, and other external actors through three interlinked strategies: (a) developing greater financial autonomy; (b) expanding their mandates (including toward pandemic preparedness and response); and (c) establishing inter-partnership cooperation and mutual representation to other forums.....”

Exemplars News - To prepare for climate change, we must invest more in areas that impact health: John-Arne Røttingen

<https://www.exemplars.health/stories/to-prepare-for-climate-change?s=09>

“Exemplars News spoke with the new CEO of the Wellcome Trust about the organization’s priorities, his lessons from the COVID pandemic, and the value of highlighting successes in global health.”

Especially the latter message caught our attention... Read why Wellcome Trust’s CEO seems to be here on the same page as Gates & co.

K Bertram (blog) - Read the Room: Global Health’s 2024 Overstretch-Oversimplify Dilemma

<https://katribertram.wordpress.com/2024/01/22/read-the-room-global-healths-2024-overstretch-oversimplify-dilemma/>

“Global health faces a dilemma in 2024: The world and its challenges are increasingly complex. Yet money is scarce. Do you simplify to tackle scarcity, or overstretch to tackle complexity?”

Excerpt: “... Whatever your views on this, the Gates Foundation will be an even larger player in global health, as other donors move out (traditional ODA, but also large funders like OSF, Rockefeller). With its extensive influence and funding machine, Gates will most likely arm-twist a few reluctant donors to continue to support its pitch for vertical, limited products and ever more innovations to makes these feel “fresh”. “

“WHO, which many of us believe should be what its name implies: the world’s health organization, will continue to make a case for more comprehensive investments and policies. Listening to yesterday’s board meetings, it may remain a pitch, as even large donors emphasized the need to

clarify WHO's focus and value add (codeword: overstretch), and others are dissatisfied that WHO is engaging in political discussions, not just normative and technical standard-setting....."

Guardian - 'Horrible numbers' of women and girls will die because of UK aid cuts, say MPs

<https://www.theguardian.com/global-development/2024/jan/25/horrifying-numbers-of-women-and-girls-will-die-because-of-uk-aid-cuts-say-mps>

"British aid cuts have had a "devastating" effect on women and girls around the world, forcing sexual and reproductive health programmes to be cancelled, according to a new cross-party report by MPs." "The Commons international development select committee (IDC) said plummeting aid spending since 2020 had cost lives and endangered many more pregnant women, while abruptly cutting funding, often in mid-programme, had damaged relationships with partner organisations."

"... An analysis of the potential impact of government policy on disadvantaged groups, known as an [equality impact assessment, presented to the Foreign, Commonwealth and Development Office in July 2023](#), warned that the cuts could mean nearly 200,000 more unsafe abortions were performed in Africa....."

Davos 2024: some final links & snippets

Davos short on climate pledges, but sparks talks on tech, soil, health

<https://www.devex.com/news/davos-short-on-climate-pledges-but-sparks-talks-on-tech-soil-health-106963>

"Climate was core to this year's World Economic Forum agenda. But while clean energy and green tech took center stage, corporate pledges or talk of loss and damage were conspicuous in their absence."

PS: "The connection between health and the environment also took a prominent role at the WEF annual meeting. Experts [discussed](#) how the climate crisis increases the risk of extreme heat, poor air quality, flooding, hazardous weather events as well as exposure to infectious diseases, noncommunicable illnesses, and food insecurity."

"So far WEF's main focus of action on climate and global health has been [respiratory health](#) as it continues to promote its Clean Air Fund — a private initiative [launched](#) at COP 26 to help prevent the over 8 million premature [deaths](#) that air pollution is estimated to cause each year. Yet little focus seemed to be on how this challenge risks exacerbating global socioeconomic disparities and already fragile health care systems, let alone the many other undue pressures that the climate and biodiversity crises are laying on the nations who least have contributed to causing them."

HPW - At Davos: USAID Launches New Initiative to Tackle Global Plague of Lead Poisoning

<https://healthpolicy-watch.news/us-government-commits-4-million-to-tackle-lead-poisoning/>

With little money, for the time being.

PS: “USAID will also join the **Global Alliance to Eliminate Lead Paint**, a partnership that has catalyzed legally binding controls on lead paint in almost 40 countries. The partnership is **coordinated by the United Nations Environment Programme (UNEP).**”

Devex - World Economic Forum wants corporations to give \$1B to climate by 2030

<https://www.devex.com/news/world-economic-forum-wants-corporations-to-give-1b-to-climate-by-2030-106951>

“The World Economic Forum **announced a new initiative to push corporate philanthropies to direct \$1 billion toward climate by 2030.**” *(anything but taxing them properly, apparently...)*

Giving to Amplify Earth Action, or **GAEA**, spearheaded by WEF.

HPW - Experts Convene in Davos to Tackle Growing Brain Health Crisis

<https://healthpolicy-watch.news/two-dozen-experts-convene-in-davos-to-tackle-growing-brain-health-crisis/>

“There will be close to 10 billion people in the world by 2050, and if the **World Health Organization estimates** are correct, as many as 22% of them – or 22 billion people – will be over 60. ... **The Organisation for Economic Co-operation and Development (OECD) estimates that impaired brain health drains as much as \$8.5 trillion a year from the global economy in lost productivity.** This number will increase as the population ages.”

““We must better understand the brain and provide access to tools and information to help people nurture brain health as part of One Health in every community, country and health system,” according to the **Davos Alzheimer’s Collaborative (DAC)**, a Swiss-based foundation and a US 501c3 initiated by The World Economic Forum (WEF) and The Global CEO Initiative on Alzheimer’s Disease (CEOi). **The DAC held a round-table discussion at Davos to discuss the need to prioritise brain health globally, especially given brain health’s impact on human and societal well-being, productivity, and resilience.** The event also **kicked off a new network of global “Brain Health Ambassadors,”** who will commit to promoting the inclusion of brain health at the primary care level and the international prevention of Alzheimer’s and related dementias. “

Malaria vaccines roll-out

FT - First mass malaria vaccination campaign begins in Africa

<https://www.ft.com/content/b6f03756-86ab-4912-aad0-9384198673ad>

“Shots will be given to children in Cameroon as **part of rollout of up to 30mn jabs across continent**”

“The first malaria vaccination campaign for children backed by the World Health Organization begins in Africa on Monday, with the distribution of nearly 30mn jabs in the coming months marking a milestone in the fight against the tropical disease. Children in Cameroon will begin receiving malaria vaccines as part of a rollout of the medicine developed by UK pharmaceutical company GSK in up to 12 countries across sub-Saharan Africa. A second vaccination developed by scientists at Oxford university and produced by the Serum Institute of India is set to be delivered in seven countries in May or June. The distribution of an initial 18mn doses marks a significant turning point in the fight against malaria, a preventable disease caused by parasites transmitted by mosquitoes that killed 608,000 people — 95 per cent of them in Africa — in 2022....”

“Gavi, the global vaccine alliance that is working with African countries to co-ordinate the rollout. ... More than 30 countries across the continent have expressed an interest in receiving malaria jabs. Up to 18mn doses of the RTS, S vaccine are being distributed by Gavi, followed by an estimated 10mn doses of the R21/Matrix-M jab across seven countries in mid-2024....”

- See also Devex - [Cameroon launches historic malaria vaccine rollout](#)

“More than 30 African countries have expressed interest in adding the new malaria vaccines to their routine immunization programs. Cameroon is the first to do so.”

“...Twenty African countries plan to introduce the malaria vaccine this year but the ability to hit that target depends, among other things, on how soon doses of R21 become available. Of these 20, seven plan to use RTS,S and eight plan to use R21 — for the remaining five, conversations are ongoing, a Gavi spokesperson told Devex.”

“For simplicity’s sake, countries will receive one of the two vaccines — but not both.”

PS: “GSK is the manufacturer of the RTS,S vaccine and Serum Institute of India is manufacturing the R21 vaccine. **GSK is in the process of a technology transfer of the know-how on manufacturing this vaccine to India-based Bharat Biotech. The Serum Institute of India is also working on agreements with local manufacturers in Nigeria and Ghana to produce the R21 vaccine”**

- And via Stat News – [Rollout of a new malaria vaccine kicks off in Africa](#)

PS: **“Health officials also stressed that the availability of the new vaccines should not take away from other efforts to address malaria cases, including the use of bed nets and the spraying of insecticides. The success of the rollouts will depend not just on building up supply of the vaccines but also on local preparations and execution, health officials said. The WHO recommends that**

children receive four doses of the vaccine, so it will require parents to make repeat visits to clinics.....”

Access to Medicines & health technologies

South Centre (Research paper) – TRIPS Waiver Decision for Equitable Access to Medical Countermeasures in the Pandemic: COVID-19 Diagnostics and Therapeutics

N Syam et al ; <https://www.southcentre.int/research-paper-191-25-january-2024/>

Just published, in the run up to @WTO #MC13 « This research paper analyses the current state of play and concludes that there is a need to immediately and unconditionally extend the Decision to COVID-19 diagnostics and therapeutics. Moreover, the paper suggests options for how the TRIPS flexibilities can be optimally utilized in a pandemic situation without developing countries being resigned to the vagaries of negotiations on a waiver which is supposed to be an urgent emergency solution. In this regard, the paper also suggests options that could be considered for reforming the process of decision-making on a waiver proposal to ensure that decisions on waivers are taken in a timely and expedited manner without being negotiated for an extensive period of time in the midst of an emergency.”

CEPI - Serum Institute of India joins CEPI global network to boost production of affordable outbreak vaccines

https://cepi.net/news_cepi/serum-institute-of-india-joins-cepi-global-network-to-boost-production-of-affordable-outbreak-vaccines/

“The world’s largest vaccine manufacturer, the Serum Institute of India Pvt. Ltd (SII), is joining a growing CEPI network of vaccine producers in the Global South to support more rapid, agile, and equitable responses to future public health disease outbreaks. The addition of SII to the CEPI manufacturing network will be a significant boost to vaccine production efforts in Global South regions and will mean the world is better prepared to achieve the 100 Days Mission to develop new vaccines against known or novel infectious diseases within three months of a pandemic threat being recognised....”

Cidrap News - WHO grants emergency listing for Corbevax COVID vaccine

<https://www.cidrap.umn.edu/covid-19/who-grants-emergency-listing-corbevax-covid-vaccine>

“The World Health Organization (WHO) has approved another COVID-19 vaccine for emergency use listing (EUL): Corbevax, a recombinant protein–based vaccine developed by scientists at Texas Children's Hospital and Baylor College of Medicine. ... Corbevax is the 14th COVID vaccine to receive the WHO EUL.”

“Texas researchers licensed its vaccine technology for making the SARS-CoV-2 receptor binding domain (RBD) protein to India-based Biological E Limited in 2020. The company scaled up

manufacturing and advanced Corbevax through clinical trials. **In 2022, Indian regulators granted the vaccine emergency use authorization**, first as a 2-dose primary series, and then for use as a booster...”

“...In a [press release](#), Texas Children's Hospital said 100 million doses of Corbevax have been administered in India.” “.... Peter Hotez, MD, PhD, with the Center for Vaccine Development at Texas Children's Hospital and part of the team that developed the vaccine, said, **"Achieving approval under WHO's EUL procedure represents an important step toward our goal of helping development of low-cost vaccines for the world's most vulnerable populations."**

Stat - ‘The response defies belief’: Year of inaction leaves children at risk from bad cancer drugs

<https://www.statnews.com/2024/01/25/chemotherapy-asparaginase-cancer-drug-investigation/>

“A year after an investigation revealed widespread use of a substandard cancer drug, the World Health Organization and national drug regulators around the world have come under fire for failing to protect children from the dangerous chemotherapy....”

“... [Last January](#), the Bureau of Investigative Journalism (TBIJ), in [partnership with STAT](#), revealed that at least a dozen brands of asparaginase, a key childhood chemotherapy drug, had failed quality tests. In some cases they fell well below the standard needed to treat cancer and many contained contaminants such as bacteria. **It put an estimated 70,000 children — mostly in low- and middle-income countries — at risk. One year on, neither national governments nor the WHO has taken meaningful action, with both sides claiming communication breakdowns and a lack of evidence.** And doctors are frustrated that these brands are still for sale.....”

TGH - Expediting Access to the Tuberculosis Vaccine

M F Moree; <https://www.thinkglobalhealth.org/article/expediting-access-tuberculosis-vaccine>

“Engaging countries where tuberculosis is abundant could aid research and development.”

“...Following years of toil and investment, the research and development (R&D) pipeline contains several vaccine candidates against the most prevalent forms of tuberculosis (TB)—ones that have shown impressive efficacy in early human trials. As those vaccine candidates move into larger phase 3 trials, it is worth reflecting on how international agencies, governments, researchers, philanthropies, and other global stakeholders **can speed up the effort** against a complex disease that killed more than [1.3 million people in 2022](#), with 10.6 million cases reported. “

“Although the world uses the rapid development and deployment of COVID vaccines as a yardstick against which to measure success, a **more appropriate comparison for TB vaccines is the decades-long saga of the malaria vaccine.**

Journal of Illicit Economies and Development - Structural Imperialism and the Pandemic of Untreated Pain in the Asia Region

<https://jied.lse.ac.uk/articles/10.31389/jied.194>

By K Pettus.

“This paper takes a transdisciplinary genealogical approach to the current global lack availability of internationally controlled essential medicines in more than 80% of the world, with a particular focus on the Asia region. More than six decades after the Single Convention on Narcotic Drugs (SC), whose Parties were “concerned with the health and welfare of mankind,” had stipulated that these substances are ‘indispensable’ for the relief of pain and suffering, experts report that while the global consumption of opioids has increased, the consumption in most Asian countries has not increased at the same rate and that access is significantly impaired by widespread over-regulation that continues to be pervasive across the region. The tragic irony of this situation is that traditional opium-based medicines used for millennia in the region are unavailable, inaccessible, and unaffordable in these erstwhile imperial peripheries where their botanical sources are plentiful but forbidden, while global pharmaceutical corporations peddle their expensive synthetic opioids — formulated in the metropolis — to formerly colonized populations who cannot afford them and whose health workers are largely untrained to prescribe them.”

Planetary Health

Climate Change News - Governments fail to agree timeline for climate science reports in fraught IPCC talks

<https://www.climatechangenews.com/2024/01/22/governments-fail-to-agree-timeline-for-climate-science-reports-in-fraught-ipcc-talks/>

“Governments have failed to agree on a timeline for the delivery of highly influential scientific reports assessing the state of climate change by the United Nations’ Intergovernmental Panel on Climate Change (IPCC). That is after Saudi Arabia, India and China opposed attempts to ensure the scientific body would provide its assessment in time for the next global stocktake, the UN’s scorecard of collective climate action, due in 2028, according to sources present at the IPCC talks in Istanbul, Turkiye, last week.....”

Economist Impact – Health Inclusivity Index - A threat to health inclusivity: climate change exacerbates health exclusion

[Economist Impact;](#)

“.... The Phase 2 Health Inclusivity Index assesses the extent to which 40 countries have taken steps to ensure that good health is accessible to all individuals. It considers both the policy environment for health inclusivity and whether populations are feeling the impacts of this policy on the ground, allowing us to quantify health disparities. Through a global survey of over 42,000 people across the index countries and a series of focus group discussions with marginalised populations, the index captures lived experiences of health inclusion—and exclusion—and explores how populations perceive the impacts of climate change on their health. The study provides unique insights on the impact of climate change on populations around the world, including how they are affected today and their concerns about future impacts.”

Check out the **key findings**.

Among others: **“People in low- and middle-income countries are more affected by climate change in immediate and measurable ways. Marginalised populations—especially migrants and refugees—face greater climate- related health impacts....”**

This article provides a deep dive into the climate- and health-related findings of the Phase 2 Health Inclusivity Index.

Project Syndicate - A Progressive Green Growth Narrative

M Mazzucato; [Project Syndicate](#);

“Although many countries have the means to direct new investment toward decarbonization and other socially and environmentally beneficial outcomes, many voters still regard such efforts as economically harmful. For the green transition to get off the ground, it will need a more compelling narrative.”

Related tweet by the author: **“With a record number of people heading to the ballot box this year, there is no time to waste in adopting a new growth narrative.** In my latest @ProSyn piece I argue that green initiatives should be put at the heart of how we govern the economy.”

- Related **article in Foreign Affairs** - [How to Make the Green Economy a Just Economy](#) (by M Mazzucato & D Silvers): **“Lessons From the U.S. Autoworkers’ Strike.”** “The UAW strike suggests the possibility of a shift toward stakeholder capitalism....”

Potsdam Institute for Climate Impact research - Planetary Commons: Fostering global cooperation to safeguard critical Earth system functions

<https://pik-potsdam.de/en/news/latest-news/planetary-commons-fostering-global-cooperation-to-safeguard-critical-earth-system-functions>

“Tipping elements of the Earth system should be considered global commons, researchers argue in a new paper published in the renowned journal Proceedings of the National Academy of Sciences (PNAS). Global commons cannot - as they currently do- only include the parts of the planet outside of national borders, like the high seas or Antarctica. They must also include all the environmental systems that regulate the functioning and state of the planet, namely all systems on Earth we all depend on, irrespective on where in the world we live. This calls for a new level of transnational cooperation, leading experts in legal, social and Earth system sciences say. To limit risks for human societies and secure critical Earth system functions **they propose a new framework of planetary commons to guide governance of the planet.”**

Global tax justice

FP2P blog - A UN tax convention is finally in the making. Now what

F Bena; <https://frompoverty.oxfam.org.uk/a-un-tax-convention-is-finally-in-the-making-now-what/>

Nice update on the state of affairs.

“A few months ago, I interviewed **Abdul Muheet Chowdhary (below)** from the South Centre to **discuss the ongoing negotiations on a landmark United Nations tax agreement that is in the making**. If approved by enough Member States, this global agreement – also called the UN Framework Convention on International Tax Cooperation, or UN Tax Convention in short – will have the potential to shift the decision-making power on international tax rules from the OECD, a rich country club, to the UN. This move will give all countries, especially those in the Global South, a fairer share of tax revenues from multinational corporations operating within their borders. **I spoke with Abdul again in December, days after the UN General Assembly had finally agreed to proceed with the drafting of the convention, to ask him what we should expect in the next few months.**”

“.... **The main job between now and August 2024 will be to provide a basic structure for the Convention**. To do so, the UN is setting up an intergovernmental committee that will be responsible for drafting the Terms of Reference of the agreement and then for presenting it to the UN General Assembly in September for further consideration. This means that **until August, we have a key opportunity to influence the drafting of the overall structure of the Convention and future negotiations....**”

“....**The overall process may take quite some time. On average, a Convention takes years to negotiate**. On a divisive topic such as this one, where developed countries are determined to maintain the OECD-led status quo and will likely try to frustrate the UN process, it will be even more challenging. We should be ready for a long and difficult road ahead and not expect quick results.”

“....**We must target August 2024 to finalise the terms of reference of the UN Tax Convention and the earliest possible text of the Convention itself, as realistically feasible. In 2025, there will likely be the fourth UN Financing for Development Conference**. Civil society has long been arguing that there is a strong link between a fairer global tax system and more equitable development for all....”

PS: “...**What about OECD’s tax work at this point? Do you think it will continue?** “.... **Despite their defeat at the UN General Assembly, the OECD issued a statement claiming that they would continue working on their own international tax agreement and a so-called “Two-Pillar Solution”**. Yet, it is important to clarify that **OECD negotiations do not legally overlap with the UN’s. UN negotiations are about reforming the global tax architecture while the OECD’s Amount A Multilateral Convention is a specific solution for taxing large multinational enterprises. The two can coexist**. In fact, the UN General Assembly Resolution recognises OECD’s good work and wants to build on it. This is not a campaign against the OECD, but a global effort for a fairer international tax system. **The African Union has been clear that OECD’s Inclusive Framework [part of OECD’s tax initiative] has produced some good results and there is no intention now to reinvent the wheel.**”

Guardian - UK super-rich would be ‘bored to death’ in tax havens – survey

<https://www.theguardian.com/money/2024/jan/22/super-rich-would-not-leave-uk-tax-reasons-survey>

Good to know :) “Interviews with top earners reveal many are too attached to UK’s cultural institutions and fear stigma surrounding economic migration.”

“The UK’s super-rich “would never leave the country for tax reasons” because they fear they would be “bored to death” in “culturally barren” tax havens, according to **new research by experts at the London School of Economics.....**”

LGBTQ

NYT - With Harsh Anti-L.G.B.T.Q. Law, Uganda Risks a Health Crisis

https://www.nytimes.com/2024/01/19/health/uganda-lgbtq-hiv.html?unlocked_article_code=1.O00.Bc5h.hdmXuXTexuO8&smid=url-share

Must-read from last week in the NYT. **“The country had made great progress against H.I.V. Now terrified patients have fled clinics, and experts fear a resurgence.”**

Miscellaneous

Guardian - Middle East thrust into ‘apocalyptic’ humanitarian crisis by war and turmoil

<https://www.theguardian.com/global-development/2024/jan/22/middle-east-apocalyptic-humanitarian-crisis-war-humanitarian-aid-israel-gaza-yemen>

“Aid agencies warn multiple conflicts putting unprecedented pressure on lives of people in Syria, Lebanon, Yemen and Gaza.”

“For a region that is no stranger to geopolitical turmoil, UN agencies believe the Middle East is experiencing an “apocalyptic” collective humanitarian crisis. Even before Hamas’s October attack on Israel convulsed the region, neighbouring Lebanon and Syria were experiencing profound challenges, while Yemen has been vying for the unenviable title of home to the world’s worst humanitarian calamity. **On Friday, the UN humanitarian agency (OCHA) admitted that the situation in the Middle East had probably “never been worse” since it began collating records in 1991. ... Four overlapping crises – Gaza, Lebanon, Syria and Yemen – are putting unprecedented pressures on aid agencies.** The humanitarian community is having to accept the stark reality that it can no longer meet demand.....”

Plos Med (Perspective) – Understudied and underaddressed: Femicide, an extreme form of violence against women and girls

Chen Reis & Sarah R. Meyer;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004336>

“Little is known about the prevalence and dynamics of femicide, a persistent form of violence against women and girls, due to challenges associated with its documentation. [Research by](#)

[Abrahams and colleagues](#) comparing rates of femicide in South Africa over 18 years, however, suggests that femicide is preventable.”

Stat - Why many more people are lining up for a flu shot than a Covid vaccine

<https://www.statnews.com/2024/01/22/flu-vaccine-demand-covid-vaccine/>

Focus on US. But no doubt also not that different in quite a few other countries (where Covid also has been very polarized).

“... It’s not clear that a single definitive answer exists; **in fact there is likely a combination of explanations**, say people who study vaccine acceptance and vaccine hesitancy....”

“**Heidi Larson, director of the Vaccine Confidence Project**, agreed, noting there is **clear evidence of a political divide on Covid vaccine acceptance**, with vaccination rates substantially higher among Democrats than among Republicans. Flu vaccine is simply not part of a political identity in that same way....”

“**There is also a cloud of discomfort surrounding Covid vaccinations — questions about safety and effectiveness —** that doesn’t hover over the flu vaccine, Schwartz noted. **The short-term side effects associated with the mRNA vaccines may also be contributing to reluctance.** **Legitimate scientific debate over how well boosters work and who needs additional shots at this point** could also be fueling a sense of distrust among some individuals who are otherwise open to vaccination, the experts said....”

PS: “... **Larson thinks health authorities should play up the similarities between flu vaccination and Covid vaccination to appeal to more people who will take the former but not the latter.** Like the fact that both vaccines have to be updated regularly because the viruses evolve. Like the fact that neither vaccine offers failsafe protection against infection, but both lower the risk of serious illness and death. Like the fact that with both flu viruses and SARS-2, immunity induced by vaccination or infection wanes, and therefore revaccination is required.”

Guardian - Every year spent in school or university improves life expectancy, study says

<https://www.theguardian.com/education/2024/jan/23/every-year-spent-in-school-or-university-improves-life-expectancy-study-says>

“Analysis also says **not attending school is as deadly as smoking or heavy drinking.**”

“**Every year spent in school or university improves our life expectancy, while not attending school is as deadly as smoking or heavy drinking, according to the first systematic study directly linking education to gains in longevity.** Using evidence from industrialised countries such as the UK and US as well as developing countries such as China and Brazil, the review found that an **adult’s risk of mortality went down by 2% for every year in full-time education.** Completing primary, secondary and tertiary education is the equivalent of a lifetime of eating a healthy diet, lowering the risk of

death by 34% compared with those with no formal education, according to the peer-reviewed [analysis in The Lancet Public Health journal.....](#)

“...The researchers said the **meta-analysis, backed by the Norwegian government’s research fund and the Bill & Melinda Gates foundation**, was “compelling evidence” in support of increased investment in education as a way to reduce inequalities in global death rates....

PS: “... Finch said that **whether a longer lifespan would continue to be enjoyed by those who spend longer in education depends on whether benefits remain in place**. “Will that translate into better standards of living over their lifetimes, in the future? That’s where there is a question: can people access affordable housing? Are young people’s career earnings trajectories what they were for people 30 or 40 years ago, at the same age? **The prospects aren’t as rosy**,” Finch said....”

- The study in the Lancet Public Health (by IHME-Chain collaborators): [Effects of education on adult mortality: a global systematic review and meta-analysis](#)

Global health governance & Governance of Health

Africa CDC 7th Anniversary

<https://africacdc.org/africa-cdc-is-7/>

“On 31 January, Africa CDC will celebrate its 7th anniversary under the theme “A journey of Commitment and Action to safeguard Africa’s health” ...”

Global Fund Observer - Welcome to 2024: Another crucial year for the global healthcare ecosystem

https://aidspan.org/welcome-to-2024-another-crucial-year-for-the-global-healthcare-ecosystem/?utm_medium=email&utm_source=es

Check out this new issue.

With among others: [Spotlight on the fight against corruption in the Global Fund ecosystem](#)

“... This article sheds light on the complex dynamics of corruption's impact on the effectiveness of Global Fund programs. It explores the robust anti-corruption measures in place and examines the challenges ahead in the ongoing battle for transparency and integrity.”

UN News - Guterres urges G-77 and China to drive momentum for global governance reform

<https://news.un.org/en/story/2024/01/1145737>

“Developing countries must lead efforts to reform outdated multilateral institutions and frameworks, UN Secretary-General António Guterres said in remarks to the third summit of the Group of 77 (G-77) and China, which opened in Kampala, Uganda, on Sunday.”

Related:

- IISD - [Non-Aligned Movement Reaffirms Multilateralism, Inclusive Trading System](#)

“In the Kampala Declaration, member countries commit to strengthening the UN as the primary multilateral organization and reaffirm their commitment to contribute positively to the Summit of the Future in September, “to enhance cooperation on critical challenges and address gaps in global governance”. They support the reform of the international financial architecture, for the international financial system to be fit-for-purpose and help developing countries better address the current multiple crises, and commit to “work towards achieving a universal, rule-based, open, transparent, predictable, inclusive, fair, non-discriminatory, and equitable multilateral trading system”.”

- IISD - [Third South Summit Calls for International Financial Architecture Reform](#)

“In the Third South Summit Outcome Document, leaders stress the need to strengthen the role of the UNGA and ECOSOC in dealing with the international financial architecture reform and urge MDBs to “meet the financing needs of all developing countries, including low- and middle-income countries, through concessional finance and grants”. Among other solutions, they call for scaling up debt swaps for the SDGs, including debt swaps for climate and nature.”

CGD - Doing Development Better: How Should the ‘D’ in FCDO Be Organized?

R Dissanayake et al; <https://www.cgdev.org/blog/doing-development-better-how-should-d-fcdo-be-organized>

« ... In a new paper, we set out and assess in the UK context the four broad models that have—to date—been used to manage development arrangements by most OECD donor countries. These models can be broadly ranked according to the independence they afford development policy, from less to more autonomy....”

Development Today - How we measure aid – and who decides?

<https://www.development-today.com/archive/2024/dt-1-2024/how-we-measure-aid-and-who-decides>

“Development Today has invited to a debate on an important but also fairly technical issue: how should the instruments donors use to encourage and incentivise private sector investments in developing countries be reflected in aid statistics? Jon Lomøy argues for a more inclusive discussion.”

“Developing countries should have a seat at the table in decisions about what can be counted as aid “While donors have the right to propose ways of measuring ODA that are to their advantage, the process of arriving at decisionsthat have legitimacy internationally needs to take into account

the perspectives of developing countries. **To reach good decisions, we need to bring developing country voices into the conversation,” Lomøy writes.”**

“...Is it soon time for the DAC to open up and establish a governance for aid that reflects the world of 2024, rather than the world of 1960?”

Kenyan health workers alarmed over shorter renewal of US funding for HIV fight

https://www.businesslive.co.za/bd/world/africa/2024-01-22-kenyan-health-workers-alarmed-over-shorter-renewal-of-us-funding-for-hiv-fight/#google_vignette

(gated) “The Biden administration prolonged its support for the President’s Emergency Plan for Aids Relief in 2023 for just one year after Republican resistance.”

Devex Opinion - How USAID can scale an evidence-based approach in its granting

C Brubaker; <https://www.devex.com/news/opinion-how-usaid-can-scale-an-evidence-based-approach-in-its-granting-106950>

“It’s time for USAID to rethink its granting strategies by shifting focus from compliance to impact, with broader adoption of result-based financing.”

“At the end of 2023, a groundbreaking [investigative report](#) by Devex and The Bureau for Investigative Journalism exposed the shortcomings of USAID’s largest-ever foreign aid contract, the staggering \$9.5 billion global health supply chain award. The report unveiled a startling lack of independent evidence supporting the project’s success, with one evaluation bluntly declaring it “unlikely to have any transformative or sustainable effect.” This revelation mirrors a recurring critique of USAID and the broader U.S. government — a perceived prioritization of financial compliance over performance and results. Reports from [USAID’s Office of Inspector General](#) and the [White House](#) highlight suboptimal results in over 40% of awards and significant time spent on administrative activities. ...

ODI - Donors In A Post-Aid World – January 2024 update

<https://odi.org/en/insights/donors-in-a-post-aid-world-january-2024-update/>

First edition of an ODI newsletter for diplomats, data wonks, decolonisers and doers re-thinking and retooling Northern donors for the next generation of development cooperation.

World Development - Aid effectiveness and donor motives

Dreher et al; <https://www.sciencedirect.com/science/article/pii/S0305750X23003194#s0135>

“Allocation of aid reflects various donor motives. Evidence that aid promotes growth is limited. Aid is effective in some areas favored by donors. Donor motives mediate the effectiveness of aid.”

“... The literature shows that while aid has a moderate effect on economic development at best, it seems effective in achieving many of the other effects primarily intended by aid donors. We conclude by speculating that future research on aid effectiveness will be more likely to identify significant effects of aid when taking **donor motives** into account.”

CGD (blog) - Building Blocks for an Enhanced Global Public Goods Window at the World Bank

J Zattler; <https://www.cgdev.org/blog/building-blocks-enhanced-global-public-goods-window-world-bank>

The author proposes an enhanced GPG window. With some building blocks.

FT - World Bank unit faces pressure to compensate alleged abuse victims

<https://www.ft.com/content/a9c8d783-3daf-4a8b-9603-2ce2a0323f75>

“International Finance Corporation’s response could set a precedent for ‘remediation’ payments.”

“The board of the International Finance Corporation is meeting on Thursday under growing pressure to pay compensation to alleged victims of child sexual abuse in a network of schools in Kenya operated by an education company it funded. The IFC, the private finance arm of the World Bank, is set to discuss its response to an investigation by its Compliance Advisor Ombudsman that it failed to meet the conditions in its own sustainability policies after investing \$13.5mn in Bridge International Academies. **Its decision could set a precedent for future “remediation” payments by international financial institutions**, including other IFC-backed projects where there have been allegations of human rights abuses....”

Science (Policy Forum) – Designing policy for Earth’s urban future

<https://www.science.org/doi/10.1126/science.adi6636>

“Global impacts of cities must be better conveyed to multilateral organizations.”

UHC & PHC

Lancet World Report - Financing Tanzania's universal health insurance

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00133-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00133-8/fulltext)

“Tanzania needs a clear strategy to finance its ambitious plans to increase health-care coverage. Syriacus Buguzi reports.”

Health Economics Review - An analysis of the trend towards universal health coverage and access to healthcare in Morocco

<https://healtheconomicsreview.biomedcentral.com/articles/10.1186/s13561-023-00477-0>

by T B Bouzaidi et al.

BMJ Opinion - Without progressive reforms, the future of Chile's healthcare system remains bleak

<https://www.bmj.com/content/384/bmj.q180>

"The prospect of progressive reform of Chile's health system is uncertain after a recent vote to reject a proposed new constitution, write **Sebastián Villarroel González, Juan V A Franco, and Camila Micaela Escobar Liquitay.**"

SSM Health Systems - The sustainability of two departmental health insurance units in Senegal: A qualitative study

<https://www.sciencedirect.com/science/article/pii/S2949856223000065>

by V Ridde et al.

Pandemic preparedness & response/ Global Health Security

Reuters Health - COVID and beyond: labs unite to boost genomic surveillance globally

[Reuters:](#)

" Two laboratories in Britain and South Africa, which were at the forefront of tracking new coronavirus variants during the pandemic, have teamed up to keep the focus on genomic surveillance globally as the COVID emergency recedes. The teams said they were worried governments and funders may pull back from such surveillance, despite its potential to better monitor many infectious diseases, from malaria to cholera...."

The **labs** are: the Genomic Surveillance Unit (GSU) at the Wellcome Sanger Institute in Cambridge; and the Centre for Epidemic Response and Innovation at Stellenbosch University.

Telegraph - How moths could be used to grow the next generation of pandemic vaccines

<https://www.telegraph.co.uk/global-health/science-and-disease/how-moths-could-help-grow-next-generation-pandemic-vaccines/>

“New production technique is described as cheaper, simpler and faster than using chicken eggs.”

“Deploying moths as “living bioreactors” could allow scientists to develop pandemic vaccines within 100 days of a new virus emerging, experts have said. A **Spanish biotech company** is using the insects, better known for devouring wardrobe classics, in a new vaccine production technique described as cheaper, simpler and faster than current approaches. The moths are used in a similar way to chicken eggs, which have been used to make influenza shots for some 80 years. But instead of replicating the vaccine inside fertilised eggs, scientists are using moth chrysalises to grow it....”

“... This week the Coalition of Epidemic Preparedness (Cepi), backed the approach with a £2.5 million grant. It’s part of the organisation’s “100 Day Mission” – a global project which aims to make sure we can respond to the next pandemic by making safe, effective vaccines within 100 days.....”

Spark Street Advisors: newsletter with brief update on the pandemic accord

<https://mailchi.mp/ssc/ppr-spring-2023-roundup-6262621?e=bbc93ff37e>

Latest developments: In December 2023, the INB Bureau recommended that Member States propose amendments to the consensus draft text of the pandemic agreement by 15 January 2024 in order to be considered in February at the 8th meeting of the INB. **The deadline of 15 January 2024 appears to have been too short of a timeline.** Concerns around access and benefits sharing, equity, and financing mechanisms, continue to be sticking points. **As it stands, the INB is moving forward without the adoption of a formal negotiating text, and Member States will continue informal discussions with a tight timeline.**

Recent Analysis: Following the 7th meeting of the INB in December 2023, **a decision on the exact type of instrument to be agreed upon is still under consideration. While the latest draft text is entitled an “agreement,” the document also refers to a potential “convention” or “other type of international instrument.”** In this policy brief, we explain the distinctions between these terms....

“In the January edition of the **Lancet Global Health**, we share **our perspective on the current draft.** Key takeaways include: Gaps exist in crucial areas such as health system resilience and equal access. There is a distinct lack of an independent accountability mechanism. Based on our findings, we call for a commitment in the text to the establishment of a dedicated, independent monitoring committee to promote compliance. “

“Looking ahead: In terms of next steps, the **8th and 9th meetings (“marathon sessions”) of the INB will take place in Geneva from 19 February - 1 March 2024 and 18 - 29 March 2024, respectively.** “

MSF Access - Five Things We Need to See in the Pandemic Accord

<https://msfaccess.org/five-things-we-need-see-pandemic-accord>

They are: **“Prioritise global equitable access and medical humanitarian needs in international stockpiling and allocation efforts; Address intellectual property challenges for the protection of the right to health and access to medicines; Ensure medical products that benefit from public contributions are accessible to people who need them; Safeguard transparency, accountability**

and the public's right to information by restricting confidentiality and trade secrets; Introduce an international access and benefit-sharing mechanism to ensure fruits of R&D are shared fairly with all contributors."

Planetary health

Speaking of Medicine (blog) - Centering Health in a Just Transition – Paving Way for Health-based Climate Actions in Global Climate Negotiations

S Narayan et al; <https://speakingofmedicine.plos.org/2024/01/17/centering-health-in-a-just-transition-paving-way-for-health-based-climate-actions-in-global-climate-negotiations/>

"Amid the climate discourse, the term "Just Transition" has taken center stage, representing a commitment to incorporate social justice in the economic and environmental discourse. As we navigate through the aftermath of COP28, it becomes imperative to critically examine the nuances and implications of this phrase – Just Transition, recognizing its potential as a transformative force in shaping an equitable future. In recent years, the idea of a Just Transition has gained prominence in global discussions on climate action and socio-economic transformation. Various stakeholders, including labor movements, environmental justice groups, multilateral institutions, investors, and corporations, have contributed diverse perspectives on issues such as workers' rights, community impact, and economic considerations. However, a critical examination reveals a notable gap—the lack of a health-focused approach. The COVID-19 pandemic has highlighted the interconnectedness of ecological health and human well-being, emphasizing the urgent need for a holistic examination of the Just Transition framework."

"... The climate crisis, exacerbated by the burning of fossil fuels, poses a significant threat to all aspects of life, from air and water quality to food security and shelter. Recognizing this, the Just Transition framework must evolve to explicitly include health considerations....."

Guardian - Cop28 deal will fail unless rich countries quit fossil fuels, says climate negotiator

<https://www.theguardian.com/environment/2024/jan/19/cop28-fossil-fuels-climate-deal-pedro-pedroso-us-uk-canada-pollution>

"G77 president Pedro Pedrosa warns deal risks failing if polluters like UK, US and Canada don't rethink plans to expand oil and gas."

"The credibility of the Cop28 agreement to "transition away" from fossil fuels rides on the world's biggest historical polluters like the US, UK and Canada rethinking current plans to expand oil and gas production, according to the climate negotiator representing 135 developing countries. In an exclusive interview with the Guardian, Pedro Pedrosa, the outgoing president of the G77 plus China bloc of developing countries, warned that the landmark deal made at last year's climate talks in Dubai risked failing."

Telegraph - Warmer weather linked to spread of diarrhoeal illness

<https://www.telegraph.co.uk/global-health/science-and-disease/warmer-weather-linked-to-spread-of-diarrhoeal-illness/>

“Bacteria appears to spread more rapidly in higher temperatures, new study finds.”

Guardian - Cookstove carbon offsets overstate climate benefit by 1,000%, study finds

<https://www.theguardian.com/environment/2024/jan/23/clean-cookstove-carbon-offsets-overstate-climate-benefit-by-1000-percent>

“Cookstove projects are one of the fastest-growing carbon offset schemes but research finds carbon benefits are vastly overstated.”

“... Improving access to clean cooking facilities [features in the UN sustainable development goals](#), and cookstove-based credits have been on the rise. From May to November last year, [figures from the Berkeley Carbon Trading Project](#) show cookstove projects issued the most new credits in the market, comprising about 15% of the total. They also registered the most new projects. But a [new study published](#) in the journal Nature Sustainability has found that cookstove projects that generate carbon offsets are overstating their climate benefits by 1,000% on average....”

Geneva Solutions - New UN weather agency boss zeroes in on worst climate-hit countries

<https://genevasolutions.news/climate-environment/new-un-weather-agency-boss-zeroes-in-on-worst-climate-hit-countries>

“Climate resilience will be the priority of the UN weather agency’s new boss as countries brace for even worse impacts. The new secretary general of the World Meteorological Organization (WMO), Celeste Saulo, said **helping vulnerable nations become better equipped to cope with climate impacts will be at the centre of her four-year mandate....**”

Covid

Project Syndicate - Lessons from Lower-Income Countries’ COVID-19 Vaccination Efforts

B Schreiber et al; [Project Syndicate](#);

“As the world prepares for the next pandemic, it **will be crucial to learn from the innovative and tailored strategies that lower-income countries used to immunize hard-to-reach communities against COVID-19.** These efforts offer insights into how to overcome significant resource constraints and maximize vaccine uptake.”

“..... **These initiatives included** door-to-door outreach to vaccinate older people at home; [female vaccination teams](#) to encourage uptake by women; coordination between professional organizations and the private sector to reach people at the highest risk of getting very sick from COVID-19; mobile vaccination teams – on buses, motorbikes, [camels](#), donkeys, and boats – to access remote or underserved areas; and vaccination sites in markets, along nomadic routes, and at major transit points, including bus stations.....”

US Right to know - US scientists proposed to make viruses with unique features of SARS-CoV-2 in Wuhan

<https://usrtk.org/covid-19-origins/scientists-proposed-making-viruses-with-unique-features-of-sars-cov-2-in-wuhan/>

“American scientists planned to work with the Wuhan Institute of Virology to engineer novel coronaviruses with the features of SARS-CoV-2 the year before the virus emerged from that city, according to [documents](#) obtained by U.S. Right to Know. ... The DEFUSE grant proposal was led by EcoHealth Alliance President Peter Daszak. Now, drafts and notes uncovered through the **Freedom of Information Act** reveal fresh details about the intended research. ...”

Stat - New chronic Covid study offers insight into which immunocompromised patients are most at risk

<https://www.statnews.com/2024/01/24/covid-research-chronic-infection-immunocompromised-patients/>

“...**New [research](#) published Wednesday in Science Translational Medicine** analyzed how long it took for **people with different levels of immune compromise** to clear the virus, and how that virus evolved along the way. **The work highlights the spectrum of risk for Covid becoming chronic** — from high levels for people with blood cancers requiring bone marrow transplants, lower risk for people taking immune-suppressing drugs for autoimmune illness, and little risk for those with intact immunity.”

PS: “**Lemieux:** It’s reassuring in the sense that **patients with mild or moderate immunocompromise do seem to clear the virus quite well.** And that’s many patients. On the other hand, it seems clear that in the severely immunocompromised patients, in some cases, something very different is going on....”

PS: “**Li:** **Most people in this country feel that the pandemic is largely over. The one population that feels left behind is the immunocompromised.** They’re the ones who come and see me in clinic and tell me that they’re still very careful. “....”

Infectious diseases & NTDs

Lancet Infectious Disease (Editorial) - A new dawn for malaria prevention

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00012-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00012-4/fulltext)

Concluding: “.... The availability of R21/Matrix-M should complement RTS,S/AS01 and guarantee vaccination is available for all those in need at the global level. Children eligible for R21/Matrix-M are between 5 months and 3 years old. **About 80 million eligible children live in malaria-endemic regions of sub-Saharan Africa. 240 million doses are needed to give them all three doses of the vaccines in 2024, followed by a further 80 million boosters in 2025.** After that, including currently unvaccinated children, the **roughly 30 million children born every year would need 120 million doses.** This would save about 450 000 lives a year.”

“**Now the deployment of both vaccines in the field opens new questions:** should a booster be given each year to children until they reach school age? How easily can malaria vaccination be added to the complex immunisation schedule already in place for children in malaria-endemic countries? In the current landscape of highly localised malaria transmission, with spots of high and low malaria prevalence found in the same country, as seen in Tanzania or Kenya, will vaccination remain cost-effective?....”

Africa CDC - HIV drug resistance to integrase inhibitors in low- and middle-income countries

<https://africacdc.org/download/hiv-drug-resistance-to-integrase-inhibitors-in-low-and-middle-income-countries/>

Linked to a **new Comment in Nature Medicine.**

“In the landscape of antiretroviral therapies, the transition to tenofovir-lamuvudine-dolutegarvir in several African countries is being implemented regardless of viral load among people living with HIV. However, people with unsuppressed viral load during transition stand at risk of developing HIV resistance to dolutegravir. **The present paper therefore, underscores the need to ensure viral load suppression as a key for transitioning or switching people living with HIV to a dolutegravir-containing therapy.** The implementation of such policy in the antiretroviral treatment strategy of Africa may contribute to reducing mortality and achieving the global efforts to eliminate HIV as a pandemic by 2030.”

Lancet Comment - Long-term protection conferred by typhoid conjugate vaccines: a step towards typhoid elimination?

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02350-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02350-4/fulltext)

Comment (with some overall assessment of the typhoid battle) linked to a **new study in the Lancet - [Efficacy of typhoid conjugate vaccine: final analysis of a 4-year, phase 3, randomised controlled trial in Malawian children](#)**

With the following **results:** “...A single dose of Vi-TT is durably efficacious for at least 4 years among children aged 9 months to 12 years and shows efficacy in all age groups, including children younger than 2 years. **These results support current WHO recommendations in typhoid-endemic areas for mass campaigns among children aged 9 months to 15 years, followed by routine introduction in the first 2 years of life.**”

PS: Vi-TT is one of two typhoid conjugate vaccines that have already received WHO prequalification.

IDS (blog) - Promoting community-centred preparedness and response to cholera's global surge

S Ripoll & T Barker; <https://www.ids.ac.uk/opinions/promoting-community-centred-preparedness-and-response-to-choleras-global-surge/>

"... The unprecedented scale and extent of the global cholera upsurge presents a challenge for effective disease control efforts worldwide. Not only are there more outbreaks, but they are also larger, making them more difficult to control without the standard two-dose vaccination regimen, which has been suspended since October 2022 because of shortages....."

"... Whilst the Global Taskforce on Cholera Control recognise community engagement amongst a package of measures to control cholera that also include surveillance and detection, case management and infection and prevention control, and access to WASH, **more efforts are needed to support those managing and delivering responses at field level to implement key community engagement actions....."**

Cidrap News - Six African nations report total of 20 new polio cases

<https://www.cidrap.umn.edu/six-african-nations-report-total-20-new-polio-cases>

"Chad, Ivory Coast, the Democratic Republic of the Congo (DRC), Mozambique, Nigeria, and South Sudan all reported new polio cases this week, according to an **update yesterday from the Global Polio Eradication Initiative**. All involved circulating vaccine-derived poliovirus type 1 (cVDPV1) or type 2 (cVDPV2) and were confirmed in 2023....."

Lancet Letter - Dengue epidemic in Burkina Faso: how can the response improve?

Olivier Manigart, V K Lokossou et al ;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02803-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02803-9/fulltext)

"Despite dengue disease being endemic or epidemic in various global regions, including cases in southern Europe for several years, **there is a scarcity of diagnostic tests on the world market—especially in the Sahel region of Africa."**

Authors **offer some ways forward.**

Lancet Global Health (review) - Long-term immunity following yellow fever vaccination: a systematic review and meta-analysis

Jenny L Schnyder, [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00556-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00556-9/fulltext)

"We aimed to summarise the literature regarding the long-term protection (≥10 years) conveyed by a single dose of yellow fever vaccination."

Findings: “.... The gathered evidence suggests that a single dose of yellow fever vaccination provides lifelong protection in travellers. However, in people living with HIV and children (younger than 2 years), booster doses might still be required because lower proportions of vaccinees were seroprotected 10 or more years post-vaccination. Lower observed seroprotection rates among residents of endemic areas were partly explained by the use of a higher cutoff for seroprotection that was applied in Brazil. Studies from sub-Saharan Africa were scarce and of low quality; thus no conclusions could be drawn for this region.”

Related Comment in the Lancet Global Health: [The life-long protective immunity of yellow fever vaccination: time to review?](#)

AMR

Cidrap News - Review highlights barriers for antimicrobial stewardship in low- and middle-income countries

<https://www.cidrap.umn.edu/antimicrobial-stewardship/review-highlights-barriers-antimicrobial-stewardship-low-and-middle>

“Prescribers in low- and middle-income countries (LMICs) hold positive attitudes toward antimicrobial stewardship but have suboptimal knowledge, and stewardship programs in those settings face a range of barriers, according to a [scoping review](#) published yesterday in *Antimicrobial Resistance & Infection Control*. The 84 studies that met the inclusion criteria represented 34 LMICs, with India, China, and Pakistan the most represented countries.....”

NCDs

BMC Health Services Research - Health seeking behaviours and private sector delivery of care for non-communicable diseases in low- and middle-income countries: a systematic review

Callum Brindley, B Meessen et al;

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-10464-0>

“This study aims to synthesize evidence on how people with NCDs choose their healthcare providers in LMICs, and the outcomes of these choices, with a focus on private sector delivery....”

Plos GPH - Individual characteristics associated with road traffic collisions and healthcare seeking in low- and middle-income countries and territories

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002768>

By L Galichi et al.

Plos Med - Health system assessment for access to care after injury in low- or middle-income countries: A mixed methods study from Northern Malawi

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004344>

By John Whitaker et al.

BMJ GH - An interpretative phenomenological analysis of the lived experience of people with multimorbidity in low- and middle-income countries

<https://gh.bmj.com/content/9/1/e013606>

By P B Tran, J van Olmen et al.

Social & commercial determinants of health

Guardian - How big tobacco forced Kenya to temper nicotine pouch warning labels

https://www.theguardian.com/global-development/2024/jan/23/how-big-tobacco-forced-kenya-to-temper-nicotine-pouch-warning-labels?CMP=twl_a-global-development_b-gdndevelopment

“British American Tobacco said it would pull investment from a Nairobi factory if its request for smaller labelling was not met.”

“The Kenyan government weakened health warnings on nicotine pouches after [British American Tobacco](#) said it would pull investment from a new factory in the country’s capital, an investigation has revealed. **Letters between British American Tobacco (BAT) and the Ministry of [Health](#)** show the government yielded to the tobacco giant’s demand to sell Velo – one of the biggest-selling nicotine pouch brands globally – with significantly smaller health warnings and without mentioning potentially cancer-causing toxicants present in the products. **The letters are among documents shared with the Guardian and [Africa Uncensored](#), and obtained by the investigative news outlet [the Examination](#), which reveal the industry’s influence over policy in the east African country....”**

Sexual & Reproductive health rights

BMJ GH - Understanding the factors affecting global political priority for controlling sexually transmitted infections: a qualitative policy analysis

<https://gh.bmj.com/content/9/1/e014237>

by D Wu et al.

“... A contrast in perspectives before and after the year 2000 emerged. STI control was high on the global health agenda during the late 1980s and 1990s, as a means to control HIV. A strong policy community agreed on evidence about the high burden of STIs and that STI management could reduce the incidence of HIV. The level of importance decreased when further research evidence did not find an impact of STI control interventions on HIV incidence. Since 2000, cohesion in the STI community has decreased. New framing for broad STI control has not emerged. Interventions that have been funded, such as human papillomavirus vaccination and congenital syphilis elimination have been framed as cancer control or improving newborn survival, rather than as STI control....”

Conclusion : “Globally, the perceived decline in STI control priority might stem from discrepancies between investment choices and experts’ views on STI priorities. Addressing STIs requires understanding the intertwined nature of politics and empirical evidence in resource allocation. **The ascent of universal health coverage presents an opportunity for integrated STI strategies** but high-quality care, sustainable funding and strategic coordination are essential.”

BMJ GH - Inequalities in use of hospitals for childbirth among rural women in sub-Saharan Africa: a comparative analysis of 18 countries using Demographic and Health Survey data

<https://gh.bmj.com/content/9/1/e013029>

By M Straneo, L Benova et al.

Access to medicines & health technology

Journal of Pharmaceutical Policy and practice - Rising pharmaceutical innovation in the Global South: a landscape study

M Viera et al; [Journal of Pharmaceutical Policy & Practice;](#)

“...We mapped available data at the global level, and studied the national pharmaceutical innovation systems of Bangladesh and Colombia to shed light on pharmaceutical research and development (R&D) in the Global South, including challenges and prospects, to help fill existing knowledge gaps....”

Graduate Institute (Global Health Centre) – Rising pharmaceutical innovation in the Global South: painting with new colors

<https://www.graduateinstitute.ch/library/publications-institute/rising-pharmaceutical-innovation-global-south-painting-new-colors>

By Y Liu, S Moon et al. “This report is part of the broader “**Research Collaboration on Technology, Equity, and the Right to Health**”, between the Global Health Centre (GHC) at the Geneva Graduate Institute in Switzerland, the James P. Grant School of Public Health at BRAC University in Bangladesh, and the Universidad de los Andes (ANDES) in Colombia, supported by the Open Society University Network (OSUN)....”

Public Citizen - Manufacturers of 10 Drugs Slated for Medicare Price Negotiation Spent Billions More on Buybacks, Dividends and Executive Compensation than R&D

<https://www.citizen.org/news/manufacturers-of-10-drugs-slated-for-medicare-price-negotiation-spent-billions-more-on-buybacks-dividends-and-executive-compensation-than-rd/>

“ While the pharmaceutical industry [says](#) that the drug price negotiation provisions under the Inflation Reduction Act will harm research and development, a [new report](#) by Public Citizen and Protect our Care reveals that the manufacturers of the first 10 drugs selected for Medicare price negotiation spent \$10 billion more on stock buybacks, dividends to shareholders, and executive compensation than they spent on research and development in 2022. According to the report, which analyzes SEC filings and company annual reports, **manufacturers spent \$107 billion on these activities compared to \$97 billion on R&D in 2022.** What’s more, executive compensation for these companies was approximately half a billion dollars in 2022.”

Link:

- SS&M – [‘Financial fallout’ in the US biopharmaceutical industry: Maximizing shareholder value, regulatory capture, and the consequences for patients](#) (by R Whitacre)

Human resources for health

Human Resources for Health - Impacts for health and care workers of Covid-19 and other public health emergencies of international concern: living systematic review, meta-analysis and policy recommendations

<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-024-00892-2>

By I Fronteira et al.

TGH - The Threat of Bogus Doctors in Africa

C Pensulo et al ; <https://www.thinkglobalhealth.org/article/threat-bogus-doctors-africa>

“Social media is propelling the popularity and reach of medical frauds in South Africa and Malawi.”

“A number of countries in southern Africa are grappling with the problem of fake or unlicensed health practitioners who reportedly endanger patients’ lives. How the culprits manage to beat and infiltrate the systems is a question that various medical councils are considering—especially as the popularity of these frauds grows on social media.”

IJHPM - Violence Against Health Workers Amidst Brain Drain in Nigeria: An Issue of Concern

M A Adgebite et al ; https://www.ijhpm.com/article_4554.html

“.... With the continuous exodus of health professionals from Nigeria, experiencing workplace violence in addition constitutes a double crisis for the already depleted Nigerian healthcare system. Health delivery is hampered by brain drain of the public healthcare workforce and this brain drain is attributed to job dissatisfaction caused by inadequate remuneration, lack of career growth opportunities, and inadequate health infrastructures, etc. The consequences of workplace violence are not only limited to work injuries leading to absenteeism and job dissatisfaction, but can also aggravate the current brain drain concern. Thereby impacting the healthcare delivery negatively.....”

Decolonize Global Health

Global Health: Science and Practice - Barriers to Decolonizing Global Health: Identification of Research Challenges Facing Investigators Residing in Low- and Middle-Income Countries

Nana Anyimadua Anane-Binfoh et al;

<https://www.ghspjournal.org/content/early/2024/01/19/GHSP-D-23-00269>

“Local limitations on protected time for research, ethical review, technology, and training threaten the productivity and development of investigators in low- and middle-income countries. National governments of many low- and middle-income countries underprioritize research or thwart its progress through political repression or instability. At the international level, investigators in low- and middle-income countries must compete with advantaged investigators from high-income nations for funding and publications.”

Miscellaneous

NPR Goats & Soda - Why diphtheria is making a comeback

<https://www.npr.org/sections/goatsandsoda/2024/01/23/1226155791/why-diphtheria-is-making-a-comeback>

Among others, in West Africa.

Bloomberg - World Bank, IMF Look to Move Past Old Tensions on Climate, Debt

<https://www.bloomberg.com/news/articles/2024-01-19/world-bank-imf-look-to-move-past-old-tensions-on-climate-debt?leadSource=uverify%20wall>

(gated) “Banga speaks with IMF executive directors on climate agenda. Institutions seek to boost interaction between staffs, leaders.”

Nature - High-profile effort will tackle academia’s fake-paper problem

https://www.nature.com/articles/d41586-024-00159-9?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1705659987

“Paper mills are polluting the literature — a group will study them in detail to stem the flow of bogus research”

Bond - What the OECD’s latest data tells us about global aid in 2022

<https://www.bond.org.uk/news/2024/01/what-the-oecd-s-latest-data-tells-us-about-global-aid-in-2022/>

“The Organisation for Economic Co-operation and Development’s Development Assistance Committee (DAC) recently published its final aid data for 2022, and it’s not good news for the world’s least-developed (LDCs) and low-income countries (LICs).....”

Via ONE’s Aftershocks [newsletter](#) from last week:

- **“UnaccommODating:** A shocking 30% of the US\$210 billion in 2022 official development assistance was spent on Ukraine, supporting refugees in donor countries, or COVID-19, according to ONE’s analysis. Excluding that spending, aid decreased by nearly 4%. Donors allocated more than 10% of total ODA (US\$22 billion) to the war in Ukraine. Donors spent a record 14.7% of aid on refugees in their own countries. **Rather than increase ODA, donors are shifting money from other development priorities. That helps explain why aid to Africa decreased to its lowest proportion (25.6%) in two decades**, whilst aid to Europe jumped 10 percentage points in 2022.”
- And a stat: “3.8% of health spending globally goes to low- and lower-middle income countries, home to 52% of the world’s population.”

Papers & reports

World Development - The three eras of global inequality, 1820–2020 with the focus on the past thirty years

<https://www.sciencedirect.com/science/article/abs/pii/S0305750X23003340?dgcid=author>

By B Milanovic.

Link:

- MDM Policy & Practice - [Understanding and Bridging Gaps in the Use of Evidence from Modeling for Evidence-Based Policy Making in Nigeria's Health System](#) (by C Mbachu et al)

Blogs & op-eds

The Healthiest Goldfish – Towards a new radicalism

S Galea; <https://sandrogalea.substack.com/p/towards-a-new-radicalism>

“On **striking a balance between engaging with upstream and downstream forces**, to create a fundamentally healthier world.”

Tweets (via X & Bluesky)

Peter Singer

“There are so many high-level panels. Has anyone ever seen a low-level panel?”

Tim Schwab

(Re the **Global Alliance for Women's Health**, launched last week in Davos)

“How much money is the Gates Foundation paying---richly subsidized by us, taxpayers---to send an army of staff to hang out in Davos with the global elite & start non-transparent public-private partnerships? Is democracy really served by Gates's model of billionaire philanthropy?”

Andrew Harmer (with a few tweets on the investment round proposal) - among others:

“As Member States repeatedly tell us today that future funding of WHO must acknowledge that 'times are lean', 'cupboards are bare' etc., etc., **it's worth noting that the bill for Israel's war on Gaza could = \$58bn. That's FIVE times WHO's base budget for the next four years.**”

“**With reference to no evidence whatsoever, Bjorn Kummel points to GAVI and the Global Fund and says: 'if the Investment Round works for them, it'll work for WHO'**. Adding that it "won't be perfect" and that "it's a learning exercise". So that's ok.”

“**The so-called 'structural' flaw in WHO's funding model is a smokescreen to distract from the basic reality** that a) WHO's Member States don't fund enough; b) they won't pay WHO up front; and c) they attach conditions to their funding. This is not structural; it's political.”

Dr Tedros

“ 2024 will be a defining year for global health, and for @WHO: . This year, the Member States are shaping: - the world’s global health strategy for the next four years - the future of health emergencies - the future of WHO, through the Investment Round As the Executive Board gathered today, I urged them to seize these opportunities. They do not come very often. We all want to make a difference, because we believe in the mission and vision of the World Health Organization.”

Todd Moss

“The starting point for any discussion of climate justice has to start with responsibilities. >1 billion people across 48 African countries contributed 0.55% of global CO2 .”

Podcasts

Global Health Matters - Geopolitics of global health - part 1

<https://tdr.who.int/global-health-matters-podcast/geopolitics-of-global-health>

“In part 1 of our episode on the geopolitics of global health, host Garry Aslanyan speaks with Ricardo Baptista Leite, who maps his career journey from treating patients with HIV and tropical diseases to serving four terms as a Member of Parliament in Portugal. He is also the founder and president of the UNITE Parliamentarians Network for Global Health, which brings together current and former political leaders in more than 100 countries pushing for science-based health policies. Together, Garry and Ricardo reflect on the global forces and factors that shape the economic, social, and political landscape affecting health for all. “

Part 2 will follow after PMAC.