

IHP news 761 : A few kick-offs in global health

(9 Feb 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,

In this week's issue, we briefly come back on the - Africa CDC hosted - **cholera summit** from last week, **World Cancer Day** (4 Feb) and the [International Day of Zero Tolerance for Female Genital Mutilation](#) (6 Feb).

We also pay attention to [Team Europe's Ministerial Health Mission to Addis](#) (5-7 Feb), more or less "the kick-off" of the Belgian presidency's "... ambition to accelerate equal access to health, building on the Africa-EU partnership on Global Health". The challenge for the Belgian presidency is obvious: to let 'Team Europe' live up to its lofty rhetoric (among others, in terms of support to the new Public Health Order), while also avoiding [the "double standards"](#). Let's hope my compatriots will help to pull this off. Yes, global circumstances are difficult, Belgium is just one – and rather complicated - country among 27 and we have our own (pharma related) 'conflicts of interest' over here, but it's clear the "Global South" demands no less.

Naturally, we also cover the **seventh WGIHR meeting** (on the IHR amendments) which began on Monday and ["officially kicked off the 2024 pandemic 'season' negotiations" at the WHO in Geneva](#). Sadly, unlike in the American football season, there's no Taylor Swift to cheer the negotiators on. Elsewhere in the world, [Tobacco COP 10](#) (5-10 Feb, in Panama) and the **2024 Fair Pricing Forum** (virtually) are also taking place (or have ended by now).

A few reads that caught our attention, then. First of all a wide ranging **FT interview with Horton - The Lancet's Richard Horton: 'We're going to continue to see health as political'**. Do check out also a must-read **WHO Bulletin special issue, on geopolitics, global health and equity** - launched at PMAC. And last but not least, we hope you find the time to delve into a new (and excellent) iteration in the health systems resilience literature: ["We need to talk about 'bad' resilience"](#) (by Dell D Saulnier & S Topp).

Speaking of **geopolitics**, in a very neat **podcast** from our colleagues from **Global Health Matters, Geopolitics of global health - part 2, Ayoade Alakija** (*who needs no introduction anymore by now*), said a number of interesting things. We only flag one, here: the fact that 'Decolonizing (global health)' is now in some (mostly nasty US) political corners considered a rather tricky term, makes her talk about 'rebalancing power' these days. But do listen to the whole (30 min) podcast!

By the way, as for power that needs to be "rebalanced", I would hope Horton & other Lancet editors will also include the likes of **Elsevier** in that quest. As it was a bit of a weird statement by Richard, in the year 2023, in the FT interview mentioned above: **"The more money we make [for Elsevier, that is], the greater the freedom I have to do and say what I want."** Let's just hope he was framing things in a way the average Financial Times reader 'understands' :) We do very much applaud the

Lancet's courageous stance to **continue to see health as political**, though, as it's much needed in our times. Indeed, health remains very much political all around the world, whether in more or less functioning democracies, "illiberal" democracies, money-corrupted "democracies", authoritarian regimes, and heck, even in countries where elections are being "[delayed](#)" till supposedly 'better times' 😊!

Let me end this intro on a few positive notes. You can now [join Bluesky](#) – increasingly, the main competitor of X (or so we hope) – without needing an invitation anymore. Tomorrow, another "**year of the Dragon**" is also starting in the Middle Kingdom (*yes, I know, oldies among you might remember an [80s movie](#) with a young Mickey Rourke in there*), so let me already wish our Chinese subscribers a happy Chinese new year. And last but not least, **SUVs will now have to pay triple parking fees in Paris!** That can only be a nice start, though. Time of thinking something along these lines for private jets and yachts as well. Among others.

PS: as for the **kick-off** on Sunday, in the **Africa Cup match between Nigeria and Ivory Coast**, I have no preferences 😊. That the best may win!

Enjoy your reading.

Kristof Decoster

Featured Article

From stockpiles to COVAX: Gavi's investments in global health security as a case in point of the rising influence of global health partnerships

Antoine de Bengy Puyvallée, PhD candidate, University of Oslo's Centre for Development and the Environment

Two decades ago, global health partnerships proliferated as an alternative governance model to the World Health Organization (WHO), deemed overtly [political, bureaucratic and inefficient](#). Partnerships were designed instead as lean and efficient "networks" or "alliances" bringing together public and private partners to achieve a clearly specified objective.

Over time, however, global health partnerships have taken on new missions, their budgets have become ever larger, and the same goes for their staff. In its early days, Gavi operated from a UNICEF basement with a handful of individuals. The partnership now has over 600 staff members. Similarly, The Global Fund currently employs over 1300 people.

In [a paper recently published in Policy & Society](#), I argue that global health partnerships have become powerful organizations whose secretariats have acquired substantial, but often overlooked, capacity to shape policy processes. This trend can be found across many of the largest global health partnerships, but Gavi exemplifies it perhaps best. Gavi's secretariat has indeed played an important

role in expanding the organization's activities from childhood immunization to pandemic preparedness and response during the past decade and, most visibly, during the covid-19 pandemic.

Gavi's investments in global health security before covid-19

Since 2006 Gavi has invested in vaccine stockpiles to respond to outbreaks of Yellow Fever, Cholera and Meningitis. These stockpiles, however, accounted for less than 1% of the organization's total budget until 2015. My research shows that this changed with the Ebola crisis of 2014-2015. During the fall of 2014, Gavi's secretariat developed a report - in less than 8 weeks - proposing that Gavi invest in an Ebola vaccine stockpile. The board approved an envelope of \$300 million to establish an Ebola vaccine stockpile and granted the secretariat considerable autonomy to implement the response.

In the aftermath of the Ebola crisis, global health security rose on the political agenda and donors became interested in funding preparedness activities. Although global health security was not formally one of the organization's strategic priorities, Gavi's secretariat elaborated a series of reports and proposals that were presented to its board in 2018. These included projects on yellow fever diagnostics (which might be unexpected for a vaccine alliance), pandemic influenza vaccines and the Ebola response in DR Congo. Gavi also joined the polio eradication program and started to channel funding to the Coalition for Epidemic Preparedness Innovation (CEPI) for research and development of pandemic vaccines.

Interestingly, many of these projects raised unusual controversies and debates in Gavi's board, with several board members expressing minority positions and "concerns" about some of the proposals. This may indicate that the secretariat has been pushing for these global health security investments before a consensus had been reached. Nevertheless, Gavi's board officially recognized global health security as a strategic priority in 2019 by adding two related objectives in its 5-year strategy, Gavi 5.0 (2020-2025).

COVAX's legacy

Gavi was therefore ideally placed to play a leading role in the global vaccine response when covid-19 hit. Gavi's secretariat proactively contributed to the development of COVAX by setting the agenda, formulating policy proposals, building policy coalitions, fundraising, and implementing the response. It ended up coordinating "[the largest global rollout of vaccines in history](#)" by raising the equivalent of [USD 17.6 billion](#) and distributing over 2 billion vaccines.

Gavi's secretariat organized multiple rounds of fundraising, including a replenishment event as late as April 2022, which now has long-lasting consequences. With vaccine demand plummeting throughout 2022, the organization is expected to have a colossal [USD 5 billion \(!\) of unspent covid funds by 2025](#).

Over the past two years, Gavi's board has held heated discussions behind closed doors on the allocation of this surplus money. *The New York Times* quoted one board member, saying "[the important thing is, we don't want them to use these funds to broaden their mandate](#)." In effect, this extra funding does create a lock-in mechanism that further encroaches Gavi's position in the future governance architecture of pandemic preparedness and response.

The rising influence of global health partnerships

Gavi is not the only organization to have expanded its portfolio of activities over the years – I found a similar trend occurring across the largest global health partnerships. The influence of these organizations’ secretariats has also been strengthened, I argue, by developing some degree of financial autonomy vis-à-vis key donors, as well as by increasingly cooperating with each other, which dilutes accountability – [as argued elsewhere in the case of ACT-A](#) and COVAX.

Overall, my paper shows how the largest global health initiatives have become powerful organizations whose secretariats increasingly shape policy. By so doing, global health partnerships relegated their governing bodies to a more distant position of control, and increasingly well positioned to challenge WHO’s authority. It might be time to pay closer attention to their doings.

The **full paper** is available in open access: <https://academic.oup.com/policyandsociety/advance-article/doi/10.1093/polsoc/puad032/7582336?searchresult=1#437014475>

Highlights of the week

Cholera summit Africa CDC (2 Feb)

Communiqué from Africa CDC on the Southern Africa Development Community (SADC) Extra Ordinary Virtual Summit of Heads of State and Government on the Cholera situation in the region

[Africa CDC](#)

“.... The Heads of State and Governments for the SADC region unanimously agreed on a **number of recommendations and action** in addressing the Cholera outbreak in the region.....”

See also **Coverage** in **All Africa** - [Southern Africa: SADC Recommends Joint Cholera Response Plans](#) (with a good summary)

“**The Heads of State and Government of the Southern African Development Community (SADC) Friday recommended the implementation of a joint cholera response plan** that encompasses natural disasters, climatic effects and to control and tackle the spread of the disease in member states. According to the **final communiqué of the Extraordinary Session of the Summit** led by SADC chairperson João Lourenço, it **recommended a jointly planning and implementing synchronized cross-border vaccination campaigns against cholera, mobilization of vaccines for affected and non-affected countries at risk, and presenting an annual report to the council.....**” And more.

- Related – **UN News:** [Unprecedented cholera spike in Africa](#)

“Cholera cases are surging globally, and there’s been an unprecedented spike in Africa, the World Health Organization (WHO) said on Tuesday. Dr. Fiona Braka from WHO’s regional office in Brazzaville, Congo, said that eastern and southern Africa have been particularly badly affected.”

“In just the first four weeks of the year, 10 African countries reported more than 26,000 cases and 700 deaths, which is nearly double the number reported last year over the same period. Zambia and Zimbabwe have been worst hit, but Mozambique, Tanzania, the Democratic Republic of the Congo, Ethiopia and Nigeria are also in the grip of “active outbreaks”, with a high risk of further spread, Dr. Braka said. ...”

“... Despite a global shortage of oral cholera vaccines, WHO supports inoculation drives in Zambia, where over 1.7 million people have been vaccinated. A campaign is also underway in Zimbabwe, which expects to provide protection to 2.3 million people. WHO has also deployed over 100 medical experts and dispatched emergency supplies to affected areas in Zambia and Zimbabwe. More than 30 tonnes of emergency supplies have already been delivered to both countries, including cholera kits and rehydration salts, with more assistance on the way....”

Team Europe Ministerial Health Mission to Addis (5-7 Feb)

<https://belgian-presidency.consilium.europa.eu/en/events/team-europe-ministerial-health-mission/>

Press release ahead of the visit. **“The Team Europe high-level mission to Addis [will take] place from 5 till 7 February 2024, where the 5th is dedicated to high-level meetings on health and humanitarian aid at the African Union Commission and Africa CDC. It [will] symbolize a “kick-off” of the**

“...During its 2024 EU presidency, Belgium would like to continue and highlight the EU’s close cooperation with African partners, prioritizing African health sovereignty, in alignment with the call for a new Public Health Order for Africa.”

“...This mission to Ethiopia and the African Union offers an opportunity to reflect on progress made by African leadership in the field of health, as well as “Team Europe” Initiatives (TEI), Global Gateway Flagships, and contributions to the Africa-EU Global Health Partnership. This includes: recent investments made in the local production of health products and a shared interest in access to technology and knowledge; strengthening national ‘ecosystems’, in particular the regulatory authority capacity, and increasing evidence-based decision-making through Public Health Institutes; advancing digital health; developing social protection floors and social health protection strategies to advance affordability; advancing the Sexual and Reproductive Health and Rights agenda, and overall strengthening the resilience of African health systems in response to an existing and rapidly evolving health burden as well as climate change related challenges and emerging pandemics.”

PS: make sure you read about **MAV+ (Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa)**. See [here](#). Track record so far (2021-2023), and looking ahead to 2024.

HPW - 'Team Europe' Agreements Boost Africa's Pandemic Preparedness

<https://healthpolicy-watch.news/team-europe-agreements-boost-africas-pandemic-preparedness/>

With some **coverage of day 1.**

“Europe’s Health Emergency Response Agency (HERA) has pledged €6 million to assist the Africa Centre for Disease Control (ACDC) to scale up sequence-based disease surveillance and laboratory capacity on the continent. This was announced by Stella Kyriakides, the European Commissioner for Health and Food Safety, at the start of a **three-day meeting between the African Union and the European Union** in Addis Ababa on Monday to address health and humanitarian issues.”

“Belgium’s development agency has also signed a memorandum of understanding with the ACDC aimed at strengthening Africa’s pandemic preparedness, said Caroline Gennez, Belgian Minister of Development Cooperation and Major Cities. **Belgium holds the EU presidency and one of its aims to accelerate equal access to health and strengthen the Africa-EU partnership on Global Health.** To this end, Belgium is hosting a high-level event on health with the African Union on 20 March....”

“... Africa CDC Deputy Director General Dr Ahmed Ouma welcomed the agreements, saying that they would improve global health security by “building [African] countries’ capacity to detect and respond to health emergencies”. **The agreements focus on three main issues, he added: supporting Africa CDC’s role as the continent’s health implementer, the growing resistance to antibiotics, and building the continent’s One Health capabilities.** This is particularly crucial on a continent with a high level of zoonotic diseases....”

PS: **“... Meanwhile, Minata Samate Cessouma,** the African Union’s Commissioner for Health, Humanitarian Affairs and Social Development, said that **the meeting would also discuss cooperation on Africa’s humanitarian needs, especially in the Horn of Africa.** **“Climate change is now starting to displace more people than conflicts now,”** Cessouma noted.”

- Related tweet Jean Kaseya (Africa CDC):

“Africa CDC and #TeamEurope made 3 pivotal joint announcements to signify the strength of this partnership: 1. Joint @AfricaCDC @EU_Commission initiative on Genomic sequencing 2. Joint @AfricaCDC @EU_Commission Initiative on Health Security using a one health approach 3. MOU between @Enabel_Belgium Development Agency.”

7th meeting of the Working Group on Amendments to the International Health Regulations 2005 (WGIHR7)

“WGIHR7” took place this week **from 5 to 9 February** at the WHO headquarters in a hybrid mode.

https://apps.who.int/gb/wgihr/e/e_wgihr-7.html

HPW - With Only 10 Negotiating Days Left, Pressure Builds on Group Amending International Health Regulations

<https://healthpolicy-watch.news/with-only-10-negotiating-days-left-pressure-builds-on-group-amending-international-health-regulations/>

Informative analysis on the **state of affairs (and stances)**, as the 7th meeting was kicking off on **Monday**. Well worth a read!

“With only 10 official negotiating days left, the Working Group on Amendments to the International Health Regulations (WGIHR) is under pressure to reach agreement on changes to the rules that govern global health emergencies. The seventh WGIHR meeting which began on Monday officially kicked off the 2024 pandemic ‘season’ negotiations at the World Health Organization (WHO) in Geneva. It’s a short, intense season though, with the grand finale for both the IHR amendments and the pandemic accord set for the May World Health Assembly....”

PS: **“The WGIHR will hold a public update on this week’s negotiations on Friday afternoon. “**

TWN – WHO: WGIHR 7 agenda proposes inequitable treatment for equity proposals

N Ramakrishnan et al ; <https://twn.my/title2/health.info/2024/hi240201.htm>

Analysis ahead of the 7th meeting of the WG. **“The provisional agenda and programme of work for the 7th meeting of the Working Group on Amendments to the International Health Regulations 2005 (WGIHR7) do not treat amendment proposals for operationalizing equity in IHR 2005 on the same footing with other amendment proposals that are either technical in nature or in the interests of the developed countries. It is not clear whether there will be negotiations on equity-related provisions and others of interest to developing countries, because the Bureau has not circulated the text on equity-related provisions....”**

- See also Geneva Health Files - [Developing Countries Seek to Retain Equity Provisions in the Amendments to the IHR \[WGIHR7 Update\]](#)

In-depth analysis by Priti Patnaik and Tessa Jager.

TWN - WHO: Bureau rejects Secretariat’s proposal to delete equity-related IHR amendment proposals

<https://www.twn.my/title2/health.info/2024/hi240203.htm>

(7 Feb) **“The Bureau of the Working Group on the Amendment of International Health Regulations (WGIHR) rejected the WHO Secretariat’s proposal to delete equity-related amendment proposals (Article 13 A, Article 44 A and Annex 10). The WGIHR Bureau did not circulate the Secretariat’s proposals as the Bureau’s text....”**

TWN - WHO: WGIHR Bureau's push for 2 new national institutions for IHR implementation raises concerns

KM Gopakumar et al ; <https://twm.my/title2/health.info/2024/hi240202.htm>

“The continued push of the Bureau of the Working Group on the Amendments of the International Health Regulations 2005 (WGIHR) for the creation of two additional institutions at the national level to implement the regulations raises concerns of institutional and financial fragmentation....”

“The latest version of the Bureau's text on amending Article 4, which sets out the details of responsible authorities for the implementation of IHR, **proposes the creation of a National IHR Authority and a National IHR Competent Authority**. [This proposal will be discussed at the 7th meeting of WGIHR which is taking place on 5-9 February at WHO Head Quarters, Geneva. **The idea for two more new institutions was first tabled in October and again in December, by the Co-Chairs and Bureau respectively....**”

More on PPR

Meanwhile, on the INB process, via [Pandemic Action network](#):

“ **Pressure is mounting** — as it should be — **ahead of INB8 (Feb. 19 - March 1)** and the number of negotiation days to deliver on an effective pandemic agreement by the World Health Assembly in May are limited. **WHO announced [four more informal sub-group meetings on Feb. 12 and Feb. 14](#)** — which, like last week's informal meetings, [appear to be closed to non-Member States](#). On the agenda are hot-button issues including governance, IP, access and benefit sharing, surveillance, and equity....”

Recording CGD webinar - What's Next for the Pandemic Financing Agenda?

<https://www.cgdev.org/event/whats-next-pandemic-financing-agenda>

Webinar from last Wednesday. “...In this webinar, **we review the ongoing problem of gaps in the global pandemic risk financing architecture** in the aftermath of the [G20 Pandemic Financing report](#) and G7 Nagasaki Health Ministers' [Communiqué](#), and propose specific policy recommendations for world leaders and multilateral and bilateral donors to consider in 2024. **The virtual event was co-hosted by CGD, Ginkgo Bioworks, the Pandemic Action Network, and the Centre for Disaster Protection.**”

Well worth watching.

Geneva Policy Outlook - Towards better rules to govern pandemics

Suerie Moon ; <https://www.genevapolicyoutlook.ch/towards-better-rules-to-govern-pandemics/>

“Stakes are high in 2024 as the new rules to govern pandemics enter the second year of negotiations. **Suerie Moon outlines three main obstacles to reaching an international agreement: finding common ground on substantive issues, the form of rules, and the process to get there.**”

Neat overall analysis of the 2 ongoing processes in Geneva (and how they related to each other).

Lancet Letter - Draft of WHO Pandemic Agreement plays down primary prevention

The Lancet-PPATS Commission on Prevention of Viral Spillover et al;
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00066-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00066-7/fulltext)

“As scientists who are deeply engaged in reducing the risk of another pandemic, we are concerned that **primary pandemic prevention**—actions taken to reduce the risk of an outbreak occurring at all—gets inadequate attention in the draft text of the WHO Pandemic Agreement, released on Oct 16, 2023.”

“**Primary pandemic prevention** (or similar concepts such as deep prevention, upstream prevention, or primordial prevention) is **not once mentioned in the text**. Where the **term prevention is used, it often refers to post-spillover secondary pandemic prevention, which focuses on actions taken after a pathogen has spilled over from animals to humans, which is often referred to as preparedness and response.** “

“**Only four sentences in the 30-page document mention the spillover of pathogens between animals and humans, the origin of most—if not all—recent viral pandemics.** We define spillover as the transmission of an infectious agent from one vertebrate species to another where it is not expected to be typically present....”

Devex - Opinion: Imagine a health COP getting as much attention as climate COPs

L Gostin et al; <https://www.devex.com/news/opinion-imagine-a-health-cop-getting-as-much-attention-as-climate-cops-107029>

“In May, the world has the chance to adopt a framework convention on global health, with regular **Conferences of the Parties** to help beat the complacency typical between pandemics.”

“In March 2021, 25 heads of government and international agencies issued an extraordinary joint call for a pandemic treaty. Since that time, WHO has waffled at what exactly is being negotiated, using a **series of word salads**: from a ““convention,” “agreement,” “instrument,” or “CA+,” to a “**pandemic accord**” and more recently to a “**pandemic agreement.**” We understand why WHO would use elastic language amid delicate treaty negotiations. But even for sophisticated international lawyers, such fluidity in language is disorienting. Much of the global health community is confused about what is being negotiated and its legal standing. **Let’s be clear. The world needs a binding treaty — a Framework Convention on Pandemic Prevention, Preparedness, and Response, with an empowered COP.....**”

“... The pandemic agreement could take **one of three forms under the WHO Constitution**: (1) A recommendation (Article 23), which is essentially voluntary.
(2) A regulation (Article 21) like the International Health Regulations, but those already exist, and are

currently being fundamentally revised.

(3) A framework convention under WHO's treaty-making authority (Article 19), akin to the [Framework Convention on Tobacco Control](#), or FCTC."

"As it currently stands, the Intergovernmental Negotiating Body has divided the draft [text](#) into subgroups because the positions of various coalitions of states are [so far apart](#) on virtually every major aspect of the agreement. Yet there appears little promise that this process-oriented change will bridge outstanding divides."

"It would not be a silver bullet but a **framework convention could break the impasse while setting the stage for an historic binding treaty**. Here are **four compelling reasons why a framework convention-protocol approach is vital.....**"

Nature Medicine (Comment) - A decision-making tree for policy responses to a pathogen with pandemic potential

R Katz & D Sridhar; <https://www.nature.com/articles/s41591-023-02755-0.pdf>

"Policy responses should be based on the known characteristics of an emerging pathogen with pandemic potential and the tools available to tackle it, rather than on specific known pathogens."

The **authors propose a decision-making tree on whether an outbreak will become a pandemic & guiding govt policy response.**

"**Here, we propose a decision-making tree to help governments tailor public health responses to any emerging infectious public health concern, based on the characteristics of the specific pathogen.** Our contention is that instead of preparing one pandemic plan for all possible pathogens, governments need to build flexibility into their response on the basis of the characteristics of the pathogen and the tools available....."

WHO - The updated WHO Benchmarks for Strengthening Health Emergency Capacities expanded to include public health and social measures (PHSM)

[https://www.who.int/news/item/02-02-2024-the-updated-who-benchmarks-for-strengthening-health-emergency-capacities-expanded-to-include-public-health-and-social-measures-\(phsm\)](https://www.who.int/news/item/02-02-2024-the-updated-who-benchmarks-for-strengthening-health-emergency-capacities-expanded-to-include-public-health-and-social-measures-(phsm))

"**The updated [WHO Benchmarks for Strengthening Health Emergency Capacities](#) was published to support the implementation of the International Health Regulations (IHR) and the health emergency prevention, preparedness, response and resilience capacities. Taking on board the lessons from the COVID-19 pandemic and other recent health emergencies, **the benchmarks expanded** to reflect closer alignment with [International Health Regulations 2005 \(IHR\) monitoring and evaluation framework](#), the [health systems for health security framework](#), [disaster risk management](#), and the [health emergency prevention, preparedness, response and resilience \(HEPR\)](#) framework. **The updated benchmark now includes a critical new technical area, public health and social measures (PHSM)**. PHSM are interventions implemented by individuals, communities and governments to reduce the risk and scale of epidemic- and pandemic-prone infectious diseases transmission....."**

PS: “... The published WHO Benchmarks for Strengthening Health Emergency Capacities is accompanied by [the Benchmark Portal](#) for countries to quickly develop draft national plans and navigate benchmarks as per their need using the portal. The [dedicated page on the PHSM benchmark](#) enables users to refer to **proposed activities to progress across five incremental capacity levels**, facilitating to reach the sustainable capacity level.....”

Global Catastrophic Risk Institute Technical Report - The Origin and Implications of the COVID-19 Pandemic An Expert Survey

https://gcrinstitute.org/papers/069_covid-origin.pdf

“Epidemiologists & virologists estimate a 77% likelihood that covid began with a spillover from nature, like the emergence of SARS, HIV, Ebola, flu & other epidemics. 90% predict the next pandemic will stem from a natural zoonotic event....”

- Coverage via Science - [Virologists and epidemiologists back natural origin for COVID-19, survey suggests](#)

“First large scientific opinion poll about “lab leak” causes fresh furor on social media.”

G20 (with Brazil hosting this year)

"Countries need to prepare for possible new sanitary emergencies," says ambassador

<https://www.g20.org/en/news/countries-need-to-prepare-for-possible-new-sanitary-emergencies-says-ambassador>

Coverage of the **first meeting of the Health and Finance Taskforce** (from last week – 1 Feb).
“pandemic preparedness was outlined as one the Groups’ priorities.”

“... The COVID-19 pandemic has drastically affected debates on finance and health, but they have been resumed in discussions at the G20, the forum of the world's 20 biggest economies. According to Ambassador Alexandre Ghisleni, coordinator of the Finance and Health Task Force for Brasil’s Ministry of Health, during the meeting on Thursday, **the technical experts of the member countries managed to give a new direction to the agenda to impact global decision-makers**, which already "represents a positive fact for the Brazilian presidency". **“We have managed to take this discussion in a new direction, with new proposals, putting the issue of health financing back on a stable, more appropriate basis**, in a way that is very connected to current issues and catches the attention of decision-makers. It opens the way for us to deepen this discussion, to achieve concrete results that change the health financing scenario in Brasil and the rest of the world,” Ghisleni explained during a press conference.”

“One of the main points addressed during the meeting was Debt for Help, which seeks to encourage countries to replace debt payments with investments in health. Helder Silva, coordinator of the WG for the Ministry of Finance, highlighted that the topic opened the meeting as

a subject of extensive debate and will be the target of improvement, based on the previous experience of nations with this financial mechanism.....”

- And a link: ["Brasil should have a reduction of 20 million hungry people," estimates minister](#)

The Brazilian government's aims to form a **Global Alliance against Hunger and Poverty**, within the framework of the G20 presidency. “....The minister highlighted that **Brasil proposes a three-pillar structure to guide the Alliance's efforts: National, Financial and Knowledge**. This integrated approach not only intends to accelerate the achievement of the UN Sustainable Development Goals, especially those related to poverty eradication and zero hunger, but also recognizes the necessity of adapting to the specific realities and necessities of each participating country..... In addition, **the Global Alliance is conceived as a platform for establishing national commitments, inviting not only G20 members, but also other countries and international organizations committed to this vital cause**. With the participation of important organizations such as the UN, the FAO and the World Bank, the Alliance wants to ensure efficiency and avoid duplication of efforts”

- Finally, some **tweets via G20 Brazil**:

“**Brazilian President Lula met on Monday in Brasilia with the Director of PAHO, Jarbas Barbosa, and the Director-General of WHO, Tedros Adhanom, as well as with the Brazilian Minister of Health, Nísia Trindade.**”

“**At the meeting, priority issues were discussed, such as the international treaty to strengthen pandemic prevention, preparedness and response, which has Brazil's strong support and leadership, and is one of the priorities of the G20 Finance and Health Task Force.**”

“Also noteworthy is **Brasil’s plan to eliminate socially determined diseases** such as leprosy, malaria, trachoma, onchocerciasis, tuberculosis, etc., which affect the whole world. “

“Check out the **launch of the Healthy Brasil Program - Unite to Care, a Brazilian government initiative to eradicate socially determined diseases**, with the participation of the director general of the World Health Organization.”

For more detail on this meeting, see also [PAHO, WHO directors meet President Lula to discuss priority health issues for Brazil, the Americas and the world](#)

More on Global Health Financing

Devex - Why the Gates Foundation isn't shifting to trust-based grantmaking

<https://www.devex.com/news/why-the-gates-foundation-isn-t-shifting-to-trust-based-grantmaking-107026>

“**Bill & Melinda Gates Foundation CEO Mark Suzman says he sees the value of trust-based grantmaking but doesn't view the model as a good fit for the foundation's outcome-driven work.**”

“While the [Bill & Melinda Gates Foundation](#) supports the idea of trust-based grantmaking and donors who have embraced that model, such as billionaire philanthropist MacKenzie Scott, the organization is not planning to broadly adopt the approach itself, CEO Mark Suzman said Friday. It **doesn't fit the foundation's outcome-driven work in health and other areas**, he said, which refers to a giving approach that seeks defined and measurable goals such as delivering a certain number of mosquito nets per year.....” **“Trust-based philanthropy** is an approach to giving in which donors give unrestricted funding to nonprofits and allow them to spend the grant money how they choose, with few to no reporting requirements....”

PS: “ **The Gates Foundation will soon launch a multimillion-dollar [tuberculosis vaccine trial](#) in partnership with U.K.-based foundation [Wellcome](#).** “You can't do an investment like a vaccine trial that's a general operating grant,” he said. “You have to have clear outcomes and metrics and objectives about what you expect and hope the vaccine will do.” ...”

“... **Gates does not see unrestricted grants as part of its effort to get money out the door quickly, Suzman said. The foundation sees its outcome-focused model as “complementary” to trust-based giving done by others**, he said. And it also is looking at how it can be applied in a more trust-based way moving forward.....”

More on Global Health Governance

CGD - The 2024-2025 Replenishment Traffic Jam: Are We Headed for a Pileup?

J M Keller et al ; <https://www.cgdev.org/blog/2024-2025-replenishment-traffic-jam-are-we-headed-pileup>

“**With several replenishment campaigns set for 2024-2025, a fundraising pileup is on the horizon.** Close to a dozen major development funds—including the World Bank's International Development Association (IDA), thematic funds like Gavi, and new entities like the Loss and Damage Fund—could **aim to raise over \$100 billion from donors over the next two years**, according to our projections.”

“...Foreign assistance budgets across key donors are increasingly constrained by domestic fiscal tightening and new claims on resources in a challenging geopolitical landscape. Upcoming elections in 6 of the 10 largest bilateral donors also introduce an element of political uncertainty. **Given that the same donors tend to dominate these funds, there is a risk that 2024-2025 could become a zero-sum competition for a fixed pot of resources.** “

“Below, we map key replenishments in 2024-2025 (see Figure 1), outline **three reasons why this upcoming period could be particularly challenging**, and share what we will be watching over the coming year.”

PS: from what I can tell, CGD authors don't really recommend to “go after the billionaire class”, sadly. Which should be common sense, in the current circumstances. And globally, not just in the 'North'.

Lancet World Report - WHO rolls out plan to strengthen country offices

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00232-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00232-0/fulltext)

“Tedros Adhanom Ghebreyesus has announced plans to boost country office workforces and delegate new powers. John Zarocostas reports from Geneva.”

“The World Health Organization has launched an ambitious plan to empower its country offices in a move hailed as timely by global health and humanitarian experts. **“One of my main priorities this year is to strengthen country offices in a way that has never been done before”, Tedros Adhanom Ghebreyesus, WHO Director-General, told a session of the agency's Executive Board on Jan 22, 2024. **A blueprint for achieving that goal, he said, has been developed by an Action for Results Group (ARG)**, made up of WHO representatives from all six regions, and declared **“their work has been consolidated into a six-point plan that we are in the process of implementing**. To establish a core predictable presence in each country office, we have prioritised 400 positions for recruitment in country offices. We’ve committed US\$200 million to fund these posts.””**

“... The ...” enhanced delegation of authority to empower country offices to make decisions; ensuring that WHO has the right and sufficient capacities in the relevant places and appropriate financing for country offices; bottom-up planning and prioritisation; and that the offices are enabled to work across sectors. The plan calls for initial funding to give priority to positions that are required in countries with more urgent needs. The ARG group estimated that 831 staff were needed in country offices, noting that 1511 core positions already exist in country offices...”

FT - The Lancet’s Richard Horton: ‘We’re going to continue to see health as political’

<https://www.ft.com/content/33e41e46-0d5d-480b-ad08-009da434c52f>

“Veteran editor says commercial success has given him the freedom to make controversial decisions.”

“Publisher Elsevier threw a lavish party at the British Library last October to mark the 200th anniversary of its most illustrious title. Leading lights of medicine, academia and business joined a champagne toast to The Lancet, a medical journal with near household name status, founded in 1823. Much of that status is down to **editor Richard Horton, who took on the role 29 years ago when the publication was in a parlous state**. Now, he leads a journal appreciated both for its scientific papers and the sometimes controversial campaigning on global health issues he has championed.”

“Having come successfully through cancer treatment, following a diagnosis of advanced melanoma in 2018, Horton’s commitment is as strong as ever. **“We are going to continue to use The Lancet as a platform for advocacy,” he says. **“We’re going to continue to see health as political.”** In an era of **culture wars, Horton’s activism** — on issues from global inequality and the Iraq war to the UK government’s immigration policy and pandemic response — **is not universally popular, particularly with commentators on the political right**. **“Richard Horton is destroying The Lancet with politics,”** claimed an article last year in online publication Unherd. **The reality is quite the opposite, argues 62-year-old Horton**, from his modestly furnished office on the 10th floor of a modern block in the City of London. **The Lancet and 23 specialist offspring set up during his editorship, such as Lancet****

Oncology and Lancet Infectious Diseases, have become a lucrative source of revenue and profit for Elsevier and its parent company Relx, he notes. Relx does not disclose figures for specific journals but reported £2.9bn revenues in 2022 for all scientific, technical and medical products, with an operating profit of £1.1bn. **The more money we make, the greater the freedom I have to do and say what I want** If I was running a business that was only marginally successful, I would not have that freedom.”

“ “But our publishers could see we were successful and gave us the latitude to take risks. Sometimes Elsevier is criticised for being a for-profit commercial publisher but that’s a deep misunderstanding of what a publishing business gives us. They have been fantastically supportive and defended our editorial freedom over the years.”

“..... Inspiration came from meeting two individuals: Eldryd Parry, a pioneer of medical education in Africa, and Jennifer Bryce, a campaigner for reducing child mortality in the developing world. “Eldryd and Jennifer showed me that a journal can be an activist instrument for social change to improve global health,” Horton says. **In 2004 the Lancet launched what were first called series and then, from 2009, commissions.** The aim was “to bring the best people in the world together to summarise all of the evidence and sometimes create new evidence on a neglected topic in medicine or global health — and then use that evidence as a platform for strong political advocacy”, he says. “For me it was an epiphany because it gave a unique role for The Lancet. No other scientific journal was doing that,” Horton continues. “It excited me and it excited our staff. **It’s a model we’ve cloned across 24 journals — the original weekly Lancet and the other 23 journals that we’ve set up under the Lancet umbrella....”**”

Devex - World Bank's Banga slashes red tape, seeks 'better' bank before 'bigger'
<https://www.devex.com/news/world-bank-s-banga-slashes-red-tape-seeks-better-bank-before-bigger-107033>

“Speeding up project approvals, and streamlining IDA ahead of its replenishment are top priorities for the World Bank president.”

“**World Bank President Ajay Banga is focused on changing the institution he runs.** The biggest challenges so far involve reducing red tape, streamlining processes, and getting deals approved more quickly, he said at an event in Washington, D.C. on Monday.....”

“...He pointed to the more than 1,100 rules that the World Bank’s [International Development Association](#), which provides grants and highly subsidized loans to the world’s lowest-income countries, has to abide by.....”

PS: “...With all these big-picture reforms a work in progress or “all wet paint,” **one of Banga’s priorities this year is the IDA replenishment, with the pledging event planned for December.** IDA is the “single most important thing in the World Bank” because it is the only source of funding for many countries, said Banga, who previously called for the [largest replenishment of all time this year](#). While he believes there is a fair amount of support, he also wants help in pushing donor governments to make big pledges to IDA this year....”

GHF - WHO's Global Health & Peace Initiative: Political or Diplomatic? [EB154]

P Patnaik, Y Yang et al; https://genevahealthfiles.substack.com/p/who-global-health-and-peace-initiative-geneva?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email

A last story on the EB meeting. This analysis zooms in on the **state of affairs re the WHO's Global Health and Peace Initiative.**

“Using health to forge peace in a world grappling with multiple conflicts, could prove to be innovative at a time when essential health work is increasingly getting in the cross-hairs of geopolitics. **Championed by Oman and Switzerland, WHO's Global Health and Peace Initiative proposes a way forward, but some countries caution against a further securitization of the health agenda.....**”

“**At WHO's Executive Board meeting last month, member states discussed a framework for the Global Health and Peace Initiative, and consented to a decision proposed by Switzerland, one of the lead sponsors of the initiative. First proposed in 2020**, DG Tedros Adhanom Ghebreyesus, the initiative has gone through several rounds of consultations, and **will be approved if countries decide so at the World Health Assembly in May 2024.** The initiative comes at a time when Tedros whose tenure has coincided with health crises and conflicts, has repeatedly called for a ceasefire in Gaza in the backdrop of [mounting casualties, unprecedented attacks on health care facilities.](#) “

“**.... As the unfolding crisis in the Middle East shows, WHO has been in a tough position.** Even as it appeals for ceasefire, safe passage to deliver essential health services, draws attention to incessant attacks on hospitals, some of WHO's biggest member-state donors are also allies to Israel..... **Therefore, WHO's Global Health and Peace Initiative (GHPI) that seeks to make a pathway between health and peace is even more compelling in the current context.** To be sure, when the initiative was first proposed, worsening geopolitics with the post-pandemic wars in Ukraine and Palestine were not yet on the horizon.....”

“**While largely there is support for the initiative from countries, the jury is divided on whether the GHPI should be political, diplomatic or both....**” “This story reviews the decision at the EB, statements made by countries and also presents views from civil society and scholars who have examined this initiative.” (the latter cfr a G2H2 pre-EB webinar)

PS: “**The decision tasks the DG with continued work on strengthening the roadmap.** Some elements of action include evidence gathering; creating awareness about the Initiative and its added value to; capacity-building through technical support; coordination with other experts and identifying areas of cooperation. **The milestones of reporting back on the progress have been listed as 2026 and 2029.**”

Lancet Editorial - Malaria vaccines: a test for global health

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00235-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00235-6/fulltext)

Concluding: “.... The **UN's Sustainable Development Goal target 3.3 aims for a 90% reduction in malaria incidence and mortality by 2030, and malaria elimination in at least 35 endemic countries.** The roll-out of RTS,S/AS01 and the prequalification of R21/Matrix-M are pivotal moments for achieving these targets, not to mention in child health and the history of medicine more broadly. **They are also a serious test of the ability of global institutions to work effectively with countries.**

Gavi has a new CEO, Sania Nishtar, a respected leader in global health. The organisation now faces its first major challenge under her leadership.”

COP 10 re Tobacco (FCTC) (5-10 Feb) in Panama

HPW - Upcoming Tobacco COP to Focus on New Products and Industry Tactics

<https://healthpolicy-watch.news/upcoming-tobacco-cop-to-focus-on-new-products-and-industry-tactics/>

Analysis ahead of the meeting. **“New tobacco and nicotine products and the tobacco industry’s extensive lobbying of governments are likely to be in the spotlight** when country representatives meet next week to discuss the implementation of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). **The 10th Conference of the Parties (COP10) starts in Panama on Monday** (5 February) after being postponed from last November because of unrest in the host country.”

HPW - Tobacco COP10 to Address New Products and Industry Interference

<https://healthpolicy-watch.news/tobacco-cop10-to-address-new-products-and-industry-interference/>

Coverage of the opening day.

““Tobacco [is] the biggest public health threat the world has ever faced. [...] Together we have made great progress. We have saved lives,” **the World Health Organization’s (WHO) Director-General Dr Tedros Adhanom Ghebreyesus stated at the opening of the 10th [Conference of the Parties \(COP10\)](#) on the Framework Convention Tobacco Control (FCTC) in Panama** on Monday. The **biennial convention acts as a governing body to supervise FCTC implementation**, and the 183 parties to the FCTC will meet first to discuss the next steps for tobacco control policies. From 12-15 February, the third Meeting of the Parties (MOP3) will discuss progress on the special [Protocol to Eliminate Illicit Trade in Tobacco Products...](#)”

“... Dr Adriana Blanco Marquizo, the **WHO FCTC’s Secretary, in her opening statement:** Marquizo **outlined three key concerns for the meeting: FCTC’s slow implementation, new nicotine and tobacco products gaining popularity and the industry’s continuous interference in countries’ tobacco control efforts.**”

“One of the major concerns of participants is the growing popularity of emerging products, including heated tobacco products and e-cigarettes. ...”

And a link:

- New study in **Nature Medicine** - [Reductions in smoking due to ratification of the Framework Convention for Tobacco Control in 171 countries](#)

Planetary Health

Lancet - Offline: Is there still time?

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00231-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00231-9/fulltext)

Horton assesses **Hannah Ritchies'** *“Not the End of the World: How We Can Be the First Generation to Build a Sustainable Planet”* (2024). And gets it right.

He concludes: **“I agree with Ritchie that urgent optimism is likely to be a better incentive to act than unrelenting pessimism. But as someone so committed to using data prudently, I think she underplays just how serious the climate threat is to the health of humanity.....** Indeed, every dimension of health tracked by the Lancet Countdown is getting worse, not better. **I want to stand with Ritchie as an effective optimist. But the data tell us that optimism cannot erase the anger we should all feel at our failure to make the health of our planet the number one political, economic, and social issue of our time.”**

BMJ - The health community must build on commitments from COP28 to deliver healthy outcomes for all

J Beagley et al ; <https://www.bmj.com/content/384/bmj.g88>

“Continued engagement by the health community is needed to ensure climate action is commensurate with the scale of the threat, argue these authors.” A few **excerpts:**

“... Despite the clear effects of climate change on health and lives, the commitments and actions that emerged from COP28 are not commensurate with the scale of the threat. The health community has a responsibility to ensure that decisions at COP28 are translated into healthy outcomes and are built on in future years. Within the United Nations Framework Convention on Climate Change (UNFCCC) negotiations, it is **imperative that the health community continues to call for the phase-out of fossil fuels and a just transition to renewable energy.** This must promote actions that offer greenhouse gas mitigation alongside health co-benefits, such as improved air quality, avoiding unproven technological distractions....”

“... To become more formally embedded in the UNFCCC process, health organisations can apply for observer status, make subsequent submissions to consultations, and join UNFCCC constituency organisations such as RINGO (a network of research and independent non-governmental organisations), **Climate Action Network, and YOUNGO** (the official youth constituency of the UNFCCC). ...”

Opinion Juris - Planetary Health: A Global Health Emergency Under International Law?

A L Phelan; <https://opiniojuris.org/2024/02/05/planetary-health-a-global-health-emergency-under-international-law/>

Must-read. “... In October 2023, editors from over 200 medical journals **published a call for the World Health Organization (WHO) to declare the environmental crisis of climate change and biodiversity loss a global health emergency.** ...The editorial proposes that the WHO “should declare the indivisible climate and nature crisis as a global health emergency”. The editors appear to be referring to the power under the [International Health Regulations \(2005\)](#) (IHR) – a legally binding treaty with 196 States Parties – to determine a Public Health Emergency of International Concern (PHEIC). **However, there is legal nuance to this call, as well as an inherent challenge to the use of this power for planetary health issues.** “

Read why.

Concluding: **“There is a real risk that in focusing on whether planetary health threats can or should be declared PHEICs, we miss the forest for the trees.** Climate change and biodiversity loss are global health emergencies. **We must use all the tools we have available, while crafting more, for urgent action.”**

Telegraph - Five billion people could be without clean drinking water by 2050, study warns

<https://www.telegraph.co.uk/global-health/climate-and-people/clean-drinking-water-scarcity-pollution-sanitation/>

“Researchers tracking the spread of waterway toxins warn that nitrogen pollution could exacerbate a looming scarcity crisis.”

“The number of people without access to clean drinking water could jump by three billion by 2050, a study tracking the spread of toxic pollution into waterways has warned. According to the World Bank, some two billion people across the globe do not have access to clean water. **But a modelling study published in Nature Communications this week suggests figures could “more than double” in the next 26 years – mainly due to nitrogen pollution.** “

“Our results stress the urgent need to address water quality in future water management policies,” the paper said, adding that central Europe, Africa, southern China, and North America will be worst hit. The study – by researchers in Germany and the Netherlands – combined data on water scarcity and pollution levels, to **project “clean water scarcity” over the coming decades....”**

Nature Climate Change – 300 years of sclerosponge thermometry shows global warming has exceeded 1.5 °C

<https://www.nature.com/articles/s41558-023-01919-7>

Concluding: **“...Hotter land temperatures, together with the earlier onset of industrial-era warming, indicate that global warming was already 1.7 ± 0.1 °C above pre-industrial levels by 2020.** Our result is 0.5 °C higher than IPCC estimates, with **2 °C global warming projected by the late 2020s,** nearly two decades earlier than expected....”

Gaza

Lancet World Report – Health and aid organisations give UNRWA warning

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00233-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00233-2/fulltext)

“Agencies say that no other organisation can do the work of UNRWA to provide humanitarian and health assistance in Gaza. Sharmila Devi reports.

FT - Gazans search in vain for medicines

<https://www.ft.com/content/1cd7faf1-5850-474c-b3e2-98b25ff00061>

“Cancer, diabetes and heart disease patients among those facing chronic shortage of treatments.”

“... Standing in front of the almost bare shelves of his Nejma pharmacy in the town of Rafah, Hammam Ali reeled off all the illnesses for which he said there were no medicines in the Gaza strip. These include common conditions such as asthma, diabetes, hypertension and heart disease. There were no antibiotics, he said, neither were there liquid medicines for young children and drugs to treat viral infections and high fevers. **“Within a month after the start of the war on October 7, all essential drugs and their known alternatives became unavailable in Gaza,”** said Ali...”

“... Medical supplies, from anaesthesia to everyday basic drugs, are scarce. On average just over 100 trucks carrying humanitarian supplies enter Gaza every day compared with 500 before the war, said UN officials. “Like other kinds of humanitarian supplies, medicines do not enter Gaza in sufficient quantities to meet the need,” said the International Committee of the Red Cross in Gaza. “Hospitals are in constant need of supplies, like medicines used during surgery and drugs for burns. There is also a shortage of cancer therapies and antibiotics. Unfortunately, people with chronic conditions find it difficult to secure medicine,” added ICRC...”

“... Gaza is already experiencing soaring rates of infectious diseases, according to the WHO. These include diarrhoea, upper respiratory infections and “numerous cases of meningitis, skin rashes, scabies, lice and chickenpox”. There have also been outbreaks of Hepatitis A and jaundice because of unsanitary conditions...”

Telegraph - Majority of UN workers killed in Gaza died while ‘off duty,’ data reveals

<https://www.telegraph.co.uk/global-health/terror-and-security/majority-of-un-workers-killed-in-gaza-died-off-duty-data/>

“Exclusive: Data analysis shows almost half died in the three weeks immediately after October 7, before Israel launched its ground invasion.”

Democracy Now - Israel's Use of Starvation as a Weapon of War Brings Gaza to the Brink of Famine

https://www.democracynow.org/2024/2/5/alex_de_waal

“Alex de Waal: What has been happening in Gaza for the last few months is an exceptionally accelerated & concentrated & clearly deliberate, intentional reduction of a population to a state of outright starvation without parallel since World War II.”

See also an op-ed by de Waal in the Guardian - [Unless Israel changes course, it could be legally culpable for mass starvation](#).

And a link:

- HPW - [Families of Israel's Female Hostages Plead for Deeper Intervention by WHO and UN Officials in Geneva](#) They visited Tedros in Geneva this week.

World Cancer Day (4 Feb)

See also last week's IHP news.

WHO calls for targeted interventions to tame Africa's rising cancer burden

<https://english.news.cn/20240204/dfd674c4db9240b6a7630d824c7531c4/c.html>

“The growing burden of cancer in Africa should serve as a wake-up call for governments to roll out high-impact interventions that seek to reduce caseload and fatalities, a World Health Organization (WHO) official said on Sunday during World Cancer Day. Matshidiso Moeti, WHO regional director for Africa, said the continent is grappling with a cancer crisis that is devastating livelihoods and shortening life spans, necessitating investments in robust prevention and control measures....”

With some stats.

"The cancer situation in Africa is disheartening. In the year 2022, approximately 882,000 new cancer cases occurred in the WHO African region with around 573,000 deaths," Moeti said in a statement issued in the Kenyan capital of Nairobi. According to Moeti, about 50 percent of new cancer cases detected among adults in Africa are due to breast, cervical, prostate, colorectal, and liver cancers....”

“Cancer-related deaths in the continent are projected to reach one million annually by 2030, Moeti noted, adding that in two decades, cancer death rates in Africa are expected to overtake the global average of 30 percent. "This is more so because cancer survival rates in the WHO African region currently average 12 percent, much lower than the average of over 80 percent in high-income countries," Moeti observed....”

Day of zero tolerance for female genital mutilation (6 Feb)

Putting survivors at the forefront of the global movement to end female genital mutilation

<https://www.who.int/news/item/06-02-2024-putting-survivors-at-the-forefront-of-the-global-movement-to-end-female-genital-mutilation>

Joint Statement by UNFPA Executive Director Dr. Natalia Kanem, UNICEF Executive Director Catherine Russell, OHCHR High Commissioner Volker Türk, UN Women Executive Director Sima Bahous, WHO Director-General Dr. Tedros Adhanom Ghebreyesus **on the International Day of Zero Tolerance for Female Genital Mutilation.**

UN News - Guterres: End 'abhorrent practice' of female genital mutilation

<https://news.un.org/en/story/2024/02/1146237>

“Some 4.4 million girls are at risk of female genital mutilation (FGM) this year, the UN Secretary-General warned on Tuesday, appealing for action to stamp out this “egregious violation of fundamental human rights” and give greater voice to survivors. “

“ “Even one mutilation is one too many,” António Guterres said in **his message to mark the International [Day of Zero Tolerance for Female Genital Mutilation](#) (FGM), observed annually on 6 February.** The UN estimates **that globally, 200 million women and girls have been subjected to some form of [FGM](#),** which involves the removal of or injury to female genitalia for non-medical reasons.....”

SRHM – Reclaiming African leadership to end FGM/C

Māimouna Balde Bah (Research Fellow, Population Council Inc, Nairobi, Kenya);
<https://www.srhm.org/news/reclaiming-african-leadership-to-end-fgm-c/>

“Growing up in Guinea, where FGM/C is widespread, dissenting voices against the practice were scarce, and typically originating from “outside”. **By exploring the history of the fight against FGM/C, my aim is to inspire African changemakers to reclaim the legacy of past generations. ...”**

“The Africa-Led Movement to End Female Genital Mutilation/Cutting (FGM/C) is characterized as a diverse network encompassing various stakeholders and activists dedicated to combating violence against women in their communities. ... **this reflection seeks to delve into the historical underpinnings of the movement and its significance in the contemporary globalized world, marked by ongoing endeavors to decolonize, reindigenize, and localize global health initiatives.** Due to the paucity of historical records concerning anti-FGM/C movements prior to the colonial period, **this discussion will focus on campaigns to eradicate this practice that can be traced back to the 20th century....”**

More on SRHR

TGH - Roe's Repeal Inspires Abortion Rollbacks in Other Countries

M Ferragamo; <https://www.thinkglobalhealth.org/article/roes-repeal-inspires-abortion-rollbacks-other-countries>

“The U.S. dismantling of abortion protections has seeped beyond borders.” With an overview of global trends.

PS: “... Just as *Dobbs* invoked an anti-abortion movement in politics worldwide, **some countries took it as a warning to further cement laws protecting womens' health rights.**”

Guardian - A menopause revolution is stirring in Africa – I’m helping it to succeed

Sue Mbaya; <https://www.theguardian.com/global-development/2024/feb/07/menopause-revolution-africa-helping-it-succeed>

“A few brave women are speaking up, but it will take research, funding and policies to foster better support.”

“... Emboldened by the brave efforts of women in a few countries where menopause organisations exist, such as South Africa and Uganda, women around the continent are making efforts to normalise menopause in their everyday lives and offer each other support. In Zimbabwe, Primrose Hove initiated Let’s Talk Menopause, a group that brings together more than 4,000 women and includes support for women affected by menopause and HIV. More than 500 women exercise daily as part of its “meno-fitness” sub-group. My organisation, Menopause Solutions Africa offers workplace training to raise awareness of menopause among managers and support groups for employees. In **Ghana**, the politician Abla Dzifa Gomashie has initiated a public conversation about menopause by doing the seemingly unthinkable – bringing the subject to the floor of the national parliament. In **Kenya**, a pan-African feminist organisation, Femnet, is pioneering recognition of menopause as part of its female empowerment agenda. In Botswana there are early steps to establish menopause societies.....”

Human Resources for Health

Project Syndicate - Strengthening Africa’s Community Health Programs

E J Sirleaf & J Kaseya; [Project Syndicate](#);

“ In November, the Africa Centers for Disease Control and Prevention launched the first-ever continental coordination mechanism for community health. With this approach, African governments and their partners can build resilient and integrated national programs staffed with professional community health workers.....” With a good overview, also of the **current funding.**

2024 Fair Pricing Forum (virtual – 6-8 Feb)

<https://whofairpricingforum.com/agenda/>

“From 6 to 8 February 2024, the Department of Health Products Policy and Standards (HPS), within the Access to Medicines and Health Products Division of the World Health Organization (WHO), [organized] the **4th Fair Pricing Forum**.”

HPW - Forum Discusses High Drug Prices in Wealthy Countries and Access to Medicines in Conflicts

<https://healthpolicy-watch.news/drug-prices-in-high-income-countries-and-access-to-medicines-in-conflicts/>

With coverage of the opening day.

“The high price of medicines in many high- and middle-income countries and ensuring medical supply chains during crises were some of the issues discussed at the [Fair Pricing Forum](#), which opened on Monday. The three-day forum, hosted by the World Health Organization’s (WHO), brings member states and stakeholders together to discuss how to ensure “optimal access to affordable health products”.”

Do check out, among others, the interventions by Ellen ‘t Hoen and Thomas “sadly still not retired” Cueni.

“... Antiretroviral price cut show what can be done: Meanwhile, [Ellen ‘t Hoen](#), director of Medicines Law and Policy in the Netherlands, used the reduction in the price of antiretroviral (ARV) medicine for HIV treatment as an example of what could be done to bring down prices. Initially costing \$10-\$15,000 per year although their production cost was “modest”, prices fell by 90% in the early 2000s once generic manufacturers entered the market, said ‘t Hoen. **“The following elements made this happen and I want to list those because they’re still very relevant today,” she added. **“First of all, the HIV medicines were added to the WHO Essential Medicines List** despite their price. **WHO pre-qualification was established** and assured quality and the confidence in the [generic] products. As of 2003 , **funding became available** from the Global Fund, PEPFAR, other sources such as Unitaid,” said ‘t Hoen. Additional factors include **“extensive use of TRIPS flexibilities”** after the World Trade Organisation adopted the Doha Declaration on TRIPS and public health in 2001. **“And finally, there was transparency.** The prices paid for these antiretroviral drugs were collected and made public almost in real time. As a result today, the Global Fund procures the three-in-one fixed dose combination for HIV treatment for under \$40 per year.” **The high cost of cancer medicine, and the Medicines Patent Pool’s inability to secure licensing opportunities for oncology products – bar on one drug that was about to expire – “has to change”**, she added. **“High medicines prices are sustained through monopolies, which are granted through both the patent system and the medicines regulatory system. Without addressing monopolies in medicine supply, it will remain difficult to reach fair pricing levels, in particular for newer medicines,”** concluded ‘t Hoen, adding that it was unclear whether countries would address barriers before the next pandemic.”**

“... However, **Thomas Cueni, Director General of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)**, said that the best way to secure better access to medicines was via **voluntary licensing agreements**. He added that the **IFPMA supported more geographic diversity in manufacturing** and wanted to have proposals in their **[Berlin Declaration](#)** embodied in the pandemic accord currently being negotiated at the WHO.....”

HPW - Evergreening of Medicine Patents is ‘Abuse’ of Intellectual Property System

<https://healthpolicy-watch.news/evergreening-medicine-patents-is-abuse-of-intellectual-property-system/>

“ **Evergreening patents on medical products – extending the lifespan of patents that are about to expire – is an “abuse of the intellectual property system”**, an **HIV activist** told the World Health Organization’s (WHO) Fair Pricing Forum on Thursday.”

“Meanwhile, an **industry representative** (from Roche) laid out her company’s value-based, country-specific approach to improving access to medicines, providing an example of how it had improved access to cancer medicine in Nigeria.”

Also with contributions from **Afrigen** (M de Gama), **MPP** (Charles Gore), **Medicine Vaccine Biologics** (Torkehagen), ...

PS: see also below for more coverage of day 2 and 3 at the Forum.

Access to vaccines & other medicine technologies

HPW - EXCLUSIVE: Reject Drug Procurement Secrecy, Civil Society Urges ‘Big Five’ Buyers

<https://healthpolicy-watch.news/exclusive-reject-drug-procurement-secrecy-civil-society-urges-big-five-buyers/>

“**Over 50 civil society groups have written to the leaders of the world’s biggest medicine procurement programmes urging them to reject “secrecy clauses clauses” in their agreements with pharmaceutical companies.** The **[letter](#)**, which has been shared exclusively with *Health Policy Watch*, was sent to the heads of **UNICEF, the Pan American Health Organization (PAHO), vaccine alliance Gavi, The Global Fund to Fights AIDS, Tuberculosis and Malaria and the US President’s Emergency Plan for AIDS Relief (PEPFAR)** on Tuesday.”

“The **civil society groups, including the People’s Vaccine Alliance, Public Citizen, Health GAP and a multitude of local patient advocacy groups**, express “deep concern about the increasing use of confidentiality and non-disclosure clauses” in contracts between drug manufacturers and government, multi-stakeholder and humanitarian buyers. They appeal to the big five procurement agencies to use their buying power to reject secrecy clauses that are hindering “equitable access to essential medicines by making it harder to establish fair terms, reasonable prices, and timely supply”.”

- Also with some **more coverage of the Fair Pricing Forum (day 2)**. Eg:

PS: “Concluding the forum’s plenary on transparency, [Dr Suerie Moon](#), co-director of the **Global Health Centre at the Geneva Graduate Institute**, said she sensed “frustration in the room” was disheartened about the “circular discussion” from one forum to the next.”

“ “On the part of payers, there is frustration at being disempowered by information asymmetry and a strong desire to have more transparency, not only in order to negotiate fair prices, but also to be more accountable to the public and to address the risk of corruption,” said Moon. Countries had also felt frustrated when trying to act alone, said Moon. “There’s a very strong role for international cooperation and coordination, whether that is through information sharing, joint negotiations, training or pooled procurement.”

MSF Access - Colombia takes significant next step to expand people’s access to affordable HIV treatment, and moves forward with compulsory license for HIV medicine dolutegravir

<https://msfaccess.org/colombia-takes-significant-next-step-expand-peoples-access-affordable-hiv-treatment-and-moves>

“Neighbouring countries including Brazil should now follow suit and expand access to more affordable generic medicines .”

“On Friday, the government of Colombia [took a historic step](#) towards issuing its first-ever compulsory license (CL) to overcome patent barriers to HIV treatment and import less expensive generic versions of the HIV medicine dolutegravir without permission from the patent owner, ViiV Healthcare (a joint venture of GlaxoSmithKline, Pfizer and Shionogi). The step by Colombia’s Secretariat of Trade and Industry **invites applicants to make use of the CL for dolutegravir for generic supply**, meaning that, within the next ten days, manufacturers need to express an interest to supply the drug to Colombia under this CL.”

Devex - Good intentions, bad outcomes: The dangers of donated medical devices

A Green; <https://www.devex.com/news/good-intentions-bad-outcomes-the-dangers-of-donated-medical-devices-107032>

“COVID-19 spurred an increase in gifted medical devices but the **donations have left some facilities in the global south overwhelmed, without the training to utilize the equipment or the funding to maintain it.**”

“...Facilities in the global south have long been the recipients of gifted medical devices — both new and used — from donors and pharmaceutical companies. But **COVID-19 spurred an increase in donations, particularly equipment to help patients with respiratory problems like ventilators and systems to supply medical oxygen....**”

“... There are guidelines that are supposed to govern these donations, including ensuring the facility actually has the capacity to use the devices and developing plans for their long-term sustainability. But the surge in donations highlighted that those guidelines are often ignored. That

can mean the donations go to waste or, even more dangerously, health workers unknowingly misuse the equipment, putting the lives of their patients at risk. **The problems that have arisen have created a “conversation around broader durable medical devices and assets and the issues that plague them,”** said Lisa Smith, who runs the access to medical devices portfolio at **PATH**, a Seattle-based global health NGO. She is **helping to oversee efforts that may improve the long-neglected area of device donation, including initiatives to push governments to claim more autonomy over the procurement of medical equipment.....”**

CEPI (blog) - Regionalizing vaccine manufacturing: a path to equitable access

F Kristensen; https://cepi.net/news_cepi/regionalizing-vaccine-manufacturing-a-path-to-equitable-access/

Blog by Dr. Frederik Kristensen, Inaugural Managing Director of the Regionalized Vaccine Manufacturing Collaborative and former Deputy CEO of CEPI.

On the role RVMC will play in this.

Lancet Letter – Health implications of GSK's departure from Nigeria

N Aderinto et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01913-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01913-X/fulltext)

“GlaxoSmithKline (GSK) announced plans to cease operations in Nigeria in the face of worsening economic conditions and declining revenues. GSK's departure as a crucial pharmaceutical provider in Nigeria holds substantial implications for the country's health-care sector, including disruptions in disease management, treatment access, and immunisation efforts, and potentially puts patients at risk due to supply chain disruptions for medicines and vaccines.....”

AMR

Cidrap News - Report warns of 'brain drain' from antibiotic research and development

<https://www.cidrap.umn.edu/antimicrobial-stewardship/report-warns-brain-drain-antibiotic-research-and-development>

“Two new reports this week from a coalition of industries working to combat antimicrobial resistance (AMR) highlight some of the progress that's been made, along with a critical problem that could undermine efforts to develop much-needed new antibiotics....”

On the latter report: **“...The "Leaving the Lab" report estimates there are approximately 3,000 AMR researchers currently active in the world, compared with as many as 46,000 for cancer and 5,000 for HIV/AIDS. Analysis of AMR-related research papers highlights the decline in AMR researchers over the last two-plus decades, with the total number of authors on those papers falling from 3,599 in 1995 to 1,827 in 2020.....”**

Miscellaneous

Guardian - Deeply alarming': sevenfold increase in sexual attacks at Darién Gap, says Médecins Sans Frontières

<https://www.theguardian.com/global-development/2024/feb/05/darien-gap-sexual-attacks-panama-colombia-migrants>

“A sevenfold increase in sexual attacks against people crossing the Darién Gap is compounding the misery for people trekking one of the world’s most dangerous and underreported border crossings, said [Médecins Sans Frontières \(MSF\)](#). “It’s an enormous, unexpected increase and is especially concerning as December is one of the months with the lowest flows of migrants,” said Carmenza Galvez, the coordinator of MSF’s Darién program. “Our team was already overrun with 30 to 35 cases a month, so we’re seriously worried about the sevenfold increase.””

“MSF warned in November that [rapists and kidnappers](#) were increasingly targeting the record numbers of people traversing the dense jungle that connects Colombia and Panama. More than half a million people – [mostly from Latin America and the Caribbean, but also from China and Africa](#) – made the treacherous, weeklong trek in 2023 to flee poverty and persecution. That figure is up from 8,500 in 2020...”

Some key reports & publications of the week

WHO Bulletin – special issue on geopolitics, global health and equity for the 2024 Prince Mahidol Award Conference

<https://www.ncbi.nlm.nih.gov/pmc/issues/454958/>

Start with the introduction by Viroj Tancharaensathien et al - [Global health inequities: more challenges, some solutions](#).

And then check out the papers, some of which have been published before online (and already flagged in previous IHP issues). **Quite a few must-reads!!!**

Among others:

- [Forum shifting in global health security](#) (by C Wenham)
- [Developing an agenda for the decolonization of global health](#) (by David McCoy et al)
- [Evaluating global health initiatives to improve health equity](#) (by S El Arifeen et al)
- [Tracking migration and health inequities](#) (by E M Vidal et al)

BMJ GH Analysis - We need to talk about ‘bad’ resilience

Dell D Saulnier & Stephanie M Topp; <https://gh.bmj.com/content/9/2/e014041>

“In this analysis, **we argue against seeing health system resilience as an inherently positive concept**. The rise in the popularity of health system resilience has led to its **increasingly normative framing**. We question this widely accepted perspective by examining the underlying assumptions associated with this normative framing of ‘good’ resilience. Our focus is on the risks of accepting the assumption, which can lead us to ignore the social nature of health systems and overlook the consequences of change if resilience is seen as a positive, achievable objective. Finally, we suggest that seeing resilience as a normative concept can be detrimental to health system policy and research, and encourage a critical rethinking of these assumptions so that we can maintain resilience’s usefulness for health systems.”

World Bank Group Expands Its Crisis Toolkit to Empower Countries Amid Intertwined Crises

<https://www.worldbank.org/en/news/factsheet/2024/02/01/world-bank-group-expands-its-crisis-toolkit-to-empower-countries-amid-intertwined-crises?cid=HNP TT health EN EXT>

“The World Bank launched an expanded crisis preparedness and response toolkit to help developing countries better prepare for and respond to crises.”

“The World Bank today approved a suite of groundbreaking tools to help developing countries better respond to crises and strengthen preparedness for future shocks. These new tools will further **expand the Crisis Preparedness and Response Toolkit** [unveiled](#) recently, empowering **nations in a world where crises have become the “new normal,”** driving impactful development, and ultimately contributing to creating a world free of poverty on a livable planet.....

- And related **WB blog** – [Unlocking new crisis response tools to build a more resilient future](#) (by **A Bjerd**)

“... This **new set of tools will, for the first time, allow the World Bank to offer all client countries contingent financing to help respond to crisis**”

Global health events

CGD (blog) - How to Host an Excellent Conference: Lessons from PMAC

V Fan; <https://www.cgdev.org/blog/how-host-excellent-conference-lessons-pmac>

Victoria Fan is a “fan” of PMAC in Bangkok. Read why.

PS: Never been there but certainly agree with this: “...Annual themes are chosen to meet a particular moment or *zeitgeist*.”

Global health governance & Governance of Health

IISD -“Peace is the Missing Piece”: UN Secretary-General on Priorities for 2024

<https://sdg.iisd.org/news/peace-is-the-missing-piece-un-secretary-general-on-priorities-for-2024/>

“Guterres identified the **Summit of the Future** as an opportunity to shape more effective and inclusive multilateralism in our increasingly multipolar world, including through the delivery of reform of international financial architecture, reform of the Security Council, meaningful youth engagement in decision making, and an emergency platform to respond to complex shocks.

He emphasized the need to strengthen global peace and security frameworks through the new agenda for peace, and called for a new social contract, based on trust, justice, inclusion, and human rights, with women’s active participation in all segments of society.”

“... **Addressing the UN General Assembly (UNGA), UN Secretary-General António Guterres briefed Member States on his priorities for 2024. The Secretary-General highlighted “peace in all its dimensions” as his top goal for the year.**”

“Addressing the Assembly, **Guterres stressed that global peace is increasingly threatened by growing geopolitical tensions, polarization, and inequalities and that peace with nature is incompatible with the world’s “addiction” to fossil fuels.** As more families fall behind, more countries drown in debt, and more people lose trust in institutions, peace is “a rallying cry and our call to action,” he underscored.....”

WHO Africa, Bill and Melinda Gates Foundation pursue collaboration to leverage data analytics to fight diseases

<https://www.afro.who.int/news/who-africa-bill-and-melinda-gates-foundation-pursue-collaboration-leverage-data-analytics>

From early January (in case you missed this).

“**The World Health Organization (WHO) Regional Office for Africa and the Bill and Melinda Gates Foundation (BMGF) have committed to strengthening collaboration towards the use of data analytics in the fight against diseases in the African region.** The commitment was made during a technical visit to the WHO Africa office in **Brazzaville, Congo** by a delegation from BMGF led by Jennifer Gardy, Deputy Director, Surveillance, Data, and Epidemiology from **8 to 10 January 2024.**”

“The visit provided a **platform for the delegation to understand how the WHO Regional Office for Africa’s Precision Public Health Metrics (PPHM) programme is strengthening health and disease modelling in Africa.** The PPHM unit was set up as a cross-cutting team within the Universal Health Coverage Communicable and Noncommunicable Diseases (UCN) Cluster in WHO Africa to support all programme areas with data analytics to control, eradicate and eliminate diseases in the African region.....”

Interview: Africa CDC chief extols cooperation with China, eyes boosting public health ties

http://www.china.org.cn/world/Off_the_Wire/2024-02/06/content_116990634.htm

“Director-General of the Africa Centers for Disease Control and Prevention (Africa CDC) Jean Kaseya has hailed China's support in improving public health in Africa while calling for strengthening Africa-China cooperation in this area. "We are expanding our cooperation with China in terms of capacity building, program support, technical assistance, and health information," the Africa CDC chief told Xinhua in a recent interview in the Ethiopian capital of Addis Ababa. "...”

BMJ - After covid-19: the case for optimism for US leadership in global health

J S Morrison & H D Gayle; <https://www.bmj.com/content/384/bmj.q138>

Not sure I share that optimism :)

An excerpt: “... **Pessimism and awareness of the damage to the US’s standing, though realistic and accurate, miss a vital opportunity. There is considerable reason to be hopeful.** The US contributed more than \$19bn (£15bn; €17bn) to the global covid-19 response, far more than any other high income country.¹ US global health funding remains steady at more than \$12bn a year. Moreover, much progress in global health is unfolding, grounded in enduring political support across partisan party lines. Global health remains inherently a powerful and positive campaign issue and should not be overlooked. Indeed, it deserves a prominent place in our national debates in 2024. The steady progress underway, the deep historical legacy of US achievements—most notably PEPFAR—the remarkable continuity of bipartisanship, and the obvious imperative to sustain US leadership in global health together form a compelling narrative, a vision that can provide hope in an election cycle filled with despair. Americans and other partners who care deeply about the US role in global health should pick up the mantle....”

And they conclude: “... **Americans who care about global health should steel themselves for a difficult 2024. But while this election season is sure to bring turbulent political waters and rancor, advocates, researchers, and health leaders should be resolute and committed to campaign for visible and sustained US leadership in global health.** The covid-19 pandemic produced enormous challenges but it has opened opportunities and reminded us of the full range of global health work that remains to be done. **Progress continues on many fronts. A new generation of senior US leadership has emerged that brings new experiences, new energy, and new thinking about how to sustain progress. At the same time, the US is building additional institutional muscle. As a nation, we are well on our way to generating new technological tools that will save and extend lives.** While on the surface, political toxicity and division may reign, bipartisanship, on which US global health leadership rests, lives on.”

Global Health Promotion - Rethinking the World Health Organization’s leadership of global health governance and the global health surveillance systems

Mohammed Alkhalidi et al; <https://journals.sagepub.com/doi/10.1177/17579759231220529>

“Global health governance is a strategic priority for the World Health Organization (WHO), and the **public health surveillance system (PHSS) is a fundamental element of the global health governance structure** to timely identify emerging diseases and guide global public health decisions and actions. **This analysis explores the overall landscape of global health governance, with a specific focus on the PHSS** to understand whether the existing governance landscape facilitates or undermines the WHO’s ability to formulate and implement global health policies and initiatives.”

“It is reported that fragmentation is the main drawback of the global health governance landscape, necessitating reorganization and restructuring. The disintegration of PHSS at the global, regional and local levels is associated with a lack of leadership, misalignment with global health priorities, imbalance in coverage of surveillance systems, inadequate innovative technology and digitalization, and fragmented data and information systems..... “

Global Health Research & Policy - Development assistance, donor–recipient dynamic, and domestic policy: a case study of two health interventions supported by World Bank–UK and Global Fund in China

A Huang et al ; <https://ghrp.biomedcentral.com/articles/10.1186/s41256-024-00344-3>

Authors “ **conducted a case study on two DAH-supported interventions: medical financial assistance in the Basic Health Services Project supported by the World Bank and UK (1998–2007) and civil society engagement in the HIV/AIDS Rolling Continuation Channel supported by the Global Fund (2010–2013) in China.”**

Conclusions: « Given the similarities in potential alternative factors observed in the two cases, we emphasize the **significance of the donor–recipient dynamic in transnational policy diffusion through DAH**. The study implies that **achieving post-DAH sustainability** requires a balance between donor priorities and recipient ownership to address local needs, partnership dialogues for mutual understanding and learning, and collaborative international–domestic expert partnerships to identify and respond to contextual enablers and barriers. »

CGD - A Preview of Upcoming Research on MDB Reform from Think Tanks Across the Globe

K Mathiasen et al; <https://www.cgdev.org/blog/announcing-new-partnership-southern-voices-multilateral-development-bank-reform>

“With a **preview of some exciting research in the pipeline from the [MDB Reform Accelerator](#)—a collaboration between the Center for Global Development and several think tanks in the Global South** that will produce new research on how the MDBs should reform to better support the development needs of client countries and meet today’s challenges.....”

Global health financing

WHO (report) - Global spending on health: Coping with the pandemic

<https://www.who.int/publications/i/item/global-spending-on-health--coping-with-the-pandemic>

See the run-up to December 12 (UHC Day) last year. “The report shows that global spending on health continued to increase in 2021, the second year of the pandemic, to US\$ 9.8 trillion (10.3% of global GDP). The increase in spending was driven by higher government spending and out-of-pocket spending. In low income countries, external aid for health played an important role in supporting government spending. Sustaining government spending and external aid at 2021 levels could, however, prove challenging given the deterioration in global economic conditions, rising inflation and increased debt servicing obligations. **The report also capitalizes on disaggregated spending information to provide new insights into the dynamics of increased global spending on health through the pandemic. Using data disaggregated by health service providers it shows some of the ways that health service delivery systems coped with the COVID-19 pandemic. Hospitals, ambulatory care providers, and pharmacies accounted for most health spending. Shifts were observed, however, in the composition of services within provider types, reflecting the new and evolving demands through the pandemic.** Disaggregated spending data by disease and condition also shows a delicate balance between spending on COVID-19 and other diseases was maintained. The report also examines countries’ health capital investment, which shape current operational capacity and are essential for forging a path toward effective and resilient health systems.”

Policy Cures – Neglected Disease Research and Development: The higher cost of lower funding

<https://policy-cures-website-assets.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2024/01/30202754/2023-Neglected-Disease-G-FINDER-report-executive-summary.pdf>

G-Finder’s yearly report, on investments made in 2022.

Among the takeaways: “**Global funding for neglected disease R&D fell by 10% in 2022, mostly due to increased inflation** reducing its buying power....”

UHC & PHC

Lancet World Report - Health in Brazil: 1 year of Lula

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00234-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00234-4/fulltext)

“12 months after his return to the presidential palace, Brazil's Lula has focused on resurrecting and restrengthening health programmes. Lise Alves reports from Sao Paulo.”

Health Affairs Forefront - Measuring The Health Of Primary Care: Lessons From US And Global Scorecards

<https://www.healthaffairs.org/content/forefront/measuring-health-primary-care-lessons-us-and-global-scorecards>

“..... Scorecards may be new for primary care in the US, but they have proliferated in other countries and for other US health policy issues. For example, the Commonwealth Fund’s [State Health System Scorecard](#) and [America’s Health Rankings](#) are well-established reference points for advocates and policy makers. [Similar resources](#) have proliferated in other countries, where global frameworks are used to track and assess primary care systems across diverse contexts. **In 2015, the Bill & Melinda Gates Foundation, the World Health Organization (WHO), and the World Bank Group, in collaboration with Ariadne Labs and Results for Development, formed the Primary Health Care Performance Initiative (PHCPI).** The PHCPI published [PHCPI Vital Signs Profiles \(VSPs\)](#)—summaries of the foundational pillars (financing, capacity, performance, and equity) of high-quality primary care systems for more than 30 low- and middle-income countries. VSPs provide a snapshot of the performance of primary health care systems in individual countries, shining a light on where systems are strong and where they have challenges....”

“... **In 2022, building on the work of the PHCPI and other efforts, the WHO and UNICEF released a [global normative measurement framework with indicators](#)** for countries to monitor and improve their primary health care systems....”

Pandemic preparedness & response/ Global Health Security

CEPI and PAHO collaborate to boost regional preparedness against diseases with epidemic or pandemic potential

<https://www.paho.org/en/news/6-2-2024-cepi-and-paho-collaborate-boost-regional-preparedness-against-diseases-epidemic-or>

“The Coalition for Epidemic Preparedness Innovations (CEPI) and the Pan American Health Organization (PAHO) have signed a Memorandum of Understanding to strengthen collaboration between the two organisations as they strive to enhance regional epidemic and pandemic preparedness, and to support infectious disease prevention and response and greater equity in access to vaccines and other health technologies in the Americas....”

AVMA - How can gender considerations be better integrated into animal health emergency preparedness and response?

C Wenham et al;

<https://avmajournals.avma.org/view/journals/javma/aop/javma.23.10.0589/javma.23.10.0589.xml>

“Global and national authorities have not historically approached animal health emergencies through a gendered lens. Yet these events almost certainly have gendered dimensions, such as differential engagement of women or men depending on their culturally accepted or assigned roles

for animal care; risk of exposure to zoonoses; and access to emergency resources during response and recovery.... . **This piece summarizes 3 key themes that emerged from a panel discussion on gender and animal health emergencies at the World Organisation for Animal Health Global Conference on Emergency Management in April 2023.** These themes were differential gendered exposure to pathogens; a lack of equitable gender representation in animal health decision-making; and enhancement of pathways for recognizing gender in national and international actions in preparing for, detecting, and responding to animal health emergencies...”

Telegraph – The new mile-high club: Why airline toilets could give early warning of the next pandemic

<https://www.telegraph.co.uk/global-health/science-and-disease/airline-toilets-early-warning-of-the-next-pandemic/>

“Major airports are intercepting and analysing waste from planes to detect dangerous new arrivals.”

SS&M - Vigilance in infectious disease emergencies: Expanding the concept

J Williams et al; <https://www.sciencedirect.com/science/article/pii/S0277953624000923>

“Citizens became an arm of vigilance apparatus during COVID-19 pandemic in Australia. Vigilance was authority-based; individual outward facing; individual inward facing. **Disadvantaged populations carried higher vigilance burden.** Earlier conceptions of vigilance in infectious disease emergencies are extended.....”

All Africa - Institut Pasteur de Dakar in Partnership with Mastercard Foundation and the European Union inaugurates the Centre for Africa's Resilience to Epidemics (CARE)

<https://allafrica.com/stories/202402010446.html>

“The Institut Pasteur de Dakar in partnership with the Mastercard Foundation and the European Union has inaugurated the Centre for Africa’s Resilience to Epidemics (CARE) as a critical component of the MADIBA partnership. The new centre which is housed on the campus of the Institut Pasteur (IPD), Senegal, envisions Africa as a prepared and resilient continent, transforming diseases into opportunities for social, economic, and cultural benefits.....”

Planetary health

BBC – World's first year-long breach of key 1.5C warming limit

<https://www.bbc.com/news/science-environment-68110310>

“For the first time, global warming has exceeded 1.5C across an entire year, according to the EU's climate service.”

Guardian - World 'not prepared' for climate disasters after warmest ever January

<https://www.theguardian.com/environment/2024/feb/06/world-not-prepared-for-climate-disasters-after-warmest-ever-january>

“Effect of El Niño phenomenon combined with human-driven global heating is causing increasing alarm among scientists.”

Lancet Planetary Health – Feb issue

[https://www.thelancet.com/issue/S2542-5196\(24\)X0002-9](https://www.thelancet.com/issue/S2542-5196(24)X0002-9)

- Editorial - [A risky business](#)

“... One interesting attempt to snapshot the global risk landscape is the [World Economic Forums World Risk Report](#) which, based on a risk perception survey (for the 2024 report 1490 'experts' across academia, business, government, the international community and civil society, collected from Sept 4 to Oct 9, 2023), attempts to analyse global risks to support decision-makers in balancing current crises and longer-term priorities....”

The **editorial concludes**: “... Assessments like this, imperfect as they must be, are a useful tool in establishing how issues sit within a broader landscape. **The 2024 World Risk Report firmly identified environmental risks as top priorities. So far, they are not being treated as such.**”

Do check out the rest of the February issue.

- Among others, a **Personal View**: [Agency in the Anthropocene: education for planetary health](#)

Which zooms in on the new concept “Agency in the Anthropocene”.

FT - UN climate chief steps up pressure on countries ahead of COP29 summit in Baku

<https://www.ft.com/content/a77e0cad-14ab-4b43-a835-4b2c88fe22b5>

“U.N. climate chief Simon Stiell urged increased global efforts to bridge the financing gap ahead of COP 29 in Baku, emphasizing the need to mobilize at least \$2.4 trillion annually for low- and middle-income countries.”

Eurodad – Blended finance for climate action: good value for money?

<https://www.eurodad.org/blended-finance-for-climate-action-good-value-for-money>

“This paper has been written and coordinated by Eurodad, and supported by Action Aid. It explores trends, risks and opportunities of blended finance for climate action and highlights ways of

ensuring that blended finance empowers communities, rather than create dependencies on richer countries.”

“...During the 2023 United Nations climate conference in Dubai (COP28), **the issue of ‘blended finance’ for climate action** was a major focus at the inaugural Business and Philanthropy Climate Forum. **This event saw global funds – the Green Climate Fund, Allied Climate Partners and Allianz Global Investors – collectively announce the mobilisation of US\$ 5 billion through several blended finance structures**, bringing together philanthropies, development finance institutions (DFIs), and the private and public sectors. But what is blended finance and what role does – and should – it have in climate action?....”

Guardian - Hurricanes becoming so strong that new category needed, study says

<https://www.theguardian.com/world/2024/feb/05/hurricanes-becoming-so-strong-that-new-category-needed-study-says>

“Scientists propose new category 6 rating to classify ‘mega-hurricanes’, becoming more likely due to climate crisis.”

“... **Over the past decade, five storms would have been classed at this new category 6 strength, researchers said**, which would include **all hurricanes with sustained winds of 192mph or more**. Such mega-hurricanes are becoming more likely due to global heating, studies have found, due to the warming of the oceans and atmosphere.....”

“...The **new study, published in [Proceedings of the National Academy of Sciences](#)**, proposes an **extension to the widely used [Saffir-Simpson hurricane scale](#)**, which was developed in the early 1970s by Herbert Saffir, a civil engineer, and Robert Simpson, a meteorologist who was the director of the US National Hurricane Center....”

Covid

Straits Times - Over 7 million Covid-19 deaths recorded, but actual fatalities may be three times higher: WHO

<https://www.straitstimes.com/world/over-7m-covid-19-deaths-recorded-but-actual-fatalities-may-be-three-times-higher-who>

“... **There have been over seven million recorded fatalities due to Covid-19, from the beginning of the pandemic until the end of 2023, according to official data, but the actual death toll from the disease may be closer to 21 million, the World Health Organisation (WHO) has said.”**

“...The **WHO is in the process of conducting an analysis of excess deaths during the pandemic, as well as after the disease ceased to be a global health emergency. ...** “We are working to estimate what this is. We have estimates up to the end of 2021, and these are being revised to look at excess deaths for 2022 – and will be done for 2023 as well,” said **WHO’s Covid-19 technical lead and director ad interim for Epidemic and Pandemic Preparedness and Prevention, Dr Maria Van**

Kerkhove, at a virtual press conference on Jan 12. **“We expect that the actual true number is at least three times higher.””**

- Related **tweet Laurie Garrett:**

“ Excess mortality data puts the total deaths from Dec. 2019-Jan2024 at closer to 35 million. That's direct #COVID19 fatalities + an increase in other-cause deaths due to #pandemic pressures on health systems & other factors. #WHO reckons the direct #COVID share may be 21 M.”

Health Policy - Stakeholder participation in the COVID-19 pandemic preparedness and response plans: A synthesis of findings from 70 countries.

B Aguilera et al ;

https://www.sciencedirect.com/science/article/abs/pii/S016885102400023X?dgcid=raven_sd_aip_email

“...We found that most plans were prepared by the Ministry of Health and acknowledged WHO guidance, however less than half mentioned that additional stakeholders were involved.....”

Infectious diseases & NTDs

Telegraph - Carnival party-goers told to cover up as mosquito-borne virus surges in Brazil

<https://www.telegraph.co.uk/global-health/science-and-disease/rio-carnival-brazil-dengue-fever-symptoms/>

“Multiple states in Brazil have declared a public health emergency following an outbreak of dengue fever.” Including Rio.

NEJM (Perspective) - Advanced HIV as a Neglected Disease

https://www.nejm.org/doi/full/10.1056/NEJMp2313777?query=featured_secondary

by Nathan Ford et al.

Cidrap News - New single-dose dengue vaccine shows 80% protection

<https://www.cidrap.umn.edu/dengue/new-single-dose-dengue-vaccine-shows-80-protection>

“Results of a phase 3 trial in the New England Journal of Medicine (NEJM) show 80% protection for the single-dose tetravalent (four-strain) Butantan-Dengue Vaccine (Butantan D-V) among participants with no evidence of previous dengue exposure and 89% protection in those with a history of exposure. The vaccine is the culmination of years of research from Brazil's Butantan

Institute, and [the study](#) included results from 16 Brazilian centers located in all five regions of the country.”

HPW - Pakistan Pushes Towards Polio Eradication – Can Elections Help Pave the Way?

<https://healthpolicy-watch.news/pakistan-pushes-towards-polio-eradication-amidst-election/>

“As Pakistan heads towards general elections on Thursday, February 08, leaders of its polio programme are hoping that improved political stability and a more stable security situation could help make 2024 the year for final eradication of the crippling disease from the country.....”

“Pakistan and Afghanistan, neighbouring countries sharing a porous border, are struggling to completely eradicate the wild poliovirus from their countries. Experts predict that wild poliovirus could be eradicated globally within the next three years, if all goes well. What happens in Pakistan and Afghanistan are central, however, is central to making that happen.”

“According to the [Pakistan Polio Eradication Program](#), six wild poliovirus cases were reported in the country in 2023 – another six in Afghanistan. While several imported cases of wild poliovirus were also detected in Mozambique and Malawi in 2022, those were deemed to [have been imported from Pakistan](#), and no further cases have been reported over the past 15 months. In Pakistan, no wild poliovirus cases have been confirmed so far in 2024 – putting the country on track for ending wild poliovirus soon, if not this year. ...”

“However, Pakistan’s first national anti-polio drive, which kicked off last month to immunize 44.3 million children, suffered a notable setback, with two militant attacks in the country’s turbulent northwestern region bordering Afghanistan within a space of just a few days.....”

Plos GPH (Opinion) - Strategic priorities for accelerating action to reduce the burden of snakebite

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002866>

By Soumyadeep Bhaumik et al.

Lancet Infectious Diseases - Accumulating evidence on the long-term immunogenicity of fractional dosing for yellow fever vaccines

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00008-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00008-2/fulltext)

Comment linked to a [new study in the Lancet Infectious Diseases – Immunological response to fractional-dose yellow fever vaccine administered during an outbreak in Kinshasa, Democratic Republic of the Congo: results 5 years after vaccination from a prospective cohort study](#)

Lancet Infectious Diseases – Case fatality risk among individuals vaccinated with rVSVΔG-ZEBOV-GP: a retrospective cohort analysis of patients with confirmed Ebola virus disease in the Democratic Republic of the Congo

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(23\)00819-8/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(23)00819-8/fulltext)

MSF study.

PS: the Lancet Infectious Diseases ([online first](#)) also has a few articles zooming in on **chikungunya** (vaccines).

Mental health & psycho-social wellbeing

International Journal for Equity in Health - Community-based mental health interventions in low- and middle-income countries: a qualitative study with international experts

Clarissa Giebel et al; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-024-02106-6>

“The aim of this international study was to explore the key lessons for developing, implementing, and evaluating community-based mental health and well-being interventions in LMICs, with an additional focus on older adults.....”

Plos GPH - Interdisciplinary perspectives on digital technologies for global mental health

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002867>

Review by E Kuhn et al.

Social & commercial determinants of health

BMJ GH - Pharmaceuticalisation as the tobacco industry’s endgame

Yogi Hale Hendlin et al; <https://gh.bmj.com/content/9/2/e013866>

“Declining smoking prevalence and denormalisation of tobacco in developed countries reduced transnational tobacco company (TTC) profit during 1990s and 2000s. As these companies faced increasingly restrictive policies and lawsuits, they planned to shift their business to socially acceptable reduced-harm products. We describe the internal motivations and strategies to achieve this goal.”

Findings: “... Mimicking pharmaceutical business models, tobacco companies sought to refurbish their image and ensure long-term profitability by creating and selling pharmaceutical-like products

as smoking declined. These products included snus, heated tobacco products, e-cigarettes, nicotine gums and inhalers. Tobacco companies created separate divisions to develop and roll out these products, and the majority developed medical research programmes to steer these products through regulatory agencies, seeking certification as reduced-harm or pharmaceutical products. **These products were regarded as key to the survival of the tobacco industry in an unfriendly political and social climate.”**

Conclusions “Pharmaceuticalisation was pursued to perpetuate the profitability of tobacco and nicotine for tobacco companies, not as a sincere search to mitigate the harms of smoking in society. Promotion of new pharmaceuticalised products has **split the tobacco control community,** with some public health professionals and institutions advocating for the use of ‘clean’ reduced-harm nicotine and tobacco products, essentially carrying out tobacco industry objectives.”

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

G Loffreda, L Allen et al; https://www.ijhpm.com/article_4549.html

Was already online for a while, but now also in print.

Globalization & Health - Breastfeeding, first-food systems and corporate power: a case study on the market and political practices of the transnational baby food industry in Brazil

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-024-01016-0>

By C A P Robles et al.

Sexual and reproductive health rights

Economist – The first endometriosis drug in four decades is on the horizon

[The first endometriosis drug in four decades is on the horizon \(economist.com\)](https://www.economist.com/health/2023/07/27/the-first-endometriosis-drug-in-four-decades-is-on-the-horizon)

“At last, progress is being made on a condition that affects one woman in ten.”

“... A clinical trial of the first non-hormonal, non-surgical treatment for endometriosis, started in 2023 in Scotland, is showing promising results A small group of human patients who were treated with dca reported lessened pain and better quality of life. A trial with a larger cohort, plus a placebo arm, is next. If the drug is approved, which may be possible within the next five to seven years, dca will be the first new endometriosis treatment discovered in four decades.....”

PS: the article also has some info on progress in terms of diagnostics (for endometriosis).

Child health

Vaccines - Status of Routine Immunization Coverage in the World Health Organization African Region Three Years into the COVID-19 Pandemic

<https://www.mdpi.com/2076-393X/12/2/168>

“...The WHO African Region has not yet recovered from COVID-19 disruptions to routine immunization. ...”

PS: “...Ten countries in the region accounted for 80.3% of all **zero-dose children**, including the four most populated countries.”

Access to medicines & health technology

Guardian – The Guardian view on India-UK trade talks: don’t make it harder for the health service

Sarah Bosely; <https://www.theguardian.com/commentisfree/2024/feb/07/the-guardian-view-on-india-uk-trade-talks-dont-make-it-harder-for-the-health-service>

“**Britain is pushing for patent changes that could increase the cost of Indian generic drugs, diverting more of the NHS budget to big pharma.**”

“... **The hand of big pharma has been detected in the FTA discussions. The UK is headquarters to AstraZeneca and GlaxoSmithKline**, which employ thousands of well-paid people. The proposals will enhance their bottom lines. **No doubt that explains why the EU takes the same hardline approach in trade talks with Delhi.** If western nations get their way, however, it would mean a higher NHS drugs bill. A quarter of NHS medicines are cheap generics made in India. We will be paying high prices for extra years before the generic equivalents come online, surely robbing Peter to pay Paul...”

“When leading charities warned last November that tightening IP laws would be bad for India and bad for the NHS, a government spokesperson said ministers only wanted to strike “a balance between encouraging innovation and ensuring access to affordable medicines”. But **what is being proposed would, it seems, tip the scales too far towards profits – and away from patients.....**”

FT - Big Pharma still needs trial success to overcome looming patent panic

<https://www.ft.com/content/5870001c-4fa8-496b-961d-d7b95cfb839a>

“**Pharma companies, while talking up pipelines, are turning to deals to boost their growth outlook.**”

“It is a tale as old as time. Pharmaceutical companies must replenish their drugs pipeline before exclusivity rights on top-selling products expire. But even though Big Pharma knows what the ending should be, the companies don’t always get the plot right. Risks from patent expiries have been relatively low since 2020. But **the percentage of prescription drug sales at patent risk industry-wide in 2027-2028 will reach the highest level since 2015, reckons Evaluate. In theory, it should be slightly different this time — compared with the patent panics of the past.** The move towards harder-to-copy biologic drugs means drugmakers do not face such a steep drop-off in sales after exclusivity expires. Companies have become more adept at protecting key drugs, both through litigation and by seeking approvals in new diseases. **Still, that has not stopped investors from fretting about pipeline replacement at companies such as Bristol Myers Squibb (BMS), Sanofi and Roche. ...”**

“... **The winners will, again, be M&A bankers. Pharma companies, while talking up pipelines, are turning to deals to boost their growth outlook.** In December, BMS announced a \$14bn deal for Karuna Therapeutics which owns the schizophrenia drug KarXT. Evaluate expects KarXT to be the biggest drug launch of 2024 if it secures US regulatory approval, with estimated 2028 sales of \$2.8bn.....”

NYT - One Arm or Two? How You Get Vaccinated May Make a Difference.

<https://www.nytimes.com/2024/02/06/health/vaccines-arms-immunity.html>

“**Receiving multidose vaccinations in both arms, instead of just one, may increase the immune response, new research suggests.**”

“... If you’ve presented the same arm for every dose of a particular vaccine, you may want to reconsider. **Alternating arms may produce a more powerful immune response, a new study suggests.** The **researchers studied responses to the first two doses of Covid-19 vaccines.** Those who alternated arms showed a small increase in immunity over those who got both doses in the same arm. For individuals who respond poorly to vaccines because of age or health conditions, even a small boost may turn out to be significant, the researchers said. **At this point in the pandemic, with most people having had multiple vaccine doses or infections, alternating arms for Covid vaccines may not offer much benefit. Yet if confirmed by further study, the results could have implications for all multidose vaccines, including childhood immunizations.....”**

BMJ Opinion – Where is the PrEP for migrants?

<https://www.bmj.com/content/384/bmj.q315>

“Displaced Venezuelans and other refugee populations are at risk of HIV infection. Providing PrEP and tackling stigma are critical to preventing this, writes **Rebecca Irons.**”

Human resources for health

HRH - Deconcentrating regulation in low- and middle-income country health systems: a proposed ambidextrous solution to problems with professional regulation for doctors and nurses in Kenya and Uganda

<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-024-00891-3>

by G McGivern et al.

Decolonize Global Health

Nature Index - Innovative funding systems are key to fighting inequities in African science

[Nature](#);

“A few countries and a select number of institutions will continue to take the vast majority of grants unless funders build diversity into their grant programmes.”

This article dwells on a **hub-and-spoke model**. “Merit-based systems for allocating international funding to African research funnel the vast majority of grants to rich countries and prestigious institutions. **The hub-and-spoke model aims to distribute resources in ways that balance merit with equity to meet the needs of African researchers**, explains Susan Gichoga, a grants specialist at the Science for Africa Foundation. **A centralized hub, usually an African research centre or university, receives funding and then allocates money to auxiliary institutions**. This way “funders can be assured that their R&D resources are having a wide reach, and are furthering the equity, impact and research output of the programmes”, Gichoga says.”

Example: “...**the Developing Excellence in Leadership, Training, and Science in Africa (DELTAS Africa) initiative**, which uses the hub-and-spoke model, has guidelines recommending that at least 60% of the spokes are African institutions. **DELTAS Africa’s hub-and-spoke model is being implemented by the Science for Africa Foundation, a non-profit organization based in Nairobi, with support from the London-based biomedical funder Wellcome and the UK Foreign, Commonwealth and Development Office.....**”

Textbook - International Law of Human Rights

Judge Antônio Augusto Cançado Trindade and Damián A. González-Salzberg; [International Law of Human Rights](#)

“The only textbook in the area to **take a Global South perspective**, drawing on the expertise of the authors and perspectives from a leading judge in the field.....”

Science (Policy Forum) - Teach Indigenous knowledge alongside science

<https://www.science.org/doi/10.1126/science.adi9606>

“Evidence supports the teaching of Indigenous knowledge alongside sciences in the classroom.”

And a link to a paper - [White Health and International Law](#)

Miscellaneous

And via Devex: [Historic year in development finance](#)

“[This year promises to be crucial for development finance](#), writes Devex Senior Reporter Adva Saldinger. **The World Bank** is under the gun to **overhaul its dated international financial system, a new climate finance framework must be agreed upon**, and economic worries and geopolitical tensions are likely to **pile pressure on indebted countries** and make it harder to attract investment in cash-strapped nations. “

““This is truly a historic year,” **Kevin Gallagher, director of the Global Development Policy Center** at Boston University, said at a recent Devex event. “We need **a major transformation of the development finance institutions** to make them bigger, to make the policies better, and to make them more equal so that there’s more voice and representation for developing countries,” he said. “The key metric for me is **can we bend down the cost of capital.**” ...”

And still in the [same Devex article](#): **AU’s health gap**

“**Sub-Saharan Africa hosts about a quarter of the world’s refugees. To better serve this population, the African Union will establish a new African Humanitarian Agency.** It will also choose a country to host it...”

“**Cessouma Minata Samaté, the AU’s commissioner for health, humanitarian affairs, and social development, said this week that there are frequent complaints that the union is not on the ground responding to humanitarian crises on the continent.** “We want to fill this gap to see Africans also doing the job and helping the victims of forced displacement in Africa,” she said during a press briefing, adding that **the AU will look to the European Commission’s Civil Protection and Humanitarian Aid Operations department, or ECHO, for guidance as it sets up this new organization.....”**

Nature (Editorial) - Open science — embrace it before it’s too late

<https://www.nature.com/articles/d41586-024-00322-2>

“A UNESCO report laments the lack of progress in making science more collaborative. Greater awareness could aid efforts to achieve the UN’s Sustainable Development Goals.”

Progressive International - When economists shut off your water

<https://progressive.international/wire/2024-01-22-when-economists-shut-off-your-water/en>

“Access to water in Nairobi is horribly unequal. The World Bank, Nairobi Water Company, and development economists exploited this unjust context to treat poor Kenyans like guinea pigs.”

Guardian - Isolated Indigenous people as happy as wealthy western peers – study

<https://www.theguardian.com/lifeandstyle/2024/feb/05/isolated-indigenous-people-as-happy-as-wealthy-western-peers-study>

“Interviews with people in remote communities challenge widely held perception that money buys happiness.” Based on a study in the Proceedings of the National Academy of Sciences (PNAS).

“... The study by the Institute of Environmental Science and Technology of the Universitat Autònoma de Barcelona (ICTA-UAB), found that people in the 19 isolated communities reported an average “life satisfaction score” of 6.8 out of 10 “even though most of the sites have estimated annual monetary incomes of less than US\$1,000 (£800) per person”. This is roughly the same as [the 6.7 average life satisfaction score for all countries in the Organisation for Economic Co-operation and Development \(OECD\)](#).”

Papers & reports

Health Research Policy & Systems - Investigating the citing communities around three leading health-system frameworks

G Weisz et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-023-01075-6>

“Of numerous proposed frameworks for analyzing and impacting health systems, three stand out for the large number of publications that cite them and for their links to influential international institutions: Murray and Frenk (Bull World Health Organ 78:717–31, 2000) connected initially to the World Health Organization (WHO) and then to the Global Burden of Disease Project; Roberts et al. (Getting health reform right: a guide to improving performance and equity, Oxford University Press, Oxford, 2004) sponsored by the World Bank/Harvard Flagship Program; and de Savigny and Adam (Systems thinking for health systems strengthening, WHO, 2009) linked to the WHO and the Alliance for Health Policy and Systems Research. In this paper, we examine the citation communities that form around these works to better understand the underlying logic of these citation grouping as well as the dynamics of Global Health research on health systems. We conclude that these groupings are largely independent of one another, reflecting a range of factors including the goals of each framework and the problems that it was meant to explore, the prestige and authority of institutions and individuals associated with these frameworks, and the intellectual and geographic proximity of the citing researchers to each other and to the framework authors.”

BMJ - US public health after covid-19: learning from the failures of the hollow state and racial capitalism

<https://www.bmj.com/content/384/bmj-2023-076969>

“Justin Feldman and Mary Bassett describe how diminished political will to use government powers for service provision hampered the US response to the covid-19 pandemic and what needs to change.”

“Reflecting on global trends of the past half century, **political analysts refer to the diminished role of government in planning and service provision as “the hollowing of the state”...**”

“In this article, part of a BMJ series on lessons from covid-19 for the US (<https://bmj.com/collections/us-covid-series>), we consider how racism and other factors contributed to the development and maintenance of the hollow state and identify opportunities for change that could improve responses to other public health crises.....”

Key messages: “The US response to the covid-19 pandemic was **hampered by long term policy trends favoring privatization, limited government, and a punitive role for state programs.** Racism against Black people has long undermined political support for state functions that are critical to protecting public health and promoting health equity; **Lack of government leadership led to widespread use of management consultants to guide public health response with limited accountability;** The investigator driven model of public health research has sidelined social needs and separated researchers and those working in public agencies; Reduced reliance on consultants and improved resources for government run research and surveillance would help ensure better response to future crises.”

BMJ GH - ‘They treat us like machines’: migrant workers’ conceptual framework of labour exploitation for health research and policy

Sabah Boufkhed et al; <https://gh.bmj.com/content/9/2/e013521>

“... Our study aimed to conceptualise ‘labour exploitation’ from the perspective of migrant workers employed in manual low-skilled jobs.....”

“... **Three key dimensions were identified:** ‘poor employment conditions and lack of protection’, covering contractual arrangements and employment relations; ‘disposability and abuse of power’ (or ‘dehumanisation’) covering mechanisms or means which make migrant workers feel disposable and abused; and ‘health and safety and psychosocial hazards’ encompassing issues from physical and psychosocial hazards to a lack of health and social protection. **‘Dehumanisation’ has not been included in mainstream tools assessing exploitation, despite its importance for study participants** who also described harsh situations at work including sexual, physical and verbal abuse.”

Conclusion: “Our study provides a conceptual framework of labour exploitation that gives voice to migrant workers and can be operationalised into a measure of migrant labour exploitation. It also calls for the **dimension ‘dehumanisation’** and structural forms of coercion to be integrated into mainstream conceptualisations, and their workplace hazards to be urgently addressed.”

OECD (AI papers) - - Collective action for responsible AI in health

B Anderson et al ; https://www.oecd-ilibrary.org/science-and-technology/collective-action-for-responsible-ai-in-health_f2050177-en

“... This paper provides an overview of the background and current state of artificial intelligence in health, perspectives on opportunities, risks, and barriers to success. The paper proposes several areas to be explored for policy makers to advance the future of responsible AI in health that is adaptable to change, respects individuals, champions equity, and achieves better health outcomes for all. The areas to be explored relate to trust, capacity building, evaluation, and collaboration.”

Development Policy Review - Sudan's health sector partnership: From confined progression to openness and hope to uncertain demise

H Aweesha et al; <https://onlinelibrary.wiley.com/doi/10.1111/dpr.12757>

“Despite the signature of the 2005 Paris Declaration on Aid Effectiveness and subsequent adoption of the principles of effective development co-operation (EDC) for better health co-operation, there is a gap in documenting the challenges to implement these commitments at country level. Sudan represents an interesting case study. The country adopted a local health compact in 2014, but for much of the time since the regime had been under sanction. Sudan witnessed a revolution in 2018, followed by a counter-coup in 2021.”

Authors “aim to explore the evolution of the relationships, perspectives, and compliance of Sudan's health sector partners in terms of the EDC principles of ownership, alignment, and harmonization, while accounting for underlying processes and context changes between 2015 and 2022.”

Health Policy (special issue) – How do Health Systems and Health contribute to the Sustainable Development Goals?

Edited by L Siciliani; <https://www.sciencedirect.com/journal/health-policy/special-issue/109ZSZT6Q78>

With a first article, [The role of health and health systems in promoting social capital, political participation and peace: a narrative review](#) (by G Davide de Luca et al)

Health Policy – Theories, models and frameworks for health systems integration. A scoping review

<https://www.sciencedirect.com/science/article/pii/S0168851024000071>

By C Piquer-Martinez et al.

Lancet Correspondence – Manufactured scarcity and the allocation of scarce resources – Authors' reply

Ezekiel J Emanuel et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02885-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02885-4/fulltext)

In today's Lancet, Emanuel et al respond to a number of reactions to their earlier Health Policy article, "The shared ethical framework to allocate scarce medical resources: a lesson from COVID-19."

Tweets (via X & Blueky)

Tedros

"The #WHOAcademy facility in Lyon is now ready to be set up as a hub for innovation and learning in global health. This is a significant milestone in the endeavour to strengthen the public health knowledge and skills of health professionals around the world. Merci beaucoup, President @EmmanuelMacron. ... for your investment in #HealthForAll."

Hyo Yoon Kang

"voluntary patent pooling news at WHO this week: conditional to charity and institutional donors. announced in the same week as WTO refusing to discuss waiving IP rights in diagnostics - classic example of ad hoc gift thrown as a crumb but opposition to minimum structural change"

"ought to clarify: patent pooling is dependent on voluntary action or "charity" by IP holders. WHO is dependent on its donors. Forumshifting the issue of diagnostic IP sharing from WTO to WHO is zero progress."

Piotr Kolczynski

"The rhetoric never changes: "...when it comes to health, there are no borders, no continents." @SKyriakidesEU But **how does @EU_Health square this with its double standards** – proposing new measures to overcome IP barriers for Europeans, but refusing any means to do so at @WHO? "

Mohga Kamal-Yanni

"Access to medicines is critical for life & well being. It require a lot of advocacy, research, public awareness..etc.. NGOs do a great job globally, nationally & locally on these & many other issues. But hardly any funding is available for NGOs working on medicines. I wonder why."

Tim Schwab

"Cognitive whiplash here, reading that the Gates Foundation is now funding AI research designed to prevent "cultural hegemony." Isn't this kind of like Exxon funding research to prevent climate change? "