Dear Colleagues,

This week features (among others) the WHO Global high-level technical meeting on NCDs in humanitarian settings in Copenhagen (including the now obligatory healthy though not exactly “high-level” movement breaks); the 6th United Nations Environment Assembly (UNEA-6) in Nairobi (featuring some African rap!); more G20 meetings in Brazil; Zero Discrimination Day (1 March) – sadly, more needed than ever - and the World Bank’s Fragility Forum 2024.

As yes, “fragility” and “conflict” are all around us these days. And “the powers that be” (and mainstream media pundits) love to emphasize so moreover, while mostly shying away from discussing the root causes. By way of example: “Conflict is the new normal”, in the words of Fareed Zakaria, adding ‘and the West needs to realize that’. Anna Bjerde (World Bank) put it like this in a Devex op-ed: “... here is a hard truth for the development practitioners of the world: We need to stop treating crises as shocks. Unfortunately, crises — including climate change-related extreme weather events, natural disasters, and conflict — are the new normal. And fragility is on the rise....”.

Meanwhile, in a very insightful Guardian op-ed, Natalie Tocci shared her assessment after her visit to the Münich security conference: The world is splintering into ‘the west v the rest’ – and that leaves us all in more danger. “The wars unfolding now, while regional, have global repercussions, feeding into mistrust, misunderstanding and a “west versus the rest” narrative across the world. This in turn complicates the search for solutions to the major transnational challenges of our age.”

I agree with her that we need to go beyond this – far too easy and manichean – narrative. Just like ‘the Global South’ is a very heterogeneous entity, the same is true for ‘The West’. And just like some of our leaders (in the North) would do well to admit their blatant double standards (as Gavas & Samuel argued in a very neat CGD blog on EU development cooperation at a crossroads in 2024, pointing to “... a growing share diverted to firefight crises, an exclusive focus on self-interest and strategic autonomy, continuing double standards and inconsistent approaches”), it would be nice if the likes of Brazil and South-Africa also admitted that what Russia is doing in Ukraine isn’t a proxy-war between the US and Russia, but the superpower equivalent of bully behaviour on the school playground. And trust me, if they did so, Lula et al would be more effective in some of their other messages (and Brazil’s progressive G20 agenda).

Even in times of permacrisis (and perhaps even all the more so in this era of cascading and often interlinked crises), we should expect from our leaders, wherever in the world, that they combine interests with at least some norms and values. As, again in line with Tocci’s op-ed, “everything is connected with everything”...
As a recent example, the EC-Kigali deal on minerals is not a good one. In fact, it’s a disgrace (also when measured against all the lofty rhetoric on EU-AU “partnerships”). Against a backdrop where democracy is perhaps not dying but certainly under pressure in many African countries, and one in the North where many democratic elections increasingly amount to ‘regime change’ (in the words of Ivan Krastev in an interview from earlier this week on Project Syndicate), as “everything is connected with everything”, in the end the buck stops at our political/governance systems... And so our leaders should – dare I say – adopt a complex systems perspective, asap😊. At least if they want to avoid even more conflict & fragility. The alternative? Well, Justin Timberlake sums it up in his new “Forget Tomorrow World Tour” these days.

On a more upbeat note, we were happy to learn this week that it’s not just males that can be psychopaths, apparently there’s also a fair amount of female psychopaths. Something we, arguably, always suspected😊. As Dr. Tedros would tweet: “Equality!”

Enjoy your reading,

Kristof Decoster

Featured Article

Accredited Social Health "Activists" and digitization in India: a case of precarious labour in neoliberal healthcare

Sapna Mishra, Malu Mohan

Accredited Social Health Activists (ASHAs) in India, who are women, act as a conduit between the healthcare system and the community. Multiple academic and popular writings have highlighted their significant work during the COVID-19 pandemic under dire circumstances amidst immense threats to their safety and lives. The existing literature addresses the challenges they encounter in meeting the healthcare system's programmatic "targets" with minimum support. Although designated as "health activists", the system almost exclusively uses them as passive agents assigned to fulfil "targets" guided by the “new public management practices” of neoliberal governance. Irregular incentivization disproportionate to their work and unrealistic work expectations have compelled the ASHAs to organize and fight for their rights across multiple states in India.

The recent emphasis on digitization on various platforms, including during India’s G20 presidency, has implications for healthcare in the country. While the focus on digital documentation appears well-intentioned, assigning ASHAs to document and maintain records on digital platforms is another addition to the already long list of unrealistic expectations. They are compelled to put in a significant amount of time in maintaining the data infrastructures, particularly in data entry, significantly increasing their workload. While the roles and responsibilities of ASHAs have evolved, they are not adequately equipped, trained or supported to steer digital platforms, resulting in repeated failures, fatigue, and disappointment. The time and efforts spent on this demanding work have reportedly...
reduced the quality of interaction of ASHAs with community members, with implications for their routine work. Digitization, as an initiative supposedly meant to aid their work, is thus in many cases disempowering them. This disempowerment could be partly explained by the "limbo space" an ASHA occupies, as she is neither a worker nor an activist. However, it is also indicative of an undervaluation of their labour. The disposability and undervaluation of women's labour have been extensively documented in the literature, where their roles as "carers" and "nurturers" make their fundamental rights as labourers invisible. Such undervaluation is evident from policies/initiatives such as the Maternal and Child Health Tracking System (MCTS) and Information Communication Technology-Continuum of Care Service (ICT-CCS), which are oblivious to the ASHAs' ground realities and keep piling "tasks" upon them.

The plight of community health workers (CHWs) has been acknowledged by the WHO (and others) in its 2018 guidelines to optimize health worker programmes, which advocate for prioritizing their labour rights. The guidelines recommend remunerating practising CHWs for their work with a financial package that is commensurate with their work and a written agreement about their roles and responsibilities, working conditions, remuneration, and rights. Another recommendation is to enable effective work documentation by minimizing the reporting burden, if required, through relevant mobile health solutions. However, neither the guidance document nor the recommendations are drafted from a human or labour rights framework; instead, they start from the need to provide evidence-based guidance to "optimize the performance and impact of health workers".

While the intersection of gender with caste, class, geography, and ethnicity in ASHAs' exploitation is discussed to some extent, the role of the larger political economy in the "making" of ASHAs as precarious labourers remains understudied or perhaps this dimension is intentionally ignored! There are isolated interventions - providing them with technical support, supportive supervision, and even insurance coverage - to improve their "performance"; however, there are hardly any efforts towards improving the quality of their employment. Their assigned "voluntariness" precludes any discussion on employment quality and labour rights simply because they are not "employees". As indispensable cogs of the healthcare system and their communities, it is imperative that we critically enquire how neoliberal economic policies create and sustain the precarious labour of India's ASHAs while they navigate the ambitious corridors of digitalization in healthcare.

On the authors:

Sapna Mishra: Assistant Professor, Easwari School of Liberal Arts, SRM University, Andhra Pradesh.

Malu Mohan: Independent researcher in Public Health
Highlights of the week

The read of the week

Lancet - Confronting the elephants in the room: reigniting momentum for universal health coverage


Starting from the rather dire UHC situation at the moment, the authors argue: “The [ UHC] backsliding can be reversed and momentum reinvigorated for UHC by tackling four elephants in the room (difficult challenges that people often do not want to talk about) that are barriers to advancing UHC....”

The four elephants in the room are: “In 2023, attempts were made to address the first elephant in the room: political commitment... A second barrier is that financing for UHC remains inadequate and unsustainable and does not address the needs of all people. ... The third barrier is continued fragmentation of global health efforts around financing, governance, and integrated service implementation .... The final elephant in the room is how advocates communicate about UHC....”

They offer pointers on how all four elephants in the room should be tackled.

And conclude: “...The global health community cannot afford to convene at the next UN high-level meeting on UHC in 2027 and again lament the lack of progress. With 4·5 billion people in the world unable to access even the most essential health services and 2 billion people suffering financial hardship due to health costs, a collective commitment to transformative action to advance UHC is needed. We are committed to working differently, and collectively, to achieve a step change in UHC between now and 2027. This requires acknowledging long-standing barriers to UHC and effectively tackling these roadblocks before haggling over downstream technicalities. To address the four elephants in the room that are hampering progress on UHC, we, as individuals with leadership roles in global health who are working on UHC, call on all stakeholders to hold political leaders accountable for tangible actions to advance their political commitments to UHC; to centre UHC in advocacy and action; to build coalitions for UHC beyond the health sector; to advocate for increased domestic financing for health and universal social protection; and to develop and align around a UHC roadmap that addresses key drivers and enablers of UHC and clearly identifies which organisations or entities have responsibility for which part of the work....”

“Pandemic Agreement” negotiations

The 8th INB meeting continued this week. Below some coverage & analysis from the past week. Including on the Joint session (pandemic agreement/IHR amendments track) from last week on Friday.


Update as of last Saturday.

“There is emerging preference, among certain countries to anchor the entire set of new rules to govern pandemics under Article 21 of the WHO Constitution. If countries decide so, the rules can come into existence faster, and with a large number of WHO member states adopting them unless they decide to opt-out. This is in contrast to, what now appears to be, a hitherto preferred approach for adopting a new Pandemic Agreement under Article 19, which necessitates ratification by Parliament.”

PS: “... So far, the emphasis among “major” proponents of a Pandemic Treaty, has been, to have a binding legal agreement under Article 19 of the WHO Constitution which would then become an “opt-in” instrument, meaning that it will still need to be ratified by Parliaments, in order to come into force. (Even after adoption at the World Health Assembly.) Article 21 was mostly viewed as a provision with a narrower mandate, compared to Article 19 which was often suggested as one that would have connotations of a strong political agreement. The International Health Regulations, were adopted under Article 21, and are viewed as technical regulations.”

“If countries now decide and reach consensus on choosing Article 21, this could be a game-changer for these difficult negotiations....”

“... although the “scope” of the two provisions differs, the binding nature of the new rules both under 19 and 21, are similar, except for the fact that while the former allows countries to opt-in, and the latter, means rules come into force, unless countries choose to opt-out. ..... If countries decide to choose the Art. 21 route, there will be several implications for governance, financing arrangements, and in fact, the depth of the obligations as a whole, diplomats indicated to us.....”

PS: “...the possibility of watered down obligations is very real, in addition to the pressure of meeting the May 2024 deadline.....”

“... If WHO member states, whose interests are negotiated by skilled technocrats, diplomats and legal experts, in their wisdom choose Article 21, the world will not have a glittering Pandemic Agreement or a Treaty or a Convention, it will have Pandemic Regulations. Less attractive but potentially more effective with wider adoption, experts say. ..... Experts say, that even if the new rules are adopted as Pandemic Regulations under Article 21, the political profile of such a new instrument will continue to be significant given potential new features including on a financing mechanism, an access and benefit-sharing arrangement, new emphasis on regional manufacturing, among others. .....”

PS: The cost of governance also might be a key factor that could include the choice of the underlying legal provision for new rules on governing pandemics. “.... Many countries, both developed and developing countries are divided on whether the new Pandemic Agreement should have a
dedicated Conference of Parties. Many are loathe to paying more. In fact, the financing piece of these set of negotiations continues to be mired in disagreement on whether there should be a new, dedicated facility to fund new obligations on Pandemic Preparedness and Response....”

HPW - As Pandemic Negotiations Move at Snails' Pace, Scientists Urge Pathogen-Sharing Agreement


Coverage from Tuesday on the state of affairs. Also going into some detail on a joint INB/WGIHR meeting from last Friday.

“As pressure intensifies on World Health Organization (WHO) member states to finalise a pandemic agreement by May, insiders are concerned by the snails’ pace of negotiations – primarily because they believe the negotiators have spent an inordinate amount of time on contentious issues while neglecting more procedural issues. After two years of negotiations, the eighth meeting of the intergovernmental negotiating body’s (INB) entered its seventh day on Tuesday with a number of key discussions still confined to sub-groups rather being presented as text proposals because of disagreements..... A joint meeting between the INB and the Working Group on Amendments to the International Health Regulations (WGIHR) last Friday provided a rare public glimpse into the slow pace of talks. ....”

“... The joint meeting was aimed at ironing out how the overlapping areas would be addressed – yet the Bureaux of both groups ended up withdrawing two of their four process proposals because of lack of agreement. .... “

“... Meanwhile, voices outside the process have been growing louder with important interventions from civil society and scientists [see below, Nature Comment] in the past week..... The Pandemic Action Network hosted two short sessions in Geneva last week for civil society to express their views on the draft directly to INB members....”

- See also, via Devex – Time well spent or time wasted?

“With just three months from their deadline to settle on a pandemic accord, World Health Organization member states should be focused on reaching consensus on thorny issues such as intellectual property rights. But by last Friday, they had only just begun talking about how to move forward with discussion of issues such as financing, monitoring, and reporting, and whether they should be tackled in both or either the pandemic accord or the International Health Regulations amendments process. So they were basically discussing how to discuss and where to discuss!”

“The point is to avoid duplication of work and make efficient use of the limited time left, Devex Senior Reporter Jenny Lei Ravelo tells me. But members couldn’t find consensus. One argument is that some issues, like financing, have not been sufficiently discussed at all. Also on the table is the merits of a joint resolution that addresses both processes at the World Health Assembly — but they’re still discussing the discussions on that too....”
With analysis of the joint meeting from last week on Friday (23 Feb)

“In a joint session that brought together the ongoing two track negotiations to reform the international health emergency regime, WHO member states had difficulty rationalising and aligning common areas on equity, financing, governance and monitoring issues at a meeting last week in Geneva.....”

“Countries discussed matters of ‘Public health alert – PHEIC – pandemic continuum’; Pandemic prevention, preparedness, surveillance, One Health; Equity implementation and financing; and Monitoring and Reporting. On the latter two issues, countries could not agree on how to address these issues across these two tracks. For now, consultations on these matters will continue in smaller groups as they are currently being tackled in the respective tracks....”

“....The difficulty in reaching consensus on these seemingly technical matters also show the underlying politics in these negotiations. For example, “Definitions are foundations of obligations,” some countries said. And where certain definitions are located, and the “locus” of discussions including on financing, for example, will have implications of implementation of obligations in both these instruments. Other areas of disagreement included implications of the kinds of response measures that could kick in the various stages of a health emergency continuum. What this means for governance and binding commitments....”

PS: “....The session also saw a proposal from the WHO secretariat to use the mechanism of an omnibus resolution for the World Health Assembly in May 2024, that would present the outcomes of both these negotiation tracks together. Countries, will in the coming weeks, decide on whether the amendments to the IHR will be presented together with a new instrument in a single resolution, or if they will be brought separately....” “....The mandates of the WGiHR and INB, mean that they need to deliver their outcomes at the next WHA vis-a-vis resolution, resolutions or decisions, depending on what countries decide, senior WHO officials explained at the meeting. The option of having two separate resolutions that cross-reference each other as appropriate, also exists....”

Nature (Comment) - Save lives in the next pandemic: ensure vaccine equity now
C Carlson, T de Oliveira, A Phelan et al ; https://www.nature.com/articles/d41586-024-00545-3

And this was a core intervention/”call to action” from a number of scientists, end of last week.

“The proposed Pandemic Agreement must ensure that COVID-19 vaccine nationalism is never repeated; 290 scientists call for action.” With focus on the PABS bottleneck.

“..... A collective of 290 scientists from 36 countries come together to support the adoption of a ‘science-for-science’ approach in the treaty. They argue that pathogen samples and data shared by
scientists in the global south should be fairly reciprocated with a discount on vaccines or therapeutics.”

More concretely: “...Earlier this week, the Intergovernmental Negotiating Body for the Pandemic Agreement reconvened for its penultimate session. **If [the current] Article 12 is weakened or dismantled**, it will be a monumental setback for global health justice — and for the global scientific community.”

**TWN - Global Call for An Equitable Pathogens Access and Benefit-Sharing System**


“70 civil society organizations predominantly from the Global South have issued a “Global Call for An Equitable Pathogens Access and Benefit-Sharing System in the Pandemic Instrument”.”

“In a letter addressed to the Chair and Facilitators of the Sub-group on Pandemic Access and Benefit Sharing (PABS) system, they expressed concerns over the sidelining of the Africa Group/Group of Equity PABS proposal. They call on the Chair and the Facilitators “to accept the PABS proposal by the Africa Group and Group of Equity and reflect them as key elements of the PABS system and ensure that the process is fair and not biased against the interests and proposals of developing countries and their call for the operationalization of equity.”.....”

**TWN - WHO: Developed countries dilute effectiveness and accountability in PABS proposal**


“.... During the first week of the 8th meeting of the Intergovernmental Negotiating Body (INB8), developed countries sought to dilute the proposals of developing countries for an effective and accountable Pathogen Access and Benefit Sharing (PABS) System under the pandemic instrument. This is contrary to their existing international commitments with respect to access and benefits arising from their use of genetic resources, under the Convention on Biological Diversity and its Nagoya Protocol.....”

**Foreign Policy – The WTO failed the world in COVID**


One of the must-reads of the week. “**Pandemic-related technology and intellectual property cannot remain in its authority.”**

“.... If the WTO cannot act in a pandemic to remove patents barriers and promote sharing of technology so the world can produce enough medicines and vaccines, then the WHO must be empowered to do so.....”
Kavanagh concludes: “…. It is time for a new forum shift. Negotiations over a new Pandemic Treaty are intensifying as negotiators hope for a May conclusion. The draft agreement includes a commitment to waive intellectual property during a pandemic and to use WTO flexibilities to produce pandemic-fighting products. These are the minimum steps to make the whole world safer. President Joe Biden already supported a patent waiver during the pandemic and is using these flexibilities at home, including “march-in” rights to limit patent monopolies on high-priced drugs in the U.S. The U.S. negotiator’s opposition suggests misaligned foreign policy. But the agreement should go further. Given the WTO’s repeated failure, the new agreement should shift authority to waive patent rules to the World Health Assembly. And it should include a binding agreement to share publicly funded technologies for global production...”

G7 Health Ministers’ Statement on the Importance and Urgency of Improving Global Health Architecture and Pandemic Prevention, Preparedness and Response.


Joint Statement from 28 Feb, after their meeting.

“We, the G7 Health Ministers of Canada, France, Germany, Italy, Japan, the United Kingdom, the United States of America and the European Union have met today on February 28th, 2024, for the first time under the Italian G7 Presidency, and focused on the imperative to strengthen the global health architecture (GHA) and pandemic prevention, preparedness and response (PPR)....”

Lancet Editorial – The Pandemic Treaty: shameful and unjust

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00410-0/fulltext

Today’s editorial, based on the current state of affairs.

Quote: “...The INB might be doing its best, but ultimately it is the politicians of G7 countries who must put aside vested industry interests and finally understand that in a pandemic it is not possible to protect only your own citizens: the health of one depends on the health of all. Millions of lives that could have been saved during the COVID-19 pandemic were not. Far from making amends, a handful of powerful countries are sabotaging the best chance to translate the lessons from the COVID-19 pandemic into legally binding commitments that will protect us all.....”

And some links:

• Vox - Should Big Pharma pay poor countries for finding new diseases?

Excerpt: “.... In exchange for providing pathogen samples, African nations want pharmaceutical companies to pay an annual fee to support a centralized system for sharing pathogen information and for sharing the medical products that are ultimately developed from that information, potentially managed by a major multilateral body like the WHO. They also want pharmaceutical companies to commit to making a certain percentage of the products developed from these pathogen samples (diagnostics, vaccines, medicines) available for free or for the cost of production in a future pandemic..... But Big Pharma opposes both compensating countries for sharing
pathogen information and the creation of a centralized bureaucracy to manage that process, arguing that it would slow down the development of medical breakthroughs. Drug companies have been largely supported in that position by the US and European Union. ....”

- (via IFPMA’s newsletter): “Politico (paywall): The WHO States reject key pandemic deal text – During the INB8 negotiations, developing countries rejected proposed text on the PABS system, deeming it as “vague”. The text proposed that manufacturers should supply 10% of vaccines, drugs, and diagnostics for free and 10% at non-profit prices during a crisis, at the WHO’s request.”

- TWN - Some Intellectual Property Claims Related to Pathogens That Can Cause Public Health Emergencies

More on PPR

Devex Opinion - Is a new fund really the answer to the next pandemic?

(gated) “The World Bank's Pandemic Emergency Financing Facility closure left a funding gap for outbreak response, but existing mechanisms could be expanded, according to a pandemic finance expert.” The expert: Cristina Stefan, a pandemic finance expert at the U.K.-based Centre for Disaster Protection. (see also Devex checkup).

WHO - International Pathogen Surveillance Network launches catalytic grant fund for pathogen genomics

“The World Health Organization (WHO) today announced US$ 4 million in funding from donors to create a catalytic grant fund for organizations working in pathogen genomic surveillance. The fund will support projects across the world, particularly in low- and middle-income countries, to pilot projects and in doing so, create an evidence base for how to quickly scale-up pathogen genomic surveillance. .... The initial grants for the catalytic fund have been provided by the Bill & Melinda Gates Foundation, The Rockefeller Foundation and Wellcome, to support the International Pathogen Surveillance Network (IPSN). IPSN is a new global network of pathogen surveillance actors convened by WHO through a Secretariat at the WHO Hub for Pandemic and Epidemic Intelligence in Berlin. The fund is hosted by the UN Foundation on behalf of the IPSN....”

CGD (blog) - World Leaders’ Must-Do List in 2024: Next Steps to Secure Pandemic Financing
V Fan, C Reynolds et al ; https://www.cgdev.org/blog/world-leaders-must-do-list-2024-next-steps-secure-pandemic-financing
Coverage of key messages of an event (co-organized by CGD & Pandemic Action Network), on 7 Feb. Recommended reading !!

“As policymakers and financiers set their priorities for 2024, we gathered a group of experts who’ve been working on pandemics and pandemic financing from a range of perspectives including epidemiology, economics, insurance, policy, and advocacy. The purpose of our event was to map out the next steps for the pandemic financing agenda, and identify some specific and meaningful areas for policy and political action.....”

“....This blog captures key points from our discussion and lays out an agenda for action on pandemic financing in 2024 for world leaders...” Check out what they are.

PS: “The Pandemic Fund is currently in the process of preparing its medium-term strategy and is expected to hold a pledging moment later this year alongside the G20 meetings in Brazil. Existing sovereign contributors—starting with the G7—can and should commit much more to the Fund, while more countries, philanthropies, and the private sector should join and invest in this global public good .... . This year, world leaders must prioritize closing these critical gaps in pandemic financing to ensure the world is better prepared, using a plethora of upcoming resource mobilization moments (including the World Bank IDA21 replenishment, Gavi replenishment, Pandemic Fund pledging moment, World Health Assembly, and G7 and G20 leaders’ summits). ....”

Graduate Institute (Global Health Centre ) Understanding pandemic financing and learning from other experiences
A Strobeyko; https://repository.graduateinstitute.ch/record/302615

Cfr tweet: “The Governing Pandemics Initiative just released a new workshop report on financing #PPPR which explored current funding challenges and needs for the #INB and #WGIHR, drawing from other experience.”

“This publication was developed as the outcome of the workshop “Understanding Pandemic Financing and Learning from Other Experiences: Exploring Key Questions for the Intergovernmental Negotiating Body (INB) and Working Group on Amendments to the International Health Regulations (WGIHR)” which took place on 22 November 2023 at the International Conference Center Geneva (CICG).”

Science News - International panel calls for tighter oversight of risky pathogen studies
International panel calls for tighter oversight of risky pathogen studies | Science | AAAS

“Pathogen Project’s report does not rule out gain-of-function research and virus hunting, but urges better biosafety and biosecurity.”

“.... Research on dangerous human pathogens is essential to protect people from epidemics and pandemics, but safety rules for such work need to be tighter and more consistent around the world, according to a report released today by a broad international task force launched in the wake of the COVID-19 pandemic. .... The Pathogens Project was launched in the fall of 2022 by the
 Bulletin of the Atomic Scientists, a group best known for its Doomsday Clock assessing nuclear and other threats.

GHF - On the Brink of Legitimizing Inequity: Negotiations at WHO for a Pandemic Instrument & Amending the IHR [Guest Essay]

By K M Gopakumar; Geneva Health Files;

“Our guest essay, an opinion piece, presents a picture of the various equity-related aspects in the negotiations that have been getting the short shrift.....” Neat overview indeed.

BMJ GH (Editorial) - The role of Africa Centres for Disease Control and Prevention during response to COVID-19 pandemic in Africa: lessons learnt for future pandemics preparedness, prevention, and response

M P Fallah, J Kaseya et al; https://gh.bmj.com/content/9/2/e014872

Including: “.... The coordination role of National Public Health Institutes (NPHIs) during the response to the COVID-19 pandemic was also spectacular. The NPHIs were able to coordinate the essential public health functions of surveillance, laboratory systems, research and data, public health workforce, and incident management system through the public health emergency operation centre (PHEOC). Learning from the Ebola outbreak in West Africa and the COVID-19 pandemic, the Africa CDC is supporting Member States to establish an NPHI with a functional PHEOC. PHEOC is a physical hub to coordinate response activities, including human, logistics, and financial resources, to respond to public health emergencies. The capacities of the PHEOCs in Africa are still limited, hence the need for PHEOC policies, plans and procedures, staffing (permanent and surge), information (data) management systems, communication technologies, and physical infrastructure. Thus, we suggest that Member States prioritise the establishment and strengthening of NPHIs and continue working on the sustainability and functionality of their PHEOCs.....”

Africa CDC - Role of Regional Structures in Building Resilient Health Systems and Enhancing Health Security in Africa


New report. Among others on the pivotal role played by the Africa CDC’s Regional Coordinating Centers in enhancing health system resilience.

WHO updates its guidance for Ebola and Marburg disease

https://iris.who.int/handle/10665/372261

“New recommendations represent an advance but also highlight need for more evidence to inform effective infection measures, say experts.”
“Ten years on from the West African Ebola outbreak, the World Health Organization (WHO) updated its infection prevention and control guidelines for Ebola and Marburg disease. The key recommendations are summarized in *The BMJ* ... with an infographic and the full guideline is available on both the WHO website and the web-based MAGICapp platform. ...”

**AMR**

Cidrap News - Global Leaders Group lays out steps to boost antibiotic development, access

https://www.cidrap.umn.edu/antimicrobial-stewardship/global-leaders-group-lays-out-steps-boost-antibiotic-development-access

“The Global Leaders Group (GLG) on Antimicrobial Resistance (AMR) last week issued a series of recommendations to address shortfalls in the antibiotic pipeline and boost access to new antibiotics and diagnostics.”

“The GLG, which was formed in 2020 to strengthen global political leadership on AMR and includes heads of state and leaders from the public and private sectors, says the recommendations can serve as the basis for advocacy and action in advance of the upcoming United Nations High-Level Meeting on AMR in September. The group adds that the recommendations should be seen as part of a comprehensive strategy against AMR that includes prevention and stewardship....”

“... The six recommendations, based on interviews with GLG members and additional experts and stakeholders, are aimed at incentivizing innovation, stimulating research and development (R&D), and safeguarding access to antibiotics.....”

**Global Health governance**

World Health Summit newsletter – short opinion piece by Ilona Kickbusch on the accountability of PPPs

I Kickbusch; https://www.worldhealthsummit.org/newsletter-02/2024.html

“The Changing Nature of PPPs Requires New Accountability”: In the last quarter of a century, we have witnessed the continuous expansion of the global health universe. But rather than discuss how to best navigate its intricacies, we need to seriously review its logic, composition, and financing. Yes, this has been said before – but recently a new dimension to the debate has been put forward. It is not just that there are more organizations out there – it is that they have changed their very nature. Organizations that were created by donors as PPPs (public private partnerships) to solve very clearly defined problems in global health have – under the radar as everyone focuses on intricacies of WHO governance - morphed to become agents of global governance, with their own
political agendas, expansion of their mandates and significant financial autonomy. In 2024/2025 we will see them all embarking on major replenishment campaigns for a grand total of 100 billion USD, now also including the World Health Organization with its investment round as well as a range of new entities created in the wake of the pandemic. Donors must address this new dynamic as must the advocacy groups that work to get them funded. The Global South must analyze what this power grab means for them. Together they should urgently create a review mechanism to close the accountability gap.”

GAVI (background paper) – Vaccine investment strategy
https://www.gavi.org/news-resources/knowledge-products/vaccine-investment-strategy-vis

“The Vaccine Investment Strategy (VIS) enables Gavi to maximise the number of lives it helps save and the number of people whose health it improves, while facilitating long-term planning for partners, donors, manufacturers and Gavi-supported countries.”

- Related blog: GAVI – How Gavi decides which vaccines to invest in

“Every five years, Gavi, the Vaccine Alliance, conducts a detailed horizon scan to decide which new and under-used vaccines could most help the countries it supports. Here’s how the process works....

.... In its latest Background Paper, Gavi lifts the lid on how it assesses the full value of vaccines though its Vaccine Investment Strategy (VIS). Here are six key takeaways:....”

CGD (blog) - 2024: EU Development Cooperation at a Crossroads
M Gavas et al; https://www.cgdev.org/blog/2024-eu-development-cooperation-crossroads

Telling it like it is, this one. “... In 2024, the European Union (EU) faces a whole raft of challenges: one war continuing to rage inside Europe, and another on its doorstep; economic challenges and fiscal constraints across member states; and continuing competition and rivalry between the United States and China. Add to this the European Parliamentary elections scheduled for June and national elections in nine European countries over the course of the year, with far-right parties building genuine momentum on the back of anti-immigration rhetoric.”

“Where does this leave development cooperation? In this blog, we look how this context will shape EU development cooperation in 2024. This year will be pivotal in shaping how the EU defines its role beyond its borders. With heavy political pressures on budgets and a growing share diverted to firefight crises, an exclusive focus on self-interest and strategic autonomy, continuing double standards and inconsistent approaches, the EU’s credibility as a major international development actor is at stake.”

Devex - 24 global development organizations to watch in 2024
“Our guide to the coming year highlights influential global development organizations expected to make a significant mark in 2024. We explore their changing strategies and the impact they’re likely to have. A joint effort from Devex reporters, the list tells you which global development institutions are going through upheavals, highlights new groups hitting their stride, and looks at others undergoing strategic shifts. “

Among others: African Medicines Agency; African Pharmaceutical Technology Foundation; Gates Foundation; GAVI,... and yes, also WHO.

Lancet - Offline: Science is not a luxury
R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00400-8/fulltext

Horton summarizes the “NCD Hard Talk” from last week. Among others, starting from the Mexico statement on Health Research from 20 years ago (which led to the birth of a new era of health systems research).

Yet, “....But health systems research and implementation research share the same objective: to translate the results of medical science into tangible and sustainable benefits for individuals and communities. Yet research still sits on the margins of policy and political debate in global health. Science is often seen as a luxury when faced with the immediate perils of war, disaster, and human devastation.”

He concludes: “....The 20-year milestone of the Mexico Statement is an opportunity to pause and reflect on the achievements of science as a catalyst for advancing health. It is a moment to re-energise WHO's leadership, ensuring that countries put knowledge—and the generation of knowledge—at the centre of policy making. And it is a moment to recognise that investments in health science are investments in national resilience and security. 2024 would be an opportune juncture—as progress towards the SDGs stalls—to reconvene ministers to win their commitment to these principles. As the Mexico Statement recognised, “Research has a crucial but under-recognised part to play in strengthening health systems, improving the equitable distribution of high-quality health services, and advancing human development.” WHO: over to you.”

Global Health financing

WHO Bulletin - Climate finance opportunities for health and health systems
J Borghi et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.290785.pdf?sfvrsn=16e7f2ff_3

“.... The Conference of Parties 28 at the 2023 United Nations Climate Change Conference led to agreement on the need for holistic and equitable financing approaches to address the climate and health crisis. This paper provides an overview of existing climate finance mechanisms – that is, multilateral funds, voluntary market-based mechanisms, taxes, microlevies and adaptive social protection. We discuss these approaches’ potential use to promote health, generate additional health sector resources and enhance health system sustainability and resilience, and also explore implementation challenges. We suggest that public health practitioners, policymakers and
researchers seize the opportunity to leverage climate funding for better health and sustainable, climate-resilient health systems…”

More on UHC

SS&M - Authors’ reply to comments: “Financing and provision of healthcare for two billion people in low-income nations: Is the cooperative healthcare model a solution?”


As already flagged last week.

“In our article: “Financing and Provision of Healthcare for Two Billion People in Low-Income Nations: Is the Cooperative Healthcare Model a Solution?” we argue that the lack of tax revenue or pooled risk funds to finance healthcare in low- and lower-middle income countries (LLMICs) poses a major barrier to universal health coverage. We identified Cooperative Healthcare (CH) as one type of community-based financing that holds promise for communities to pool their funds to finance and provide effective basic primary healthcare and drugs. CH is based on the theory of social capital that may exist at the community level, plus the economic benefits that enrollees are likely to gain. We gave several country cases of success and argued that LLMICs could introduce CH as a transitional program until their economies have become middle-income level or higher so that general tax revenue financing or social health insurance (SHI) are possible.”

“….We invited seven expert teams to respond to the proposition that “CH offers a potential transition solution in countries where both fiscal and labor market conditions preclude the use of general tax revenue or social health insurance (SHI) to fund and deliver health care for low-income households”. Those that did not fully agree with the proposed CH model were encouraged to modify the model or propose alternative approaches to CH for financing and delivering care. The seven responses represent diverse perspectives that enrich our debate of CH. Among these commentaries, Philipa Mladovsky et al. and Joris Michielsen and Bart Criel reject CH as a potential solution, while Ajay Tandon, Patrick Hoang-Vu Eozenou and Sven Neelsen, Pia Schneider, and Nachiket Mor, Hasna Ashraf and Anjali Nambar agree to a modified version of CH. Getnet Alemu et al. and Yan Guo provide in-depth national case studies that provide empirical support for the proposed model….“

Hsiao & Yip conclude: “… In sum, all commentators agree that there is an urgent need to implement new financing approaches towards expanding access to health care in LLMIC settings. Most of the commentators agree that the CH model holds promise as a transition solution in countries where both fiscal and labor market conditions preclude the use of general tax revenue or SHI to fund and deliver health care for low-income households, with some precautionary notes. We agree and indeed we recommended social experimentations to test out the feasibility of the model in different contexts. We also hope that this series of discussion stimulate additional research, such as: the political conditions that enable its adoption and success, the community and government partnership for ensuring more affordable and better-quality basic healthcare, and CH organization and management to provide people-centered basic preventive and primary health care while mitigating political or local elite capture.”
What Can Value for Money in Health Care Learn from the Regulatory World?

J Guzman; https://www.cgdev.org/blog/what-can-value-money-health-care-learn-regulatory-world

“... This blog explores three lessons that those strengthening HTA systems can learn from regulatory systems. Despite the different missions and evaluation criteria (regulatory systems ensure that health technologies are safe, efficacious and quality assured, whereas HTA centers on cost-effectiveness and value for money), these two universes share numerous similarities....”

The 3 lessons are: Define capacity and how to strengthen it...; Shift from country level to subregional and regional focus...; .... Standardize and deploy smarter, risk-based approaches.”

Guzman concludes: “The regulatory world is far from perfect. Regulators can for instance learn from their HTA colleagues on stakeholder participation, deliberative processes, and transparency. However, by drawing lessons from regulatory frameworks, HTA can enhance its effectiveness, efficiency, and global impact. Defining the path to success, embracing regional collaborations, standardizing, and promoting risk-based approaches are key steps toward optimizing HTA practices and advancing value for money in global health care.”

Global tax justice

Eurodad - UN reaches global consensus on the road ahead towards a Tax Convention

Eurodad;

From late last week. “This week, the first round of negotiations was concluded at the UN Headquarters in New York.”

“...After an historic breakthrough at the UN General Assembly in November 2023, the UN has now started the negotiation of the terms of reference for a new Framework Convention on International Tax Cooperation. This week, the first round of negotiations was concluded at the UN Headquarters in New York. Despite the fact that 48 governments – mainly from OECD countries – voted no to the decision in November 2023, all governments now came together this week and found consensus on the road ahead....”

Oxfam (report) - Less than 8 cents in every dollar of tax revenue collected in G20 countries comes from taxes on wealth, says Oxfam


“A “war on fair taxation” has seen tax rates on the wealth and income of the richest collapse. For every $1 raised in tax in G20 countries, less than 8 cents comes from taxes on wealth. The top 1 percent of earners in G20 countries have seen the top tax rates on their income fall by roughly a
third in recent decades, while their share of national income has increased by 45 percent. A modest wealth tax of up to 5 percent on the G20’s richest individuals could bring in nearly $1.5 trillion a year.”

“…..Less than eight cents in every dollar raised in tax revenue in G20 countries now comes from taxes on wealth, reveals new analysis by Oxfam today ahead of the first meeting of G20 Finance Ministers and Central Bank Governors in Sao Paulo, Brazil….”

PS: Brazil, at the helm of the G20, has plans to forge the first global agreement on taxing the super-rich to reduce global inequality.

Guardian - ‘A historic step’: G20 discusses plans for global minimum tax on billionaires

“…The G20 group of the world’s most powerful countries is exploring plans for a global minimum tax on the world’s 3,000 billionaires, aiming to end a “race to the bottom” that has enabled the super-rich to pay less than the rest of the population. Leaders gathering in São Paulo on Thursday for a key G20 meeting of finance ministers and central bank governors are preparing to discuss an internationally agreed backstop on the taxation of hypermobile wealthy individuals, amid increasing global cooperation to tackle tax avoidance….”

“The economist Gabriel Zucman has been invited by the Brazilian government to kickstart the G20 talks on Thursday. The EU Tax Observatory, a Paris-based thinktank led by Zucman, set out a mechanism for a global wealth tax in a report last year. It called for a 2% annual levy on the wealth of the world’s richest individuals as the starting point for a global minimum tax. It estimates the measure could raise $250bn (£197bn) a year from the 2,756 known billionaires, who together are believed to be worth $13tn…..”

FT - Global tax deal under threat from US politics and fraying consensus
https://www.ft.com/content/cd88500d-a063-4f15-b6ad-e453a1d8b16d

Analysis from Wednesday. “G20 finance ministers to discuss ways to save reforms to way multinationals are taxed.”

“A landmark global tax deal targeting the world’s largest companies is struggling to come into force as political support in the US and other key jurisdictions falters. The enactment of the first “pillar” of the OECD-brokered reforms, which would make big tech groups and multinationals pay more tax in the place they do business, has stalled in the US amid opposition from Republicans. Developing countries have meanwhile attempted to shift international tax negotiations from the OECD to the UN, where they would wield more influence, further complicating the talks over implementation. These factors, plus difficulties finalising the treaty text, are imperilling efforts to meet a June deadline for its signing and have spurred a European push to find a way to revive the agreement when G20 finance ministers meet in São Paulo in Brazil this week.”
As a reminder: “... In 2021 over 135 countries signed up to a two-legged political agreement that represented the biggest corporate tax reform in more than a century. The second pillar introduces a global minimum 15 per cent corporate tax rate and started to take effect this year. However the first leg of the deal has proved harder to implement. While US President Joe Biden’s administration has backed the reform, international tax treaties require a two-thirds majority — 67 votes — in the US Senate for ratification. Biden’s Democratic caucus, which holds a razor-thin lead in the chamber with its 51 seats, does not have the votes to overcome bitter opposition from rival Republicans. Without US ratification, the required minimum tax base for the deal to enter into force would not be met.”

PS: “.... Meanwhile, a possible electoral win by former president Donald Trump, the leading candidate for the Republican presidential nomination and a staunch opponent of the global agreement, would be likely to doom the entire process.”

“.... European officials are trying to corral G20 finance ministers gathering this week in Brazil to commit to the June timeline. ....”

“Meanwhile, since securing a greater role for the UN in global tax matters due to frustrations at the OECD-led process, developing economies are showing less interest in the pillar one negotiations. This is sapping further momentum to meet the June deadline, people with knowledge of negotiations said. Brazil, which voted for the UN establishing a convention on international tax cooperation last year, currently holds the G20 presidency. It has invited the UN to present next steps on its tax agenda to G20 finance ministers meeting on Thursday. The OECD has also been invited. The alternative to the global tax framework could be a patchwork of taxes set by countries on a go-it-alone basis, analysts say.....”

NCDs in health emergencies: WHO/Europe co-hosts a HL meeting on NCDs in humanitarian emergencies (27-29 Feb)

“The purpose of the meeting is to raise global awareness of the need to consider NCDs as part of emergency preparedness and response, and to forge relationships between the NCD, humanitarian, refugee and health systems communities in advance of the UN High-level meeting on NCDs in 2025. “

The webpage includes a draft concept note. And also a draft WHO report - Strengthening services for NCDs in all-hazards emergency preparedness, resilience and response.

Joint news release - Inclusion of noncommunicable disease care in response to humanitarian emergencies will help save more lives


“Noncommunicable diseases (NCDs), such as cardiovascular disease, cancer, chronic respiratory disease and diabetes, are responsible for 75% of deaths worldwide. People affected by humanitarian emergencies are at increased risk of NCDs. It is estimated that strokes and heart attacks are up to three times more likely following a disaster. However, care and treatment for
NCDs are often not included as a standard part of humanitarian emergency preparedness and response, which focus on the most immediate needs. .... To support integration of essential services for NCDs in emergency preparedness and humanitarian response, the World Health Organization (WHO), the Kingdom of Denmark, the Hashemite Kingdom of Jordan, the Republic of Kenya, and UNHCR, the UN Refugee Agency, [are] jointly convening a global high-level technical meeting on NCDs in humanitarian settings on 27-29 February in Copenhagen, Denmark."

“...Today’s global high-level technical consultation provides a critical platform to share best practices for effectively supporting Member States in delivering NCD prevention and control services within humanitarian responses. The outputs of this meeting will contribute to the 2024 progress report to the UN Secretary-General, informing plans for the Fourth UN High-level Meeting on NCDs scheduled for 2025.”

HPW - A ‘Tsunami’ of Chronic Disease Challenges Confronts Health Sector Response to Humanitarian Crises

Coverage, with some quotes from speakers.

“We are living in a perma-crisis of emergencies and tensions. They also blur the artificial distinctions that we tend to make between communicable diseases and non communicable disease, between one country and another,” said WHO’s European Regional Director, Hans Kluge, also speaking Tuesday. .... What few may realize, however, is that people living with NCDs are typically “among the first victims of all disasters,” Kluge added later, speaking at a press briefing. “They are at increased risk during emergencies. For example, the incidence of stroke and heart attack are up to three times the normal levels.” ....”

“Traditionally, health sector response to humanitarian emergencies was designed to deliver “surgical teams and mass casualty management, epidemic prevention, response and immunization campaigns,” remarked WHO’s Executive Director of Health Emergencies, Mike Ryan. “But what we don’t see is the iceberg of mortality that occurs because people lose access to those long term services that keep people alive and well,” Ryan said. .....”

WEF (blog) - Why we need to strengthen health responses in humanitarian crises

“Europe has faced an unprecedented number of emergencies in recent years, including disease outbreaks, conflict and extreme weather events. When a disaster hits, the World Health Organization has learned, it is generally those who are already vulnerable who are the most likely to be at risk. Here’s why we must better plan for the ‘invisible’ impact of emergencies and disasters on health, particularly for those with noncommunicable diseases.”

“.... this week, together with the Government of Denmark, WHO/Europe is co-hosting a high-level meeting on NCDs in humanitarian settings, bringing together leaders and decision-makers to help
countries find solutions. **It's time to shine a light on the ‘invisible’ patients**, not least because countries have committed to reducing premature mortality from NCDs in the UN Sustainable Development Goals.”

More on NCDs

The Lancet: More than one billion people in the world are now living with obesity, global analysis suggests


Via the press release:

“**Obesity rates among children and adolescents worldwide increased four times from 1990 to 2022, while obesity rates among adults have more than doubled.** Over the same period, rates of underweight fell among children, adolescents and adults, leading to **obesity becoming the most common form of malnutrition in many countries.** Countries with the highest combined rates of underweight and obesity in 2022 were island nations in the Pacific and the Caribbean and countries in the Middle East and North Africa. **The study highlights an urgent need for major changes to measures aimed at tackling obesity, as well as policies to further reduce the number of people who are underweight, especially in the poorest parts of the world.**

PS: The new study was **conducted by the NCD Risk Factor Collaboration (NCD-RisC), in collaboration with the World Health Organization (WHO).**

- Coverage via the Guardian - [More than a billion people worldwide are obese, research finds](https://www.theguardian.com/society/2024/feb/28/ultra-processed-food-32-harmful-effects-to-health-review)

- And via Stat - [More than 1 billion people have obesity, including 159 million young people, study estimates](https://www.theguardian.com/society/2024/feb/28/ultra-processed-food-32-harmful-effects-to-health-review)

Guardian - Ultra-processed food linked to 32 harmful effects to health, review finds


“**World’s largest review finds direct associations with higher risks of cancer, heart disease and early death.”**

“The findings **published in the BMJ** suggest diets high in UPF may be harmful to many elements of health. ....”
Gaza

BMJ (News) - Gaza: “No health system left,” says MSF
https://www.bmj.com/content/384/bmj.484

From late last week. “The healthcare system in Gaza is no longer functioning, the charity Médecins Sans Frontières has told the UN Security Council in a strongly worded speech.”

“In a briefing to the UN on 22 February,1 MSF’s secretary general, Christopher Lockyear, said, “There is no health system to speak of left in Gaza. Israel’s military has dismantled hospital after hospital. What remains is so little in the face of such carnage.....”

Open Letter: Health Activists in solidarity for Palestine
https://health4palestine.com/

“An international group of organisations working on issues of health justice and access to medicines for millions of people around the world, have joined their voices in protest about the health crisis in Palestine and the genocide unfolding in Gaza. ... Over 40 health groups urgent call to the global health and human rights community, health professional bodies, and global health institutions. Gaza’s health system has been deliberately bombed out of existence. This is genocide. Silence is complicity.”

PS: My own view: I obviously agree with them. However, they would probably have a bigger impact if they also mentioned the atrocities of 7 October. And should have done so.

UN News - Security Council hears Gaza famine 'almost inevitable' unless aid is massively scaled up

“Well over half a million Gazans are just a step away from famine, said senior UN humanitarians, briefing the Security Council Tuesday on food security in the stricken enclave. The deputy head of UN aid coordination told ambassadors that famine is “almost inevitable” unless aid can be scaled up immediately.”

Devex - USAID announces funding for Gaza — but not UNRWA

“After Israel accused a dozen employees at the embattled United Nations agency of participating in Hamas' Oct. 7 attacks, funding for UNRWA has dwindled, while others are attempting to pick up the slack. ... ... Crucially, the United States is redirecting Gaza funding away from the beleaguered U.N. Relief and Works Agency for Palestine Refugees, or UNRWA, and instead, toward agencies across the U.N. system....?” Among others to the World Food Program.
HIV

HPW- How Criminalisation and Prejudice Is Undermining HIV Prevention


“…. Uganda’s new law is one of several global examples of growing repression against sexual minorities. Earlier, Indonesia outlawed extramarital sex – effectively also criminalising same-sex sexual relationships. Last year, Russia banned the “international LGBT movement,” and some US states have introduced anti-transgender laws. ….”

“A multitude of countries are making it increasingly hard for women and girls to participate in everyday life as autonomous citizens. Many don’t allow harm reduction strategies for people who inject drugs, such as offering them less harmful substitutes. Numerous others are making it harder for civil society organisations to get foreign grants…."

“… Internationally, an alliance of socially and religiously conservative countries is coalescing around efforts to roll back a range of sexual and reproductive rights already won in international agreements and meetings – with countries such as Russia, Iran, Syria and Nigeria acting as the ringleaders…."

“… Meanwhile, the most recent report of the Global Fund’s Technical Review Panel, released in October 2023, notes “increasingly hostile laws, policies, and practices in several countries.” …… Twenty-two countries where the Global Fund supports programmes are classified as “closed” by the CIVICUS 2023 National Civic Space Ratings. These are “mostly in the Middle East, North Africa, and Central and South Asia, where repression is extreme, and any criticism of the state is met with severe penalties.” “Another 42 are classified as repressed, mostly in Africa, Asia, and Central America, and 32 are classified as obstructed, mostly in Africa and Asia.”…”

PS: “… countries such as Iran, Russia and some Gulf states want to “extinguish” key populations and fight against their recognition at international health forums in ways that sometimes make the consensus-based policy and strategy agreements “almost meaningless.”…”

Cholera

Stat News - Cholera vaccine shortage reaches worst point yet, with experts fearing deadly outbreaks

https://www.statnews.com/2024/02/27/cholera-vaccine-shortage-outbreaks-reported-16-countries/
“Two-dose cholera vaccine reduced to a single dose, yet demand still far outstrips supply. Outbreaks currently reported in 16 countries.”

“...An unprecedented shortage of cholera vaccine has public health experts fearing that a recent surge of outbreaks across developing countries will only worsen, a situation they argue is as regrettable as it was avoidable. .... At least 16 countries in Asia, Africa, and the Caribbean are dealing with cholera outbreaks. According to the latest report from the European Centre for Disease Prevention and Control, between Dec. 23 and Jan. 23, nearly 50,500 people contracted cholera and nearly 500 died. Those numbers will almost certainly rise amid the worst vaccine shortage since an oral vaccine was introduced in the 1990s. .... Experts describe the dearth of doses as an unforced error that reflects a lack of interest in a disease that is only deadly for the poorest of the poor. Out of three vaccines qualified for use by the World Health Organization, only one is still being made, and its supplies barely cover a fraction of the global need.”

“... The global stockpile of cholera vaccine, which was established in 2013, is managed by the International Coordinating Group (ICG) on Vaccine Provision with the aim of supporting countries in need. That stockpile is supposed to have 5 million available doses ready to be delivered within a week. At the moment, it’s running dry, as only one of the vaccine makers, EuBiologics, is producing doses of its vaccine, Euvichol-Plus. As of 2022, Shantha Biotechnics, an Indian subsidiary of French pharmaceutical company Sanofi, stopped producing its cholera vaccine, ShanChol, which at the time constituted 15% of the global stockpile....”

“... The reason behind this shortage is straightforward: At $1.50 a dose, cholera vaccines are unappealing to pharmaceutical companies, and demand is limited to poor countries or emergency situations such as wars or natural disasters. ....”

“... With no immediate solution in sight, health workers on the ground have stopped relying much on vaccines as a primary intervention. “Responding in many countries in Africa, we try to intervene without putting cholera vaccine in the center of our strategy,” said WHO’s Gueye. Instead, he said, the first goal is to reduce mortality to under 1%. This helps build trust with the affected population, which can otherwise be hesitant to seek care, both because of high mortality rates in health care centers and because of the specific symptoms of cholera, which can quickly impede people’s ability to control vomiting and bowel movements....”

PS: “... Future outbreaks are only likely to intensify because of the effects of climate change, Gueye warns. In particular, in eastern and southern African nations such as Mozambique, Malawi, and Madagascar, flooding that can lead to cholera outbreaks used to be cyclical, but those cycles are now running into one another and prolonging outbreaks.....”

Science News - The world’s stockpile of cholera vaccine is empty—but relief is on the way

The world’s stockpile of cholera vaccine is empty—but relief is on the way | Science | AAAS

“A dramatic shortage of the oral vaccine may ease in the years ahead as more companies enter the market.”
“.... all available doses of oral cholera vaccines in the global stockpile have been allocated until mid-March, Philippe Barboza, cholera team lead at the World Health Organization (WHO), said on 23 February. He said there is now “no buffer for unforeseen outbreaks or preventive campaigns.”

The catastrophic shortage is a result not just of a surge in cases, but also of an overdependence on a single vaccine manufacturer, EuBiologics in Seoul, South Korea, whose production capacity is limited. .....”

“... But hope is on the horizon. EuBiologics is working to ramp up production of a simplified vaccine, and companies in South Africa and India are preparing to enter the market as well. The shortage “will lessen in 2024 and should be substantially addressed by 2025,” says Julia Lynch, director of the cholera program at the International Vaccine Institute (IVI), also in Seoul; by 2026 or 2027, it could even be a “crowded market,” she predicts....”

PS: “The global stockpile of the vaccine, established in 2012, is managed by an International Coordinating Group on Vaccine Provision made up of experts from WHO, UNICEF, MSF, and the International Federation of Red Cross and Red Crescent Societies. It can rapidly send vaccine to countries in need. The number of doses available for shipment reached 36 million in 2023 (see graphic, below) and could be close to 50 million this year. But all will be needed to fight ongoing outbreaks, and the shortage has forced some difficult choices.....”

More on access to vaccines, medicines & other health technologies

TGH - The WHO’s Push for Global mRNA Vaccine Access

A Maxmen; https://www.thinkglobalhealth.org/article/whos-push-global-mrna-vaccine-access

Amy Maxmen guest edited a (very insightful) Think Global Health Series on how to ramp up vaccine manufacturing in mid-income countries so that the world is stronger.

This was her (own) first article. Cfr her tweet: “re @WHO mRNA hub. Good progress compared to Africa ambitions from Moderna&BioNTech.”

“Will the WHO hub realize its vision before the next global health crisis?” Some excerpts:

“.... Rather than rely on charity in the next epidemic—... —countries that had almost no access to mRNA vaccines launched an initiative in June of that year led by the World Health Organization (WHO) to make their own. Unlike earlier efforts to produce vaccines in the low- and middle-income countries, the WHO mRNA technology transfer hub put the technological platform before the disease. The vision was for companies and institutes in 15 middle-income countries to produce mRNA vaccines for their own regions. Demand for COVID-19 vaccines, however, has dwindled, and no other mRNA vaccines have come to market, meaning that the WHO hub remains more potential than proof of concept. That observation does not demean the effort. The future appears full of opportunities if the hub can overcome technological, economic, regulatory, and other challenges. ...”
Biotechnology analysts predict that mRNA will become the dominant vaccine platform over the next 15 years, with candidates against HIV, rabies, seasonal influenza, Chikungunya, and other pathogens in the pipeline. Producing mRNA vaccines involves chemical-based processes rather than finicky steps in large bioreactors or expensive, high-level biosafety containment laboratories, making the mRNA platform attractive to countries with nascent pharmaceutical sectors. Achal Prabhala, a public health researcher at AccessIBSA in India who serves on the WHO hub’s board, believes that the hub "is a viable, long-term bet because this is the most scalable technology anywhere in the world.”

Afrigen no longer plans to take its COVID-19 vaccine through clinical trials for regulatory authorization. At this point, high levels of partial immunity complicate such trials, and the market for COVID-19 vaccines in southern Africa has dried up. Researchers at the company have begun working with the South African Medical Research Council (MRC) to develop mRNA vaccines against tuberculosis and HIV.

Even if South Africa’s effort goes well, a decade could pass before such vaccines come to market—a possibility that underscores economic challenges facing the WHO hub. From a business perspective, the hub’s Asian partners might be best placed to remain active before another outbreak triggers the need for vaccines. Companies in Bangladesh, India, Indonesia, and Vietnam sold other vaccines and drugs before the hub launched. Those companies are sustained by private and government investment and are in or near countries with significant biotech sectors, including China, Singapore, and Thailand.

The explosion of interest in mRNA pharmaceuticals is good news for the WHO hub—but not entirely. Most companies working on mRNA are in wealthier countries, often allowing them to move faster and patent innovations along the way. As of June 2023, more than 15,000 patents related to mRNA vaccines have been granted around the world. AccessIBSA’s Prabhala says that patents could pose a problem for the hub’s partners in Brazil, India, and other middle-income countries where big pharmaceutical companies have fiercely defended their intellectual property. “Governments in those nations could help regional mRNA efforts by examining patent applications more closely or overriding patents that prevent national companies from moving forward in order to protect domestic interests against public health threats.”

The WHO hub’s partners in Kenya, Nigeria, and Senegal face steeper challenges because their pharmaceutical sectors are at an early stage, they have more difficulty importing reagents and equipment, and need to grow their scientific workforce. Even in South Africa, Afrigen’s Petro Terblanche notes that the slow pace of imports has significantly delayed progress. Funders have recognized the need to overcome such obstacles in Africa.

In sum, “The vision of the WHO’s hub initiative remains to be realized, but its momentum is notable. For example, Afrigen expects to receive regulatory authorization in 2024 to manufacture vaccines from start to finish—a process that typically takes five to seven years for a new facility.”

TGH - Efforts Against Flu Show Developing Nations Can Make Vaccines

R A Bright; https://www.thinkglobalhealth.org/article/efforts-against-flu-show-developing-nations-can-make-vaccines

Part of the same series, “WHO’s global plan for influenza vaccines blazed a trail for more vaccine production in low- and middle-income countries.” Among others, with focus on Vietnam.
Re the Global Action Plan for Influenza Vaccines (GAP), a World Health Organization (WHO) initiative launched in 2006 ... .... The GAP’s chief aim was to boost vaccine production capability across the developing world so that more countries could protect populations against threats emerging locally that could spark global crises. The plan also promoted seasonal influenza vaccine programs that drive vaccine demand and support research on new vaccines. ...To meet the production pillar, the WHO selected 15 countries that were not making pandemic influenza vaccines but could, including Brazil, China, Egypt, India, Indonesia, Romania, Serbia, Thailand, South Africa, and Vietnam. At launch, the GAP had $10 million, but a $98 million commitment from the U.S. Biomedical Advanced Research and Development Authority (BARDA) drove donors and other countries—particularly those receiving GAP assistance—to commit additional funds. By 2016, such countries had invested an average of $17 for every dollar spent by BARDA. When the GAP ended in 2016, participating countries had the cumulative capacity to produce 1.3 billion doses of pandemic influenza vaccines annually as needed for pandemic response—potentially amounting to 20% of the global emergency supply. When not making pandemic vaccines, those countries produced vaccines against seasonal influenza. The world went from having the capacity to produce 350 million doses of seasonal influenza vaccine in 2006 to the ability to make more than 1.47 billion doses in 2016. Pandemic influenza vaccine production capacity increased from approximately 1.46 billion to 6.37 billion doses.”

Concluding: “.... The GAP demonstrated the feasibility of expanding global vaccine production and empowering countries to respond to outbreaks. The plan helped unlock the immense latent value of local vaccine infrastructure when international supply chains fracture amid a public health crisis. “

TGH - Insights from India on Expanding Global Vaccine Production

P Yadav; https://www.thinkglobalhealth.org/article/insights-india-expanding-global-vaccine-production

Still in the same series. “The Indian pharmaceutical industry offers lessons for building vaccine-production capacity in developing countries.” Very insightful read as well.

Business Day - SA pharmas urge Pepfar to buy more African-made HIV/Aids drugs

(gated) “Call on US donor to shift 2-million antiretroviral patients to medicines made on the continent by 2030.”

“SA pharmaceutical manufacturers have called on the US President’s Emergency Plan for Aids Relief (Pepfar) to procure more HIV/Aids medicines from African producers, arguing this will boost the continent’s drugmaking capacity and provide protection against future health security threats. Though Sub-Saharan Africa is home to two-thirds of the world’s HIV/Aids burden, less than 1% of the $750m spent by Pepfar each year on HIV/Aids-related commodities goes to products sourced from Africa...”
Devex - Leaked trade deal sparks concerns over access to generic medicines

**Devex:**

“A series of leaked trade agreement drafts highlight growing divisions within India’s flourishing pharmaceutical industry. The direction the country chooses to take will have global repercussions for access to affordable medicines.”

“A leaked draft of a new free trade deal between India and the European Free Trade Association spurred fears that India had agreed to impose more stringent intellectual property laws on its pharmaceutical industry. But the Indian government recently clarified it had rejected those IP demands, which would limit the capacity of its vast generic market to produce cheap drugs.”

“.... If India concedes to stricter IP provisions, it would need to align domestic patent laws to those provisions, meaning that generic manufacturers would have to either wait for the data exclusivity period to end, or run their own clinical trials — increasing costs and delaying access to medicines in countries where original, patented versions are unaffordable. ..... “If accepted, these IP provisions will have drastic consequences on access to medicines and the health of patients in India and beyond,” warned Dr. Farhat Mantoo, executive director of Médecins Sans Frontières South Asia, in a press release following the emergence of the leaked draft. ..... The work conducted by MSF is heavily dependent on India’s generic drug industry, with the organization estimating that around 95% of its HIV drugs and 90% of hepatitis C antivirals are procured from Indian generic manufacturers....”

“.... In a press briefing co-hosted by MSF last week, Leena Menghaney, a lawyer specializing in IP rights and the South Asia head of the MSF Access Campaign, warned that the proposed provisions would also have a “massive chilling effect” on voluntary licensing — when patent-holding pharmaceutical companies voluntarily grant licenses. In the scenario of tighter IP laws in India, “There is no reason why big pharma should be providing voluntary licenses to Indian companies anymore, because they have a complete monopoly and control over the Indian market,” she said.....”

“.... A push to transform India from imitator to innovator? The repeated appearance of TRIPS-plus provisions in leaked trade draft agreements suggests there are factions within India’s negotiating team who support the changes, some experts said. A senior government official present at the EFTA-India negotiations told Indian news outlet The Print that while the new TRIPS-plus provisions were opposed by the Health Ministry and the Department of Pharmaceuticals, they were supported by the Department of Promotion of Industry and Internal Trade.....”

Do read on for some more info on some of these factions.

MSF Access (press release) – EU must drop all intellectual property provisions that go beyond WTO requirements in trade negotiations with India, as recommended in today’s SIA report

[https://msfaccess.org/eu-must-drop-all-intellectual-property-provisions-go-beyond-wto-requirements-trade-negotiations](https://msfaccess.org/eu-must-drop-all-intellectual-property-provisions-go-beyond-wto-requirements-trade-negotiations)
“Doctors Without Borders/Médecins Sans Frontières (MSF) welcomes the important recommendations put forth in yesterday’s Trade Sustainability Impact Assessment (SIA) report that was requested by the European Commission to analyse the impacts of Free Trade Agreement (FTA) and Investment Protection Agreement (IPA) negotiations between the European Union (EU) and the Republic of India. The SIA report makes a clear recommendation to the current text of the EU-India FTA that, “In order to ensure access to medicines for patients in developing countries, the current intellectual property (IP) Chapter should be modified to not go beyond the minimum standards of IP protection under the World Trade Organization (WTO) TRIPS Agreement.” The SIA report also directs the European Commission to, “Amend legal provisions (as currently tabled in the EU textual proposal) regarding patent protection and data exclusivity, in line with the WTO TRIPS standards, not going beyond the minimum standards of IP protection.” ....”

IVI to open Africa Regional Office in Rwanda

https://www.ivi.int/ivi-to-open-africa-regional-office-in-rwanda/

“The International Vaccine Institute (IVI), an international organization with a mission to discover, develop, and deliver safe, effective, and affordable vaccines for global health, and the Ministry of Health of Rwanda announced today that IVI will open its Africa Regional Office in Kigali this year....”

One Health

WHO – Leaders call for scale-up in implementing One Health approach

https://www.who.int/news/item/29-02-2024-leaders-call-for-scale-up-in-implementing-one-health-approach

“Speaking at the Second Quadripartite Executive Annual Meeting in Nairobi, Kenya today, WHO’s Director-General Dr Tedros Adhanom Ghebreyesus said: “We need sustained political will to ensure One Health principles are embedded in national and international policies. Implementation in countries; resource mobilization; science and evidence; and political will. These are the four priorities that we must pursue together in the year ahead.”

PS: “The newly launched One Health Joint Plan of Action Implementation Guide is a cornerstone of the global efforts, providing practical guidance for translating One Health theory into action. The One Health High Level Expert Panel collated existing resources and tools developed the One Health inventory list for the Guide....”
Planetary health

HPW - UN Environment Assembly Focusses on Multilateral Solutions to Climate Crises


“The sixth United Nations Environment Assembly (UNEA-6), which opened in the Kenyan capital of Nairobi on Monday, is focusing on multilateral action to tackle climate change, biodiversity loss and pollution.”

... The assembly, the world’s highest-level decision-making body on the environment, will consider some 19 resolutions on issues including pesticides, land degradation and drought, the environmental aspects of minerals and metals, and, support to the Global South to mitigate to the triple crisis.....”

Guardian - African leaders call for equity over minerals used for clean energy

https://www.theguardian.com/environment/2024/feb/28/african-leaders-call-for-equity-over-minerals-used-for-clean-energy

“In an attempt to avoid the “injustices and extractivism” of fossil fuel operations, African leaders are calling for better controls on the dash for the minerals and metals needed for a clean energy transition. A resolution for structural change that will promote equitable benefit-sharing from extraction, supported by a group of mainly African countries including Senegal, Burkina Faso, Cameroon and Chad, was presented at the UN environmental assembly in Nairobi on Wednesday and called for the sustainable use of transitional minerals.....”

Climate Home News - Nations fail to agree ban or research on solar geoengineering

https://www.climatechangenews.com/2024/02/29/nations-fail-to-agree-ban-or-research-on-solar-geoengineering-regulations/

“At talks in Nairobi, governments were unable to agree on either setting up a United Nations expert panel on the technology or on a ban on it.”

Devex invested: Do client countries want the World Bank focus on climate?


“It turns out stakeholders from the World Bank’s client countries aren’t keen on climate as a priority focus area for the lender. Plus, a big year for climate finance....”

“The push to reform the World Bank has largely been driven by the desire of shareholders (especially the United States) for the lender to focus more on addressing climate change. This
effort is behind the World Bank’s new motto: “To create a world free of poverty — on a livable planet.” … … Turns out climate doesn’t even crack their top 10 priorities, according to the latest country opinion survey out last week. What they do want the World Bank to prioritize is education, health, agriculture and food security, job creation and employment, and public sector governance. For what it’s worth, climate change is number 11 of 17 items on the list....”

PS: “Banga’s recent remarks at a Center for Global Development event have raised a few eyebrows — including that “I’d be happy to be fired, by the way. I can go back to my private sector life. Much more interesting.” ....”

Miscellaneous

UN News - With eyes on Gaza, Ukraine, UN chief launches rights protection pledge

“An all-out Israeli offensive on Rafah would spell the end for UN-led humanitarian relief to the people of Gaza, UN Secretary-General António Guterres warned on Monday, in a wide-ranging call to the international community to fulfil its “primary responsibility” of promoting and protecting human rights everywhere and for everyone.”

“... Mr. Guterres also pledged the global body’s system-wide support to all governments in this endeavour, announcing the launch of the United Nations Agenda for Protection, in partnership with the UN human rights office, OHCHR....” “Under this Agenda, the United Nations, across the full spectrum of our work, will act as one to prevent human rights violations, and to identify and respond to them when they take place,” the Secretary-General said. “That is the Protection Pledge of all United Nations bodies: to do their utmost to protect people.”

White House - New PEPFAR Youth Initiative: $20 Million to Address HIV/AIDS Among Youth
https://www.state.gov/new-pepfar-youth-initiative-20-million-to-address-hiv-aids-among-youth/

“The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), led by the State Department’s Bureau of Global Health Security and Diplomacy, announced a new $20 million initiative to strengthen youth-focused HIV programming, center youth HIV leadership, and promote innovation in HIV prevention, case finding, and treatment outcomes in PEPFAR-supported countries. Ambassador Dr. John Nkengasong, U.S. Global AIDS Coordinator and Senior Bureau Official for Global Health Security and Diplomacy, made the announcement about PEPFAR’s Youth Initiative during a hybrid youth special session in Cape Town, South Africa, alongside thousands of youth from around the world.....”

Devex – Opinion: Rethinking fragility in a world in turmoil
Setting the scene for the **World Bank’s Fragility Forum 2024.**

“Fragility is on the rise, making navigating through such a volatile world increasingly complex. It’s time for new and innovative approaches.”

**HPW - Ghana’s Parliament Passes Draconian Law With Prison Terms for People Who ‘Identify’ as LGBTIQ**


“Ghana’s Parliament unanimously passed one of the world’s most draconian anti-LGBTIQ Bills on Wednesday, including a mandatory three-year prison sentence for a person who simply “identifies” as lesbian, gay, bisexual, transgender, intersex or queer....”

**Semafor - Ethiopia bids to be an African medical tourism hub but its health system is struggling**

[https://www.semafor.com/article/02/22/2024/ethiopia-hospital-medical-tourism](https://www.semafor.com/article/02/22/2024/ethiopia-hospital-medical-tourism)

“Ethiopia hopes to reinvent its biggest city as an African medical tourism hub with a new $400 million hospital complex set to open next year. But the plan for a major for-profit hospital in a country with a health system close to collapse is already being criticized. The Roha Medical Campus, which is backed by U.S. investors, is being built close to Bole Airport in Addis Ababa, which is already one of Africa’s busiest air transit hubs thanks to Ethiopian Airlines which flies to around 60 African cities. The hope is that patients will stop in the city for medical services rather than flying on to the West, or countries such as Turkey, or India....”

**Global health events**

**Devex - Opinion: How can we address the daily emergency of access to health care?**


“Despite progress, billions of people go without the medical products they need. At next week’s Global Health Market Shaping conference, the world’s leading market-shaping organizations must unite with urgency and ambition....” In **Barcelona.**

“.... setting out four key objectives to strengthen market shaping for global health and increase access to medical products for millions more people.”

**Lancet World Report - Renewed calls to scale-up cervical cancer screening**

“Less than 5% of women in low-income and middle-income countries are ever screened for cervical cancer, hampering elimination goals. John Zarocostas reports from Geneva.”

“... The inaugural Global Cervical Cancer Elimination Forum: Advancing a Call to Action, slated to take place March 5–7, in Cartagena, Colombia, aims to invigorate the WHO cervical cancer elimination strategy....”

Global health governance & Governance of Health

Africa CDC - Africa CDC and UNICEF Expand Partnership to Strengthen Health Systems and Immunization of Children in Africa


(29 Feb) “...Today, the Africa Centres for Disease Control and Prevention (Africa CDC) and UNICEF announced an extended partnership dedicated to strengthening primary healthcare, supply chain management, pooled procurement and local manufacturing, and emergency response. The collaboration builds on the 2022-2024 Partnership Framework Agreement between Africa CDC and UNICEF, which aims to achieve the goals outlined in the African Union Agenda 2063: The Africa We Want. The partnership is expected to have a significant impact on public health in Africa by strengthening procurement and supply chain systems, with a particular focus on immunisation for children across the continent.”

TGH - India’s Moment for Global Health Leadership

A Roul; https://www.thinkglobalhealth.org/article/indias-moment-global-health-leadership

“India is well positioned to shape the future of global health.”

China Global South -The Political Economy of Active Non-Alignment

J Heine; https://chinaglobalsouth.com/analysis/the-political-economy-of-active-non-alignment/

With focus on Latin America here. “... The concept of Active Non-Alignment (ANA) came to the fore in 2019, the result of growing tensions between the United States and China and the ensuing need for Latin American countries to respond to what some have described as a “Second Cold War.” Caught between a rock and a hard place, the region was pressed for an answer to this competition among the Great Powers.....” “... a fragmented international order privileges inward-oriented regional blocs that prioritize relations between its own member states and do not hesitate to restrict relations with others....”
Globalization & Health - Health policy competencies in regional organizations: a retrospective analysis for 76 regional organizations from 1945 to 2015


Results: “From 1945 to 2015, the number of regional organizations with health policy competencies experienced a slow growth stage before 1991 and an explosive growth stage post-1991. By 2015, 48 out of the 71 existing regional organizations had developed their health policy competencies, yet 26 (54.2%) of these organizations possessed only 1–2 health policy competencies. An enhancement in the health policy scope of a regional organization correlated with its founding year, a greater number of policy fields, higher under-five mortality, and larger disparities in trade and healthcare access and quality indexes among member states. In contrast, larger disparities in population, under-five mortality and health worker density among member states, along with more hospital beds per capita, were negatively correlated with the expansion of a regional organization’s health policy scope....”

People’s Dispatch - WHO EB endorses Global Health and Peace Initiative, calls for continued strengthening and financing surge


Coming back on the last WHO EB meeting. “Members of WHO’s Executive Board endorsed the Global Health and Peace Initiative, opening the door for more discussion on peacemaking role of health around the world.”

“.... as described earlier, member states expressed concerns about potential violations of states’ sovereignty and the politicization of health through the GHPI, which could exacerbate challenges in conflict-affected settings. Recognizing the WHO’s unique position as one of the few international bodies trusted for its neutrality in conflict situations, the WHO Secretariat reassured countries that the primary objective of the initiative was to prevent further attacks on healthcare infrastructure during armed conflicts....”

“...Considering the GHPI and WHO’s involvement in emergencies such as those in the occupied Palestinian territories, questions arise regarding the initiative’s ability to promote peace through health in such complex settings. It becomes evident that expecting the WHO alone to champion peace amid ongoing armed conflicts is unrealistic. For instance, during the latest Executive Board meeting, Israel once again criticized the international community for allegedly showing preferential treatment to Palestine and declared its intent to continue attacks. If endorsed, the GHPI must clearly outline the scope of its actions to address such accusations and reaffirm the importance of ensuring delivery of health services even at times of armed conflict...... The initiative also appears to overlook gender-based violence and violence against children in conflict, fragile, and vulnerable (CFV) settings. The implementation of the initiative may further burden healthcare workers, highlighting the necessity for a GHPI task force specifically tailored to address challenges in such settings...... Finally, the initiative lacks clarity on sanctions in the event of violations, such as human rights violations, highlighting the need for further definition in this regard. ....”
CGD – The Re-thinking Development Cooperation Working Group: Lessons on Partnership Building

R Calleja et al; https://www.cgdev.org/blog/re-thinking-development-cooperation-working-group-lessons-partnership-building

“...current understanding and dialogue between official development agencies leaves many blind spots about the realities of their respective development cooperation. An initiative launched by the Swedish International Development Cooperation Agency (Sida) and the Norwegian Agency for Development Cooperation (Norad) sought to fill this gap and pave the way for a better understanding of development cooperation approaches, more complementary engagement, and mutually beneficial partnerships. Last year, Sida and Norad invited officials from the development agencies of seven countries—Colombia, Indonesia, Mexico, Norway, South Africa, South Korea and Sweden—to participate in a two-day seminar which aimed to provide an informal space for dialogue, peer learning, and building trust across a diverse group of development agencies....”

“....One year on, the group—called the Re-thinking Development Cooperation (RDC) Working Group—has established itself as a novel informal forum for building partnerships and strengthening learning both from, and about, participating agencies. In this blog, we reflect on the first year of this new initiative, which we have had the privilege of supporting, to highlight key lessons from the group’s first year and reflections on the path ahead.”

With three key lessons so far.

Devex - Labour vows to cut number of countries receiving UK aid

“...We want to spend our aid money on the poorest people, in the poorest countries,” says shadow development minister Lisa Nandy — highlighting "diversion" to middle-income countries under Conservatives.”

“Labour will significantly cut the number of countries receiving United Kingdom aid if it takes power this year, to return spending to its “original purpose of eliminating global poverty.” Lisa Nandy, who will be international development minister if her party wins this year’s election, highlighted a dramatic leap in the number of recipient countries — up from just 33 when Labour left office in 2010 to 88 under the Conservative government.....”

SS&M - The WHO Foundation in global health governance: Depoliticizing corporate philanthropy


(as already flagged a few weeks ago, when the article was ‘early online’).
“The creation of the WHO Foundation is a significant development in global health. The WHO Foundation is tasked with maximizing funding from the commercial sector. This institutional development has depoliticized corporate philanthropy. The analysis highlights a drift in the accountability practices of the Foundation. ‘Fictional expectations’ of accountability and transparency risk WHO’s legitimacy.”

Friedrich Ebert Stiftung - China’s international development cooperation: History, development finance apparatus, and case studies from Africa
M Rudyak; [https://asia.fes.de/news/china-international-development](https://asia.fes.de/news/china-international-development)

“Explore how China is increasingly proactive in promoting its development and modernisation model and its approach to international relations as a “better” alternative for African countries.”

Lancet World Report - Priorities for the new ECDC Director

“Experts say new head Pamela Rendi-Wagner should focus on pandemic preparedness and other infectious diseases. Udani Samarasekera reports.”

Journal of Global Ethics - Billionaires in world politics: donors, governors, authorities


And a link:

- Boston University (Global Development Policy center) - [Quantifying China’s Rise Within the Bretton Woods System](https://www.bu.edu/sgd/news/2022/05/26/quantifying-chinas-rise-within-the-bretton-woods-system/)

New working paper.

**Global Health Financing**

Devex - What is polycrisis philanthropy?

(gated) “Donors are starting to adopt a polycrisis philanthropy model to address the multiple, interconnected global crises affecting the communities they seek to support.”
Pandemic preparedness & response/ Global Health Security

ITM - ITM Joins e FabRIC Consortium for Broad-Spectrum Therapeutics against Emerging Viruses


“The Institute of Tropical Medicine in Antwerp, announces its participation in the e FabRIC consortium. This initiative unites top universities and European companies to develop a new treatment in order to combat future epidemic outbreaks caused by Sarbecoviruses, a highly pathogenic viral family. The European Commission has granted €7.7 million to e-FabRIC. “

SS&M - Health emergencies, science contrarianism and populism: A scoping review


“Descriptive summary of multiple disciplines and theoretical frameworks. Research interest in this theme surged after the COVID-19 pandemic. Geographic focus and generalisation of specific cases such as Brazil and the US. Lack of linear and universal association between populism and health emergencies. Adoption of a common policy typology to guide future research.”

FT - UK vaccine start-up raises £14mn to develop AI-boosted adaptable vaccines

UK vaccine start-up raises £14mn to develop AI-boosted adaptable vaccines (ft.com)

“Baseimmune aims to predict future pathogen mutations to create jabs that will be effective for longer.”

“A UK biotech start-up has secured $14mn in early-stage funding led by MSD Global Health Innovation Fund to develop vaccines that are “future-proofed” by artificial intelligence. Baseimmune uses AI to help it predict future pathogen mutations with the goal of creating jabs for coronavirus, malaria and African swine fever that will be more effective for longer. Investment in AI-boosted vaccine development has grown since the Covid-19 pandemic, as has interest in the idea of adaptable jabs that can be quickly updated to deal with new virus mutations. “Instead of chasing variants, we are predicting them,” said Ariane Gomes, a Baseimmune co-founder. “This is part of why we say our vaccines last for longer.”…

PS: “…. Other companies using AI to design vaccines include BioNTech, supported by its £562mn acquisition of UK start-up InstaDeep; Cambridge-based DIOSynVax, which also builds synthetic antigens using computational modelling; and Evaxion, a Danish biotech in which MSD GHIF is also an investor…..”
Planetary health

Devex - What will be on the COP 29 agenda? Here are 7 issues to watch

(gated) ““COP 29 is a finance COP.” The world has agreed to move away from fossil fuels but vulnerable nations need a new global finance compact to be able to deliver.”

“• The top issue — and the most contentious — on this year’s U.N. climate agenda is agreement on a new finance goal that stretches beyond 2025 to help vulnerable countries accelerate climate action. A “new collective quantified goal” will replace the $100 billion target high-income countries committed to lower-income nations every year by 2020. The new number will be tough to clinch and requires the highest-level negotiations.”

“• There’s also focus on the likelihood of missing the 1.5 degrees Celsius goal. ….

“• Hoping to inject momentum, the UAE, Azerbaijan, and COP 30 host Brazil have formed a “troika” to spur international collaboration from COP 28 to COP 30, to keep the 1.5 degrees Celsius temperature limit within reach.”

“• Moving away from fossil fuels to clean energy means access to affordable finance packages — requiring the whole of the international financial architecture to align with building clean and resilient economies. Delivery on that will be key this year.”

Devex - Why Mia Mottley is lashing out at EU’s bid to protect world’s forests

“Given her previous criticism, it was no surprise to hear Mia Mottley attack world leaders for rigged financial rules and for stalling on her Bridgetown Initiative when she addressed the Munich Security Conference — but she also took aim at a third, less obvious, threat to global south prosperity. A new European Union law to tackle the world’s deforestation crisis has been hailed by environmentalists, but the Barbadian prime minister believes it will prevent “millions of people in Africa” from selling their products in the crucial EU market....”
Nature (News) - Earthquakes are most deadly in these unexpected countries

https://www.nature.com/articles/d41586-024-00508-8

“Haiti and Turkmenistan are among the nations with the highest earthquake fatality load, a measure of the burden imposed by quake-related deaths.” And also Ecuador.

PHM - "Enlazados": an alliance for life is born


“In order to build a common agenda towards a new humanity, to protect Mother Earth and ensure the present and future health and sustainability of our common home, the People's Health Movement (PHM) and the Agroecological Movement of Latin America and the Caribbean (MAELA) launch "Enlazados", a collaborative alliance to weave, exchange experiences and articulate actions in common spaces and stakes, as well as in the active presence of both movements in territories with diverse populations; community work, health centers, organizations, family agriculture, peasants and indigenous peoples, among others. Both the PHM and MAELA share strategic axes in key to the vision of Good Living, that holistic view of life in harmony with Mother Earth.....”

Global Policy - Making the UNFCCC fit for purpose: A research agenda on vested interests and green spiralling


“.... This paper argues that in order to make the UNFCCC fit for purpose, there is a need to identify the specific institutional reforms that can create ripple effects to accelerate climate action across governance levels and relevant organisations....”

Guardian - Why Bangladesh is running out of options in the face of extreme weather


“.... a new report by the International Centre for Climate Change and Development (ICCCAD), a leading research institute in Dhaka, warns that the country is reaching the limit of its ability to adapt to extreme weather. Climate events in Bangladesh are increasing at such an alarming rate, it says, that current policies and adaptation strategies will soon not be enough to safeguard the country’s people, infrastructure and ecosystems.....”

Guardian – Populism imperilling global fight against climate breakdown, says John Kerry

“US climate chief hits out at ‘disinformation’ and ‘demagoguery’ being used as tactics by special interests to delay action.”

The Conversation - Climate change: alarming Africa-wide report predicts 30% drop in crop revenue, 50 million without water


“African countries will suffer significant economic loss after 2050 if global warming is not limited to below 2°C, a new study by the Center for Global Development has found....”

And a few links:

- WSJ - Johan Rockström Wins ‘Environmental Nobel Prize’ for Identifying the Boundaries of Earth’s Life-Support
- Science News - Dehydrate the stratosphere to curb global warming? Scientists float risky new strategy | Science | AAAS On a new geoengineering technique.

Covid

HPW - New Research Reveals High Prevalence of Persistent COVID Infections

“A much higher percentage of the population has experienced “persistent” COVID-19 infections lasting more than 30 days than initially assumed, according to new research by the University of Oxford. The study, published on February 21 in Nature, found that one to three of every 100 infections may last a month or longer......”

“... What “we uncovered is striking, given the leading hypothesis that many of the variants of concern emerged wholly or partially during long-term chronic infections in immunocompromised individuals,” the authors wrote in their paper. “As the ONS-CIS is a community-based surveillance study, our observations suggest that the pool of people in which long-term infections could occur, and hence potential sources of divergent variants, may be much larger than generally thought.”... In other words, the study debunks an assumption that new variants are only formed because of prolonged COVID-19 infections in immunocompromised individuals. This new study shows that the prevalence of persistent COVID-19 infections in the general population may be much higher and, therefore, also play a role in the evolution of the virus.....”

“... Relatedly, the authors found that people with persistent infections lasting for 30 days or longer were 55% more likely to report having long COVID than people with more typical infections....”
“Finally, the scientists also found rare infections with the same variant. They identified only 60 reinfections by the same major lineage, suggesting that infection does build at least some immunity in infected individuals from the same variant.”

Washington Post - Tax records reveal the lucrative world of covid misinformation

Washington Post:

Re the US.

“Four major nonprofits that rose to prominence during the coronavirus pandemic by capitalizing on the spread of medical misinformation collectively gained more than $118 million between 2020 and 2022, enabling the organizations to deepen their influence in statehouses, courtrooms and communities across the country, a Washington Post analysis of tax records shows.”

BMJ Analysis - Race, racism, and covid-19 in the US: lessons not learnt

https://www.bmj.com/content/384/bmj-2023-076106

Still from the series on the US. “Keisha Bentley-Edwards and colleagues argue that systemic racism and economic inequality are at the root of disparity in covid-19 outcomes and suggest how to distribute resources more equitably.”

A Kucharski (blog) – ‘Flattening the curve’ fell flat

https://kucharski.substack.com/p/flattening-the-curve-fell-flat

“In hindsight, it was a terrible piece of communication. “

“.... If someone shows an epidemic with single peak that will be delayed and reduced as a result of control measures, they are implicitly showing an epidemic that ends because of herd immunity (i.e. accumulation of sufficient immunity to tip the epidemic into decline under normal behaviour patterns).....”

Science Perspective - Solving the puzzle of Long Covid

Z Al-Aly & E Topol;

“Long Covid provides an opportunity to understand how acute infections cause chronic disease.”

FT - Covid causes lasting damage to cognition and memory, research finds

https://www.ft.com/content/a9fb92ef-5252-4739-af09-fbd47ef49b3
“Infection with Covid-19 can cause lasting damage to cognition and memory, with “brain fog” detectable in long and short-term sufferers of the disease, according to new research. But the study, one of the most detailed efforts to describe the impact of Covid on mental acuity, showed that more severe cases can improve and the danger has become less acute as the coronavirus has mutated. The paper, published in the New England Journal of Medicine on Wednesday, suggests people whose longer-term symptoms had resolved performed just as well in cognitive tests as those who had recovered swiftly from the initial infection. Four years after the emergence of the pandemic, the results show the importance of continued monitoring of the long-term impact of Covid-19 on brain functions, researchers said....”

- Related: Guardian – [Brain fog’ from long Covid has measurable impact, study suggests]

“Researchers found that deficits equivalent to six IQ points were detectable a year or more after infection.”

- And the study in NEJM – [Cognition and Memory after Covid-19 in a Large Community Sample]

**Mpox**

NYT- Vaccines Didn’t Turn Back Mpox, Study Finds. People Did.  

“The 2022 outbreak of mpox, previously known as monkeypox, was curbed in large part by drastic changes in behavior among gay and bisexual men, and not by vaccination, according to a new analysis published on Thursday in the journal Cell.”

**Infectious diseases & NTDs**

FT - Brazil rolls out dengue vaccines as cases rise sharply  
[Brazil rolls out dengue vaccines as cases rise sharpenly (ft.com)]

“Infections triple from last year after warnings that warming temperatures will increase cases.”

“... Brazil is scrambling to roll out new vaccines against dengue fever after the number of cases of the mosquito-borne disease more than quadrupled from last year’s rates. The sharp increase, which has prompted several states to declare health emergencies and the Rio de Janeiro government to declare an epidemic, came after health officials warned of a rise in cases due to warmer weather from climate change and the El Niño weather pattern. The country has reported more than 700,000 cases so far this year, up sharply from the 165,000 cases in the same period of 2023. More than 100 deaths have been reported from the virus.... The health ministry warned earlier this year that the number of dengue cases could reach a record 5mn in 2024, a more than threefold increase
from the 1.65mn cases recorded last year, which resulted in 1,094 deaths. The previous record was 1.68mn cases in 2015....."

“.... This month Brazil started distributing a vaccine produced by Japanese pharmaceutical group Takeda. Known as Qdenga, the vaccine has an efficacy rate of 80.2 per cent and consists of two shots with a three-month interval between them. Because of supply bottlenecks, the vaccine is primarily being administered to children between the age of 10 and 14, who are the group most often hospitalised with the virus after elderly people. Regulators have not yet approved the vaccine for senior citizens. Trindade said Brazil was the first country to incorporate a dengue vaccine into its free public health system. The São Paulo-based Butantan Institute has also developed a vaccine, but it has yet to be approved by regulators.....”

BMJ GH Editorial – Unlocking the potential of informal healthcare providers in tuberculosis care: insights from India
P Thapa, M Pai et al ; https://gh.bmj.com/content/9/2/e015212

“A significant yet underutilised group within the private sector are informal healthcare providers (IPs), who, despite the NSP’s inclusive approach, remain largely underprioritised in the National TB Elimination Programme (NTEP) of India. These IPs, often known as rural medical practitioners or village doctors, typically operate outside the formal health system and lack accredited qualifications, often dispensing allopathic treatments such as antibiotics and injections without formal training. As in India, IPs are prevalent in many other low-income and middle-income countries (for instance, 65% of primary care in Bangladesh and 77% in Uganda is provided by IPs), who often serve as the first point of healthcare contact in communities. Community health workers do not fall under the category of IPs, as they are typically trained and integrated into the formal health system or non-governmental organisations. Also, IPs are distinct from alternative providers such as the AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) system in India, who are usually trained in accredited institutions and are part of a formally recognised system of medicine.....”

“In this editorial, we explore the critical role and importance of IPs in TB care. We seek to offer a nuanced understanding of the roles IPs can assume and suggest strategies for their effective integration into TB care. By focusing on these providers, we aim to shed light on an overlooked aspect of India’s effort to combat TB. While our editorial is focused on India, the insights and approaches we present are applicable to other countries with large and diverse private health sectors and a high TB burden, such as Pakistan, Bangladesh, Indonesia, Nigeria, the Philippines and the Democratic Republic of the Congo.....”

Lancet Infectious Diseases (Comment) – Revaccination with BCG: does it work?
https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00006-9/fulltext

Comment linked to a new Lancet Infectious Diseases study – Effect of BCG vaccination against Mycobacterium tuberculosis infection in adult Brazilian health-care workers: a nested clinical trial.

Conflict & Health - World AIDS Day 2023: time to prioritize perilous HIV medicine
“World AIDS Day has been observed on the first of December every year. Whilst there are specific themes during the commemoration, the role of conflict on HIV seems neglected and needs prioritization given the rise of conflicts globally.”

“.... The fact that the level, intensity, and number of conflicts is increasing mean more HIV people in conflict or post-conflict settings such as in Ethiopia, South Sudan, the Democratic Republic of Congo, Myanmar, Yemen Russia and Ukraine are at risk of negative HIV care and treatment outcomes. In particular, some conflicts such as the case of Ethiopia’s Tigray have been marked by severe public and humanitarian crises, including medical siege, intentional damage of healthcare infrastructure, targeted attacks on health workers, displacement, and appalling incidents of conflict-related sexual violence. Yet, people living with HIV in these conflict settings seem often overlooked. It is crucial to address the unique challenges in these areas to achieve the goals of AIDS/HIV care.

NYT - A Fading Weapon in the H.I.V. Fight: Condoms

With focus on the US. And info on a new study. “Some H.I.V. experts worry that the public health focus on prevention medication has accelerated a decline in condom use.”

Lancet GH - Integration of the RTS,S/AS01 malaria vaccine into the Essential Programme on Immunisation in western Kenya: a qualitative longitudinal study from the health system perspective

“Authors conducted a qualitative longitudinal study to investigate the contextual and dynamic factors shaping vaccine delivery and uptake during a pilot introduction in western Kenya....”

AMR

MSF (technical brief) – The PASTEUR Act is not the way for the US government to address antimicrobial resistance
https://msfaccess.org/pasteur-act-not-way-us-government-address-antimicrobial-resistance

“....this analysis by MSF shows that the PASTEUR Act is not the right way to spur antimicrobial innovation. The Act would: 1) drive up prices of PASTEUR-supported novel antimicrobials in all markets - negatively impacting access to the new products for people who need them; 2) compromise stewardship of resulting antimicrobials; and 3) be an inefficient means of incentivizing meaningful antimicrobial innovation.....”
Nature (News) - This 'super gonorrhoea' drug holds a lesson for avoiding microbial armageddon

https://www.nature.com/articles/d41586-024-00543-5?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1709117908

“Effective, affordable antimicrobial drugs aren’t moneymakers. Can non-profit organizations pick up the slack?” On the story behind two new drugs.

“…. What is especially notable about the success of these two drugs, however, is that they followed a new path to get this far. Both trials were conducted by non-profit organizations that were founded specifically to bring new drugs to the market: zoliflodacin by the Global Antibiotic Research and Development Partnership (GARDP) based in Geneva, Switzerland, and fosravuconazole by the Drugs for Neglected Diseases Initiative (DNDi), also based in Geneva. These organizations hope to fill a big gap in the development and testing of drugs at a time when most legacy pharmaceutical firms have withdrawn from antimicrobial drug discovery, and many of the small biotechnology companies that picked up the torch have gone bankrupt (see: ‘Stagnant investment’).”

BMJ GH - Global approaches to tackling antimicrobial resistance: a comprehensive analysis of water, sanitation and hygiene policies

C M Weet & R Katz; https://gh.bmj.com/content/9/2/e013855

“Here, we provide a comprehensive map and describe the current regulatory environment for WASH....”

Concluding: “….while decision-makers should rely on knowing which policies work best to mitigate the burden of WASH-related disease and AMR development, they must first have a comprehensive understanding of the current regulatory environment. Researchers and decision-makers need to know which policies work best and under what circumstances. The global mapping of WASH policies, which may have implications for AMR development, serves as a foundation for future policy analysis for AMR.”

Cidrap news - CARB-X announces funding for gonorrhea vaccine

https://www.cidrap.umn.edu/gonorrhea/carb-x-announces-funding-gonorrhea-vaccine

“CARB-X, the Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator, announced it’s giving $2.2 million to LimmaTech Biologics AG, a Swiss biotech firm, to fund the development of its novel vaccine candidate targeted to prevent Neisseria gonorrhoeae infections.....”
NCDS

Guardian - Is the 100-year old TB vaccine a new weapon against Alzheimer’s?

“Studies suggest the BCG jab discovered a century ago could provide a cheap and effective way of boosting the immune system to protect people from developing the condition.”

Science News - The surprising link between gut bacteria and devastating eye diseases
https://www.nature.com/articles/d41586-024-00562-2

“Finding raises hopes that antibiotics could treat some genetic diseases that can cause blindness — but also prompts doubts.”

Mental health & psycho-social wellbeing

Lancet GH (Comment) – Advancing mental health service delivery in low-resource settings
D Xu et al.; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00031-7/fulltext

« Integrating mental health services into primary health care in low-resource settings is a pivotal challenge in global health. The SHARP trial conducted by Brian W Pence and colleagues signifies a noteworthy advancement in addressing this challenge. The Article highlights the importance of focusing on implementation strategies to maximise the use of evidence-based practices (EBPs; also referred to as evidence-based interventions), rather than pursuing new innovations. The study’s publication in The Lancet Global Health underscores the journal’s laudable commitment to not only discovering but also delivering innovations in health care....”

- Related study in the Lancet GH - Two implementation strategies to support the integration of depression screening and treatment into hypertension and diabetes care in Malawi (SHARP): parallel, cluster-randomised, controlled, implementation trial

Lancet GH (Comment) - Cost-effectiveness of task-shifting in resource-constrained settings
https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00038-X/fulltext

“Despite the considerable burden on global health, mental health care is under-resourced in low-income and middle-income countries (LMICs), resulting in undertreatment and sparse access to care. Task-shifting, in which a diverse range of health professionals and community members share
responsibilities, is increasingly preferred. ... .... However, there is little evidence on the cost-effectiveness of the broad implementation of task-shifting, particularly in resource-constrained settings. The Sub-Saharan Africa Regional Partnership (SHARP) for Mental Health Capacity-Building Scale-Up trial addresses this gap in the evidence for implementing depression care strategies in Malawi....”

- Related study in the Lancet GH - Implementation strategies to build mental health-care capacity in Malawi: a health-economic evaluation

SS&M - Causal beliefs about mental illness: A scoping review
by I L Ahuvia et al.

Social & commercial determinants of health

European journal of public health - Social media as a determinant of health

“While social media offers health-related benefits, it also poses challenges, such as the promotion of unhealthy commodities and the spread of dis/misinformation, as seen throughout the coronavirus disease 2019 (COVID-19) pandemic. We argue that social media, a ubiquitous aspect of modern communication, is a major determinant of health, due to the profound impact it has on population health. As such, we urge health professionals and researchers to grasp its complexities. We explore the potential mechanisms through which social media may impact health, demonstrated via a logic model presented in Supplementary figure S1....”

IJHPM - Complex Interventions for a Complex System? Using Systems Thinking to Explore Ways to Address Unhealthy Commodity Industry Influence on Public Health Policy
A Bertscher et al; https://www.ijhpm.com/article_4569.html

“This study applies systems thinking as a theoretical lens to help identify and explore how possible interventions relate to one another in the systems in which they are embedded. Related challenges to addressing UCI (Unhealthy Commodity Industry) influence on policy, and actions to support interventions, were also explored.”

“... participants identified 27 diverse, interconnected and interdependent interventions corresponding to the systems map’s pathways that reduce the ability of UCIs to influence policy, e.g., reform policy financing; regulate public-private partnerships; reform science governance and funding; frame and reframe the narrative, challenge neoliberalism and GDP growth; leverage human rights; change practices on multistakeholder governance; and reform policy consultation and
deliberation processes. Participants also identified **four potential key challenges to interventions** (i.e., difficult to implement or achieve; partially formulated; exploited or misused; requires tailoring for context), and four key actions to help support intervention delivery (i.e., coordinate and cooperate with stakeholders; invest in civil society; create a social movement; nurture leadership)...

**Sexual & Reproductive health rights**

Devex - Biodegradable contraceptive implant moves to clinical trials


“In the 1990s, several organizations and companies were researching biodegradable contraceptive implants. But several of them were abandoned due to funding constraints.”

“....Dr. Kavita Nanda, director of medical research at FHI 360, said it’s challenging to remove contraceptives, such as implants, in many low-resource settings, providing an additional burden to health systems. In some settings, women might have to travel long distances to get their implants removed or struggle to find a health care provider who can remove them. **This is why FHI 360 has resurrected research on biodegradable contraceptive implants.** One of them, the Casea S, is being tested in women as part of a **phase one clinical trial taking place in the Dominican Republic.** Nanda said this is **the first biodegradable contraceptive implant undergoing human trials in over 20 years....**”

With funding from the **Gates Foundation**, among others.

FT - IVF ruling puts reproductive rights back at heart of US politics

https://www.ft.com/content/d96f639f-79c9-4353-ba7a-005fe5aca289

“Alabama judgment that frozen embryos are ‘children’ follows Supreme Court’s overturning of abortion rights.”

“... A US state’s court ruling that frozen embryos should be considered children has thrust reproductive rights back to the forefront of the 2024 presidential election, prompting Donald Trump to insist that he supports access to in vitro fertilisation. ... .... Trump, the former president who is closing in on the Republican nomination, insisted in a social media post on Friday that under his leadership, the party would “always support the creation of strong, thriving, healthy American families”, including “supporting the availability of fertility treatments like IVF in every state in America”. Trump called on the state legislature in Alabama to “act quickly to find an immediate solution to preserve the availability of IVF” in the state....”

“... President Joe Biden, who is gearing up for a rematch against Trump in November, has also made abortion rights a pillar of his re-election message. On Thursday, Biden framed the decision in Alabama as part of a broader attack on women’s rights and an erosion of legal protections around reproductive care. ...... “Make no mistake: this is a direct result of the overturning of Roe vs. Wade,” Biden added. “My message is: The vice-president and I are fighting for your rights . . . and we
won’t stop until we restore the protections of Roe vs Wade in federal law for all women in every state”. The decision by the US Supreme Court to overturn Roe was widely seen as a potential gateway to other legal decisions impinging on reproductive rights.....”

**Neonatal and child health**

Lancet Comment - Accelerating the progress of low birthweight reduction

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01669-0/fulltext

Comment linked to a new study in the Lancet (see below).

“**A 30% reduction in LBW between 2012 and 2030 is one of the Global Nutrition Targets, and achieving this target could also aid progress towards other Sustainable Development Goals (SDGs), including those relating to neonatal mortality and SDG2 to eliminate malnutrition. In this issue of The Lancet, Yemisrach B Okwaraji and colleagues urge the acceleration of progress in LBW reduction to achieve this global target. .....”**

- The study in the Lancet - National, regional, and global estimates of low birthweight in 2020, with trends from 2000: a systematic analysis

Interpretation of the findings: “**Insufficient progress has occurred over the past two decades to meet the Global Nutrition Target of a 30% reduction in LBW between 2012 and 2030. Accelerating progress requires investments throughout the lifecycle focused on primary prevention, especially for adolescent girls and women living in the most affected countries. With increasing numbers of births in facilities and advancing electronic information systems, improvements in the quality and availability of administrative LBW data are also achievable.**”

**Adolescent health**


« ...This paper examines the relationship between child labour and educational attainment and explores the distinction between harmful and non-harmful agricultural cocoa work. We conduct a secondary analysis of data on 3,338 children who reported attending school in 2018 across cocoa growing regions of Ghana and Côte d’Ivoire....”
Access to medicines & health technology

Reuters - Japan's Takeda partners with India’s Biological E. to boost dengue vaccine production

"Japan's Takeda Pharmaceutical (4502.T), will scale up production of its dengue vaccine Qdenga through a partnership with Indian vaccines maker Biological E., the companies said on Tuesday. These doses will be available for governments in endemic countries by 2030 as part of their national immunization programmes. Biological E. will ramp up to a manufacturing capacity of 50 million doses a year, accelerating Takeda's efforts to produce 100 million doses per year within a decade, the companies said...."

European Journal of General Practice (Opinion paper) - Why are our medicines so expensive? Spoiler: Not for the reasons you are being told...

Els Torreele; https://www.tandfonline.com/doi/full/10.1080/13814788.2024.2308006

"...This paper argues that high prices are not inevitable but the result of a societal and political choice to rely on a for-profit business model for medical innovation, selling medicines at the highest possible price. Instead of focusing on therapeutic advances, it prioritises profit maximisation to benefit shareholders and investors over improving people’s health outcomes or equitable access...

"... As a result, people and health systems worldwide struggle to pay for the increasingly expensive health products, with growing inequities in access to even life-saving medicines while the biopharmaceutical industry and its financiers are the most lucrative business sectors. As the extreme COVID-19 vaccine inequities once again highlighted, we urgently need to reform the social contract between governments, the biopharmaceutical industry, and the public and restore its original health purpose. Policymakers must redesign policies and financing of the pharmaceutical research and development ecosystem such that public and private sectors work together towards the shared objective of responding to public health and patients’ needs, and achieve health equity, rather than maximising financial return. Because medicines should not be a luxury."

BMJ GH - Transferable data exclusivity vouchers are not the solution to the antimicrobial drug development crisis: a commentary on the proposed EU pharma regulation

https://gh.bmj.com/content/9/2/e014605

By A Berner-Rodoreda, Ellen ‘t Hoen et al.

McGill news - New non-profit targets under-researched diseases

https://mcgillnews.mcgill.ca/new-non-profit-targets-under-researched-diseases/
“McGillians are playing key roles in Conscience, a new non-profit initiative that hopes to use artificial intelligence and a “team sport” approach to encourage research into the rare diseases and potential threats that Big Pharma tends to ignore.”

- Link: Plos GPH - The quality of medicines for the prevention and management of hypertensive disorders of pregnancy: A systematic review

Human resources for health

Bhekisa - SA doctors make up to 40 times more than those in Kenya and Nigeria


“Doctors working in South Africa’s state clinics and hospitals are underpaid, says the South African Medical Association. Yet these medical workers earn up to three times more a month than what some make in a year in other middle-income countries in Africa such as Kenya and Nigeria.....”

Decolonize Global Health

Gates Foundation to fund African scientists in malaria, TB fight

https://techcentral.co.za/gates-foundation-african-malaria-tb/240493/

“African scientists have received $7.2-million to find drugs that will help combat malaria and tuberculosis on the continent.”

“More than half of that money from medical research charity LifeArc and the Bill & Melinda Gates Foundation will be used to find new treatments for the illnesses, some of the benefitting universities — Stellenbosch University, the University of Ghana and the University of Pretoria — said in a statement on Wednesday....”

Lancet Profile - Ngozi Erondu: pursuing justice, equity, and dignity in global health

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00361-1/fulltext


BMJ GH - Colonialism in the new digital health agenda

By S Sekala et al. https://gh.bmj.com/content/9/2/e014131
“The advancement of digital technologies has stimulated immense excitement about the possibilities of transforming healthcare, especially in resource-constrained contexts. For many, this rapid growth presents a ‘digital health revolution’. While this is true, there are also dangers that the proliferation of digital health in the global south reinforces existing colonialities. Underpinned by the rhetoric of modernity, rationality and progress, many countries in the global south are pushing for digital health transformation in ways that ignore robust regulation, increase commercialisation and disregard local contexts, which risks heightened inequalities. We propose a decolonial agenda for digital health which shifts the liner and simplistic understanding of digital innovation as the magic wand for health justice. In our proposed approach, we argue for both conceptual and empirical reimagining of digital health agendas in ways that centre indigenous and intersectional theories. This enables the prioritisation of local contexts and foregrounds digital health regulatory infrastructures as a possible site of both struggle and resistance. Our decolonial digital health agenda critically reflects on who is benefitting from digital health systems, centres communities and those with lived experiences and finally introduces robust regulation to counter the social harms of digitisation.”

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

https://www.ghspjournal.org/content/12/1/e2300269

“The practice of global health is plagued by power structures favoring high-income countries. Efforts to decolonize global health must consider the systemic limitations that LMIC investigators face at local, national, and international levels.”

International Studies review - A Decolonial Feminist Politics of Fieldwork: Centering Community, Reflexivity, and Loving Accountability


“….We argue that a preferable approach to critical fieldwork is grounded in feminist and decolonial, anti-racist, anti-capitalist politics. …”

Links:

- Annals of Global Health – [Self-Determination in Global Health Practices – Voices from the Global South](https://www.ghspjournal.org/content/12/1/e2300269)
- BMJ Opinion - The twin model: decolonising research and knowledge sharing through equitable collaborations (by C J Arnbjerg et al)
Miscellaneous

Science (News) - Huge genome study confronted by concerns over race analysis
https://www.science.org/content/article/huge-genome-study-confronted-concerns-over-race-analysis

“Some geneticists say key figure falsely suggests genetic data support notion of distinct races.”

NYT - Your Inhalers and EpiPens Aren’t Very Healthy for the Environment

“For eco-conscious consumers of personal medical devices, recycling options are limited. Some companies are trying to change that.”

“.... Worldwide, the health care industry used more than 24 billion pounds of plastic in 2023, and is forecast to generate 38 billion pounds annually by 2028, according to BCC Research, a global market research firm. Typically manufactured from fossil fuels, plastic is also a major source of greenhouse gas emissions. Medical device companies say they are trying to reduce the waste, whether by recovering and recycling products, decreasing the amount of plastic in devices and the packaging, or by redesigning items with materials that are not petroleum-based.....”

Telegraph - How South Africa’s ‘pit toilets’ became a damning symbol of the nation’s inequality

“Ten years after the death of a boy who drowned in a latrine, the poor are still forced to use inadequate sanitation.”

Project Syndicate – A Global Cash-Transfer Fund Could End Extreme Poverty

“Cash transfers offer a transformative solution to multidimensional poverty, by enhancing dozens of outcomes simultaneously. They have already proven effective, adaptable, and replicable, and now they are becoming more attainable every year with growing mobile coverage and improved digital infrastructure.”

“....Building on the insights of an international working group we recently co-chaired, we propose establishing a new global fund dedicated to eradicating extreme poverty through lump-sum direct cash transfers. This solution would help countries expand their use of digital cash transfers by expanding existing social-protection programs or starting new ones. The money required would
come from a mix of philanthropists, institutions, and governments, similar to how the Global Fund to Fight AIDS, Tuberculosis, and Malaria raises its funds. Crucially, these transfers would be offered not as a substitute for other interventions, but rather as a complement......”

Atlantic Council - Sub-Saharan Africa grapples with development imperatives
https://www.atlanticcouncil.org/in-depth-research-reports/books/sub-saharan-africa-grapples-with-development-imperatives/

By William Easterly.

Papers & reports

International Journal for Equity in Health - The role of mesolevel characteristics of the health care system and socioeconomic factors on health care use – results of a scoping review

by P Bammert et al.

Blogs & op-eds

The “Evidence-Based Paradox”

“... In discussions with those academics and policy wonks who propose ‘generating more evidence’ as the answer to tackling inequality, I like to tease them by highlighting what I call the ‘evidence-based paradox’: (1) We should be evidenced-based in our approaches. (2) The evidence for transformational change happening because decision-makers are shown evidence is really weak. Therefore, (3) if we are truly-evidenced based, we will not depend only on evidence-sharing as a strategy for change.....”

“I looked back at history and investigated what had led to success in beating inequality before, and found that it never came simply because those in power now had better information. Elites have never just been waiting to be better informed by civil society before they voluntarily made things fairer. They have never given justice – it had to be won.....”
Tweets  (via X & Bluesky)

Kalypso Chalkidou
“Wow! Nigeria’s Coordinating Minister of Health and Social Welfare, Muhammad Ali Pate says the government and Afreximbank have signed a Memorandum of Understanding with a commitment of $1 billion to support the country’s health systems.”

Dan Beeton
“Civil society voices are being silenced at the @wto ’s 13th ministerial in Abu Dhabi in an "unannounced and unprecedented removal of...rights to freedom of speech and political expression at what is being billed as WTO’s most 'open, transparent and inclusive process' ever” #MC13”

Themrise Khan
“It’s very demeaning of #academia to use ongoing situations of #war #famine and #genocide as subjects for their papers and academic articles. People are literally dying and you are building theoretical frameworks around them. Even #knowledge has its limits.”