

IHP news 766 : A pandemic agreement in May?

(15 March 2024)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

Monday marked the **4-year anniversary** of the WHO's designation of the Covid-19 outbreak as [a "pandemic"](#). While commemorating (but also looking ahead), **Tedros quoted Albert Camus** in a Time(Iy) piece, [COVID-19 Shows Why the World Needs a Pandemic Agreement](#) : *"There have been as many plagues as wars in history, yet always plagues and wars take people equally by surprise."* - a quote from the novel "La Peste". As you might recall, the world also got to know another '[Albert](#)' during the pandemic. Let's just hope the latter's laser-style "equity focus" won't be witnessed again in future pandemics (PS: as it's crunch time now for the INB negotiations, perhaps global health activists could borrow a few tractors from farmers, in order to 'get some vital messages across' in the streets of Geneva (and Washington, Brussels, London,...) ☺).

This brings us to "the" topic of the week, at least in global health corners: **the [revised draft of the pandemic agreement](#)**, considered among others by [Geneva Health Files](#) a good basis for negotiations: *"A range of stakeholders from member states, activists, experts, seem to be of the view that the text ticks the right boxes in order to commence negotiations days from now."* The draft is [far from perfect](#), nevertheless, as you might expect in this sort of exercise with so many different interests. Still, if [Thomas Cueni reckons the revised draft is a 'step backwards'](#), the new draft must have some merit ☺. And so I duly also scanned the text, to get a sense of it (*for the non-lawyers/diplomats among us, it's a fairly tough read, though, certainly not your average Kate Middleton conspiracy theory* ☺). The next few weeks will be key, starting from next Monday's INB9 kick-off. There's **huge time pressure**, moreover, as many are worried about the impact of upcoming elections (and one in particular), if the pandemic agreement doesn't materialize by the World Health Assembly - still the plan. In the meantime, as Priti Patnaik noted on X, ["the knives are out on PPR financing"](#).

The week also featured a number of **important reports**. Among others, a new WHO report - [Fair share for health and care: gender and the undervaluation of health and care work](#) ; a new UNDP [Human Development Report](#); and a [UN report on global child mortality](#) (signaling some, but too slow progress). The number of children globally who died before their fifth birthday dropped to 4.9 million in 2022, but that still represents [one death every six seconds](#)... In addition, a [new GBD study on neurological conditions](#) pointed to the urgency for neurological health to be made a global public health priority.

On the **planetary health front**, [while the increasing impact of climate change in Africa still doesn't get enough coverage](#) in world media, a report by Oil Change International pointed out that ["No big North Sea fossil fuel country has a plan to stop drilling in time for the 1.5C goal"](#). That includes Norway, a 'global health champion' I believe, currently *"...aggressively" exploring and licensing new oil and gas fields...*" (just like the UK).

We end with a short announcement: ***The IHP newsletter will be publishing a selection of stories from the [WHO & UNFPA SRHR-UHC Learning by Sharing Portal](#) over the coming months. The stories showcase experiences of implementing policies and programmes relating to sexual and reproductive health and rights and universal health coverage in a range of countries and the lessons learned.***

We hope you'll enjoy them and find them insightful! And start this week (see below).

Enjoy your reading.

Kristof Decoster

Featured Article

Avoiding fragmentation and aligning donor and government sexual and reproductive health financing and priority setting in Malawi

The donor landscape in Malawi is extremely fragmented, with 115 financing sources and 227 implementing partners. To strengthen aid coordination for SRH and UHC, the MoH Malawi developed the annual HSSP II Operational Plan with technical support from the CHAI.

SEXUAL AND REPRODUCTIVE HEALTH CHALLENGE

The Government of Malawi has developed the Health Sector Strategic Plan II (HSSP II) for 2017-2022. It aims to transition Malawi towards Universal Health Coverage (UHC). The HSSP II defines which critical SRH services should be provided to the population free of charge as part of the Essential Health Package (EHP). The specific SRH services provided through the EHP include family planning, antenatal care, labor and delivery, and post-abortion care¹.

Complementing the HSSP II are key SRH strategic documents, including the National Sexual and Reproductive Health and Rights Strategy 2021-2025² and the **Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH+N) Investment Case 2020-2022**³. These strategies aim to address key SRH challenges in Malawi, including a persistently high maternal mortality ratio of 439 deaths per 100,000 live births and neonatal mortality of 27 deaths per 1,000 live births in 2016⁴.

Despite these strong SRH-UHC policy commitments, donors provide 77% of health funding and nearly 99% of all SRH funding. The donor landscape in Malawi is fragmented, with 115 financing sources and 227 implementing partners⁴. This leads to inefficiencies and difficulties in aligning and tracking programming. The challenge is further compounded by fragmented and overlapping strategic plans, which hinders the clear identification of sector-wide priorities for UHC and SRH.

MALAWI'S SRH-UHC INTERVENTION

PURPOSE OF THE INTERVENTION

To strengthen aid coordination for SRH and UHC, the Ministry of Health (MoH) Malawi developed the annual HSSP II Operational Plan with technical support from the [Clinton Health Access Initiative \(CHAI\)](#). The HSSP II Operational Plan aims to integrate planning information across the sector and provide a consolidated, routinely updated list of unfunded health sector priorities to help guide partner investments.^{5, 6} SRH is a prominent component of the HSSP II Operational Plan, representing 10% of the total activity costs.

OVERVIEW OF IMPLEMENTATION

The process of strengthening aid coordination begins with the compilation of relevant data sources on health sector priorities and funding, including multi-year national strategic plans, annual District Implementation Plans (DIPs), the MoH Resource Mapping exercise, and the RMNCAH+N Investment Case, which provide SRH specific data. All activities are mapped and consolidated into a single consistent framework and database, including linkage to the HSSP II objectives, the geography of implementation, funding status, cost, and priority status for unfunded activities.

In total, the HSSP II Operational Plan consolidates 43 data sources and over 37,000 government-funded, donor-funded, and unfunded activities at the national and district levels to provide a comprehensive overview of health sector priorities and funding gaps. The HSSP II Operational Plan was launched in 2020, and subsequent revisions have been released annually by the MoH. Each revision is led by a team of three to four MoH staff and one to two CHAI staff, in collaboration with relevant MoH departments, and takes an average of 50 weeks to complete. A dissemination roadmap is developed to ensure that results are subsequently shared with relevant government and donor stakeholders.

SRH-UHC OUTCOMES

SUCCESS

- By fully integrating SRH into the broader, UHC-oriented HSSP II Operational Plan, the MoH has reduced the fragmentation in the planning, coordination, and decision-making processes for Malawi's scarce financial resources.
- The HSSP II Operational Plan quantifies \$739 million in unfunded activities for the health sector, including \$54 million in unfunded activities specifically for SRH. As a result, the MoH Reproductive Health Directorate can now leverage the HSSP II Operational Plan to support the coordination of its many partners, rather than relying on siloed, vertically driven coordination structures that are not clearly embedded within the broader UHC agenda.
- Priorities are often set at the national level without adequate consultation with district health management teams, leading to SRH programs that are poorly aligned to each district's SRH context and priorities. Ensuring that the DIPs are fully integrated into the HSSP II Operational Plan facilitates national-level visibility into each district's unique SRH priorities and funding gaps, thereby increasing the likelihood that future SRH partner activities will be better-tailored to each district's context and within decentralized frameworks.

CHALLENGES

- There is a need to continuously ensure the uptake of the HSSP II Operational Plan into routine decision-making by SRH development partners. To mitigate the challenge, the MoH will

continue to map partner funding cycles and conduct bilateral engagements with key SRH partners, to identify entry points for the HSSP II Operational Plan and inform partner decision-making around resource allocation for SRH and UHC.

LESSONS

- Government and donor alignment must go beyond consensus on high-level objectives and include more granular alignment against specific costed SRH activities as prioritized by the government. This is particularly important at the district level to ensure partner activities are tailored to each district's specific SRH context and priorities. Through tools such as the HSSP II Operational Plan, the MoH aims to ensure that both national and district SRH priorities are clearly articulated at the activity level and available to inform partner decision-making.
- Fragmented and overlapping strategic plans for SRH, UHC, and other vertical programs make it difficult to identify overall priorities clearly. This is temporarily addressed by consolidating all sub-sectoral plans into the HSSP II Operational Plan. However, reducing the fragmentation of strategic plans moving forward and ensuring that all health systems and programmatic priorities are well-reflected in the forthcoming HSSP III will be critical for ensuring strategic clarity in the health sector.

Authors:

Stephanie Heung, Clinton Health Access Initiative

Jean Nyondo, Ministry of Health, Department of Planning and Policy Development, Malawi

Kenasi Kasinje, Ministry of Health, Department of Planning and Policy Development, Malawi

Purava Joshi, Clinton Health Access Initiative

Florence Jumbe, Ministry of Health, Department of Planning and Policy Development, Malawi

Pius Nakoma, Ministry of Health, Department of Planning and Policy Development Malawi & Global Financing Facility

John Borrazzo, Global Financing Facility

Andreas Kees, Clinton Health Access Initiative

Mihereteab Teshome, Clinton Health Access Initiative

Eoghan Brady, Clinton Health Access Initiative

Andrews Gunda, Clinton Health Access Initiative

Gerald Manthalu, Ministry of Health, Department of Planning and Policy Development, Malawi

Main sources:

- (1) Government of Malawi (2017). Health Sector Strategic Plan II.

- (2) Government of Malawi (2018). National Sexual and Reproductive Health and Rights Strategy 2021-2025.
- (3) Government of Malawi (2019). Investment Case for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition 2020-2022.
- (4) Government of Malawi (2021). The Mid-Term Review of The Malawi Health Sector Strategic Plan II
- (5) Government of Malawi (2020). Health Sector Resource Mapping Round 6 Report.
- (6) Government of Malawi (2020). Health Sector Strategic Plan II Operational Plan for Financial Year 2019-2020.

Additional sources:

- (7) Government of Malawi (2021). Health Sector Strategic Plan II Operational Plan for Financial Year 2020-2021.
- (8) Government of Malawi (2018). Guidelines for District Health Planning 2018-2022.

Highlights of the week

4-year anniversary Covid pandemic

Lancet - Global age-sex-specific mortality, life expectancy, and population estimates in 204 countries and territories and 811 subnational locations, 1950–2021, and the impact of the COVID-19 pandemic: a comprehensive demographic analysis for the Global Burden of Disease Study 2021

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00476-8/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00476-8/abstract)

New Lancet (and GBD) study.

“...The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2021 provides new demographic estimates for 204 countries and territories and 811 additional subnational locations from 1950 to 2021, with a particular emphasis on changes in mortality and life expectancy that occurred during the 2020–21 COVID-19 pandemic period....”

Among the **key findings**: **“Global adult mortality rates markedly increased during the COVID-19 pandemic in 2020 and 2021, reversing past decreasing trends, while child mortality rates continued to decline, albeit more slowly than in earlier years....”**

- See also [FT coverage of this Lancet paper](#):

“The need for better pandemic preparedness was underscored by a wide-ranging demographic study that showed the death toll during the peak of the Covid-19 outbreak reached almost 16mn people, temporarily reversing a 70-year trend in falling global mortality rates. While age-standardised mortality rates fell 62.8 per cent globally between 1950 and 2019, they climbed an estimated 5.1 per cent during the 2020-21 period, said the paper published in The Lancet on Monday. Child mortality continued to fall during the peak pandemic years, albeit at a lower rate than previously, reflecting the much lower vulnerability of younger people to Covid-19. “Increases in mortality rates in populations aged 25 years and older were observed on a scale not seen in the previous 70 years....”

- TGH - [Global Life Expectancy Declines for First Time in 30 Years](#)
“COVID-19 slashed overall life expectancy, according to a highly anticipated update of the Global Burden of Disease study.” More coverage of the Lancet study.

“For the first time since the pandemic, the Institute for Health Metrics and Evaluation (IHME) has updated its Global Burden of Disease (GBD) study. Published Monday in [The Lancet](#), the study found a **1.6 year drop in life expectancy between 2019 and 2021.** This trend is the first time the researchers documented a global decline in life expectancy since the study began in the 1990s. “

PS: “ Some of the uneven consequences were due to the disproportionate impact of the coronavirus on older individuals rather than a population's overall health or pandemic response. These findings highlight the bias in the public understanding of where COVID-19 hit hardest, Schumacher says. **"By standardizing that age distribution, we see that a lot of places have really, really high excess mortality,"** Schumacher says, including sub-Saharan African, Nicaragua, and Mexico City. **"How widespread these increases in mortality were was a bit surprising."**

PS: **“... Declines were largest in Latin America and the Caribbean at 3.7 years** and the smallest in southeast and east Asia and Oceania at 0.3 years. ...”

- Related Lancet Comment – [Global health estimates should be more responsive to country needs](#) (by K Strong et al)

Starting from the new study by the GBD 2021 Demographics Collaborators, but then also **making the link with the Decolonize Global Health movement/momentum.**

“.... data gaps and uncertainty about data quality, along with the existence of several different estimate series—including from the UN and its agencies—raise important questions about how these estimation efforts are used by countries, particularly in the demography and health space but potentially also other areas, including economic, social, and education sectors.”

They conclude: “ For real-time monitoring and programme prioritisation purposes, **it is necessary and critical to strengthen national data systems and improve availability and quality of observational data**—an area that needs urgent attention and investment. Ultimately, a more solid empirical base for global estimates of mortality, life expectancy, and population projections will only come from **efforts to improve country data and statistical systems including household surveys, the Health Management Information Systems (HMIS), and Civil Registration and Vital Statistics (CRVS) systems.** CRVS is key to producing timely country-reported information, the kind useful to national governments and global donors alike. **Global progress with CRVS has been slow over the past 30 years,** which was one of the reasons that the GBD methodology was first developed with the World Bank in the 1990s. However, **countries are increasingly asking modellers to make better use of locally or nationally relevant data from administrative systems or household surveys and also knowledge of national experts. Greater transparency and involvement of countries in the development of global estimates will help improve ownership and use of the data, and will contribute to the decolonisation of global public health.** Strengthening local and national data and statistical systems to improve data availability and quality is critical to improve health and survival for all ages. Investment is urgently needed now to fill national data gaps.”

NYT - Four Years On, the Mysteries of Covid Are Unraveling

[7 Covid Mysteries Scientists Are Starting to Unravel - The New York Times \(nytimes.com\)](https://www.nytimes.com/2021/03/18/health/covid-mysteries.html)

“Are superdodgers real? Is Covid seasonal? And what’s behind its strangest symptoms? Here’s what we’ve learned.”

Pandemic Agreement (INB) negotiations

The Bureau of the Intergovernmental Negotiating Body (INB) released the latest version (unedited) of a negotiating text last Friday. This is normally the basis for text-based negotiations at the ninth meeting of the INB starting next week in Geneva between March 18th-March 28th.

For the **draft**, see [REVISED Draft of the negotiating text of the WHO Pandemic Agreement](#) (7 March)

Below you find some of the main coverage & analysis of this draft, and the current state of affairs in the negotiations.

FT - Deadline for pandemic treaty accord at risk, officials warn

<https://www.ft.com/content/afd0b4ba-bdd0-4450-ad51-26326eacad1d>

FT coverage on Tuesday. **“Divisions between richer and poorer nations threaten progress on talks....”**

“Significant differences between richer and poorer nations are threatening progress on a key pandemic treaty, with officials warning that the planned May deadline for delivery of the global accord may be missed. “[The] biggest issue at the moment is whether we’ll be able to reach agreement in May and what the consequences are if we fail”, said one western diplomat with knowledge of the process. The sharing of genomic data on pathogens and funding for health systems during emergencies were some of the biggest issues dividing negotiators, officials said.....”

“.... Missing the May deadline would increase the political risk of the treaty unravelling. “Any extension will not make things easier with election pressures increasing,” said another western diplomat, pointing to ballots in the US and other countries. The WHO’s annual assembly convenes in Geneva from May 27 to decide on the final text, the proposed last step before a signing of the global accord.....”

“.... One of the key points of contention centres around Article 12, which would create a genomic repository. Poorer countries are pushing for the so-called Pathogen Access and Benefit-Sharing System, or Pabs, to be contained within WHO, but richer countries say this is unworkable, with a European diplomat saying there would be “no deal” under the article’s current wording. Other issues include concerns around financing for pandemics. A last session of talks is scheduled for the second half of March, but the health body could decide to add an extra one at the end of April, said one of the people with knowledge of the discussions.” ““The question on timing is also whether

agreements are reached early enough to [polish] the text for the final agreement,” they added. “It’s in pretty poor shape from a legal and technical perspective.”

Also with the views of Jamie Love and Ellen ‘t Hoen.

“**Jamie Love**, head of health NGO Knowledge Ecology International, said that despite the attention on Article 12, countries “are closer to a deal than some think”.

“**Ellen ‘t Hoen**, of research group Medicines Law & Policy, said there had been progress on areas such as access to antiviral drugs and vaccines, a severe problem during the pandemic, but said the current text “only asks parties that they encourage or incentivise the sharing of knowhow . . . It includes no powers to guarantee that it will happen if the encouragement or incentive do not work.””

HPW - New Pandemic Agreement Draft Lands – And Finally, Text-Based Negotiations Can Begin

<https://healthpolicy-watch.news/new-pandemic-agreement-draft-lands-and-finally-text-based-negotiations-can-begin/>

Very neat (detailed) analysis of the new draft (including respective articles) & early reactions.

“The negotiating text of the pandemic agreement landed in the inboxes of World Health Organization (WHO) member states last Friday afternoon – 10 days before the penultimate negotiation on 18 March The 31-page draft was also sent to official stakeholders previously excluded, as agreed by the eighth meeting WHO’s intergovernmental negotiating body (INB).The INB Bureau and staff only had a week to distil a mishmash of often contradictory proposals into the negotiating text, and will brief member states and stakeholders this Friday (15 March) on the revised draft and propose how the final round of negotiations are to be structured.”

- Some bits & pieces:

“.... The stated objective of the WHO pandemic agreement – no longer referred to as a treaty or accord – “is to prevent, prepare for and respond to pandemics” with “equity as the goal and outcome” and recognising the “common but differentiated responsibilities and respective capabilities” of countries’ health systems....”

....Chapter II (Articles 4-20): Site of most disagreement :The meat of the agreement – and site of most disagreements – lies in this chapter. Its theme is “achieving equity in, for and through pandemic prevention, preparedness and response (PPPR)”....”

.... Article 12: PABS is the biggest bone of contention The most contested section, Chapter II’s Article 12, addresses pathogen access and benefit-sharing (PABS).

“....Article 20: New financial mechanism: Article 20 deals with financing. It proposes the establishment of a “Coordinating Financial Mechanism” to support the implementation of the pandemic agreement and – a new addition – the International Health Regulations (IHR). The

mechanism shall include a pooled fund to provide financing to support PPPR, and this may include “contributions received as part of operations of the PABS System, voluntary funds from both states and non-state actors and other contributions to be agreed upon by the Conference of the Parties”.

Re the governance: “...Chapter III (Articles 21-37): A Conference of Parties: Chapter III, which deals with institutional arrangements and final provisions, contains “refined textual proposals as proposed by the INB Bureau with respect to Article 21, and as proposed by volunteer delegations regarding the remaining Articles of the Chapter”, according to the INB. It **proposes a Conference of the Parties (COP) to review the implementation of the pandemic agreement every three years**, based on the countries’ reports on their pandemic readiness, and take the decisions necessary to promote its effective implementation. However, the COP can also request information from countries. **The first COP will be held within a year of the agreement’s adoption. The WHO secretariat is to provide support for the COP...**”

- Some of the early reactions then:

“...Reaction: ‘Underwhelming governance’: Nina Schwalbe, CEO of Spark Street Advisors and a keen observer of the negotiation, told Health Policy Watch that “the governance section is truly underwhelming”. “While they do call for a Conference of Parties, there is almost no regular reporting let alone any type of monitoring vis a vis State’s compliance with their obligations. It’s not even punted to a future date – it is simply not mentioned,” said Schwalbe....”

“Meanwhile, 58 charities, NGOs, and health experts including the Pandemic Action Network, Oxfam, African Vaccine Alliance, Innovarte, and Public Citizen have called on the US and the European Union to end their “patent hypocrisy” in the pandemic agreement negotiations. In an [open letter](#) coordinated by the People’s Vaccine Alliance, organisations including Oxfam, The African Alliance, Innovarte, and Public Citizen, the groups urge the EU and US leaders to support measures in the pandemic agreement “to enable lower-income countries to overcome intellectual property barriers, to make public funding of R&D conditional upon sharing pharmaceutical technology and know-how with Global South countries, and embed transparency in global health by publishing all government contracts with companies involved in public health”. They also want the pandemic agreement to “go beyond current proposals to require a small proportion of vaccines and medicines to be set aside for the Global South, and instead ensure those at the highest risk are prioritised regardless of where they live”. They also want “an extension of the pandemic flu mechanism”, which guarantees that countries that share pathogen data will receive benefits in return, including “fair access to medicines produced and financial contributions”.”

GHF - New Negotiating Text of the Pandemic Agreement: Watered Down Language, But Ticks Boxes on Key Provisions

P Patnaik; [New Negotiating Draft for a Pandemic Agreement Could Draw Countries Closer \(substack.com\)](#)

From Tuesday, “a 5,000 word analysis on the new negotiating draft for a Pandemic Agreement. “

“A range of stakeholders from member states, activists, experts, seem to be of the view that the text ticks the right boxes in order to commence negotiations days from now.”

“In this story **we look at ten key provisions** that have so far dominated these two-year-old discussions: Preamble Paragraphs; Definitions, Scope and Principles; Surveillance and One Health (Art. 4, 5,6); Research and Development: Art. 9; Production: Art. 10; Tech Transfer: Art.11; PABS: Art. 12; Supply Chain and Logistics: Art. 13; Procurement: Art. 13bis; Liability: Art.15; Financing: Art.20; Governance: Art. 21....”

Patnaik concludes: *“There is an overwhelming emphasis throughout the text on the equitable access to medical products. This running theme shows up across provisions from language on principles, articles on preparedness, production, technology transfer, PABS, supply and procurement. Stung by vaccine inequities and what it represented including a lack of preparedness in countries, the lack of coordination at international levels during COVID-19, and in general, a laissez-faire approach to response to a pandemic – the draft could be a turning point in these negotiations to rectify these shortcomings. However, one also wonders if countries are fighting “the last war” and whether this instrument will truly future-proof the governance of pandemics. The negotiating draft despite its weaknesses shows the consistent effort put in by all countries, particularly developing countries, over more than two years in simply trying to ensure their proposals are reflected in the text....”*

Devex – Latest pandemic treaty draft text still has 'many weaknesses'

<https://www.devex.com/news/latest-pandemic-treaty-draft-text-still-has-many-weaknesses-107223>

Devex analysis by J Ravelo. “The pandemic agreement negotiations are entering the home stretch, but **NGOs and global health observers are still not happy with the latest draft of the agreement.....”**

“According to observers and NGOs, **the text remains weak on compliance, and text on the hot-button issue of pathogen access and benefit sharing still does not equate to equal benefits for low- and middle-income countries.** Some also want language that goes beyond recognizing the **Trade-Related Aspects of Intellectual Property Rights, or TRIPS, agreement**, which is already known. Some argue that the text also lacks guarantees that would ensure the production of medical products is not concentrated in high-income countries. **The text still uses terms such as “promote” and “encourage” instead of providing countries with clear mandates.** The **Pandemic Action Network is concerned the proposal still includes a new financing mechanism, noting it would only duplicate what other existing financing mechanisms, such as the Pandemic Fund, already do.** The revised text also failed to address the priorities the Pandemic Action Network laid out along with more than 80 other organizations to member states last month, including that member states agree to “collect, report, and analyze data disaggregated by sex, gender, ethnicity, race, and age” to ensure a gender-responsive pandemic agreement. **Previous proposals, such as the establishment of an implementation and compliance committee, are also absent from the latest draft.....”**

Also with the views of James Love (KEI) and Gopakumar (TWN).

TWN - WHO: Revised pandemic instrument text onerous, inequitable for developing countries

N Ramakrishnan & K M Gopakumar; <https://twn.my/title2/health.info/2024/hi240306.htm>

The **view from Third World Network** on the latest draft. Very analytical as well (and recommended read).

“The Revised Draft proposes onerous and inequitable obligations on developing countries in the following areas, with a strong emphasis on State obligations to conduct surveillance: Expanding surveillance obligations beyond public health; Information sharing obligations with no effective data governance; Conversion of non-negotiated standards and guidelines into legal norms; **Over reliance on unregulated and unaccountable multi stakeholder initiatives; No legal certainty in access to health products and technologies;** Proposals for a weak access and benefit sharing system; **Lack of sustainable financial assistance....”**

Politico - Legal status of WHO pandemic deal still unclear as deadline nears

<https://www.politico.eu/article/legal-status-who-pandemic-deal-still-unclear-deadline-nears/>

And this was an analysis from last week on Friday, just before the new draft was released.

“..... with fewer than two weeks of talks remaining, negotiators are not even sure what legal status the pandemic deal will have — if one is ever reached. As negotiators wrapped up their meandering penultimate session last week — and with the final round of talks later this month — countries have not only left themselves a mountain of key content to find agreement on, but also the major task of agreeing the type of international instrument it will be.”

“There are two options. **A treaty — as provided for in Article 19 of the WHO Constitution —** is the most far-reaching type of agreement the WHO can pass and it must be ratified by member countries. WHO members [provisionally supported](#) the treaty option in the summer of 2022. The alternative is a **regulation, defined under Article 21**, which is also legally binding. However, it is more narrow in scope and allows countries to opt out.”

PS: **“Some countries have already declared their preference. The African Group and some of its member countries, including Ethiopia, have expressly said they would prefer a treaty — but without going into the details of why. Others have been less explicit. The United States negotiators seemed to be leaning toward a regulation.** “You can read between the lines that they have a preference for regulation,” said a diplomat from an EU country, taking part in the negotiations and granted anonymity to speak candidly.....”

“...What is clear is that it has been bottom of the agenda — until talks go down to the wire. “This issue has been talked about mostly in the corridor. A lot of countries prefer to wait and see what is on the table before deciding which article they prefer,” a negotiator from a developing country, granted anonymity to speak freely, told POLITICO. **Countries have adopted the cautious, wait-and-see approach mostly because no one is sure if they will get what they want on the most contentious parts of the talks such as pathogen access and benefiting sharing,** the negotiator explained. “You don’t want to overcommit yourself to a treaty that doesn’t lead to much,” he said.”

PS: **“Whichever legal status is used, there will still be concerns over the content of the agreement.** “It’s not just about having binding rules. If they are binding but empty, they will not make a change,” Oxfam’s Piotr Kolczyński told POLITICO.”

- **Tweet G2H2** (after the release of the revised draft) :

“The draft @WHO #pandemicagreement now shared by the #INB Bureau is framed as agreement under Article 19 of the WHO Constitution. The notion of "protocols" that can be added makes it a kind of framework convention. To be confirmed in the final negotiations.”

- See also **Opinion Juris** - [Getting in Formation: WHO Constitutional Heads of Power and the Pandemic Agreement](#) (by A Phelan & N Schwalbe) With all the detail on implications & differences of an **Article 19 treaty** and one adopted **under Article 21**. And there’s also **Article 23...**

HPW - Who Will Finance Countries’ Pandemic Response: Pandemic Fund, WHO or a New Entity?

<https://healthpolicy-watch.news/who-will-finance-countries-pandemic-response/>

With great coverage of a **G2H2 press conference** on Tuesday.

“Many practical questions about how the pandemic agreement will be implemented – including how to finance countries’ pandemic prevention, preparedness and response (PPPR) – seem likely to be ceded to the Conference of Parties (COP). According to the latest pandemic agreement draft, a “Coordinating Financial Mechanism” will support the implementation of the pandemic agreement and the International Health Regulations (IHR) (see Article 20). “There’s a key debate with Article 20 within the negotiations about whether the coordinating mechanism should be hosted by the Pandemic Fund, the World Health Organization (WHO), or whether a new entity should be created,” Professor Garrett Wallace Brown, chair of Global Health Policy at the University of Leeds, told a Geneva Global Health Hub (G2H2) media briefing on Tuesday.....”

Also with the views from **Mariska Meurs** (Wemos) & **Nicoletta Dentico**.

- Related: **G2H2 press release** – [Pandemic Treaty Negotiations: Perpetuating COVID-19 Failure?](#)

“The Society for International Development (SID) and Wemos, members of the independent civil society platform Geneva Global Health Hub, convened a press conference today to renew attention on key aspects of financing and governance related to the ongoing World Health Organization (WHO) negotiation on a pandemic treaty.”

Among others, stressing that the **Financialization of health is a catalyst for worsening health inequalities**. Experts **outlined substantial concerns** already anticipated and raised in previous reports, **emphasizing financial justice as an essential ingredient to face new potential pandemic crises**.

HPW - Pharma Describes Draft Pandemic Agreement as a 'Step Backwards'

<https://healthpolicy-watch.news/pharma-describes-draft-pandemic-agreement-as-a-step-backwards/>

“The [new draft of the pandemic agreement](#) “is a step backwards rather than forwards”, according to Thomas Cueni, Director General of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA). “

““It is critical that any agreement takes steps to ensure equity in access to medicines and vaccines in future pandemics, whilst preserving the innovation ecosystem that delivered a vaccine just 326 days after the SARS-CoV2 genome sequence was first sequenced,” said Cueni. **Stringent requirements for accessing pathogen data would severely impact responses to future pandemics and basic research and development (R&D).** “Conditions, uncertainties, and negotiations surrounding pathogen access will cause delays in the developing medical countermeasures, leading to significant public health consequences, including loss of lives and unnecessary economic pressures. In the COVID-19 pandemic context, even a one-month delay could have meant an extra 400,000 lives lost.””

Delivering equitable access in pandemics: Biopharmaceutical industry commitments

IFPMA et al; <https://www.ifpma.org/news/delivering-equitable-access-in-pandemics-biopharmaceutical-industry-commitments/>

Statement from the pharma industry (from 11 March).

“Building on the commitment contained in the Berlin Declaration, we support that the pandemic agreement creates a broad multistakeholder Partnership for Equitable Access to which companies can voluntarily associate through their adoption of a range of Equitable Access Commitments, which would be legally binding and enforceable through contracts.....”

Listing some **commitments, both in pre-pandemic times, and post-pandemic.**

Lancet GH (Comment) - The health and care workforce in the Pandemic Agreement: championing equity and protecting collective capacity for future pandemics

V Sriram et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00123-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00123-2/fulltext)

“....Article 7 of the negotiating text references the need to strengthen and support the health and care workforce. Indeed, most articles in the agreement are impossible to execute without major investments in the health and care workforce. Despite this, negotiators have yet to fully leverage the potential for advancing equity through Article 7....”

“... The Pandemic Agreement presents an opportunity to unravel these knots by addressing long-standing inequities experienced by the health and care workforce. **We outline three ways to strengthen and expand Article 7, with the underlying principle that an effective pandemic strategy requires a strengthened and respected health and care workforce.....**”

Pandemic Fund (incl stance re pandemic agreement)

Devex - Not another pandemic fund, says Pandemic Fund

<https://www.devex.com/news/not-another-pandemic-fund-says-pandemic-fund-107208>

“The Pandemic Fund board advocates for it to be the primary source of pandemic prevention, preparedness, and response funding, arguing that it has the flexibility to meet evolving needs of countries.”

“The Pandemic Fund wants to be the “main fund” for strengthening pandemic prevention, preparedness, and response and **called against duplication and fragmentation as countries push for creating another fund in pandemic treaty negotiations. The Pandemic Fund board wants to position the mechanism as “the main fund for strengthening PPPR.”** In a recently [released statement](#), it argued that it has the flexibility to meet evolving needs, and is “well positioned to serve as a key vehicle to support countries in fulfilling their obligations under a forthcoming Pandemic Agreement and relevant frameworks.”...

“... Its role is unclear in current pandemic treaty negotiations, and the latest draft text does not mention it. Instead, several countries are pushing for another fund to be created to strengthen PPPR capacities under the pandemic agreement negotiations. ... The fund will be under a new **Coordinating Financial Mechanism** set up to support the implementation of the pandemic agreement and the International Health Regulations.”

PS: “... The current fund was created as a dedicated financing mechanism to make sure global governments were prepared and could respond to any new pandemic. **It has raised \$2 billion**, a decent pot of money, but not enough to fill the **\$10.5 billion financing gap needed annually**. ... And **it has received its fair share of criticism**: While donor and recipient countries have the same number of seats on the fund’s board, there are **concerns that donors have outsized influence** in decision-making. There have also been calls for better representation and meaningful engagement with the board.”

PS: “But **African countries are pushing for a new fund** not just to cover obligations that would come out of the pandemic agreement, but also to have a mechanism with more member state oversight. They have concerns that the governance of the Pandemic Fund isn’t inclusive enough, and other groups have argued the need for better representation and [meaningful engagement with the board](#). ... The [Africa Centres for Disease Control and Prevention](#) also [questioned the fund’s inclusivity](#), after not being included as an implementing entity despite being well positioned to do so as a public health agency of the [African Union](#). **Africa CDC recently submitted an application to be an implementing entity. But the process is still ongoing.**”

On the **implementing entities**: “Priya Basu (head of the Fund’s Secretariat) said they **now have at least a dozen applicants vying to be implementing entities, who are now being reviewed by an independent accreditation panel**. That panel is expected to make its first set of recommendations to the Pandemic Fund board when it meets in early April. But applicants still need to go through a second evaluation process, and the result of that may come out before the end of April.”

IHR amendments (WGIHR) process

The 7th meeting of the WGIHR took place in hybrid mode on 8 March 2024. Below some coverage & analysis.

GHF - "Equity" in the International Health Regulations, Makes it to the Negotiating Table (Resumed Session WGIHR7)

P Patnaik & T Jager ; [Geneva Health Files](#) ;

“... update from a meeting of the Working Group set up to amend the IHR - that for the first time discussed equity-related proposals in any substantive manner.....”

“....After more than a year when some developing countries led by the Africa Group and Bangladesh, submitted substantial proposals aimed at formulating binding obligations that seek to address the equitable access to medical products during health emergencies, these proposals finally made it to the negotiations this past week in Geneva. At a resumed session of a meeting of the Working Group set up to amend the IHRs, WHO member states met on March 8, to consider text circulated by the Bureau on a set of provisions including Article 13, Article 13A (new provision), Article 44, Article 44A (new provision) and proposals for Annex 1.....”

“These set of provisions address **public health response, financing, and collaboration**. They have been some of the most contentious provisions in the context of the amendments to the IHRs touching upon matters of intellectual property, local production, access and benefits sharing among others. These provisions have also been perceived by some countries and stakeholders as “expanding” the scope of these technical regulations. Any substantive discussions on these provisions were relegated to these final weeks of the negotiations, often with the argument by mostly developed countries, including this time, that the matter of equity was also being discussed at the INB in the context of a new Pandemic Agreement. But pending consensus towards, and subsequent adoption and ratification of, a new agreement, **developing countries have been keen on having equity provisions in existing regulations.**”

“In this story we look at the text submitted by the Bureau of the WGIHR, and countries’ response to these proposals for amendments. Most countries were broadly supportive of the text presented by the Bureau on these amendment proposals pertaining to the provisions of 13, 13A, 44 and 44A, and Annex 1.....”

TWN - WHO: Developed countries push to dilute WGIHR Bureau’s half-hearted equity text

N Ramakrishnan and K M Gopakumar; <https://www.twn.my/title2/health.info/2024/hi240305.htm>

“– Developed countries are pushing to dilute proposed equity-related text to amend the International Health Regulations (IHR) 2005. “

“The proposed new provisions, Article 13A and Article 44A, were tabled by the Bureau of the Working Group on Amendments to the International Health Regulations 2005 (WGIHR) at the resumed session of the **7th meeting of the WGIHR. This took place in hybrid mode on 8 March 2024....** Article 13A deals with equitable access to health products, technologies, and know-how. Article 44A deals with the financing of IHR implementation.....”

“... The newly circulated Bureau’s text, however, ended up as a half-hearted proposal with several missing equity elements. It also contains loopholes which undermine the delivery of equity during health emergencies. **Nevertheless, developed countries still tried to dilute the Bureau’s text proposal further, as well as push the negotiations to the Intergovernmental Negotiating Body (INB) tasked to develop a new pandemic instrument.** They continued to disregard the WGIHR’s mandate arising from the WHO Executive Board Decision 150(3) to tackle equity gaps in IHR 2005. The United States, the European Union, Norway, and other developed countries attempted to dilute the entire text and find excuses to shift the provisions to the INB during the one-day resumed 7th WGIHR. **Developing countries have stated clearly that these are 2 separate processes addressing different subject matters; INB focusses on pandemic prevention, preparedness and response, while IHR 2005 deals with all types of public health emergencies, pandemic or non-pandemic in nature.”**

“Additionally, with the pandemic instrument being developed by the INB, there are other concerns like the ambiguity over the entry into force and the States which will eventually become parties to the instrument. Countries like Switzerland and the United States have still not ratified the Framework Convention on Tobacco Control, the only other legal instrument under Article 21 of the Constitution of WHO. Therefore, **it is important to ensure equity through both instruments. ...”**

Mpox

FIND - As deadly mpox virus outbreak emerges, a lack of diagnostic testing capacity is putting children at risk

<https://www.finddx.org/publications-and-statements/press-release/as-deadly-mpox-virus-outbreak-emerges-a-lack-of-diagnostic-testing-capacity-is-putting-children-at-risk/>

“New mpox virus transmission routes are emerging with children now a high-risk group. Inadequate testing capacity is stymying efforts to contain the outbreak.”

“The outbreak of mpox virus (MPXV) clade I (akin to a variant) in the Democratic Republic of Congo’s (DRC) South Kivu province shows no sign of abating. An [observational study](#) (currently under review) has now revealed that MPXV clade I can spread through both heterosexual contact and close community level contact, with children now constituting by far the biggest group of MPXV cases and death. Lack of comprehensive testing capacity is impacting outbreak understanding, response and containment.....”

- Coverage via HPW - [Deadly Mpox Transmission in DR Congo Happening Under Radar; Children Main Victims](#)

Nature (Medicine) - Mpox continues to spread in Africa and threatens global health security

Kyeng Mercy et al; <https://www.nature.com/articles/s41591-024-02862-6>

“... The mpox situation in Africa is worsening; attaining optimal global health security will entail a collaborative and collective effort....”

AMR

Lancet Infectious Diseases - Accelerating antibiotic access and stewardship: a new model to safeguard public health

Jennifer Cohn, et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00070-7/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00070-7/abstract)

“This Personal View discusses the challenges faced, especially by low-income and middle-income countries (LMICs), in responding to the growing burden of bacterial antimicrobial resistance. Many patients in LMICs lack access to effective and affordable treatments needed to successfully treat patients. Meanwhile, traditional antimicrobial stewardship models face implementation challenges due to financial, health system, and human resource constraints. These constraints call for a paradigm shift from traditional high-income country-style antimicrobial stewardship, which is often resource intensive and aimed at cost containment, to a broader concept of sustainable access. We suggest a model of context-adapted stewardship that continues to emphasise providing the right antibiotic, at the right time, for the right duration, and at an affordable price. Taking lessons from other disease areas, including tuberculosis, we identify interventions such as task shifting to various health-care workers and the implementation of a hub-and-spoke model to support appropriate use of antibiotics, to enable optimal access and maximisation of scarce resources.”

CGD (blog) – In the Fight against AMR, We Can Learn from Efforts to Protect the Ozone Layer

A McDonnell; <https://www.cgdev.org/blog/fight-against-amr-we-can-learn-efforts-protect-ozone-layer>

“When world leaders gather in September for this year’s UN General Assembly, antimicrobial resistance (AMR) will be on the agenda. ... History is clear that global agreement doesn’t happen overnight (or even over weeks or months), so establishing a framework for future action is essential. We can learn from one of the most successful agreements in recent history, the Montreal Protocol on Substances that Deplete the Ozone Layer—the first universally ratified UN treaty. The process behind the Montreal Protocol’s success offers important lessons on how to set the stage for universal change....”

“This includes: “ ... **First and most importantly, world leaders should agree to set up an independent panel.** This should play a similar role to the Ozone Secretariat, the small team that helped steward progress against ODCs. **This AMR secretariat should carry out three activities...**”

“**Second, countries should agree now to start collecting information on the amount and type of antimicrobials consumed in their jurisdiction. They should also look to better track the burden of AMR, and any burden from lack of access to antimicrobials.** The simplest way to track resistance and antibiotic consumption would be for every country to agree to share data with GLASS....”

More on Global Health Governance

O'Neill Institute- How Inclusive Is Global Health Governance? Understanding the “Intent” To Include

T Mofokeng et al ; <https://oneill.law.georgetown.edu/how-inclusive-is-global-health-governance-understanding-the-intent-to-include/>

« Dr. Matshidiso Moeti, WHO regional director for the African region argued that “[to] support, speak on behalf of and protect people, you must know them, be in touch with them, and be able to understand their experiences.” **This fundamental shift requires influential actors to understand and accept that prevailing problems will not be solved without the proactive and respectful involvement of those living on the peripheries of power and most vulnerable to the threats we face today.** In addition to involving marginalized communities in creating and designing programmatic interventions, public health must scrutinize how the response to social determinants of health remains entrenched in religious morality and criminal legislation. Bisi Alimi called this “**intentional inclusion**” — a shift requiring those at the top of the health governance hierarchy to travel the distance from condescension to humility....”

« **As the member states of the World Health Organization move to negotiate a new modality for pandemic preparedness, we call for the adoption of explicit and intentional inclusivity.** This approach thoroughly scrutinizes those missing or underrepresented in spaces where policies are made, decisions about technology transfers and resource allocation are taken, and global health problems are defined and prioritized. These spaces remain arenas of racial, class, and regional privilege. Ultimately, **intentional inclusion** would reconfigure the benchmarks of success and failure based on who gets a seat at such decision-making tables and who gets left behind during the next public health crisis or emergency..... »

Devex - Africa CDC announces spate of appointments in wake of deputy departure

<https://www.devex.com/news/africa-cdc-announces-spate-of-appointments-in-wake-of-deputy-departure-107204>

“**Longtime staffer Dr. Raji Tajudeen will take over Dr. Ahmed Ogwell Ouma's role as acting deputy director general until a formal appointment is made.**”

“Tajudeen, who served as head of public health institutes and research at Africa CDC, has been with the pan-African public health agency since 2019. Before that, he served as head of the pediatric unit at the directorate of medical and health services at the African Union Commission since 2010. He’s Nigerian.....”

CGD (blog) - A Bigger Role for Gavi in Scaling Innovations for Immunization and Health Systems

O Levine et al ; <https://www.cgdev.org/blog/bigger-role-gavi-scaling-innovations-immunization-and-health-systems>

“.... This blog dives deeper into one of the recommendations in [our recent CGD paper](#) and offers three ways Gavi can invest more strategically in systems innovation to address important needs at the country level.....”

Global Health Financing

Devex checkup - Why the US commitment to the Global Fund has cratered

<https://www.devex.com/news/devex-checkup-why-the-us-commitment-to-the-global-fund-has-cratered-107231>

“The recent decrease in U.S. contributions to the Global Fund gives an idea of "how bad global health funding is right now.... Funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria took a significant hit in U.S. President [Joe Biden’s 2025 budget request](#), falling from \$2 billion in 2024 to \$1.2 billion. But the cut has little to do with all the dysfunction around government spending in Washington over the past few years. Instead, **it’s the result of the Global Fund falling short in its own fundraising efforts. The U.S. had pledged to donate \$6 billion over the fund’s three-year cycle from 2023-2025. At the same time, a law prevents the U.S. from contributing more than a third of the total funding from all Global Fund donors. But the fund fell short of raising the \$18 billion it would need to claim the full U.S. pledge, hitting only \$15.7 billion for the 2023-2025 replenishment round. **At the same time, the Biden administration didn’t make any effort to reallocate the excess funds to similar areas, and money for USAID global health programs also fell by about \$175 million. That adds up to a lot less than the global health sector was hoping for from the president’s budget.** Other global health institutions, such as UNICEF and Gavi, the Vaccine Alliance, have received a slightly higher allocation, but most are earmarked to receive amounts similar to what they got in 2023. The administration did set aside **\$134.5 million for WHO**, a 23.9% increase from 2023 levels....”**

“The global health community will now be pressing the U.S. Congress, which ultimately controls government spending, to make up for what they see as the administration’s shortfall. Chris Collins, president and CEO of the Friends of the Global Fight Against AIDS, Tuberculosis and Malaria, tells my colleague Jenny Lei Ravelo that **he believes additional matching funds are available from past replenishment cycles to increase U.S. appropriation to the Global Fund, and that the friends will ask Congress — which at times allocated more to the fund than was requested — **to appropriate \$1.65 billion in 2025. If money doesn’t come through, the fund could lose a potential \$1.2 billion, leaving it with only \$14.5 billion for its seventh replenishment period, just****

slightly higher than the \$14.02 billion it received from its sixth replenishment in 2019. But given inflation, that translates to 10% less purchasing power for the fund, says Pete Baker, deputy director of the global health policy program at the Center for Global Development. “[This] gives you an idea of how bad global health funding is right now that even the Global Fund, which is kind of one of the stars, I guess, is really struggling to get government commitments at the level they used to,” he says. This poses serious questions for the fund’s upcoming replenishment in 2025. If donors are not putting forward the money now, “it’s hard to imagine why in the next couple of years they would reverse these decisions,” Baker adds.”

GFO - Navigating the 2024-2025 Replenishment Era: Strategies for the Global Fund’s 8th Replenishment

Katja Roll and Christoph Benn, from the Joep Lange Institute, Center for Global Health Diplomacy.
https://aidspan.org/navigating-the-2024-2025-replenishment-era-strategies-for-the-global-funds-8th-replenishment/?utm_medium=email&utm_source=es

“....The most packed schedule of cyclical replenishments in global health multilateral institutions has the potential to also clash with competing interests fuelled by a packed election calendar. But health imperatives are not a winner gets all scenario. The article provides a perspective on what needs to be done so as to reach out to all interests without compromising on the mission of tackling global health threats. It focuses on the 8th Grant Cycle of the Global Fund and offers suggestions on the way forward.”

PS: “....**Avoiding a harmful competition:** It is essential to avoid a race-like competition among organizations, where decisions are made on a first-come, first-served basis. Such a scenario could detrimentally impact the perception of the global health architecture and diminish the overall value of investing in global health. Fortunately, lessons from the challenges posed by Covid-19 and Access to Covid-19 Tools Accelerator (ACT-A), coupled with the urgent need to address the far-reaching impacts of climate change on healthcare delivery and access, have sparked a collaborative agenda among leading global health actors like never before.....”

#(ahum)

Do check out their **Strategic Recommendations for the Global Fund’s 8th Replenishment**.

War & conflicts

BMJ GH (Comment) Public health emergencies in war and armed conflicts in Africa: What is expected from the global health community?

Jean Kaseya et al; <https://gh.bmj.com/content/9/3/e015371>

“**Wars and armed conflicts have direct and indirect effects on public health** including increased susceptibility to outbreaks, sexual and gender-based violence, and maternal and child health problems among others. **Despite the overwhelming impacts of war and armed conflicts, the global public health community is disproportionately prepared to mitigate the public health threats due to**

wars and armed conflicts. The health workforce particularly in Africa is not well prepared and capacitated to respond to public health emergencies due to wars and armed conflicts. **This commentary calls on the global health community to proactively take part in preventing conflicts, and respond to public health emergencies during wars and armed conflicts.**”

Lancet Comment - The CHH–Lancet Commission on Health, Conflict, and Forced Displacement: reimagining the humanitarian system

P Spiegel, R Horton et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00426-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00426-4/fulltext)

“The Johns Hopkins Center for Humanitarian Health (CHH)–*Lancet* Commission on Health, Conflict, and Forced Displacement is a new initiative dedicated to confronting and reshaping the humanitarian system, with a focus on health. “ Check out its aims.

Gaza

People’s Dispatch - Women in Gaza remain among the most impacted by war

<https://peoplesdispatch.org/2024/03/09/women-in-gaza-remain-among-the-most-impacted-by-war/?ref=peoples-health-dispatch.ghost.io>

“Women and girls in the Gaza Strip are facing a disproportionate effect of Israeli attacks amid lack of sanitary materials, food, and women’s health services.”

IJHPM (Editorial) - The Rhetoric of Decolonizing Global Health Fails to Address the Reality of Settler Colonialism. Gaza as a Case in Point

E Engebretsen et al;
https://www.ijhpm.com/article_4577.html?utm_source=dlvr.it&utm_medium=twitter

“This editorial critiques the existing literature on decolonizing global health, using the current assault on health in Gaza as a case in point. It argues that the failure to address the ongoing violence and blatant targeting of health facilities, personnel and innocent civilians demonstrates most clearly the limitations of an approach that is strong on rhetoric and weak on mounting a forthright challenge to the entire system supporting and perpetuating settler colonialism. **We propose a more radical rethinking of the position of global health institutions within the current neoliberal system and of the systems of knowledge production that continue to underpin the existing colonial approach to the health of victims of settler colonialism.**”

68th Commission on the Status of Women (CSW)

The [68th session of the Commission on the Status of Women](#) is taking place from 11 to 22 March at the UN Headquarters, in New York, under the **priority theme**, “Accelerating the achievement of

gender equality and the empowerment of all women and girls by addressing poverty and strengthening institutions and financing with a gender perspective.”

UN News - UN chief calls for global action to defend women’s rights amid disturbing trends

<https://news.un.org/en/story/2024/03/1147462>

“The UN Secretary-General on Monday highlighted the urgent need to defend women's rights which are under threat, citing a reversal in hard-won progress, increasing violence against women and a growing digital gender divide.”

“Addressing the opening of the Commission on the Status of Women (CSW), the pivotal forum dedicated to promoting and safeguarding the rights of women and girls worldwide, Secretary-General António Guterres stressed the disproportionate impact of wars on women. “In conflict zones around the globe, women and girls are suffering most from wars waged by men,” he said, urging immediate ceasefires and humanitarian aid....”

Devex - New USAID-Gates fund aims to close gender digital divide

<https://www.devex.com/news/new-usaid-gates-fund-aims-to-close-gender-digital-divide-107247>

“Some 1.5 billion women in low- and middle-income countries lack access to the internet, and even when they do have access, they use it far less frequently than men.”

On **“the Women in the Digital Economy Fund, or WiDEF**, a new five-year, \$60.5 million investment founded by the [U.S. Agency for International Development](#) and the [Bill & Melinda Gates Foundation](#) that’s intended to tackle this stubborn digital divide. The fund was first announced by U.S. Vice President Kamala Harris in Ghana in March 2023, and it **launched with a first call for applications this week at the United Nations Commission on the Status of Women in New York.....”**

“... CARE is one of the consortium partners that will manage the fund, along with the Global Digital Inclusion Partnership, or GDIP, and the GSMA Foundation....”

SRHR

Among others, with some more snippets from **International Women’s Day** from last week.

Catalytic New Partnership will accelerate country support to advance sustainable financing for sexual and reproductive health and rights

<https://www.globalfinancingfacility.org/news/announcement/catalytic-new-partnership-will-accelerate-country-support-advance-sustainable>

Press release on IWD last week. “The **Global Financing Facility and the United Nations Population Fund** deepen efforts to accelerate progress toward sustainable financing for sexual and reproductive health commodities.....”

UN News - International Women’s Day: UN chief launches plan to tackle ‘baked-in bias’

<https://news.un.org/en/story/2024/03/1147407>

“The **UN chief on Friday launched a plan to boost empowerment of women and girls around the world**, unveiling details at a meeting commemorating International Women’s Day on the theme of investing in women and girls.”

“Equality is overdue; to achieve it, **we must match rhetoric with resources**,” said UN Secretary-General António Guterres. “We must invest in women and girls, turbocharge progress and build a better world for us all.” **His new UN System-Wide Gender Equality Acceleration Plan “commits to placing women and girls at the centre of our work across the board”**”

Guardian - Dramatic rise in women and girls being cut, new FGM data reveals

<https://www.theguardian.com/global-development/2024/mar/08/dramatic-rise-in-women-and-girls-being-cut-new-fgm-data-reveals>

“**The number of girls and women who have undergone female genital mutilation (FGM) has increased by 15% in the past eight years according to new data.**”

“Figures released by the **UN children’s agency, Unicef**, show that more than 230 million girls and women alive today have undergone FGM, compared with 200 million in 2016. **The trend is towards girls being cut at a younger age**, said Unicef executive director Catherine Russell. ... Work to eliminate the practice by the UN’s target date of 2030 would need to be happening **27 times faster than it is now**, Unicef said. FGM is not becoming more common globally, but more girls are being born in FGM-practising countries in comparison with the rest of the world.....”

Access to vaccines, medicines & other health technologies

GHF - TRIPS Extension Decision for COVID-19 Tests & Treatments Junked at WTO Ministerial

https://genevahealthfiles.substack.com/p/wto-waiver-ministerial-ip-geneva-covid-who-ifpma?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email

From end of last week – as you already know by now.

PS: the analysis included this news, though: “**Some developing countries present “Draft Declaration On TRIPS For Development”**. At the ministerial, **some developing countries presented this political**

statement: Draft Ministerial Declaration On TRIPS For Development (circulated at the request of the delegations of Bangladesh, Columbia, Egypt and India.) Do check GHF to see what it entailed.

Among others: “....3. We also call upon the TRIPS Council to examine how the TRIPS Agreement could facilitate transfer and dissemination of technologies to developing countries including LDCs. 4. We further instruct the Council to examine the TRIPS Agreement, the Doha Declaration on the TRIPS Agreement and Public Health of 2001 and the Ministerial Decision on the TRIPS Agreement of 2022, to review and build on the lessons learned during COVID-19, with the aim to address the concerns of developing countries including LDCs in the context of health emergencies including pandemic.... 5. In undertaking this work, the TRIPS Council shall be guided by the objectives and principles set out in Articles 7 and 8 of the TRIPS Agreement and shall take fully into account the development dimension and shall provide a report on the progress made, including any recommendations, to the Ministers at the 14th Ministerial Conference.”...

- Related: KEI – [WTO charts a course for addressing the role of IP in the preparedness for future pandemics](#)

“Although the endgame of the 18 month WTO negotiations on the extension of the Ministerial Decision on the TRIPS Agreement to COVID-19 diagnostics and therapeutics resulted with a damp squib, **progress was made in relation to the TRIPS Council’s work program on the role of IP in addressing future pandemics**. In the report of the TRIPS Council to the WTO General Council on Paragraphs 23-24 of the WTO Ministerial Declaration on the WTO Response to the COVID-19 Pandemic and Preparedness for Future Pandemics ([IP/C/99, 13 February 2024](#)), the report stated: ... **The Council for TRIPS will continue its work as directed by the Declaration, to review and build on all the lessons learned and the challenges experienced during the COVID-19 pandemic, to build effective solutions in case of future pandemics, in an expeditious manner.** ... Perhaps of greater significance is that **the TRIPS Council report (IP/C/99) flagged the following concerns raised by many countries: “many Members expressed interest in deepening the discussion on this matter, including on voluntary licensing, technology transfer, the operation of the Medicines Patent Pool (MPP), geographical limitations of voluntary licences, and the operation of Article 31(f) of the TRIPS Agreement.”** In terms of the WTO’s future engagement on the role played by intellectual property in addressing future pandemics, **the TRIPS Council’s examination of the geographical limitations of voluntary licences and the operation of the MPP will be key.** However, the TRIPS Council should also explore non-Article 31(f) solutions including (but not limited to): Article 30, Article 31(k), Article 44, and Article 73.....”

Vaccine Alliance outlines path to improve HPV vaccine market

<https://www.gavi.org/news/media-room/vaccine-alliance-outlines-path-improve-hpv-vaccine-market>

“A **new Gavi market shaping roadmap for HPV vaccines** showcases how partners, manufacturers and countries must work together **to secure a sustainable supply over the next decade**. The action plan outlines how this can be achieved by improving the predictability of demand, a competitive supplier base, and closely monitoring and responding to countries’ needs.”

“.... More adolescent girls across the world will be able to access the human papillomavirus (HPV) vaccine, thanks to proactive efforts from the Vaccine Alliance and manufacturers, which have led to increasing supply. **According to projections outlined in a [new insight paper](#) published by Gavi, the**

Vaccine Alliance, overall HPV vaccine supply is expected to increase, and demand could be met in 2025. However, careful planning will be needed in 2024. Developed in consultation with a range of key Alliance partners, the Gavi [market shaping roadmap](#) for HPV vaccines also showcases how partners, manufacturers and countries must work together to secure a sustainable pipeline of supply over the next decade.”

““Lower-income countries have missed out on HPV vaccines for far too long. **To ensure we reach our goal of protecting 86 million girls by 2025,** it’s vital that our current supply of doses is managed carefully, and we have donor and manufacturer support to go further and protect more girls.” said Aurélia Nguyen, Chief Programme Officer at Gavi. **“With an increase in the number of suppliers and the WHO SAGE one-dose recommendation,** Gavi is urgently acting on these opportunities, collaborating with partners and countries to scale up access, while equally driving efforts to ensure there is a sustainable supply of HPV vaccines – now, and in the future.””

Reuters - Serum Institute of India looks beyond COVID with new vaccines for malaria, dengue

[Reuters](#);

“The CEO of the world's biggest vaccine maker, Serum Institute of India, said the company has bolstered its manufacturing ahead of launches over the next few years of shots against diseases like malaria and dengue by repurposing facilities used to make COVID-19 immunizations.”

“With COVID manufacturing scaled back as demand ebbs, **the company is using those facilities to instead manufacture its newer shots, which it estimates will boost total production by two and a half billion doses,** CEO Adar Poonawalla said in an interview.The company currently sells about 1.5 billion total vaccine doses every year, and estimates a total production capacity of as much as 4 billion doses.....”

“.... **The company is in talks with other countries and governments to utilize those facilities in the event of future outbreaks,** he said, but did not provide further details on the discussions.....”

“Poonawalla said Serum has capacity to manufacture 100 million doses of its malaria vaccine, and could scale up further depending on demand. It has already produced 25 million doses ahead of a launch in the coming months. **Poonawalla said Serum would focus on exporting its vaccines, such as the malaria shot, to other countries, rather than sign technology transfer deals.....”**

“Serum is also testing a single-dose vaccine for dengue, another mosquito-borne, painful and sometimes fatal disease, which it developed building on research done by the U.S. National Institutes of Health. That vaccine is in early- to mid-stage trials in India and the company expects to complete late-stage trials in the next three years, the CEO said....”

Politico Pro – Under-the-radar patent treaty has pharma worried

<https://pro.politico.eu/news/176920>

Cfr tweets from earlier this week via [thread on X](#) by [Balasubramaniam](#) re a WIPO meeting in Namibia.

"PHARMA UPSET OVER NEW, UNDER-THE-RADAR PATENT TREATY: The Geneva institutions have kept health NGOs and industry lobbyists busy lately, with the intellectual property talks at the the World Health Organization and World Trade Organization." Now, **down the road at the World Intellectual Property Organization (WIPO), there's another legal agreement brewing that has pharma patent owners worried.**"

"WIPO members will meet in Namibia from today until Thursday to discuss a deal that could require pharma companies to disclose their use of "genetic resources" — biological material ranging from microorganisms to plant varieties — in the development of new products."

MSF response to signing of EFTA-India trade agreement

<https://msf-access-campaign.prezly.com/msf-response-to-signing-of-efta-india-trade-agreement>

"On 10 March 2024, it was announced that India and the European Free Trade Association (EFTA) signed a free trade agreement (FTA). they have been negotiating since 2006. Full text of agreement along with Annex and the Record of Understanding has been published by EFTA. Based on MSF's analysis (see attached), while some provisions that undermined generic competition from India were removed from the final text, going forward, certain clauses contained in Annex 8.A of the agreement and the 'Record of Understanding on IP' could dilute the use of some of the most important health-related flexibilities enshrined in the World Trade Organization TRIPS Agreement that are also included in the Indian patent law. "

"Though **data exclusivity** was not immediately adopted in the final text, according to the Record of Understanding on Intellectual Property, India and EFTA countries (Iceland, Liechtenstein, Norway and Switzerland) will discuss issues relating to this provision one year after this deal goes into effect."

HPW - WHO Issues New Guidance for Reducing Avoidable Harm from Medicines

<https://healthpolicy-watch.news/who-issues-new-guidance-for-reducing-avoidable-harm-from-medicines/>

"As many as one in 20 patients experience avoidable side effects from medication that they use, with this figure rising to 7% in developing countries. The causes range from taking the medication at the wrong time, which could result in minor side effects, to taking an inappropriate drug, which might result in unpredicted harm as serious as yet another disease or even death. "

"Such errors are not that scarce, concludes Dr Maria Panagioti, senior lecturer in primary care and Health Services Research at the University of Manchester and one of the authors of a **new World Health Organization (WHO) [systematic review "Global burden of preventable medication-related harm"](#)**. The global cost associated with administering unsafe care is estimated at \$ 40 billion each year, [WHO says](#)...."

HPW - WHO Assurance on Drug Resistance to Key HIV Drug, Dolutegravir; New Trial with TB Treatment

<https://healthpolicy-watch.news/drug-resistance-to-hiv-drug-dolutegravir/>

“The World Health Organization (WHO) **recently reported drug resistance to the world’s gold-standard antiretroviral medicine, dolutegravir “exceeding levels observed in clinical trials” – with resistance ranging from 3.9% to 19.6%. **This was potentially very bad news** as dolutegravir has been the recommended first- and second-line HIV treatment for all population groups since 2018 – **but the WHO told *Health Policy Watch* this week that the drug resistance was related to patients not adhering to treatment properly rather than growing resistance to the medicine.....”****

“The reports on resistance come from country surveys in Uganda, Ukraine, Malawi and Mozambique, WHO told Health Policy Watch.....”

Lancet Comment – Measuring haemoglobin concentration to define anaemia: WHO guidelines

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00502-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00502-6/fulltext)

“..... In March, 2024, WHO released the guideline on haemoglobin cutoffs to define anaemia in individuals and populations, developed following the rigorous procedures outlined in the WHO handbook for guideline development, which aims to apply a consistent, evidence-informed approach to support health providers and policy makers to implement anaemia detection..... The WHO guideline and supporting evidence provide an opportunity for global harmonisation of haemoglobin thresholds to define anaemia across countries, clinical guidelines, and diagnostic laboratories. If adapted, patients can receive consistent diagnoses across different laboratories, clinical environments, and regions, allowing them to receive appropriate clinical care.”

Planetary Health

Newsweek - Africa Is Plunging Into a Climate Nightmare While the World Watches | Opinion

<https://www.newsweek.com/africa-plunging-climate-nightmare-while-world-watches-opinion-1877478>

by M El-Bendary. With a helicopter view on the continent (including this “winter”).

WHO launches a Repository of systematic reviews on interventions in environment, climate change and health

<https://www.who.int/news/item/29-02-2024-who-launches-a-repository-of-systematic-reviews-on-interventions-in-environment--climate-change-and-health>

(29 Feb) “Today the **World Health Organization launched a comprehensive [Repository of systematic reviews on interventions in environment, climate change and health](#)**. The Repository aims to assess the current state of evidence and to provide a list of systematic reviews on interventions in all major areas of environment, climate change and health (ECH).”

Mainstream Climate Science: The New Denialism?

J Porritt; <https://www.jonathonporritt.com/mainstream-climate-science-the-new-denialism/>

Went viral this week on X. Let's hope he's wrong. But I'm afraid he's not far from the truth.

Among others: “...**The science-based institutions on which we depend to address this crisis have comprehensively failed us. The Intergovernmental Panel on Climate Change** is incapable of telling the whole truth about accelerating climate change; **the Conference of the Parties (under the UN Framework Convention on Climate Change)** has been co-opted by the fossil fuel lobby to the point of total corruption. ... By not calling out these incontrovertible realities, mainstream scientists are at risk of becoming the new climate deniers....”

Nature (Comment) - Why the world cannot afford the rich

R Wilkinson & K Pickett; <https://www.nature.com/articles/d41586-024-00723-3>

“Equality is essential for sustainability. The science is clear — people in more-equal societies are more trusting and more likely to protect the environment than are those in unequal, consumer-driven ones.”

“As environmental, social and humanitarian crises escalate, the world can no longer afford two things: first, the costs of economic inequality; and second, the rich....”

... Many commentators have drawn attention to the environmental need to limit economic growth and instead prioritize sustainability and well-being. **Here we argue that tackling inequality is the foremost task of that transformation. Greater equality will reduce unhealthy and excess consumption, and will increase the solidarity and cohesion that are needed to make societies more adaptable in the face of climate and other emergencies.** The scientific evidence is stark that **reducing inequality is a fundamental precondition for addressing the environmental, health and social crises the world is facing.** It's essential that policymakers act quickly to reverse decades of rising inequality and curb the highest incomes.”

- Related: Guardian - [Tackling inequality vital for next century of growth, IMF head says](#)

“Kristalina Georgieva invokes John Maynard Keynes as she says fostering fairer economy would raise living standards ninefold.”

GBD on Neurological conditions

Lancet Neurology - [Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021](#)

***The Lancet Neurology:* Neurological conditions now leading cause of ill health and disability globally, affecting 3.4 billion people worldwide**

Via the press release :

“Most comprehensive study to date finds the burden of nervous system (neurological) conditions is much greater than previously understood, with this diverse group of conditions affecting 43% of the world’s population (3.4 billion individuals) in 2021.”

“Neurological conditions were responsible for 443 million years of healthy life lost due to illness, disability, and premature death (disability-adjusted life years) in 2021, making them **the top contributor to the global disease burden, ahead of cardiovascular diseases.**”

“The biggest contributors to neurological health loss globally were stroke, neonatal encephalopathy (brain injury), migraine, Alzheimer’s disease and other dementias, and diabetic neuropathy (nerve damage). **Collectively, neurodevelopmental and paediatric conditions were estimated to account for almost a fifth of the total neurological burden worldwide,** equivalent to 80 million years of healthy life lost in 2021.”

“Regions with the highest nervous system burden in 2021 were central and western sub-Saharan Africa, while high-income Asia Pacific and Australasia had the lowest burden.”

“The authors warn that the enormous public health impact of these often preventable causes of health loss underscores the **urgency for neurological health to be made a global public health priority.** “

PS: Over 80% of neurological deaths and health loss occur in low- and middle-income countries (LMICs)

“Diabetic neuropathy was the fastest growing neurological condition.....”

“The study also examined 20 modifiable risk factors for potentially preventable neurological conditions such as stroke, dementia and idiopathic intellectual disability.....”

- See also WHO - [Over 1 in 3 people affected by neurological conditions, the leading cause of illness and disability worldwide](#)
- Related: Lancet GH Comment - [Global brain health—the time to act is now](#)

Some more key reports & publications from this week

WHO - Global child deaths reach historic low in 2022 – UN report

<https://www.who.int/news/item/13-03-2024-global-child-deaths-reach-historic-low-in-2022---un-report>

“Global child deaths reach historic low in 2022 – UN report; Despite progress, an estimated 4.9 million children died before their fifth birthday somewhere in the world, or 1 death every 6

seconds.” “The number of children who died before their fifth birthday has reached a historic low, dropping to 4.9 million in 2022, according to the latest estimates released today by the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME).”

“.... The report reveals that more children are surviving today than ever before, with **the global under-5 mortality rate declining by 51 per cent since 2000. Several low- and lower-middle-income countries have outpaced this decline**, showing that progress is possible when resources are sufficiently allocated to primary health care, including child health and well-being. For example, the findings show that Cambodia, Malawi, Mongolia, and Rwanda have reduced under-5 mortality by over 75 per cent since 2000. **But the findings also show that despite this progress, there is still a long road ahead to end all preventable child and youth deaths.** In addition to the 4.9 million lives lost before the age of 5 – nearly half of which were newborns – the lives of another 2.1 million children and youth aged 5-24 were also cut short. **Most of these deaths were concentrated in sub-Saharan Africa and Southern Asia.”**

- Related **Lancet Comment** – [Hard truths about under-5 mortality: call for urgent global action](#) (by J P Azevedo et al)

For an **overview of the trend of the past decades** : “Since 2000, the global rate of mortality in children younger than 5 years (hereafter referred to as under-5 mortality) has decreased by over 50%, down from 76 deaths per 1000 livebirths in 2000 to 37 per 1000 livebirths in 2022, based on new estimates by the UN Inter-agency Group for Child Mortality Estimation (UN IGME; a consortium of UNICEF, WHO, UN Department of Economic and Social Affairs, and the World Bank Group). The annual number of children dying before the age of 5 years is lower than ever recorded, decreasing to 4.9 million (90% uncertainty interval 4.6–5.4 million) in 2022 from 9.9 million (9.8–10.1 million) in 2000. These encouraging shifts have been observed across economic settings, including in low-income and middle-income countries (LMICs). **But the global community must not forget that millions of preventable child deaths still occur every year.** From 2000 to 2022, 162 million children younger than 5 years died, along with 59 million children, adolescents, and young people aged 5–24 years. Many of these children would be alive today if interventions known to save young lives had been available to them. This enormous death toll signals the pressing need to secure political commitment, mobilise resources, and deliver solutions in places where under-5 mortality remains stubbornly high.”

“... To end preventable child deaths, a focus on equity is crucial, as demonstrated by the troubling national-level and regional-level disparities in the latest UN IGME findings....”

“... Without accelerated progress, 59 countries will not meet the SDGs' under-5 mortality target (SDG target 3.2), 64 will not achieve the neonatal mortality target, and 35 million children younger than the age of 5 years will die by 2030. However, **if all countries reached the targets on time, 9 million lives would be saved....”**

WHO report reveals gender inequalities at the root of global crisis in health and care work

<https://www.who.int/news/item/13-03-2024-who-report-reveals-gender-inequalities-at-the-root-of-global-crisis-in-health-and-care-work>

A new report published by the World Health Organization (WHO), “Fair share for health and care: gender and the undervaluation of health and care work” illustrates how gender inequalities in health and care work negatively impact women, health systems and health outcomes.”

“The report outlines underinvestment in health systems results in a vicious cycle of unpaid health and care work, lowering women’s participation in paid labour markets, harming women’s economic empowerment and hampering gender equality.....”

“Women comprise 67% of the paid global health and care workforce. In addition to this paid work, it has been estimated that women perform an estimated 76% of all unpaid care activities. Work that is done primarily by women tends to be paid less and have poor working conditions.”

“The report highlights that low pay and demanding working conditions are commonly found in the health and care sector. Devaluing caregiving, which is work performed primarily by women, negatively impacts wages, working conditions, productivity and the economic footprint of the sector. The report illustrates that decades of chronic underinvestment in health and care work is contributing to a growing global crisis of care. With stagnation in progress towards universal health coverage (UHC), resulting in 4.5 billion people lacking full coverage of essential health services, women may take on even more unpaid care work. The deleterious impact of weak health systems combined with increasing unpaid health and care work are further straining the health of caregivers and the quality of services.”

“The ‘Fair share’ report highlights how gender-equitable investments in health and care work would reset the value of health and care and drive fairer and more inclusive economies,” said Jim Campbell, WHO Director for Health Workforce. “We are calling upon leaders, policy-makers and employers to action investment: it is time for a fair share for health and care.” The report presents policy levers to better value health and care work....”

- Coverage via HPW - [New WHO Report Finds Women Perform 76% of Unpaid Healthcare Activities](#)

UNAIDS - Reductions in new HIV infections in several Global HIV Prevention Coalition countries, but global progress needs to be accelerated

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/march/20240313_global-hiv-prevention-coalition

“A new report, HIV Prevention: From Crisis to Opportunity shows that HIV infections continue to decline in countries that are part of the Global HIV Prevention Coalition (GPC) faster than in the rest of the world.”

“Eleven GPC focus countries have reduced their annual number of new HIV infections by at least 66% since 2010. By comparison, the average reduction in new HIV infections since 2010 globally is 38%. The GPC is a coalition of 38 countries working together to accelerate declines in new HIV infections to achieve the target of having 95% of the people who are at risk of HIV accessing effective combination prevention options.....”

Guardian - Growth of gulf between rich and poor countries ‘recipe for much darker future’, says UN

[Guardian](#);

“Human development report finds the pandemic, conflict, globalisation and populism have combined to disproportionately affect lower-income countries.”

“The gulf between rich and poor countries continues to grow, according to the UN, furthering the reversal of a 20-year trend where the gap steadily shrank until 2020. The [latest human development report](#) found that although each of the 38 OECD (Organisation for Economic Co-operation and Development) countries has recovered from the Covid pandemic, only half of the least-developed countries have done so....”

“... The report points to rising populism, “mismanaged globalisation”, and militarisation as the key challenges facing today’s global development....”

See also UN News – [‘Record high’ in UN development index masks stark disparities](#)

“Despite record high global human development scores in 2023, disparities between the haves and the have-nots are widening, a new UN report revealed on Wednesday.”

“The 2023 Human Development Index (HDI) stands at a new high following steep decline during 2020 and 2021 due to the COVID-19 pandemic, according to the UN Development Programme (UNDP). Rich countries experienced unprecedented development, the Human Development Report details, yet half of the world’s poorest nations continue to languish below their pre-COVID crisis levels.”

PS: “The UNDP Human Development Report (HDR) also identified an emerging “democracy paradox”, with most of those surveyed expressed support for democracy but also endorsing leaders who may undermine democratic principles.”

WHO Bulletin - Analysing governments' progress on the right to health

A Yamin et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.290184.pdf?sfvrsn=b5fc5390_3

Authors examined the influence of varying articulations of the right to health under domestic constitutions, legislation and jurisprudence on the scope of legal protection for health.

Findings: **“We identified 140 WHO Member States with a constitutionalized right to health. Our analysis suggests there are notable variations in the legal scope of protection for health, including breadth of entitlements and the possibility of enforcing these rights through the legal system. We also highlight the critical importance of constitutional acknowledgement, legislative measures, and judicial interpretations in shaping the legal entitlements to health-care services, affecting their accessibility and financial support.”**

Miscellaneous

Devex - New hepatitis B guidelines could boost response in sub-Saharan Africa

A Green; <https://www.devex.com/news/new-hepatitis-b-guidelines-could-boost-response-in-sub-saharan-africa-107197>

“The new guidelines are specifically designed to increase access to testing and eligibility for treatment for patients in sub-Saharan Africa, which accounts for 70% of all new HBV infections.”

“The [World Health Organization](#) previewed new guidelines designed to simplify regulations around testing and treating patients for hepatitis B, or HBV, that an agency official said should expand eligibility for treatment to half of the people infected with HBV, up from the current 8% to 15%. **The new guidelines are specifically designed to increase access to testing and eligibility for treatment for patients in sub-Saharan Africa, which accounts for 70% of all new HBV infections,** according to WHO. [The existing 2015 guidelines](#) include complex eligibility requirements for treatment that often make it difficult for patients in the region to access care until it is too late, according to **Olufunmilayo Lesi, who runs the hepatitis team at WHO. She unveiled details about the new guidelines at last week’s [Conference on Retroviruses and Opportunistic Infections](#), though the full standards will only be released at the end of this month.....”**

Read what the new guidelines entail.

BMJ News - Surge in anti-gay laws in Africa imperil progress on HIV/AIDS, experts say

<https://www.bmj.com/content/384/bmj.q599>

“The International AIDS Society (IAS) and UNAIDS have spoken out against legislation passed by Ghana’s parliament last week that would impose prison sentences of up to three years on anyone who identifies as gay, and up to five years on anyone convicted of “promoting homosexuality.” Calling the bill “the latest in an upsurge of anti-gay political acts in Africa,” **IAS president Sharon Lewin said that Ghana’s law and another anti-gay law being debated in Kenya would “set back the substantial gains made towards ending the HIV pandemic.”;...”**

Public Health Foundation of India surpasses Harvard, bags second place in global rankings for schools of public health

<https://indianexpress.com/article/cities/pune/phfi-india-surpass-harvard-second-place-global-ranking-public-health-9209669/?s=09>

“The leading five institutions in the list include the London School of Hygiene and Tropical Medicine, the Public Health Foundation of India (PHFI), Harvard T.H. Chan School of Public Health, the Swiss School of Public Health (SSPH+) and the Johns Hopkins Bloomberg School of Public Health.”

The rankings are part of a report titled [A New Model for Ranking Schools of Public Health: The Public Health Academic Ranking’](#) published in the **International Journal of Public Health.**

Global health events

Virtual meeting of G20 Ministers of Health – 13 March 2024

Check out Tedros' Opening remarks:

<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-virtual-meeting-of-g20-ministers-of-health-13-march-2024/>

With **focus on global health security**, obviously (INB & IHR amendments).

Tedros: “In response to #COVID19, the @g20org has played a vital role in shaping the global **health security architecture**, including establishing the Pandemic Fund under the Presidencies of Italy and Indonesia, and the Joint Finance-Health Task Force. **The leadership of #G20 countries in the next nine weeks, with the deadline approaching for the #PandemicAccord and amendments to the International Health Regulations, is vital....**”

WHO Multistakeholder Briefing on the WHO/World Bank 2nd Global Dialogue on Sustainable Financing for NCDs and Mental Health

(15 March) [WHO](#);

Takes place today.

“In preparation of the WHO/World Bank Second Global Dialogue on Sustainable Financing for NCDs and Mental Health in Washington DC, 18-20 June 2024, the World Health Organization is hosting a Multistakeholder Briefing.....”

- And via LinkedIn:

[Lancet Commission on Sustainable Healthcare](#) meets in person for the first time in [#Singapore](#)

“Our goal: to offer a vision and roadmap for building low-carbon, resilient, and sustainable health systems for all people worldwide.”

Report expected in 2025.

Global health governance & Governance of Health

Global Public Health -Epidemics of signification and global health policy: From the end of AIDS to the end of scale-up of the global AIDS response

Richard Parker; <https://www.tandfonline.com/doi/full/10.1080/17441692.2024.2327523>

“Over the past four and a half decades, the history of the HIV and AIDS pandemic has gone through a number of different phases, which can be thought of as distinct waves in terms of the social and political response that the pandemic has generated. Over the course of this history, there have been important battles over the meanings and interpretations that the response to the pandemic has produced. But especially over the past decade, there seems to be a growing disconnect between claims of success made by many global health agencies and policymakers and the empirical reality that these claims cover up. This commentary argues that the ‘scale-up’ of the response to the pandemic has essentially come to an end and emphasises the importance of a more honest policy debate about the current state of the global HIV response. It argues that this requires us to think critically about the ways in which this response has developed historically, to recognise the significant advances achieved in recent decades, but also to acknowledge the important crossroads that it has reached in the mid-2020s, in order to better define the directions that it should take in the future.”

PS: “...At least some of these contextual challenges have been clearly recognised by leading agencies involved in the global response to HIV and AIDS. The Global Fund, UNAIDS and UNITAID, for example, have all discussed issues related to both COVID-19 and climate change, as they impact their work. The issues of military conflicts and related geopolitical events are presumably more controversial, and therefore less likely to be discussed openly, even though they clearly have major impacts on availability of donor funding. **But the greatest dilemma is that no matter how clearly they may recognise and address the challenges posed by these crises and by the current political conjuncture, the most important international agencies charged with coordinating the global response to HIV and AIDS have at some level painted themselves into a corner by the policies and communications strategies that they themselves have created over the course of the past decade. They are caught in a web of signification that they themselves have spun – and codified in the 2016 Political Declaration on the End of AIDS. While they now seem to recognise that this ‘end’ will take longer than promised, they don’t know how to walk back the aspirational goal that was transformed into a promise. They are thus caught in the paradoxical predicament of having to delineate the reasons why the goal is unlikely to be met, while at the same time trying to outline steps that should still be taken to reach it – a situation which easily produces a range of contradictory messages. ... A number of concrete examples of this can be found in recent publications issued by UNAIDS....”**

Shaping Global Health Law through United Nations Governance: The UN High-Level Meeting on Pandemic Prevention, Preparedness and Response

B M Meier et al ;

[Cambridge University press;](#)

“ The United Nations (UN) General Assembly High-Level Meeting (HLM) on pandemic prevention, preparedness and response (PPPR) was a missed opportunity to bring high-level commitment and momentum to the global governance of health emergencies. Intended to bring much-needed attention to a policy issue that is rapidly slipping down the international agenda, the fraught diplomacy among member states, lack of consensus on key issues, and weak UN Political Declaration in New York foreshadow a difficult road ahead for upcoming negotiations under the World Health Organization (WHO) in Geneva. This column chronicles the evolving engagement of the UN in global health governance, examines the diplomatic process leading to the UN HLM on PPPR, and assesses the contributions and missed opportunities of its resulting Political Declaration.”

The Role of WHO Guidelines in Shaping Global Health Policies

L Thomas; [News medical life sciences](#); .

3-pager.

Devex - China: beyond the stereotypes

<https://www.devex.com/news/devex-invested-the-story-behind-adb-s-9-8b-climate-finance-bonanza-107212>

“Seeking to move beyond the debt-trap diplomacy caricature by which it is often known in the West, my colleague **Michael Igoe** recently hosted a call for Devex Pro members on the nuances of China’s foreign spending...”

“Some of the takeaways:

- **There is now greater monitoring and evaluation in Chinese development projects**, with Chinese delegations traveling to European and United States donor agencies to learn about monitoring and evaluation approaches.
- There are **fewer big-ticket infrastructure projects**, replaced by more emphasis on exporting the standards and systems that operate alongside physical infrastructure.
- **Chinese spending is more demand-driven than that of its Western rivals, for better and for worse**. For example, Chinese aid spending is more likely to end up in the birth regions of African political leaders — an outcome that does not hold for traditional donors such as the World Bank.”

Global Public Health - Navigating resistance in global health governance: Certification of smallpox eradication in China

<https://www.tandfonline.com/doi/full/10.1080/17441692.2024.2326011?src=>

By Lu Chen.

IDOS (Policy brief) - Tomorrow’s Global Development Landscape: Mapping Trends and Reform Dynamics

Heiner Janus et al;

https://www.idos-research.de/uploads/media/PB_4.2024.pdf

This 12-pager links various reform processes - old and new - as the 2025 UN conference on FFD approaches. “.... This paper analyses structural factors of the institutional inertia in international cooperation and formulates expectations for where new reform impetuses might arise from. To this

end, it **maps and links key reform proposals for the global development system, with a specific focus on public financial flows consisting of three connected parts....**"

"This policy brief analysed key reform dynamics in international cooperation. **We highlighted that there are currently two directions for reform: one that is path-dependent and incremental, and another that is path-creating and more transformative....**"

Economist – Gulf countries are becoming major players in Africa

<https://www.economist.com/middle-east-and-africa/2024/03/13/gulf-countries-are-becoming-major-players-in-africa>

"African leaders hope the Gulf is the "new China". Not quite."

"... **The United Arab Emirates (uae), Saudi Arabia and Qatar are increasingly influential in Africa.** The continent is a destination for their capital, an arena for their rivalries and a test of their global ambitions. Dubai has become the crucial financial hub for African elites. **As African leaders seek alternatives to dwindling Chinese loans and Western aid, the Gulf's rise is reshaping geopolitics on the continent, with effects good and bad...**"

"... **The Gulf states' appeal to Africa is three-fold.** First, they have money to spend when others are pulling back. In the 2020s annual new Chinese lending to Africa is on average 10% of what it was during the 2010s (\$1.4bn per year versus \$14bn). In 2022 the share of Western aid to Africa was at its lowest since at least 2000. **Second is speed:** Gulf autocracies are seen as much faster than the West or the World Bank. In January Uganda picked an Emirati firm to build a \$4bn refinery having ended a deal with an American group it said was taking too long. **Third, the Gulf is seen as something of a model for African countries seeking to diversify away from natural resources.** And "like the Chinese it does not hurt that they are courteous and roll out the red carpet, even for leaders of small countries," adds an adviser to an African president."

But **there are many possible downsides too.** Among others re 'good governance'.

- And a snippet via [Devex](#):

"Is the **reauthorization of the U.S. President's Emergency Plan for AIDS Relief, or PEPFAR,** over the finish line? Is the 2024 budget done yet? Not quite, but **U.S. lawmakers said within a couple weeks we'll know the picture for both issues,** reports Devex Senior Reporter Adva Saldinger...."

Global health financing

Thread on Bluesky by Katri Bertram (re the many replenishments this year)

"Post-pandemic, and with competing priorities, ODA for health is falling and under a lot of strain. We also have many more mechanisms competing. The pie shrinks, more mouths to feed..."

“Many great fundraisers have jumped boat to other sectors (leave a sinking ship before it sinks...). No-one wants to have a job that is set up to fail.”

“Organizations - more than a handful heading into replenishments - also know they need more eggs in the fundraising basket than previously to keep afloat (not to mention even have a realistic chance of meeting targets).”

“My guess: we’re heading into quite a few disastrous failures over the next years. Those with existing fundraising & replenishment “machines” will milk the market harder and dry, others will reap not billions but pennies.”

“What does this mean for #globalhealth ? 2 takes: 1) bad news, as we compete and cannibalize. Everyone suffers (& it’s painful). 2) we cleanse what no-one wants anyway, beyond lip service. Donors are forced to make choices, maybe even get serious about architecture reforms....”

White House Statement - The President’s Budget Confronts Global Challenges and Defends Democracy

<https://www.whitehouse.gov/briefing-room/statements-releases/2024/03/11/fact-sheet-the-presidents-budget-confronts-global-challenges-and-defends-democracy/>

re FY 2025 Budget.

cfr tweet Kalypso Chalkidou

“The **Budget provides nearly \$10 billion for Global Health Programs**...fulfills the **President’s commitment to the Seventh Replenishment of the Global Fund by providing \$1.2 billion** to match \$1 for every \$2 contributed by other donors. The **Budget also provides more than \$900 million for global health security, including \$250 million for the Pandemic Fund.** “

Devex check-up on Gates Foundation funding (over last decades)

<https://www.devex.com/news/devex-checkup-why-the-us-commitment-to-the-global-fund-has-cratered-107231>

“ Global health has always been one of the top priorities of the Bill & Melinda Gates Foundation. But **which organizations have benefited the most from the \$24.2 billion the foundation has channeled into global health grants between 1998 and 2022?** My colleague Miguel Antonio Tamonan crunched the numbers and came up with some less-than-surprising results.”

“**Topping the list was PATH.** The Seattle nonprofit, which shares its hometown with the Gates Foundation, has been a longtime Gates partner to the tune of \$1.8 billion in grants. That sets the tone for the **rest of the list, which includes eight organizations based in the United States — and two more in Switzerland.** “

Devex - USAID's largest NextGen contract unveiled: Who will get \$5 billion?

<https://www.devex.com/news/usaids-largest-nextgen-contract-unveiled-who-will-get-5-billion-107253>

“Whoever wins will have **10 years to deliver \$4.8 billion worth of HIV/AIDS commodities** across the world.” “...The newest contract centers on HIV/AIDS commodities, such as antiretroviral medications, hospital beds, and condoms.....”

UHC & PHC

IJHPM - Pakistan's Progress on Universal Health Coverage: Lessons Learned in Priority Setting and Challenges Ahead in Reinforcing Primary Healthcare

A Alwan, D Jamison et al; https://www.ijhpm.com/article_4571.html

Editorial of a supplement.

« Pakistan developed an essential package of health services at the primary health care level as a key component of health reforms aiming to achieve universal health coverage. **This supplement describes the methods and processes adopted for evidence-informed prioritization of services, policy decisions adopted, and the lessons learned in package design as well as in the transition to effective rollout.** The papers conclude that evidenceinformed deliberative processes can be effectively applied to design affordable packages of services that represent good value for money and address a major part of the disease burden. Transition to implementation requires a comprehensive assessment of health system gaps, strong engagement of the planning and financing sectors, serious involvement of key national stakeholders and the private health sector, capacity building, and institutionalization of technical and managerial skills. **Pakistan's experience highlights the need for updating the evidence and model packages of the Disease Control Priorities 3 initiative and reinforcing international collaboration to support technical guidance to countries in priority setting and UHC reforms.**”

BMJ Evidence-based medicine - Measuring progress in institutionalising evidence-informed priority-setting in the Indian healthcare system: an application using the iProSE scale

Adrian Gheorghe, J Guzman et al; <https://ebm.bmj.com/content/early/2024/03/08/bmjebm-2023-112485.full>

“.... **Evidence-informed priority-setting (EIPS)**, understood as a form of systematic priority-setting that involves the explicit consideration of evidence to determine the healthcare interventions to be provided, is not just sensible in theory; **recent empirical evidence suggests that EIPS represents good value for money**, for example, in Thailand, EIPS delivered an estimated 8:1 return on investment (ROI). **However, institutionalising EIPS in LMICs is not straightforward.....**”

“... In this piece, we use the recently developed International Decision Support Initiative (IDSI) Progression Scale for EIPS (iProSE) to outline, assess and reflect on India’s recent steps in institutionalising health technology assessment (HTA), a common approach under the EIPS umbrella. IDSI, whose secretariat is hosted at the Center for Global Development (CGD), has developed iProSE following a review of existing tools that measure HTA progress; iProSE aims to complement and build on them by being explicit about how health evidence informs spending decisions, which we argue can focus policymakers’ attention towards tangible, strategic institutional developments for EIPS....”

Pandemic preparedness & response/ Global Health Security

Devex Pro - How CEPI and its partners are using AI to prepare for 'Disease X'

<https://www.devex.com/news/how-cepi-and-its-partners-are-using-ai-to-prepare-for-disease-x-107020>

(gated) “The realm of possibilities of what pathogen could lead to the next pandemic is vast. **But artificial intelligence can help researchers sort through vast amounts of information in order to prepare.**”

“... CEPI has **a mission to develop that vaccine within 100 days, a mission that is [turning to artificial intelligence to make the task manageable](#)** by helping researchers process and analyze enormous quantities of information in a way that humans cannot achieve. “It makes it — in some ways — practical. That's what AI allows,” Yoon explains. “Going through that [humans sifting through the data] requires a lot of computing power. The real benefit of AI is that it can, in some ways, learn from its algorithm, and then keeps going forward in that way.””

“For example, while there are more than a billion potential immunogens that could be used against each pathogen, researchers can **use AI to narrow down the most promising protein designs**, Sara was told. They can also use large language models — AI programs that can recognize and generate text, already popularized through applications such as ChatGPT — **to analyze data from genomic surveillance, to show how viruses evolve, and AI could also help with designing clinical trials.** However, **this work depends on the quality of data. And, while there is a lot of data on coronaviruses, there is limited information about Nipah viruses, for example** — and a belief that “the low-hanging fruit” of data may already have been plucked.”

Geneva Graduate Institute (Governing Pandemics Initiative) - The making of a pathogen access and benefit sharing (PABS) system: a multi-stakeholder dialogue

Greenup Ava, Suerie Moon & Gian Luca Burci;

<https://repository.graduateinstitute.ch/record/302649?v=pdf>

New resource. “This publication was developed as the **outcome of the workshop "The Making of a PABS System: A Multi-Stakeholder Dialogue"** which took place on 14 February 2024 at the Geneva Graduate Institute....”

Check out also a new text comparison on the provisions on #ABS proposals.

GHF - Reforms to the International Health Regulations Must Advance Human Rights [GUEST ESSAY];

By **Lisa Forman***, Judith Bueno de Mesquita, Luciano Bottini Filho, Matiangai Sirleaf, and Benjamin Mason Meier https://genevahealthfiles.substack.com/p/wto-waiver-ministerial-ip-geneva-covid-who-ifpma?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email

“In today’s edition we bring you a timely guest essay from scholars working at the intersection of human rights and global health law. They call for a greater recognition of human rights principles across the many amendments to the International Health Regulations. The authors suggest specific proposals for provisions on medical countermeasures, core capacities, travel restrictions, vaccines certificates, social measures and accountability.”

Cfr: **Reforms to the International Health Regulations must advance human rights**

FT - The UK could be a vaccine superpower, but it needs a booster

A Ahuja; [The UK could be a vaccine superpower, but it needs a booster \(ft.com\)](#)

“We risk forgetting the lessons of the Covid pandemic.” A few chunks:

“... With the NHS and a strong life sciences sector, the UK could become a global vaccine superpower. That ambition, the Association of the British Pharmaceutical Industry says, is contingent on “[making] sure we do not forget the lessons we learned during the pandemic”. Those include **retaining close working partnerships between industry, academia, the NHS and government....”**

“...Kate Bingham, a healthcare investor and former chair of the independent Vaccine Taskforce, told the BBC this week that some of the group’s guiding principles, such as bringing industry expertise into government, had since fallen away. While it was encouraging to see the government continuing to back mRNA vaccines through a pact with Moderna, she said, it had pulled out of deals with other companies offering different vaccine platforms. She is right in her assertion that **future pandemics are best managed by holding a diverse portfolio of prototype vaccines for multiple pathogens — and that pandemic preparedness is not taken as seriously as military readiness.** Bingham, though well-connected, observed that she is no longer in government and might be missing part of the picture. **To be fair, vaccines have not fallen off the radar:** as well as the government’s 10-year partnership with Moderna, AstraZeneca pledged last week to invest £650mn across its Liverpool and Cambridge sites, focusing on vaccine research, development and manufacturing. The government has also signed an advance purchase agreement with CSL Seqirus to supply vaccines in a flu pandemic. **The UK Health Security Agency,** meanwhile, has absorbed some of the defunct task force’s remit; happily, ministers support the G7 ambition of being able to produce a vaccine within 100 days of sequencing a pathogen.”

“... The anniversary, though, offers the chance to ask if the UK is paying a sufficiently broad insurance premium. Possibly not. While Moderna and AstraZeneca specialise in mRNA and viral vector vaccines respectively, there are **other vaccine types that were once thought worth pursuing**

but since dropped. During the pandemic, the government signed, and then cancelled, a deal with France-based company Valneva to make whole-virus inactivated Covid vaccines. This approach uses a deadened form of the whole virus, rather than just a chunk. Whereas some Covid vaccines modelled solely on the spike protein required updating against the Omicron variant (such as Moderna's), **whole-virus vaccines are thought to be more durable.** The Valneva cancellation cost the taxpayer close to £360mn and led to a manufacturing plant being mothballed. Last year, the government asked Novavax, another non-mRNA vaccine maker, to pay back \$112mn shelled out for vaccines that it later did not want. **It also sold off the Vaccine Manufacturing and Innovation Centre, billed as a key piece of preparedness infrastructure, in 2022. ..."**

Milken Institute Review - The Value of Disease Surveillance

<https://www.milkenreview.org/articles/the-value-of-disease-surveillance>

by Ramanan Laxminarayan.

Plos GPH - Feasibility of wastewater-based detection of emergent pandemics through a global network of airports

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003010>

by S Jin et al.

Planetary health

Nature News - China-US climate collaboration concerns as Xie and Kerry retire

<https://www.nature.com/articles/d41586-024-00692-7>

"The friendship between the two men survived hostile moments between their countries."

"Researchers are regarding the parallel retirements of the US and Chinese climate envoys with apprehension, saying that the change could rattle the current co-operative spirit between the world's two biggest carbon emitters. John Kerry's term as US climate envoy ended on 6 March. In January, his counterpart in China, Xie Zhenhua, also officially retired as climate envoy. **The friendship between the two men was seen as integral to maintaining an open door on climate issues, even when the powerful countries did not see eye-to-eye on other matters. "...**

"But bigger concerns for researchers in the year ahead are US elections and broader geopolitical tensions, which they say could undermine progress towards achieving global climate goals."

Guardian - Fossil fuel firms must plug methane leaks to meet climate targets, warns watchdog

<https://www.theguardian.com/environment/2024/mar/13/fossil-fuel-firms-must-plug-methane-leaks-to-meet-climate-targets-warns-watchdog>

“Fossil fuel companies must pay tens of billions to reduce the emissions of methane from their operations or it will be almost impossible to meet global climate targets, the world’s energy watchdog has warned.”

“The US is now the biggest source of methane emissions from oil and gas extraction, as a result of the massive expansion of its oil and gas sector, while China is the biggest emitter of methane from coal mining. Russia also continues to be a major emitter as its fossil fuel operations are poorly run.”

“Leaks from coalmines and oil and gas wells are the biggest sources of methane, a [potent greenhouse gas](#) that has caused about 30% of the temperature increases seen to date, [according to data published on Wednesday by the International Energy Agency](#) (IEA). About 170bn cubic metres of methane was emitted from fossil fuel operations around the world last year, which is more than the entire natural gas production of Qatar.”

Harvard (Animal Law & Policy Program) – Options for a Paris-compliant livestock sector

<https://animal.law.harvard.edu/news-article/paris-compliant-livestock-report/>

“By 2036, global emissions from livestock must drop by 61% to align with the goals of the Paris Agreement. This, according to a [first of its kind report](#) from researchers at Harvard University, New York University, Leiden University, and Oregon State University, sets out a new understanding of livestock within the context of climate change goals, and new expectations for climate policy – providing the first set of GHG emissions trajectories for the global livestock sector, and in high, middle, and low-income countries....”

“...Emissions from livestock must peak before 2025 in High-Income Countries, Middle-Income Countries and globally, but not until after 2030 in Low-Income Countries...”

IHME, Microsoft, And Planet Collaborate To Map Climate-Vulnerable Populations In Unprecedented Detail

<https://www.planet.com/pulse/ihme-microsoft-and-planet-collaborate-to-map-climate-vulnerable-populations-in-unprecedented-detail/>

Re **“... a new collaboration between Planet, Microsoft’s AI for Good Lab and the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. Together, we’re using satellite imagery, AI and spatial demography to develop high-resolution, comprehensive, and up-to-date population maps, starting in low-resource/high-climate-stress countries. The resulting maps can be used to help model exposure to climate-linked migration risks, food insecurity, disease burden, and many other contemporary hazards.....”**

Guardian - No big North Sea fossil fuel country has plan to stop drilling in time for 1.5C goal

<https://www.theguardian.com/environment/2024/mar/12/no-big-north-sea-fossil-fuel-nation-plan-stop-drilling-global-heating>

“UK, Germany, Netherlands, Norway and Denmark have failed to align oil and gas policies with Paris pledges, say campaigners.”

“None of the big oil and gas producers surrounding the North Sea plan to stop drilling soon enough to meet the 1.5C (2.7F) global heating target, a [report](#) has found. The **five countries – the UK, Germany, the Netherlands, Norway and Denmark – have failed to align their oil and gas policies with their climate promises under the Paris agreement**, according to the campaign group Oil Change International. The report found that **policies in Norway and the UK were furthest from the Paris climate agreement** because the countries were “aggressively” exploring and licensing new oil and gas fields.”

Devex Pro - The clock is ticking for UN to figure out how to end plastic pollution

<https://www.devex.com/news/the-clock-is-ticking-for-un-to-figure-out-how-to-end-plastic-pollution-107195>

“We need to see a much better run meeting in Ottawa.” Negotiations to reach a globally binding plastic pollution treaty are set to continue in the Canadian capital next month.”

Plos Climate - Impacts of climate change on human health in humanitarian settings: Evidence gaps and future research needs

Lachlan McIver et al; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000243>

“This mixed-methods study focuses on the evidence of the health impacts of climate change on populations affected by humanitarian crises, presented from the perspective of Médecins Sans Frontières (MSF)—the world’s largest emergency humanitarian medical organisation. The Sixth Assessment Report from the Intergovernmental Panel on Climate Change (IPCC) was used as the basis of a narrative review, with evidence gaps highlighted and additional literature identified relevant to climate-sensitive diseases and health problems under-reported in—or absent from—the latest IPCC report. An internal survey of MSF headquarters staff was also undertaken to evaluate the perceived frequency and severity of such problems in settings where MSF works. The findings of the survey demonstrate some discrepancies between the health problems that appear most prominently in the IPCC Sixth Assessment Report and those that are most relevant to humanitarian settings.....”

Plos Climate (Opinion) - Heat waves, climate crisis and adaptation challenges in the global south metropolises

Christovam Barcellos; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000367>

“.... it is important to note that the health effects of heatwaves are not limited to thermal stress. The risks are particularly severe in underdeveloped, tropical and Global South cities, which are characterized by rapid and recent growth and inadequate coverage of protective systems such as sanitation, energy, and healthcare. The “precarious universalization” of urban services is a key challenge in adapting cities in the Global South to extreme climate events.”

“... **Two main concerns stand out for the metropolises of the Global South.** On the one hand, water, energy, and healthcare policies must better support marginalized groups, who are often dispersed, with little investment capacity, and who experience problems with income, education, and access to health services. On the other hand, it is necessary to ensure the quality and safety of sanitation systems for those already included in these systems, recognizing that their complexity and vulnerability makes them prone to failure, especially during extreme climatic events. “

Scidev.net – A few hours of spiking air pollution ‘raises death risk’

<https://www.scidev.net/global/news/a-few-hours-of-spiking-air-pollution-raises-death-risk/>

“**More than a million people die every year due to short-term exposure to high levels of air pollution, researchers say, with Asia accounting for almost two thirds of all deaths.** The researchers found that breathing in tiny particles in the air for even a few hours, and up to a few days, resulted in more than 1 million premature deaths a year. **The majority of these were in Asia and Africa, and more than a fifth (23 per cent) occurred in urban areas,** according to the [study](#) published this week (5 March) in *The Lancet Planetary Health*....”

Covid

Guardian - Covid vaccines cut risk of virus-related heart failure and blood clots, study finds

<https://www.theguardian.com/science/2024/mar/12/covid-vaccines-cut-risk-virus-related-heart-failure-blood-clots-study>

“**Covid vaccinations substantially reduce the risk of heart failure and potentially dangerous blood clots linked to the infection for up to a year,** according to a **large study.** Researchers analysed health records from more than 20 million people across the UK, Spain and Estonia and found consistent evidence that the jabs protected against serious cardiovascular complications of the disease.... [Writing in the journal Heart](#), the researchers describe how the adenovirus-based Covid vaccines produced by Oxford-AstraZeneca and Janssen, and the mRNA-based vaccines from Pfizer and Moderna, were most protective against Covid-related heart failure and blood clots in the first month after contracting the virus....”

Nature (News) - Massive experiment shows how to get people vaccinated: bring the vaccine to them

https://www.nature.com/articles/d41586-024-00730-4?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1710348790

“The **rate of vaccination against COVID-19 rose sharply in villages in Sierra Leone** where health officials held **mobile vaccination clinics.**”

“... The **results, published on 13 March in Nature,** highlight the importance of delivering vaccines, as well as other essential medical treatments and supplies, to rural, less affluent areas, says study co-author Ahmed Mushfiq Mobarak, an economist at Yale University in New Haven, Connecticut....”

Global Public Health - Scoping review on lessons learnt on the promotion and use of drugs and traditional medicine in Africa during COVID-19

<https://www.tandfonline.com/doi/full/10.1080/17441692.2024.2323028?src=>

by R S Chimukuche et al.

Infectious diseases & NTDs

Science (Perspective) - An oral antiviral for Ebola disease

<https://www.science.org/doi/10.1126/science.ado6257>

“For those exposed to filovirus, such as Sudan virus and Ebola virus, a new study offers hope.”

See also **Stat News** - [Study: Gilead antiviral drug shows promise as a treatment for Ebola Sudan.](#)

Science News - Can babies infected with HIV be cured? New study offers cautious optimism

<https://www.science.org/content/article/can-babies-infected-hiv-be-cured-new-study-offers-cautious-optimism>

“Immediate treatment gave kids a leg up on virus—several who stopped the drugs are in virus-free “remission” for prolonged periods.”

Cidrap News – Five African countries report more vaccine-derived polio cases

<https://www.cidrap.umn.edu/polio/five-african-countries-report-more-vaccine-derived-polio-cases>

“Five African countries reported more polio cases this week, all involving circulating vaccine-derived poliovirus type 2, according to the latest **update** from the Global Polio Eradication Initiative.....”

Lancet Global Health (comment) - Onchocerciasis elimination in sub-Saharan Africa requires alternative strategies

A K Njamnshi et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00089-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00089-5/fulltext)

Comment linked to a **new study in the Lancet GH** – [Elimination of transmission of onchocerciasis \(river blindness\) with long-term ivermectin mass drug administration with or without vector control in sub-Saharan Africa: a systematic review and meta-analysis.](#)

Lancet Infectious Diseases (Comment) - The hidden threat of subclinical tuberculosis

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00069-0/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00069-0/fulltext)

Comment linked to a **new study in the Lancet Infectious Diseases** – [Prevalence of subclinical pulmonary tuberculosis in adults in community settings: an individual participant data meta-analysis](#)

“...Subclinical pulmonary tuberculosis, which presents without recognisable symptoms, is frequently detected in community screening. However, the disease category is poorly clinically defined. **We explored the prevalence of subclinical pulmonary tuberculosis according to different case definitions....”**

- Coverage via Cidrap News - [More than 80% of TB patients lack persistent cough, study finds.](#)

NCDs

Nature (News) - Blockbuster obesity drug leads to better health in people with HIV

<https://www.nature.com/articles/d41586-024-00691-8>

“Semaglutide reduces weight and fat accumulation associated with the antiretroviral regimen that keeps HIV at bay.”

“People with HIV are the latest group to benefit from the new generation of anti-obesity drugs. If early data about the treatments’ effects are confirmed, the **drugs could become key to controlling the metabolic problems often caused by anti-HIV medications.** Studies presented last week at the **Conference on Retroviruses and Opportunistic Infections** in Denver, Colorado, suggest that the anti-obesity drug semaglutide not only helps people with HIV to lose weight but also reduces certain conditions associated with fat accumulation that are especially common in people infected with the virus.....”

BMJ Feature - Chile passed tough measures to combat an obesity epidemic, so why does it still have an obesity problem?

<https://www.bmj.com/content/384/bmj.q584>

“Ten years ago Chile cracked down on obesity with taxes, warning labels, and bans on unhealthy foods. Yet obesity rates have risen since. **Carlyn Kolker** asks why.”

Nature - Researchers call for a major rethink of how Alzheimer’s treatments are evaluated

<https://www.nature.com/articles/d41586-024-00756-8>

“An approach that aims to quantify how long a drug can delay or halt the progression of disease is gathering steam.”

Frontiers Public Health - Multisectoral action to address noncommunicable diseases: lessons from three country case studies

S Akselrod, Luke Allen et al; <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1303786/full>

“In this paper we aimed to unpack the definition of multisectoral action and provide an overview of the historical context, challenges, and recommendations alongside three country case studies: salt reduction in the UK, tobacco legislation in Nigeria, and regulation of edible oils in Iran.”

Mental health & psycho-social wellbeing

WHO - New manual released to support diagnosis of mental, behavioural and neurodevelopmental disorders added in ICD-11

<https://www.who.int/news/item/08-03-2024-new-manual-released-to-support-diagnosis-of-mental-behavioural-and-neurodevelopmental-disorders-added-in-icd-11>

(8 March) “**World Health Organization (WHO)** has today published a new, comprehensive **diagnostic manual for mental, behavioural, and neurodevelopmental disorders**: “The clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders (ICD-11 CDDR)”.....”

Vox - The world’s mental health is in rough shape — and not getting any better, a new report finds

<https://www.vox.com/future-perfect/2024/3/8/24093650/mental-health-report-happiness-growth-well-being-smartphones>

By 2020, “ a nonprofit called **Sapient Labs**, built a survey that reached 49,000 people across eight English-speaking countries, and published **Sapient’s first Mental State of the World (MSW) report**, which measures what they call the “**mental health quotient**,” or **mental well-being score, of respondents**. The findings weren’t great. Compared to responses from 2019, the 2020 mental well-being score (which notably captured the pandemic onset) dropped 8 percent. Forty-four percent of young adults reported clinical level risk, compared with only 6 percent of adults 65 and over.

Monday, Sapient released its fourth annual Mental State of the World report with data from more than 400,000 respondents in 13 languages across 71 countries. **The bottom line: Our modern minds do not appear to be recovering from that drop in the early pandemic years.....”**

But there are also some interesting findings on which countries are doing rather well. They aren’t the usual suspects (Scandinavian countries) from World Happiness Studies.

Nature Medicine - A research agenda for mental health in sub-Saharan Africa

<https://www.nature.com/articles/s41591-023-02779-6>

by T Sodi et al;

Mental Health and Wellbeing Risks from Rising Digital and Social Media Usage

P V Marquez; <http://pvmarquez.com/socialmediausagementalhealth>

P Marquez lists these risks.

Social & commercial determinants of health

BMJ Analysis - Minimum unit pricing for alcohol saves lives, so why is it not implemented more widely?

<https://www.bmj.com/content/384/bmj-2023-077550>

“Minimum unit pricing (MUP) saves lives, particularly among heavy drinkers, and should be widely rolled out for the benefit of all, say **Peter Anderson and colleagues.**”

“Failure to implement minimum unit pricing (MUP) for alcohol is a cause of preventable death, injury, and illness. **MUP reduces alcohol consumption among heavy drinkers and those with alcohol dependence**, disproportionately benefiting people with low incomes. **Current implementation of MUP is scarce, despite evidence that it can be a core component of comprehensive and effective alcohol policy.** Factors beyond empirical evidence influence policy decisions on the implementation of MUP.”

“**Minimum unit pricing (MUP) for alcohol sets a price below which alcohol cannot be legally sold based on alcohol content.** In Scotland, the price was set in 2018 at 50p per unit (8 g of alcohol) and will increase to 65p in September 2024. **A major justification for MUP is to target cheaper, high strength alcohol, which is disproportionately purchased by people who drink heavily.** MUP is one of a suite of alcohol pricing policies, including excise taxes, **endorsed for implementation by all member states of the World Health Organization....**

IJHPM - Building a Systems Map: Applying Systems Thinking to Unhealthy Commodity Industry Influence on Public Health Policy

https://www.ijhpm.com/article_4573.html

By A Bertscher et al.

Neonatal and child health

Lancet Comment – Closing the gap in paediatric HIV infections: how available tools and technology can accelerate progress towards ending AIDS by 2030

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00366-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00366-0/fulltext)

Comment linked to a new Lancet Study - [Optimised prevention of postnatal HIV transmission in Zambia and Burkina Faso \(PROMISE-EPI\): a phase 3, open-label, randomised controlled trial](#)

Background of the study: “Transmission through breastfeeding accounts for more than half of the unacceptably high number of new paediatric HIV infections worldwide. **We hypothesised that, in addition to maternal antiretroviral therapy (ART), extended postnatal prophylaxis with lamivudine, guided by point-of-care assays for maternal viral load, could reduce postnatal transmission.....**”

“.... the findings of Chipepo Kankasa and colleagues published in The Lancet hold promise for how simple health system innovation using existing technology can help address important public health problems.”

Access to medicines & health technology

Plos GPH (Opinion) - Community-friendly diagnostics: Who are tests for?

Fifa A. Rahman et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002915>

“While vaccine inequity during the COVID-19 pandemic received widespread attention, **less attention has been paid to testing inequities during the pandemic. The pandemic saw deployment of both PCR and rapid testing programs that were not accessible for communities in many low-income countries, especially the African region.**”

“.... This leads to questions of: **Who are tests for?** Are they predominantly for governments to ascertain how quickly a pathogen is spreading? Or are they predominantly so that communities can know their status? How can we work to ensure that both objectives are achieved but that we prioritise the right of people to know their status—and seek subsequent treatment services as they are needed? **How do we create community-friendly diagnostics services?** How can we listen to what communities have reported, such as in the assessments described above, and adapt testing and treatment services to meet people where they are? How can we transform diagnostics to truly serve the needs of the people that need them the most?....”

On the **need for Community-friendly diagnostics policies in future pandemics.** With some **suggestions** in this respect.

Guardian - 'There's not much awareness of cervical cancer': first Indian-made HPV vaccine is rolled out

<https://www.theguardian.com/global-development/2024/mar/12/first-indian-made-hpv-vaccine-is-rolled-out>

"It has taken 18 years for India to produce its own, affordable version to tackle the second biggest cause of cancer deaths among women in the country The HPV vaccine has been [shown to significantly reduce cases](#), but access to the vaccine in India has been extremely limited because the existing doses, sold by foreign pharmaceutical companies Merck and GSK, are expensive."

"Developed as a joint initiative between the Indian government and the Serum Institute of India (SII) – the world's largest vaccine manufacturer by dose – Cervavac is the first vaccine manufactured in the country to [receive approval from its drugs controller general](#). Last month, the government announced it would [include the vaccine](#) in the country's immunisation programme, meaning it will be distributed for free to girls between nine and 14. Currently it is only available in private healthcare settings at a cost of 2,000 rupees (£19) a dose. Adar Poonawalla, SII's chief executive, says the vaccine will be available by December to the government at a cost of 300-400 rupees a dose....."

"The SII, based in Pune, can currently manufacture 70m doses of the vaccine annually, but aims to at least double that by 2026. About [25 million children are born in India](#) every year. Once demand in India has been satisfied, Poonawalla wants to export the vaccine. "We'll start with African countries, the Indian subcontinent, maybe South America," he say...."

BMJ GH - Mass drug administration for neglected tropical disease control and elimination: a systematic review of ethical reasons

<https://gh.bmj.com/content/9/3/e013439>

by J Hoefle-Benard et al.

Medicines Law & Policy (blog) - Something is going terribly wrong with the EU Compulsory Licensing Regulation

Ellen 't Hoen ; <https://medicineslawandpolicy.org/2024/03/something-is-going-terribly-wrong-with-the-eu-compulsory-licensing-regulation/>

"This week the European Parliament will vote on [amendments](#) to the Commission's proposed regulation of the European Parliament and the Council on compulsory licensing for crisis management and amending Regulation (EC) 816/2006. The idea is that in times of crises, there should be efficient means to access needed countermeasures, including via compulsory licensing.

Alarming, some of the proposed amendments may make the regulation unworkable. In particular, the requirement proposed by the European Parliament's Committee on Legal Affairs (JURI) that the Commission *"identify in its decision the patent, patent application, supplementary protection certificate and utility model related to the crisis-relevant products, and the rights-holders of those intellectual property rights before granting the compulsory licence."* Further, the amendments stipulate that *"Where the rights-holder or not all the rights-holders could be identified*

*in a reasonable period of time, the Commission should **not** grant the Union compulsory licence.*” This sounds perhaps reasonable to an ill-informed reader but in reality, **for many technologies, it would be difficult if not impossible to identify all rights holders in a timely manner. ...**”

“... The amendments risk paralysing the regulation’s effectiveness. Therefore, it is crucial that members of the European Parliament and the Council reject such amendments. ”

- Related: Euronews- [EU Policy. Parliament approach to IP rights amid health crises raises critics](#)

“An explicit prohibition on export of products produced under the EU’s new compulsory licensing scheme was also criticised. This is a “serious failure of this document” and will have detrimental effects during emergencies such as pandemics or wars, in particular with EU candidate countries such as Ukraine, Moldova, and Georgia, according to Gurgula. “Before Ukraine will join the EU, the EU will not be able to support Ukraine with life-saving medicines because all the supply will be directed toward the internal market,” she said. **“It is disappointing and incomprehensible that the parliament maintains an export prohibition that serves neither the EU nor the rest of the world,”** said Dimitry Eynikel from Médecins Sans Frontières (MSF).”

Reuters - Novo Nordisk tackles harm from Ozempic fakes with global authorities

[Reuters:](#)

“Novo Nordisk's ([NOVOB.CO](#)) CEO on Friday said the company was working with authorities in several countries to tackle counterfeit versions of its popular diabetes drug Ozempic, as new reports emerge of patient harm across the world.”

"This is something we take very seriously," Lars Fruergaard Jorgensen, CEO of the Danish drugmaker, told Reuters. **Counterfeit Ozempic has been found in as many as 16 countries to date, according to the Partnership for Safe Medicines,** an anti-counterfeiting group. Reports obtained in the last week by Reuters via Freedom of Information Act (FOIA) requests show patients were harmed after taking fake Ozempic in Belgium, Iraq, Serbia and Switzerland last year.....”

Reuters - Novo Nordisk CEO says innovation in obesity may justify higher price in some segments

[Reuters:](#)

“Novo Nordisk's ([NOVOB.CO](#)) CEO expects more people to take obesity drugs as prices fall over time, he told Reuters on Friday, adding that new generations of the medicine will justify higher prices in some segments.”

““I expect that over time we'll see a lower price point that will cater for more and more patients getting on treatment," CEO Lars Fruergaard Jorgensen said in an interview. **You will see new generations of innovations that will cater for even more differentiation, perhaps serve certain comorbidities better, and that can justify a higher price in some segments,**" Jorgensen said.....”

Plos GPH _ Potential implications of the climate crisis on diagnostics

Bernard Owusu Agyare et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002935>

« **Many countries, especially low- and middle-income countries (LMICs), have not planned for how the climate crisis will increase the need for diagnostics**, even as environmental changes are accelerating expansion of human and animal disease. Enhanced human diagnostics will be important for public health, veterinary, public health, and environmental sectors. **This Opinion uses a One Health approach to highlight the potential implications of the climate crisis on diagnostics and priorities for adaptation.** The climate crisis has several potential implications on diagnostics not only for infectious diseases, but also non-communicable diseases (NCDs) and entire health systems....”

Global Policy - Epistemic competition in global governance: The case of pharmaceutical patents

<https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.13342>

by C Couette.

Human resources for health

Guardian - Rape and sexual harassment reported by foreign care workers across UK

<https://www.theguardian.com/global-development/2024/mar/12/health-care-worker-visas-abuses-exploitation-rape-sponsors-right-work-uk>

“Multiple cases of abuse and exploitation have been documented, but many staff feel ‘powerless to complain’ for fear of losing the right to work in the country.”

“... more than 170 examples of abuse and exploitation have been reported by foreign care workers across the UK [in an investigation by the Bureau of Investigative Journalism \(BIJ\)](#) and Citizens Advice.”

“... A [health and care worker visa](#) is only granted once the applicant has a job offer from an approved UK employer, also known as a sponsor. This places employers in an “incredible position of power”, said Dora-Olivia Vicol, the chief executive of the Work Rights Centre, because the worker remains tied to their sponsor for the length of their visa.....”

People’s Dispatch - Trade union report illustrates mental health impacts of working in public healthcare

<https://peoplesdispatch.org/2024/03/09/trade-union-report-illustrates-mental-health-impacts-of-working-in-public-healthcare/?ref=peoples-health-dispatch.ghost.io>

“The Public Services International (PSI) recently launched a new report examining the mental health of health workers in Liberia, Brazil, Sweden, Australia, and Canada.”

“...While significant differences persist between health systems in the Global South and the Global North, many problems are shared, including long working hours, high work demands, and low wages, as well as precarity.....”

People’s Dispatch - Kenyan health workers protest repression, government failure to meet demands

<https://peoplesdispatch.org/2024/03/05/kenyan-health-workers-protest-repression-government-failure-to-meet-demands/?ref=peoples-health-dispatch.ghost.io>

“Kenyan health workers’ union, KMPDU, is preparing for new round of actions in response to police brutality against trade union officials during a demonstration.”

- Link: Plos GPH - [Beyond the Ivory Tower: Perception of academic global surgery by surgeons in low- and middle-income countries](#)

Decolonize Global Health

BMC Global and public health - Achieving equitable leadership in Global Health partnerships: barriers experienced and strategies to improve grant funding for early- and mid-career researchers

Chido Dziva Chikwari et al; [BMC Global and public health](#);

“In February 2022, the London School of Hygiene and Tropical Medicine hosted a workshop aimed at bringing together funders and early- and mid-career researchers (EMCRs) to identify funder initiatives that have worked to improve equitable leadership, to better understand barriers faced by researchers, and collectively brainstorm approaches to overcome these barriers....”

BMJ GH - Exploring equity in global health collaborations: a qualitative study of donor and recipient power dynamics in Liberia

<https://gh.bmj.com/content/9/3/e014399>

by B E Cakouros et al.

Miscellaneous

Devex - CGD's Masood Ahmed reflects on long arc of development

<https://www.devex.com/news/cgd-s-masood-ahmed-reflects-on-long-arc-of-development-107211>

“The Center for Global Development's outgoing president says development has slipped from its golden moment in the sun and needs to adapt.”

“He said it also requires understanding **that development is in a very different place today** than when communism fell; a unipolar world emerged, and “the next big global project” was to eradicate poverty. **Ahmed ascribed some of the shifts to the [COVID-19](#) pandemic, when vaccine hoarding and nationalism engendered an “erosion of trust” between the global south and global north “in ways that really are quite corrosive.”** He pointed out that countries in the global south also see “double standards” in the financial tap that the West opened up for Ukraine, while many other humanitarian crises remain sorely underfunded. Another factor, he said, is that **the geopolitics of aid has become much harder.** “There's great power rivalry between the U.S. and China ... so in all of this, the development offer has to adapt and change....”

PS: “.... **Ahmed sees the challenges of climate and poverty as interwoven.**”

PS: “... **it’s important to recognize that development from the outside has its limitations,** he said, and that the **biggest influence on a society’s development comes from within.** “I think the one lesson that took me a while to learn but I'm pretty convinced of now is that the primary trajectory for whether societies make progress in ways that we think of as improved material conditions, improved living conditions, human development for people, the primary determinants of that trajectory come from within that society,” he said.”

CGD (blog) - A Real Data Revolution: Unpacking the Necessity, Promises, and Challenges of Intersectionality Data for Development

S Badiie et al; <https://www.cgdev.org/blog/real-data-revolution-unpacking-necessity-promises-and-challenges-intersectionality-data>

“...intersectionality must be captured in data and embedded in evidence-based policies. But this is far from easy because, at present, the data is still limited. **The Center for Global Development, Data2X and Open Data Watch have partnered** to help improve the availability and use of this data....”

PS: “**CGD, Data2X, and ODW are exploring the establishment of an Intersectionality in Development Data Learning Collaborative** to understand the basic technical and financial requirements for intersectionality data, learn lessons and best practices from past and current efforts, and stimulate collaboration and partnerships. We most welcome feedback, ideas, and expressions of interest....”

BMJ News - Biden vows to protect reproductive rights and lower drug prices in state of the union speech

<https://www.bmj.com/content/384/bmj.q614>

“President Joe Biden vowed to safeguard reproductive rights and restore Roe v Wade as “the law of the land” in his final state of the union speech before the US election.”

- See also a **Lancet World Report** – [Biden prioritises health care in State of the Union speech](#)

“Plans to protect reproductive rights, further reduce drug prices, and improve women's health research have been welcomed by some experts. Susan Jaffe reports from Washington, DC.”

Devex - Exclusive: USAID accused of meddling in Zimbabwe's democratic process

<https://www.devex.com/news/exclusive-usaid-accused-of-meddling-in-zimbabwe-s-democratic-process-107216>

“The remarks came after Zimbabwe forcibly deported USAID staff from the country — a move USAID Administrator Samantha Power called unacceptable, inappropriate, and aggressive.”

Lancet Editorial – Fitness to lead: the health of US presidents

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00528-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00528-2/fulltext)

“If the US public is truly invested in the health of its leaders, and not just grasping for fresh mud tossing, it **must standardise ways to interrogate health that prioritise transparency and engagement....**” Eisenhower was a role model in this respect.

Papers & reports

Lancet Global Health – April issue

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

- Editorial – [No health without brain health.](#)

“What is brain health? In its 2022 [position paper](#), WHO acknowledged that it is an “evolving concept” but volunteered a definition of its own: **“the state of brain functioning across cognitive, sensory, social-emotional, behavioural and motor domains, allowing a person to realize their full potential over the life course, irrespective of the presence or absence of disorders”**. In terms of what might constitute such a brain disorder, WHO's focus on how a combination of genetics, environment, and circumstances affect brain structure led it to a **definition that only encompasses CNS disorders**. These would include common neurological conditions such as stroke, dementia, and epilepsy; injuries; tumours; infection-associated neurological conditions; neurodevelopmental disorders; and congenital conditions. **WHO's definition therefore excludes peripheral nervous system disorders and, somewhat perplexingly, mental health conditions**, although WHO recognises that brain health is an important determinant of mental health.”

“In an [Editorial](#) marking the release of WHO's position paper, the editors of *The Lancet Neurology* recognised the challenge of operationalising a definition that is simultaneously broad and yet exclusive of a major group of conditions. We might go further and say that it is a missed opportunity to bring the neurology and psychiatry communities together to address some of the most under-resourced areas of health, particularly in low-income and middle-income countries (LMICs). Scaling up integrative approaches, by leveraging strategic entry points and building multistakeholder partnerships, is one of **six strategic drivers of global brain health initiatives laid out by the authors of a [Health Policy paper](#) also in this issue**. The other drivers are the promotion of brain health literacy among communities, intersectoral governance, identifying

national priorities, lived-experience-informed policy making, and advocating to embed brain health into broader policy agendas....”

- Lancet GH (Health Policy) - [National plans and awareness campaigns as priorities for achieving global brain health](#)

“Neurological conditions are the leading cause of death and disability combined. This public health crisis has become a global priority with the introduction of WHO's *Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders 2022–2031* (IGAP). **18 months after this plan was adopted, global neurology stakeholders, including representatives of the OneNeurology Partnership (a consortium uniting global neurology organisations), take stock and advocate for urgent acceleration of IGAP implementation.** Drawing on lessons from relevant global health contexts, **this Health Policy identifies two priority IGAP targets to expedite national delivery of the entire 10-year plan:** namely, to update national policies and plans, and to create awareness campaigns and advocacy programmes for neurological conditions and brain health. **To ensure rapid attainment of the identified priority targets, six strategic drivers are proposed: universal community awareness, integrated neurology approaches, intersectoral governance, regionally coordinated IGAP domestication, lived experience-informed policy making, and neurological mainstreaming (advocating to embed brain health into broader policy agendas).** ... Timely, synergistic pursuit of the six drivers might aid WHO member states in cultivating public awareness and policy structures required for successful intersectoral roll-out of IGAP by 2031, paving the way **towards brain health for all.**”

Among the other papers in this Lancet GH April issue that didn't appear online yet, check out also:

- Lancet GH - [Excess vaccine-preventable disease mortality due to COVID-19](#)

Comment linked to a new Lancet GH study – [Estimating the health effects of COVID-19-related immunisation disruptions in 112 countries during 2020–30: a modelling study.](#)

- [Typhoid conjugate vaccines: a step towards typhoid control](#)
- [High burden of typhoid disease in sub-Saharan Africa calls for urgent roll-out of typhoid conjugate vaccines](#)
- Lancet GH (Comment) - [Strengthening health policy modelling in Africa](#)

(by S M Thumbi et al) “... **From March, 2020, to April, 2021, the COVID-19 pandemic highlighted this limited use of policy modelling in Africa.** Four countries (South Africa, Nigeria, Morocco, and Kenya) accounted for 55% of all publications on COVID-19 transmission models, 42% of the countries in Africa did not publish a single paper on COVID-19 modelling, and only 12% of these published models were calibrated with local data, potentially limiting both the accuracy and usefulness of such model estimates. **On the basis of our experiences leading modelling teams in Africa, we recommend that four key ingredients are required to strengthen the use of policy modelling in Africa.....**

Editorial - Introducing the Journal of Health Equity: a new space for interprofessional and interdisciplinary debates to advance health equity

Andreas Xyrichis et al; <https://www.tandfonline.com/doi/full/10.1080/29944694.2023.2298164>

“The **new Journal of Health Equity** aspires to be a leading international journal dedicated to promoting health equity through innovative research, policy discussions, and community engagement. The Editorial Board welcomes submissions on a wide range of topics, including health policy, administration, services, and systems, public health, health professions education, and community partnerships.”

Blogs & op-eds

Speaking of Medicine (blog) - The State of the World for women in health: Pushing back under the weight of unsustainable burdens

Roopa Dhatt et al ; <https://speakingofmedicine.plos.org/2024/03/08/the-state-of-the-world-for-women-in-health-pushing-back-under-the-weight-of-unsustainable-burdens/>

“...As we enter the fourth year since the start of the COVID-19 pandemic, we asked women health workers from across our global movement how they are experiencing their vital roles in delivering health, at this moment in 2024.”

IHP (blog) – Suspension of international aid impacts already fragile health system in Central Sahel

<https://www.internationalhealthpolicies.org/blogs/suspension-of-international-aid-impacts-already-fragile-health-system-in-central-sahel/>

By Foussénou Sissoko.