

# IHP news 768 : pre-Easter INB 9 musings

( 29 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,

I was tempted to keep it relatively short with Easter approaching for some of us, but there's still quite some global health related news this week, so you might want to enjoy your chocolate eggs together with this comprehensive "pre-Easter newsletter".

Among others, we focus on the 2<sup>nd</sup> INB 9 week, the 10-year anniversary of the Ebola outbreak in West-Africa, and there was also an important update on the BMJ Global Health editor (*which triggered some speculation on the 'why now?' and more importantly, 'what will be his next move?'*). The Bill & Melinda Gates Foundation (BMGF) also announced a new [Open Access policy](#). Implications might be, hmm, interesting.

Zooming in on INB 9 then, negotiators on the pandemic agreement got perhaps an "extra incentive" to reach a deal, with "[avian" flu now also discovered in cows](#) (!). On Monday, Dr Tedros himself listed the [two major \(remaining\) obstacles to meeting the deadline of approving the pandemic agreement](#) in a [keynote speech](#) in the plenary session of the 148th Inter-Parliamentary Union Assembly: " "The first is a group of issues on which countries have not yet reached consensus. They're making progress, but there are still areas of difference that need further negotiation." " .... The second major barrier is the litany of lies and conspiracy theories about the agreement: That it's a power grab by WHO that will cede national sovereignty to WHO and give it the power to impose lockdowns or vaccine mandates on countries."

I won't dwell here on the second barrier – I happily leave that up to the MAGA, QAnon & other nutcase Great Barrington Declaration fans. As for the first obstacle, though, as we're approaching the May deadline, and [things still didn't sound too promising in Geneva towards the end of the week](#), let's just ask a simple question: **how is the current pandemic agreement draft doing against two benchmarks:** the WHO Council on the Economics of Health for All report (*to which chair M Mazzucato referred in her latest Project Syndicate op-ed, [How to Save the Pandemic Treaty](#)*); and last week's rather timely Lancet Commission, [Under threat: the International AIDS Society–Lancet Commission on Health and Human Rights](#) which argued, against the backdrop of a rapidly deteriorating human rights climate, amongst others for 're-centring global health on human rights'. Quoting the Commission perhaps on the pandemic agreement negotiations:"... *The centrality of human rights in the global health field is also increasingly in question: although the pandemic accord being drafted by WHO member states refers to the importance of human rights and equity, substantive provisions of the draft agreement incorporate language that is advisory rather than obligatory for countries...*" I'm afraid on both accounts, [what might materialize in the end](#) just won't cut it.

But also beyond the pandemic accord, the Commission is certainly worth a good read in the current - I guess we all agree, rather frightening - times. In order to counter the overall trend, the Commission comes up with “**actionable recommendations in eight different health and human rights domains** (pandemics and access to essential interventions; the climate crisis and health and rights; displacement, migration, refugees, and conflict; structural racism, inequity, and discrimination against marginalised groups; SRHR; misinformation, disinformation, and the right to benefit from accurate scientific information; AI; and the economic and commercial elements of the right to health). “ Moreover, they believe that “**renewing and reviving the health and human rights paradigm is crucial for the achievement of health and wellbeing for all.** “ I enthusiastically agree. Nevertheless, in spite of all these actionable recommendations, I’m probably not the only one who wonders how on earth we are going to stop the current vicious spiral downwards on this planet. Somehow, “global health” feels ill-equipped to stop the ongoing tsunami towards hell. So at the very least, we’ll need many allies....

I leave you with a read by ‘existential risk thinker’ Julian Cribb - [World War Three begins...](#) Weird how fast we have gone from the MDGs over the SDGs to now the increasing relevance of ‘existential risk’ thinking, in less than a decade. Anyway, according to Cribb, “... **World War Three is a universal conflict between tested truth – and convenient lies.** *Between reality and manufactured fantasy. It is a fight for the human soul. It will determine whether our civilisation survives, or goes down in darkness. At stake may even be the survival of our species....*”. I’m not fully convinced of his line of reasoning, as I think ‘the powers that be’ have made it damned easy for all these conspiracy theorists in recent years by [letting global and national \(within-\) inequity become](#) sky-high once again (see eg. Manuel Castells on this). One of the more recent examples of this ‘pathway’: the easy pandemic billions ‘earned’ by vaccine makers clearly gave conspiracy thinkers a field day...

Put differently (for the ones among you who like it in neoliberal terms): far too few people are “winners” in the current global economic system, it’s just not sustainable (anymore). And chances are AI [won't make it any better](#). People also increasingly sense our elites (including technocrats) are largely clueless too on how to deal with the cascading and often interlinked crises. Few people, if they’re honest with themselves at least, still reckon the ‘system’ is repairable. But most of us still sort of undergo ‘late-capitalism with an increasingly nasty authoritarian streak (or worse)’, even if we know we badly need something better, fairer and more sustainable. And **so if it’s between the ‘truths’ of a system that by now clearly fails to deliver for the many, versus ‘convenient lies’...**

Yet, we have to believe it’s never too late. So here’s to one of the encouraging stories of the week, the outcome of the **Senegal elections**. Let’s hope they can inspire others on the globe to try build a different economic system before it’s too late. And so why not start in Geneva at (resumed) INB 9? Even if, for once, [Developed Countries seem to have spoken ‘truth’ at INB 9, saying “they don't know the meaning of Solidarity”](#) 😊.

After all, it’s almost Easter, and then miracles do happen! Tedros himself referred to the **‘Spirit of Geneva’** – which, timing wise – would fit more or less with the May deadline 😊. Or, from a slightly different angle, as PHM will argue at the **upcoming 5th People's Health Assembly in Mar del Plata, Argentina**, “*Making 'Health for All' our struggle for 'Buen Vivir'!* “ (Not sure Jesus spoke Spanish in his heyday, but I’m sure he would have nodded approvingly from his cross. 😊)

Enjoy your reading.

Kristof Decoster

## Featured Article

### The Hidden Costs of War in Syria: Assessing the Impact on Children's Development and Mental Health

*Nitesh Lohan (Research and Projects Coordinator Environment, Technology and Community Health ETCH Consultancy Services.)*

What are the hidden costs of war, and who suffers the most as a result? The horrible reality of war has an impact on millions of youngsters worldwide. The psychological and emotional effects of war are typically more subtle but no less harmful than the physical hazards.

One in six children worldwide, according to [Save the Children](#), resides in areas impacted by armed violence. 200 million youngsters live in the world's most dangerous war zones. Countries currently affected by (civil) war or conflict include Syria, Palestine, Gaza, Libya, Iraq, South Sudan, DRC etc. Sadly, the list is getting longer and longer, it seems. In these settings, people are constantly concerned about being hurt and having their rights violated. Children who live in places affected by war encounter a variety of difficulties that endanger their mental health and development, including exposure to violence, displacement, loss of loved ones, deprivation of basic requirements, and disruptions in education. These difficulties may have a long-lasting impact on kids' well-being, limiting their capacity to adapt, learn, and grow.

In this article, I will share some early insights from a systematic review I am currently conducting on the impact of conflicts on children's mental health – using Syria as a case study. I hope to raise awareness and contribute to the broader conversation on this critical issue.

#### The Syrian Case Study

Syria is a country that has experienced a long-running war with devastating consequences. Millions of people have been displaced, subjected to violence, and lost their homes during Syria's civil war, ongoing since 2011. The majority of Syrian refugees have remained in the Middle East, but a large number have migrated to Europe. Approximately [5.5 million Syrian refugees](#) reside in neighboring countries, including Turkey, Lebanon, Jordan, Iraq and Egypt. More than [7.2 million Syrians](#) remain internally displaced within their own country. [Around 90% live below the poverty line and 70% of Syria's population](#) needs humanitarian assistance.

It goes without saying that children have also been profoundly affected by Syria's civil war. [Children exposed to armed conflict](#) are more likely to develop mental health problems (compared to children in more peaceful environments). True, it is critical to [recognize individuals' \(and certainly children's\) resilience and diverse reactions](#) to such adversity. While some may [experience psychological distress, other children can exhibit remarkable](#) strength and adaptability. By and large, though, there's a big risk of developing mental health problems for many of these kids. They run the risk of experiencing Post-traumatic stress disorder (PTSD), sadness, anxiety, violence, and behavioral issues, among other mental health issues. These illnesses can harm children's functioning and quality of life, as well as their relationships, self-worth, and academic success. In one study of children affected by the ongoing [Syrian Civil War, 60.5%](#) met the criteria for at least one psychological disorder. A study conducted in

Turkey found that among Syrian refugee children and adolescents aged 8 to 17, the prevalence of depression (12.5%), PTSD (11.5%), and anxiety (9.2%) was high. [Family and caregiver support is critical in developing resilience](#), and interventions should aim to strengthen rather than undermine these relationships. It is critical to avoid broad generalizations and instead provide tailored support that recognizes each child's unique experiences during conflict.

Then there's the issue of education, vital for children who are growing up – even more so for uprooted children. More than 75 million children between the ages of 3 and 18 who reside in 35 crisis-affected nations see their learning opportunities and quality of education disrupted, [according to UNICEF](#). In Syria, the war has damaged or destroyed one out of every three schools. The remaining schools and classrooms are frequently overcrowded, with inadequate sanitation, water, and electricity. Over [2.4 million children](#) (many of them internally displaced) are out of school, and [1.6 million](#) are at risk of dropping out.

The situation is equally dire for Syrian refugee children in neighbouring countries. Today, [over 47% of Syrian refugees](#) in the region are under the age of 18. More than a third of them do not have access to education. A (2021) study by [Vivian Khamis](#) study found that the psychosocial adjustment of Syrian refugee school-age children who resettled in Lebanon and Jordan, is significantly influenced by a complex interplay of pre-trauma, trauma-specific, and post-trauma variables. These variables contribute to a variety of problems in educational settings, including learning difficulties, behavioral issues, and social integration. Khamis' research emphasizes the importance of addressing these multifaceted issues to improve the educational and psychosocial outcomes for Syrian refugee children, who are particularly vulnerable.

Syrian refugee children have typically been exposed to a variety of war-related traumas in Syria, while the escape journey and refugee camps pose(d) additional risks to their lives. Displacement and family stressors exposed them to poverty, hostility from their peers, educational difficulties, child labor, and domestic violence. These traumatic experiences were mediated and magnified by familial interconnected processes, such as the intergenerational transmission of trauma, harsh parenting styles, parental control, and [parentification](#). By way of example, a survey of [339 Syrian refugee children aged 10 to 17 in Jordan found that all had experienced at least one traumatic event. Out of these, 48.6%](#) reported exposure to highly traumatic events such as hostage-taking, kidnapping, or imprisonment. Meanwhile, displacement, poverty, stigma, lack of awareness, cultural differences, and language barriers all make it difficult for [Syrian refugees in Jordan](#) to access mental health services.

## Way forward

As is clear from the above, the hidden costs of war go beyond physical destruction. Children pay a high price, with their futures shaped by trauma and disrupted development. To mitigate these long-term effects, the global community must prioritize their well-being and take concrete, actionable steps. At the global level, initiatives such as [UNICEF's cash grants](#) to unaccompanied and separated children provide some immediate relief and security. Art therapy has shown promise in improving the mental health and resilience of [Syrian refugee children by providing a safe space](#) for them to express their emotions and process their trauma. Furthermore, integrating refugee children into [national education systems](#) and facilitating their access to formal and non-formal education can significantly improve their chances.

More in general, we advocate for a comprehensive approach that includes medical care, mental health and psychosocial support, and prevention of/and response to gender-based violence. [These services are critical for Syrian families](#), whose lives have been shattered by conflict. In this way, immediate

health care can be provided while also laying the groundwork for long-term recovery. [War Child](#), a global alliance currently active in 19 countries working to improve the resilience and wellbeing of children living with violence and armed conflict, has been actively responding to the [Syrian crisis since 2012](#). They are providing child protection, education, and psychosocial support interventions via a network of 'Safe Spaces'. These programs help children process their experiences and plan for a better future, allowing them to face challenges head-on and thrive in the face of adversity.

We owe them that better future.

## Reminder on how to use the newsletter most efficiently

The newsletter has a **double structure**:

In the **Highlights section** (first half of the newsletter) we provide an overview of all the main global health policy (agenda) & governance news of the week, as well as a few “must know about” reports or other publications. If you have gone through this section, you should be more or less up to speed again on what happened over the past week. **So if you're short on time, do read at least this Highlights section** – it's what we consider the '**One week stop**'.

**Other sections**, organized by niche (eg: Global Health Governance, NCDs, Global Health Financing, PPPR, .... starting from the section 'Global Health Events') **are optional**. In these, we tend to offer **extra (scientific) papers**, as well as some more reads that might be of interest to scholars, activists and other change agents focusing on a certain area. **You can scan some of these sections according to your own professional interests** (if you have time).

## Highlights of the week

### BMJ GH - Editorial announcement: Dr Seye Abimbola

<https://blogs.bmj.com/bmjgh/2024/03/25/editorial-announcement-dr-seye-abimbola/>

This (rather unexpected) announcement came on Monday.

**“Dr Seye Abimbola has decided to step down from his role as Editor in Chief of *BMJ Global Health* after nearly 9 years and two terms in post....** Under Dr Abimbola's leadership, the title, which launched in 2016, has become one of the leading journals in global health, with a strong focus on promoting equity in public health, amplifying voices that are seldom heard, and highlighting the factors that foster and fuel social injustice.....”

See also a [tweet by Seye](#), in which he also shared a [BMJ Global Health Exit playlist](#). He also thanked “associate editors, esp @globalstopp & @ValeryRidde —for being so consistent since the beginning; and to the editorial board & peer reviewers. Many thanks to friends far & wide: I am more grateful than I can say.”

Many friends & colleagues reacted on X. Just a few examples below to give you a flavour:

- **Steph Topp:** “With an unusual combination of vision and courage @seyeabimbola has created a unique space for thinking and writing at BMJGH over past 8 years, not to mention turnaround times most editors - including the paid ones - can only dream of. Worth reflecting on that playlist though...”
- **Richard Horton:** “ Congratulations @seyeabimbola on leading one of the most provocative and original journals of our times, for your courage in challenging powerful interests so inimical to health, and for helping to redefine the very meaning of global health itself. You are not going away.”
- **Kumanan Rasanathan:** “I was consulted when @bmj\_latest was planning a new global health journal & was sceptical. I was wrong - I didn’t anticipate a founding editor with so much intellect, character, & vision, he would transform the way we think of global health itself. Thank you @seyeabimbola!

## **Lancet Viewpoint -The Lancet and colonialism: past, present, and future**

Mishal Khan, J Bump, S Abimbola et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00102-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00102-8/fulltext)

“...This invited Viewpoint focuses on The Lancet, following its 200th anniversary, and is especially important given the extent of The Lancet’s global influence. We illuminate links between The Lancet and colonialism, with examples from the past and present, showing how the journal legitimised and continues to promote specific types of knowers, knowledge, perspectives, and interpretations in health and medicine. The Lancet’s role in colonialism is not unique; other institutions and publications across the British empire cooperated with empire-building through colonisation. We therefore propose investigations and raise questions to encourage broader contestation on the practices, audience, positionality, and ownership of journals claiming leadership in global knowledge production.”

## **10-year anniversary Ebola outbreak in West-Africa**

**Lancet Comment - 10 years after the 2014–16 Ebola epidemic in west Africa: advances and challenges in African epidemic preparedness**

M Keita, M Moeti et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00583-X/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00583-X/abstract)

With a good overview of both (progress & challenges still remaining). Recommended read.

## Lancet GH (comment) - The west Africa Ebola virus disease outbreak: 10 years on

Henry Kyobe Bosa et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00129-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00129-3/fulltext)

This related Comment includes a panel **“Key recommendations that require urgent attention and investment to mitigate the effects of future Ebola virus disease outbreaks in Africa”**.

**“On March 23, 2014, the Guinean Ministry of Health, in line with the International Health Regulations 2005, notified WHO and the world of an outbreak of Ebola virus disease (EVD)**. This followed laboratory confirmation of the disease by the Pasteur Institute in Dakar, Senegal (a WHO collaborating centre), in a 16-year-old girl from Guéckédou, a small village in southern Guinea. **This was 10 years ago. For the first time, an EVD outbreak had occurred beyond central Africa....”**

**“... Major reforms and landmarks in global public health emergency preparedness and response have emerged since this outbreak.** The **WHO Health Emergencies Programme** was established on July 1, 2016, at the request of the World Health Assembly. Further, WHO introduced two initiatives: **the Joint External Evaluation (JEE)**, a voluntary, collaborative, multisectoral process that evaluates a country's capacity to manage health emergencies; and **the National Action Plans for Health Security**, an overarching national health security plan that follows JEE recommendations. **The outbreak accelerated the establishment of the Africa Centres for Disease Control and Prevention in 2016** to strengthen AU Member States' early detection of public health events, emergency preparedness, and response capabilities. As a result, **a new framework known as the New Public Health Order emerged** (panel). To date, **17 countries in Africa have fully developed National Public Health Institutes, with many others in different stages of development....”**

**“... The perpetual and fundamental challenges observed in the past 10 years need to be urgently addressed. As highlighted in the panel, we call for the following: sustainable, sufficient, and continued funding for health security; advances in the establishment and strengthening of national public health agencies; and substantial investments in preparedness, prevention, and response capabilities that can be used for local outbreaks and scaled for epidemics and pandemics....”**

## INB 9 re ‘pandemic agreement’ – 2<sup>nd</sup> week (“outcomes”)

We first have a short **section on the ‘outcomes’ at the end of this second week**. In a next (more comprehensive) section, you get more analysis & coverage from during the week.

It's still not really clear where (and even if) this will land... The mood cleared up a bit at the start of this second week but towards the end of the week, [things looked a bit gloomy again](#) (check out eg. this X thread by J Love). The current draft also sounds fairly **“gargantuan”** (with all brackets, now over 100 pages).

## WHO Member States agree to resume negotiations aimed at finalizing the world's first pandemic agreement

<https://www.who.int/news/item/28-03-2024-who-member-states-agree-to-resume-negotiations-aimed-at-finalizing-the-world-s-first-pandemic-agreement/>

The official press release from WHO after INB9.

**“WHO Member States agreed to resume negotiations aimed at finalizing a pandemic agreement during 29 April to 10 May.** The decision came at today’s end of two weeks of intensive country-led discussions on critical subjects aimed at making all countries of the world better prepared for, and able to effectively and equitably respond to, future pandemics. **This ninth meeting of the Intergovernmental Negotiating Body (INB9) started on 18 March and ended today.** Government negotiators discussed all articles from the **draft agreement**, including adequate financing for pandemic preparedness, equitable access to medical countermeasures needed during pandemics and health workforce strengthening.....”

See also a **tweet by Alexandra Phelan** on the tentative timing: **“The Way Forward for the #PandemicAgreement negotiations agreed by Member States** just now. Streamlined draft by 18 April ; Stocktake on 3 May ; Resumed #INB9 29 April - 10 May ; but INB will "work to finalize substantive negotiations" by 5 May 2024.

## HPW - Pandemic (Dis) Agreement Talks Limp into Extra Time

<https://healthpolicy-watch.news/pandemic-dis-agreement-talks-limp-into-extra-time/>

Must-read analysis from this morning (Friday).

**“The fractious pandemic agreement talks – supposed to end with an agreement on Thursday (28 March) – have limped into extra time, with World Health Organization (WHO) member states resolving to hold additional intergovernmental negotiating body (INB) meeting from 29 April to 10 May.** The World Health Assembly (WHA), which begins on 27 May, is supposed to adopt the agreement, intended to be a global guide on how to prevent, prepare for, and respond to, pandemics. **But the best case scenario is for the WHA to adopt an “instrument of essentials”, a bare-bones text that will be fleshed out over the next 12 to 24 months by the proposed Conference of Parties,** according to people close to the talks.

“At the briefing at the end of Thursday’s talks, which started almost four hours later than scheduled, INB co-chair Roland Driece said that “there is no champagne”. “We had long intensive discussions, but we have not succeeded in concluding this meeting,” added Driece. Instead, **the INB Bureau would get a revised text to member states by no later than 18 April. However, this text would be different from the previous one as it would aim to draw out consensus points rather than provide a shopping list of issues.**”

PS: “... Meanwhile, **WHO Director General Dr Tedros Adhanom Ghebreyesus implored delegates to draw on the “spirit of Geneva” to conclude the talks.** “Let the spirit of Geneva – the spirit of cooperation, mutual respect, and shared responsibility – guide your deliberations as you work towards finalising the agreement by the set deadline in May this year,” said a visibly tired Tedros.”



“... Finding consensus points may be hard in the coming days as many countries appear to have lost patience with one another, and with the INB Bureau and WHO Secretariat members who have been steering the process. Countries across the political spectrum accused one another of refusing to make compromises, and criticised the Bureau for failing to provide direction. However, the **geopolitical reality** is that some of the 194 member states are at war, while others are long-term trade enemies. This was never going to be easy, despite the recent trauma of COVID-19.”

“In the past two weeks, so much text has been added to the 31-page draft that the meeting started with that it had swollen to a completely unwieldy **100-page draft by Tuesday 26 March** with multiple opposing clauses contained in brackets....”

“... the **now notorious Article 12, which deals with pathogen access and benefit-sharing (PABS), remains the biggest obstacle.** The European Union believes that there is a place for intellectual property rights in PABS. However, this has been rejected by the Group on Equity – an alliance of 34 countries – and the Africa region. But the Group on Equity, which includes countries with large generic medicine producers such as India, Brazil and Indonesia, has also been accused of trying to secure advantages for these companies but taking a hard line on technology transfer....”

## **TWN - WHO: INB Bureau proposes another round of negotiations without “on-screen” drafting**

<https://www.twn.my/title2/health.info/2024/hi240313.htm>

“... According to the Bureau, **the negotiations will take place without any “on-screen drafting”, which compromises text-based negotiations.** Projecting proposed amendments to the negotiation text on a screen enables all participating Member States to understand the implications of the proposed amendments and to take an informed decision. The absence of on-screen drafting cripples Member States in discerning the proposed amendments and taking decisions on whether to agree to amendment proposals....”

PS: “INB9 ends today (28 March) with no consensus reached yet so **the proposed additional meeting will be a resumed INB9.**”

PS: “**Regarding the operationalisation of equity, the Group for Equity, called for four elements:** A fund to assist the implementation of the pandemic agreement and IHR 2005, which is accountable to the WHO Member States and operates under their guidance; Legally binding obligations to facilitate diversification of production of pandemic-related products, and equitable allocation; Respect and consistency for other various international conventions and treaties; A pathogen access and benefit sharing mechanism under Article 12, aligning with the design jointly made by 75 developing countries, involving both the Africa Group and Group for Equity.”

## **INB 9 – Coverage & analysis from during the week**

### **HPW - Pandemic Agreement Talks Stall as Delegates Disagree on Detail**

<https://healthpolicy-watch.news/pandemic-agreement-talks-stall-as-delegates-disagree-on-detail/>

State of affairs as of late last week – when things looked a bit glum. **“Negotiations for a pandemic agreement currently underway in Geneva have made little progress over the past four days, with member states still reading the current [revised draft](#) in plenary, and there is now talk of a further meeting in late April.”** “Co-chairs of the process believe that the best way forward is for member states with opposing views on particular clauses to negotiate directly with one another in smaller groups. This emerged at a **90-minute briefing given to civil society organisations** on Thursday night.”

PS: **Pressure mounts on negotiators : Country delegates negotiating the pandemic agreement are facing increasing pressure from a number of quarters. Representatives from civil society organisations are camped on the doorstep of the INB meeting room, along with journalists.** At each INB open session, a consistent set of civil society stakeholders speak and while they all represent different constituencies, they convey a similar complaint: when a pandemic strikes, they will be needed – so why aren't they allowed in the room? Meanwhile, **a series of global campaigning efforts have converged this week.....”**

## **GHF - Pressure To Conclude Pandemic Agreement Mounts, But Countries Hold Onto Positions [Update INB9]**

[https://genevahealthfiles.substack.com/p/inb9-pressure-to-conclude-treaty-vote-who-geneva?utm\\_campaign=email-post&r=97mey&utm\\_source=substack&utm\\_medium=email](https://genevahealthfiles.substack.com/p/inb9-pressure-to-conclude-treaty-vote-who-geneva?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email)

Another state of affairs (& great analysis), as of **Monday morning**. **“To prevent failure, an Agreement-Lite is an option, sources suggest. Divergences remain, negotiations yet to begin in earnest.”**

**“... Since progress has not been as quick as the timeline demands, there are emerging indications that a resumed session of the current meeting may be convened in the last week of April** with a view to swiftly conclude the negotiations to make the May 2024 deadline. Pending convergence on a variety of difficult issues related to surveillance and response measures, **it appears the risk of a weak agreement driven by political expediency has never been higher**, according to diplomatic sources.”

**“At this half-way mark of the current meeting of the intergovernmental negotiating body, we bring you this story that looks at process, politics and provisions.....”**

Just a **few excerpts** perhaps (as we recommend you read the analysis in full) of things that caught our attention:

PS: **“Sources told us that there are some attempts to divide the bloc of developing countries by introducing classifications for certain benefits that could only accrue to Least Developing Countries (LDCs).** But such a tactic would backfire at WHO, given the lack of clear legal understanding on what LDCs mean in this context....”

**“Many developing country diplomats spoke about the inflexible positions of developed countries. “It appears there is simply no willingness to negotiate”, one diplomat said. Others point to “atavistic”, “neocolonialist” mindsets coming to bear upon these discussions. “It is a different world now.** Developing countries are more forceful and have clear demands. Talking down, setting the terms, is not something that will work,” a developing country diplomat told us.

PS: The **political dynamics intra-EU**: “...One observer also pointed to intra-EU dynamics. **“The European Commission is behaving like the 28th Member State. It appears that not all EU countries agree to the position taken by the EU. It seems that a lot of the EU approach is being determined by Germany which is more hard core,** although other big states might have different positions,” an observer familiar with these undercurrents within the EU told us. “These are not trade negotiations, health is not a part of the Commission’s competence. So, they will need to approach this differently,” the person added. (The Commission has a negotiated mandate from the EU on these discussions.)...”

**“... Text by May: take it or leave it?** It is learned that **the Bureau will come back with a next iteration this week.** To what extent this will propel the INB towards negotiations will remain to be seen. **Clearly, the pressure to deliver a new agreement in record time is building, and not just on WHO member states. A range of stakeholders have been upping the ante to get the INB to reach its logical conclusion.** Some observers are calling it “too big to fail”. And yet, fail it can. If a majority of countries do not like what’s on offer, then these talks could collapse. **The practical way out, many feel, would be to have a light agreement with details to follow in subsequent protocols, led by a new Conference of Parties.** Some are calling it a **“Framework Convention Plus” type of agreement.** It is too early to say if such an approach will succeed. Sources say indicate that a near-ready agreement with only a few outstanding issues to be addressed at higher levels might push through the negotiation before May arrives..... **A vote, while a possibility, it still a nuclear option.** WHO is unlikely to witness this kind of brinkmanship, on a landmark negotiation such as a new instrument to improve PPR. It is hoped that member states would be able to reach consensus, no matter how contested...”

## **Pandemic Action Playbook – INB 9: Crunchtime**

### [Crunch Time / Pandemic Action Playbook \(March 28\)](#)

Overall assessment from yesterday (Thursday). **“At this crucial juncture of the pandemic agreement negotiations, HIC and LMIC rifts do not seem to be closing quickly enough on a range of key topics** including [pathogen access and benefits sharing](#) (PABS), [intellectual property](#) (IP), One Health, financing, and more.....”

## **Lancet Letter - Governance provisions in the WHO Pandemic Agreement draft**

**N Schwalbe** et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00585-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00585-3/fulltext)

Seeing a few positives in the latest draft, but also many remaining ambiguities.

The authors conclude: **“... based on the experience of previous treaties, piecemeal oversight is not likely to be effective. Without an explicit accountability mechanism built into the treaty, there is no way to assess if parties fulfill these commitments.** The evidence is clear that monitoring state compliance contributes to successful treaty implementation. **Leaving a compliance mechanism to be decided later leaves state accountability vague.** Without a formal monitoring obligation, the agreement relies solely on good faith. As the COVID-19 response showed, that is not enough to guarantee an effective and equitable response....”

## TWN - WHO: Developed Countries say they don't know the meaning of Solidarity in INB9

<https://www.twn.my/title2/health.info/2024/hi240312.htm>

**“Developed countries oppose “solidarity” as a principle for the implementation of pandemic prevention, preparedness and response during the first week of negotiations** at the ongoing 9th meeting of the Intergovernmental Negotiating Body (INB9). The meaning of this word and its legal use were contested by developed countries, during the second day of the meeting (19 March), making WHO legal counsel to refer to dictionaries and explain the meaning to the developed countries. **The opposition was in response to the INB Bureau’s text on Paragraph 5 of Article 3**, one of the three articles discussed on the second day of the INB9. Some of the developed countries have earlier opposed the concept of “international solidarity” in the preambular paragraph as well....”

## TWN - WHO: Developed countries’ PABS text Diverges from CBD Principles & Lacks Equity

S Shashikant; <https://www.twn.my/title2/health.info/2024/hi240311.htm>

**“Textual proposals from developed nations**, notably the United States, the European Union, the United Kingdom, Japan and Switzerland regarding the Pandemic Access and Benefit Sharing (PABS) System, **exhibit a clear inclination to undermine the foundational principles of access and benefit sharing established in the Convention on Biological Diversity (CBD) and its Nagoya Protocol on Access and Benefit-sharing.....”**

## WHS - Pandemic Treaty Negotiations in the Midst of Political Interests and Loss of Trust

I Kickbusch; <https://www.worldhealthsummit.org/newsletter-03/2024.html>

Ilona Kickbusch’s take on the current state of affairs. Short but nice two paragraphs. Though I wouldn’t have ended with the evergreen ‘We must get better at messaging that *no one is safe until everyone is safe.*’ : )

## Lancet World Report - UN rights expert: do not neglect prisons in pandemic plans

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00626-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00626-3/fulltext)

**“Alice Edwards, a UN Special Rapporteur, has criticised the lack of consideration of people in prison in WHO's draft pandemic accord.** John Zarocostas reports from Geneva.”

**“Prisons are hotspots for infectious diseases and must be included in national pandemic preparedness planning, along with the needs of vulnerable groups deprived of their liberty including people in prison, and not neglected or sidelined,** cautioned **Alice Edwards, the UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment,** in a report presented to the UN Human Rights Council on March 8, 2024. Edwards, an Australian jurist, warned the 47-member state Council, that as pandemics are predicted by WHO to emerge more often, and have more severe impacts, “societies need to be ready” ....”

And a link:

- Ellen 't Hoen: [Worldwide licensing of pandemic technologies is already current practice. The Pandemic Accord should protect it.](#)

## More on PPR

### WHO launches CoViNet: a global network for coronaviruses

<https://www.who.int/news/item/27-03-2024-who-launches-covinet--a-global-network-for-coronaviruses>

**“WHO has launched a new network for coronaviruses, CoViNet, to facilitate and coordinate global expertise and capacities for early and accurate detection, monitoring and assessment of SARS-CoV-2, MERS-CoV and novel coronaviruses of public health importance.”**

**“CoViNet expands on the WHO COVID-19 reference laboratory network established during the early days of the pandemic. Initially, the lab network was focused on SARS-CoV-2, the virus that causes COVID-19, but will now address a broader range of coronaviruses, including MERS-CoV and potential new coronaviruses. CoViNet is a network of global laboratories with expertise in human, animal and environmental coronavirus surveillance. The network currently includes [36 laboratories from 21 countries in all 6 WHO regions....”](#)**

### Lancet (Health Policy) - A legal mapping of 48 WHO member states' inclusion of public health emergency of international concern, pandemic, and health emergency terminology within national emergency legislation in responding to health emergencies

C Wenham et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00156-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00156-9/fulltext)

**“.... Whether the pandemic declaration had a greater effect than a PHEIC in encouraging governments to act, however, remains conjecture, as there is no systemic analysis of what each term means in practice and whether either has meaningful legal implications at the national level. We undertook a legal scoping review to assess the utilisation of PHEIC and pandemic language within national legislation in 28 WHO member states. .... We found that only 16% of countries have any reference to the PHEIC in national legislation and 37.5% of countries reference the term pandemic. This finding paints a weakened picture of the IHR and PHEIC mechanisms. Having such legalese enshrined in legislation might enhance the interaction between WHO determining a PHEIC or declaring a pandemic and resulting action to mitigate transnational spread of disease and enhance health security. Given the ongoing negotiations at WHO in relation to the amendments to the IHR and creation of the pandemic accord, both of which deal with this declaratory power of the PHEIC and pandemic language, negotiators should understand the possible implications of any changes to these proclamations at the national level and for global health security.”**

## Nature Communications - Ecological countermeasures to prevent pathogen spillover and subsequent pandemics

R K Plowright, N S Prashanth et al; <https://www.nature.com/articles/s41467-024-46151-9>

“... Although preparedness and response have received significant focus, prevention, especially the **prevention of zoonotic spillover, remains largely absent from global conversations**. This oversight is due in part to the lack of a clear definition of prevention and lack of guidance on how to achieve it. To address this gap, **we elucidate the mechanisms linking environmental change and zoonotic spillover using spillover of viruses from bats as a case study**. We identify ecological interventions that can disrupt these spillover mechanisms and propose policy frameworks for their implementation. ....”

- Related coverage: HPW - [‘Protect Bats’: Scientists Call for ‘Ecological Approaches’ to Prevent Pandemics](#)

“As World Health Organization (WHO) member states bang heads in Geneva over a pandemic agreement to keep the world safe, a **group of scientists has challenged global decision-makers to pay far more attention to humans’ relationship with animals**. “Although preparedness and response have received significant focus, **prevention, especially the prevention of zoonotic spillover, remains largely absent from global conversations**,” write the **24 scientists from a range of different global institutions in an article in Nature Communications** published on Tuesday (26 March). Using bats as their case study, they show how environmental changes exacerbate zoonotic spillover – and identify the “ecological interventions that can disrupt these spillover mechanisms” ....”

“**Their ecological countermeasures focus on bats because a number of major epidemics and pandemics**” – SARS-CoV-2, Ebola, SARS-CoV-1, MERS-CoV, and Nipah virus – **have an evolutionary origin in bats**. Certain bat species **also host four of the nine diseases identified by the WHO as having the potential to generate epidemics that pose a great risk to public health.**”

“So what does an ecological approach look like when applied to bats? **The authors propose three measures to prevent zoonotic spillover from bats to humans. ... ....**”

## TGH - Eyes on Disease X: Ranking the Next Pandemic

<https://www.thinkglobalhealth.org/article/eyes-disease-x-ranking-next-pandemic>

“CEPI has expanded its SpillOver tool to assess the pandemic potential of dangerous pathogens.”

“.... the Coalition for Epidemic Preparedness Innovations (CEPI) has partnered with the University of California, Davis, to expand **SpillOver**, their viral risk ranking platform launched in 2021. .... The original **SpillOver risk ranking framework (SpillOver 1.0)**, an **open-source webtool** launched by researchers at the University of California, Davis One Health Institute, estimated the relative spillover potential of wildlife-origin viruses to humans based on a series of host, viral, and environmental risk factors determined via expert opinion and scientific evidence. .... **Its next iteration, SpillOver 2.0, has rebranded to better describe the diversity and frequency of virus spillovers to people**. The new platform uses a One Health approach, which recognizes the interdependence of human, animal, and environmental health. **It will expand to include domestic animal and vector-borne viruses and assess pandemic risk rather than just spillover risk for**

**wildlife viruses.** Through a series of focal interviews and breakout discussions at a workshop convened in October 2023, **the SpillOvers team identified and consolidated 68 unique environmental, host, and viral risk factors for pandemic potential.** Through additional expert surveys, this list of risk factors will be further refined, ranked for prioritization, and assigned weights, such that new risk scores can be calculated for each virus in the SpillOvers 2.0 database. ...”

PS: “To ensure that the world is as prepared as possible to rapidly and equitably make vaccines available during the next pandemic, **CEPI also developed a [vaccine library](#)** targeting high priority viral families and related prototypical pathogens, speeding up the process of vaccine discovery and development to within 100 days of identification of a novel pathogen, or Disease X. **Toward this [100 Days Mission](#), CEPI will prioritize efforts to establish a vaccine library based on the risk ranking of viral families provided by the SpillOvers team and resulting application. ...”**

### Science News - Bird flu discovered in U.S. dairy cows is ‘disturbing’

<https://www.science.org/content/article/bird-flu-discovered-u-s-dairy-cows-disturbing>

“Scientist who tracks infections on cattle farms discusses implications of recently announced virus detections.”

Link:

- Guardian op-ed by D Sridhar - [I helped advise the US government on the next likely pandemic. What I learned is alarming](#)

“**The 100-day challenge**, to be able to contain a virus while a vaccine is approved, manufactured and delivered, **looks ever more remote.**”

## Mpox

### Cidrap News - DR Congo mpox outbreak expands, becomes deadlier

<https://www.cidrap.umn.edu/mpox/dr-congo-mpox-outbreak-expands-becomes-deadlier>

From last week on Friday: “**An mpox outbreak in the Democratic Republic of the Congo (DRC) that began in 2023 has expanded to 23 of the country's 26 provinces, including Kinshasa, with children the most affected group, officials from the World Health Organization (WHO) said today at a [media briefing](#) in Geneva.** .... Health officials said the outbreak is occurring **alongside an alarming humanitarian crisis**, which includes the world's second biggest refugee displacement and the effects of severe flooding. **The DRC is also battling cholera, measles, anthrax, and plague outbreaks.** WHO officials also said that, in most parts of the country, especially the east, residents have been caught in the crossfire of violent clashes, overwhelming hospitals with injured people...”

## HPW - WHO Says It Is Trying to Expedite Mpox Vaccination in DRC – But Faces Multiple Hurdles

<https://healthpolicy-watch.news/who-says-it-is-trying-to-expedite-mpox-vaccination-in-drc-but-faces-multiple-hurdles/>

“WHO officials said that they are trying to expedite delivery of mpox vaccines to outbreak-stricken DR Congo through talks with the world’s only two mpox vaccine manufacturers, as well as appeals for vaccine donations and negotiations with DRC officials. But speaking at a press briefing on Thursday, WHO’s Dr Mike Ryan, Executive Director of Health Emergencies, and technical lead Maria Van Kerkhove were unable to provide concrete details as to when significant quantities of vaccines could be rolled out – and how many, in light of the global shortage of supplies. “

“Despite two years of millions of doses of global mpox vaccine rollout, [there has been no mass administration of the vaccines so far in DRC or other west African countries](#). This is despite the fact that the region, and DRC in particular, is now the epicenter of the largest and deadliest mpox outbreak to date. **The problems are multiple – ranging from global supply lines to local regulatory hurdles, stigma around mpox and vaccine hesitancy. ...”**

## Global Health Governance & financing

### Devex Pro - What we know about WHO's new €1.5B primary health investment platform

<https://www.devex.com/news/what-we-know-about-who-s-new-1-5b-primary-health-investment-platform-107156>

(gated) “The World Health Organization and three development banks are crafting a platform focused on strengthening primary health systems in low- and middle-income countries. This is what we know so far.”

“Last year, the World Health Organization, African Development Bank, Islamic Development Bank, and European Investment Bank committed to making €1.5 billion (\$1.6 billion) available for investments toward strengthening primary health systems in low- and middle-income countries. The financing will include grants and concessional loans — loans offered at rates that are more favorable than what countries could obtain in the marketplace. The details are currently being hammered out, but **it’s expected that legal documents around how this new platform will operate will be signed in the second quarter of this year.....”**

“It’s called **the Health Impact Investment Platform, or HIIP**, and would include a mix of grants and low-interest concessional loans. **At the heart of this new platform is creating strong national health investment plans — and then identifying specific projects.** A spokesperson for WHO says that when deciding whether to fund a project, the platform’s team will seek out “technically sound projects with strong social returns” that provide value for the money that governments take out as loans. ... “

PS: “HIIP’s funding comes from **WHO, the African Development Bank, the Islamic Development Bank, and the European Investment Bank.** ... **As they get the initial pieces into place, the founding partners will also be looking for additional funders to carry HIIP forward.”**



## Devex - High risk, high reward: Gavi's investment in Africa vaccine production

<https://www.devex.com/news/high-risk-high-reward-gavi-s-investment-in-africa-vaccine-production-107259>

One of the must-reads of the week, this in-depth analysis. **“Gavi, the Vaccine Alliance is months away from launching a new \$1 billion financial instrument to boost Africa’s nascent vaccine manufacturing sector.** Devex learned more about how it will work.”

**“Devex spoke with David Kinder, director of development finance at Gavi,** about what’s known about this new financial instrument (the **African Vaccines Manufacturing Accelerator**), what still needs hashing out, and its goals.....”

**“AVMA - the accelerator has two unique methods of encouraging manufacturing:** • The first is to provide grants of between \$10 million and \$25 million to the companies that achieve WHO prequalification for vaccines that Gavi has deemed a priority. This includes immunizations against Ebola and cholera. • When a manufacturer receives a tender from UNICEF to sell a priority vaccine, Gavi will offer a bonus of \$0.30 to \$0.50 per dose beyond the agreed tender price. The amount of the increase will depend on factors such as whether the dose was an end-to-end production and if it was manufactured on a “pandemic-ready” platform like messenger RNA....”

PS: **“...Gavi’s board approved about 90% of AVMA’s operations last December,** Kinder said, in areas such as the financing available, the incentive payments, and eligibility. **Gavi is still hammering out the remaining details around** operationalization, such as legal definitions, governance, monitoring, and clarity on how payments are made....”

**“AVMA will formally launch at an event in Paris in June, hosted by French President Emmanuel Macron, the African Union, and Gavi.** This launch will happen simultaneously with the launch of Gavi’s upcoming five-year investment from 2026 to 2030. **AVMA’s financing will come from a reallocation of funding for vaccines from the COVID-19 pandemic.** Because of this, **no additional fundraising is needed** but Gavi is still in the process of confirming exact amounts available for AVMA with Gavi donors....”

## WHO - Working together for a healthier, safer world: WHO and IPU renew partnership

<https://www.who.int/news/item/25-03-2024-working-together-for-a-healthier-safer-world-who-and-ipu-renew-partnership>

**“The Inter-Parliamentary Union (IPU) and WHO today signed a new Memorandum of Understanding, reaffirming the critical role that parliamentarians play in enabling good health to foster stable and equitable societies.”**

**“...The memorandum reinforces critical areas of cooperation that align with global health priorities,** namely universal health coverage, global health security, health promotion and reducing health inequities, especially in relation to sexual and reproductive health and rights. .... It **also adds new cross-cutting areas of work, including responding to climate change, support to the government-led negotiations on a new pandemic agreement, and sustainable financing for health.** This includes collaboration on this year’s first WHO Investment Round to overcome the historic

imbalance between assessed and voluntary contributions, the distortions this creates, and the issues WHO faces with insufficiently predictable and flexible financing.....”

### **1<sup>st</sup> annual general meeting of the WHO Civil society Commission (26 March)**

[WHO Director-General's video message at WHO Civil Society Commission first annual general meeting – 26 March 2024](#)

In this message, Tedros said some nice words about engaging with civil society.

### **The Hastings center - Financing Reforms to Meet a Pivotal Moment in Global Health**

by Kevin A. Klock, Alexandra Finch and Lawrence O. Gostin;

<https://www.thehastingscenter.org/financing-reforms-to-meet-a-pivotal-moment-in-global-health/>

Well worth a read, this essay (with focus on **financing for the IHR amendments & pandemic agreement**). (The authors also discuss to some extent the reforms itself.)

“Financing takes two broad forms: shoring up WHO’s financial base allowing it to implement a global health agenda unfettered by the demands of a small set of donors and funding to underwrite low- and middle-income countries’ activities under the new instruments. **In this essay, we discuss these major reforms and then explore the significant challenges and opportunities for financing them....”**

### **GFO - The conclusions of the Future of Global Health Initiatives process (Lusaka Agenda): What can we expect?**

I Hakizinka et al; [The conclusions of the Future of Global Health Initiatives process \(Lusaka Agenda\): What can we expect? – Aidspace](#)

“**December 12, 2023 marked the launch of the Lusaka Agenda**. It proposes an action plan for a shared, long-term vision of nationally-funded healthcare systems, as well as UHC that leaves no one behind. **To achieve these objectives, the Agenda proposes five major changes. This article presents a critical assessment of these changes.** Will the ideal pass the reality test?”

Concluding: “....The Lusaka Agenda forces us to face up to the limitations of the current system and the likely failure of the 2030 global health goals. However, **if we are to realize the “new perspective” it advocates, we need to go beyond rhetoric and draw up concrete action plans with measurable milestones. In reality, the real challenge lies in implementation...**”

## UHC

### Japan to Launch Global Health Development Hub by 2025, Collaborating with WHO, World Bank

<https://japannews.yomiuri.co.jp/politics/politics-government/20240322-175959/>

**“The [Japanese] government has decided to establish an international organization in Japan dedicated to human resource development aiming to strengthen healthcare in developing countries in collaboration with the World Health Organization (WHO) and the World Bank, The Yomiuri Shimbun has learned. The launch is planned for fiscal 2025, according to several government sources. The international organization, tentatively called the UHC Knowledge Hub, will serve as a center for Universal Health Coverage (UHC) which is aimed at ensuring everyone has access to necessary health care services at an affordable cost. “**

**“... The organization plans to invite personnel from various countries, including bureaucrats responsible for health and finance in developing countries, to conduct training sessions. Its aim is to educate them about the importance of investing in health and to strive for the strengthening of healthcare finances, among other goals. The intention is to move away from reliance on support from developed countries and toward enabling developing countries to expand their medical resources with their own financial means.”**

## A few Global Health events coming up

### People’s Dispatch - What to expect from the 5th People’s Health Assembly?

<https://peoplesdispatch.org/2024/03/19/what-to-expect-from-the-5th-peoples-health-assembly/?ref=peoples-health-dispatch.ghost.io>

**“Health movements from around the world will debate strategies and tactics at the 5th People’s Health Assembly in Mar del Plata, Argentina, as Javier Milei’s brutal privatization policies attack public services in the country” “The People’s Health Assembly is set to take place between April 7 and 11. “**

**“... The rise of the far-right around the world is one of the themes running through the PHA 5. But many other crises will be debated during the event. “The Assembly will have a very strong character of solidarity with the Palestinian people, an issue that has become much more acute in recent months,” Mattos said. “It’s going to be an Assembly very marked by the discussion of this geopolitical moment, in which wars intensify and the climate crisis is a threat to the entire planet.” ...”**

**“The PHA 5 agenda will be structured around five thematic areas: transforming health systems, gender justice in health, ecosystem health, resisting war and forced migration, and ancestral and popular knowledge and practices.”**

PS: “... **A new addition in 2024 is the 1st International Conference on Collective Health and Primary Health Care**, aiming to foster discussions on the implementation and challenges of primary care in the Global South.....”

- For more info, see PHM - [The wait is over: 5th People's Health Assembly, Mar del Plata 2024](#)

Themed ‘ **"Health for All" as a Pledge for "Buen Vivir"**.

## **France to co-host with African Union and Gavi the launch of the African Vaccine Manufacturing Accelerator (AVMA) and Gavi’s Investment Opportunity for 2026–2030**

<https://www.gavi.org/news/media-room/france-co-host-african-union-gavi-launch-african-vaccine-manufacturing-gavi-investment-opportunity-2026-2030>

Emmanuel is probably already getting in good boxing shape to “shine” once again at a High-Level event - the sort of event for which he was born and raised. Already looking forward to his ‘happy marriage’ pictures too, with all sorts of leaders attending.

**“The high-level event, co-hosted in Paris on 20 June 2024 by the Government of France, the African Union and Gavi, together with Team Europe partners, will gather leaders from government, partner organisations, civil society and business across the globe, to accelerate sustainable immunisation and innovation for equitable health by 2030 and beyond, with a focus on Africa. The African Vaccine Manufacturing Accelerator (AVMA), an innovative financial mechanism, designed by Gavi in close collaboration with Africa CDC, will be officially launched to help vaccine manufacturers in Africa and support regional diversification of vaccine manufacturing. The event will also make the case for donors to invest in a new era of immunisation with the launch of Gavi’s investment opportunity for 2026–2030. “**

## **Access to vaccines, medicines & other health technologies**

**Science News - Long-lasting, injectable HIV prevention drug set for “aggressive” roll-out in Africa**

<https://www.science.org/content/article/long-lasting-injectable-hiv-prevention-drug-set-aggressive-roll-out-africa>

**“U.S. government agency plans to make inexpensive shots widely available for people at risk.” “... injectable PrEP is now on the cusp of being widely introduced in Africa, thanks to the President’s Emergency Plan for AIDS Relief (PEPFAR), a U.S. government program, which has purchased it at a steep discount....”**

**“Over the next 2 years, we will see more injectable PrEP use in East and Southern Africa than we’ll see in the U.S.,” predicts Mitchell Warren, who heads AVAC, an advocacy group for HIV prevention. “That’s turning history on its head.” PEPFAR had provided 24,000 doses of injectable PrEP in**

**Zambia, Zimbabwe, and Malawi by 6 March and has plans for an “aggressive scale-up,” says PEPFAR head John Nkengasong. The drug has “the potential to bend the curve on the annual 1.3 million new HIV infections globally,” Nkengasong says, but the **availability and cost of injectable PrEP “are still a big concern” and could limit its impact. “****

**“...The long-acting, injectable version of PrEP, made by the pharmaceutical company ViiV Healthcare, contains the antiviral cabotegravir (CAB-LA); a shot once every 2 months suffices. ....** ...ViiV was **assailed by activists** in 2022 for not making inexpensive versions of CAB-LA available in Africa, but **the company has stressed it is committed to selling CAB-LA at “a nonprofit price” in low-income countries until a generic version is available.** “We seek to make our medicines widely available to those who need it—regardless of income or where they live, driven by public health needs,” ViiV said in a statement to *Science*. **PEPFAR pays \$30 per 2-month dose, or \$180 per year. There is also PrEP in a vaginal ring version that works for 1 month and costs PEPFAR \$13 each.”**

**“...ViiV will have at least 1.2 million doses of CAB-LA available for low- and middle-income countries through 2025, and about 30% of those will go to PEPFAR. But so far, not a single country in sub-Saharan Africa has put in an order to purchase the drug with its own money, says Linda-Gail Bekker, who runs the Desmond Tutu HIV Centre at the University of Cape Town. .... For mass introduction, she and others say, the price will need to come down further. ViiV has signed a voluntary licensing agreement with the **Medicines Patent Pool** that makes it possible to cut deals with companies that can produce the drug more cheaply. Three generics manufacturers have licensed the drug, but Warren estimates it will take at least 2 years before they can deliver. The generics must first be shown to work as well as ViiV’s drug, and they are unlikely to be as cheap as pills, because injectable PrEP is more complicated to manufacture....”**

## **Globalization & Health - Which roads lead to access? A global landscape of six COVID-19 vaccine innovation models**

A A Ruiz et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-024-01017-z>

« ...vaccine developers’ practices were not monolithic, but rather, took diverse approaches to supplying different countries, with important implications for global access....”

« Using data on R&D investments, regulatory approvals, manufacturing and purchase agreements, and vaccine deliveries, **we identified six distinct innovation models that apply across the 14 COVID-19 vaccines with more international presence from 2020–2022. “Western Early Arrivers”** Pfizer/BioNTech and Moderna supplied the largest volumes quickly and prioritized high-income countries (HICs) from registration to vaccine delivery. **“Western Latecomers”** Janssen and Novavax supplied intermediate volumes later, also prioritizing HICs but with a greater proportion to L&MICs. **“Major Chinese Developers”** Sinopharm and Sinovac supplied intermediate volumes early, primarily to middle-income countries (MICs). **“Russian Developer”** Gamaleya completed development early but ultimately supplied small volumes, primarily to middle-income countries (MICs). **“Cosmopolitan Developer”** Oxford/AstraZeneca supplied large volumes early to HICs and MICs at the lowest prices. Finally, **“Small MIC Developers”** CanSino, Bharat Biotech, Medigen, Finlay Institute and the Center for Genetic Engineering and Biotechnology (CGEB), exported relatively small volumes to a few MICs. **Low-income countries (LICs) were not targeted by any developer, and received far fewer doses, later, than any other income group. Almost all developers received public funding and other forms of support, but we found little evidence that such support was leveraged to expand global access.**

« Each of the six innovation models has different implications for which countries get access to which vaccines, how quickly, and at which prices. Each offers different strengths and weaknesses for achieving equitable access. **Our findings also suggest that Western firms had the greatest capacity to develop and deliver vaccines quickly during the pandemic, but such capacity is rapidly becoming more globally distributed with MICs playing a significant role, especially in supplying other MICs.** »

## People's Health Dispatch – Public pharma infrastructure could give the world access to a treasure trove of medicines

<https://peoplesdispatch.org/2024/03/20/public-pharma-infrastructure-could-give-the-world-access-to-a-treasure-trove-of-medicines/?ref=peoples-health-dispatch.ghost.io>

**“Health activists and scientists in Europe met to develop strategies to build regional public pharmaceutical infrastructure** as pandemic lessons seems lost on governments and producers.”

“...In the four years following the declaration of COVID-19 as a public health emergency, major pharmaceutical firms and their allies have been unrelenting in their efforts to fend off reforms aimed at overhauling the existing framework for medicines’ research, development, and distribution. **Speaking at the Public Pharma for Europe conference in Brussels on March 15-16**, Nicoletta Dentico from the Society for International Development (SID) emphasized the unsustainable nature of the pharmaceutical industry’s current monopoly. **“Public health is too important to be left in the hands of the private sector,”** Dentico argued. **Instead of giving in to a Pandemic Treaty that will perpetuate the status quo, right to health groups should continue to push for an alternative vision of access to medicines based on public pharmaceutical infrastructure**, she said. “We should all be engaged and united in order to build the public pharma infrastructure we need to meet the next pandemic.” ...”

## India pharma quality lapses force U.S. to look to China for lifesaving drugs

S Chakraborty & C Zhou;

<https://asia.nikkei.com/Spotlight/Special-Reports/India-pharma-quality-lapses-force-U.S.-to-look-to-China-for-vital-drugs>

“Toxic medications, burned records, analog systems dim prospects for world’s third largest pharmacy.”

**“.... Even amid a global “China decoupling,” India’s drug lapses are likely to make the \$86 billion U.S. generics market – the world’s biggest and one in which India accounts for almost one in three drugs sold – a battleground for Indian and Chinese manufacturers....”**

- Related **tweet by D R Chowdhury**: *““Most Indian generics companies are family-owned, with little appetite to invest because the entire model is based on cost arbitrage. It’s all about maximizing profit” @d\_s\_thakur A damning deep dive into the lapses of India's pharma industry.”*

## Reuters - Moderna secures \$750 mln from Blackstone Life Sciences to develop flu shots

[Reuters](#);

**“ Moderna (MRNA.O) said on Wednesday it has entered into an agreement with private equity firm Blackstone's (BX.N), opens new tab life science investment platform for a funding of \$750 million to develop its mRNA flu vaccines.”**

“The biotech firm has been developing multiple vaccines to make up for a decline in sales of its COVID shots, sold under brand name Spikevax, and plans to spend about \$4.5 billion in 2024 towards research and development. Developing multiple vaccines "requires substantial investment in late-stage studies and we are excited to welcome Blackstone and their innovative financing model," CEO Stéphane Bancel said in a statement. **Blackstone Life Sciences will get commercial milestone payments and low-single digit royalties as part of the agreement**, the COVID-19 vaccine maker said.” “...**The company estimates flu vaccines to represent an about \$7 billion market this year**, and expects its scope to widen as new shots become available. Moderna plans to file its application with regulators this year.”

## Bloomberg - Ozempic, Novo's \$1,000 Diabetes Shot, Can Be Made for Under \$5 a Month

<https://www.bloomberg.com/news/articles/2024-03-27/ozempic-novo-s-1-000-diabetes-drug-can-be-made-for-less-than-5-a-month>

**“Active ingredient in Ozempic costs 7 cents a dose, study finds; Novo says it's invested billions in research and production.”**

“ ... "Novo's popular drug could be manufactured for 89 cents to \$4.73 for a month's supply, figures that include a profit margin, **researchers at Yale University, King's College Hospital in London and the nonprofit Doctors Without Borders reported in the journal JAMA Network Open.**" ...."That compares to the monthly US list price of \$968.52 for Ozempic, a weekly injection." .... **The profit margin is immense,**” on drugs like Ozempic, said Melissa Barber, a public health economist at Yale and the study's corresponding author. “There should be a conversation in policy about what is a fair price.”

- See also MSF Access - [New MSF costing study in JAMA reveals dramatic markup on prices of new diabetes medicines and insulin pens](#)

**“GLP-1 drugs (e.g. Ozempic) are sold at a nearly 40,000% markup in the US, but unavailable in low- and middle-income countries; and treating diabetes using insulin pen devices could be 30% less expensive than using vials and syringes if priced lower.”**

“A [study](#) published today by Doctors Without Borders/Médecins Sans Frontières (MSF) in the Journal of the American Medical Association (JAMA) Network Open, puts forward **two key findings that reveal exorbitant corporate profiteering on newer diabetes medicines and insulin pen devices.....”**

## Devex - New Novartis drug aims to tackle parasite resistance to antimalarials

<https://www.devex.com/news/new-novartis-drug-aims-to-tackle-parasite-resistance-to-antimalarials-107338>

**“The World Health Organization currently recommends six combination drug treatments for uncomplicated malaria, but they all rely on artemisinin, the wonder malarial drug that is now under threat due to emerging parasite resistance.”**

**“Global pharmaceutical company Novartis is working on several new drugs to treat malaria and its severe forms, and address emerging parasite resistance to current treatments. The most advanced in clinical development is Ganaplacide, a novel antimalarial drug that has the potential to clear infection and kill the sexual transmission stages of the parasite, helping stop further transmission of malaria. In trials, the drug in combination with the antimalarial drug lumefantrine has also shown to clear preexisting parasites that have developed partial resistance to artemisinin, a key anti-malarial drug, according to Caroline Boulton, global program head for malaria at Novartis.”**

**“At present, the drug is in phase 3 trials in several African countries to compare its efficacy with Coartem, the current drug of choice for treating uncomplicated malaria across sub-Saharan Africa where the deadly malaria parasite Plasmodium falciparum is most prevalent. Novartis expects the trials to conclude in 2025....”**

**“... broadly, Boulton said they’re looking at different ways to ensure the drug becomes accessible to everyone irrespective of their socioeconomic or geographical location. They are currently in discussions with procurement agencies, such as [The Global Fund to Fight AIDS, Tuberculosis and Malaria](#), for example. ... But to get there, they need to establish the drug’s efficacy. They also need to get it approved by stringent health authorities, or prequalified by WHO, which are part of the [Global Fund’s eligibility requirements](#) for procurement...”**

**“... Boulton said they don’t enforce patents on their products in sub-Saharan Africa, and they will be open to working with reputable organizations in terms of procurement of their antimalarial drugs....”**

## Human Resources for Health

### Guardian - Recruitment of nurses from global south branded ‘new form of colonialism’

<https://www.theguardian.com/global-development/2024/mar/27/recruitment-of-nurses-from-global-south-branded-new-form-of-colonialism>

**“African nurse leaders say poorer nations face severe shortages despite rules intended to stop wealthy countries poaching staff.”**

**“... The UK and other wealthy countries have been accused of adopting a “new form of colonialism” in recruiting huge numbers of nurses from poorer nations to fill their own staffing gaps. International nursing leaders said the trend was leading to worse patient care in developing nations, which were not properly compensated for the loss of experienced healthcare staff.**



**Howard Catton, the chief executive of the International Council of Nurses**, said there was “real anger” among attendees at a **meeting of nursing associations from across Africa in Rwanda this month**. He said: “The African nurse leaders said they were angry that high-income countries were using their economic power to take the nursing workforce they needed from poorer, more fragile countries. “These wealthier countries were effectively creating a new form of long-term dependency that hinders the development of health systems in the source countries.” **They described it as “a new form of colonialism”**, he said.....”.

### **Guardian - Thousands of foreign nurses a year leave UK to work abroad**

<https://www.theguardian.com/society/2024/mar/25/thousands-of-foreign-nurses-a-year-leave-uk-to-work-abroad>

**“Exclusive: Surge in nurses originally from outside the EU moving overseas prompts concern Britain is a ‘staging post’ in their careers.”**

**“Almost 9,000 foreign nurses a year are leaving the UK to work abroad, amid a sudden surge in nurses quitting the already understaffed NHS for better-paid jobs elsewhere.** The rise in nurses originally from outside the EU moving to take up new posts abroad has prompted concerns that **Britain is increasingly becoming “a staging post” in their careers.** The number of UK-registered nurses moving to other countries doubled in just one year between 2021-22 and 2022-23 to a record 12,400 and has soared fourfold since before the coronavirus pandemic. Seven out of 10 of those leaving last year – 8,680 – qualified as a nurse somewhere other than the UK or EU, often in India or the Philippines. Many had worked in Britain for up to three years, according to **research from the Health Foundation.**”

**“The vast majority of those quitting are heading to the US, New Zealand or Australia, where nurses are paid much more than in the UK – sometimes up to almost double. ...** “The reality is that sustained attacks on pay and poor working conditions are leaving the UK’s healthcare services unable to compete on the world stage. International nurses, like all nurses, have every right to choose to work in countries that better value their skills and expertise. It’s no joke that nurse pay in the UK is joint bottom of 35 OECD countries.”...”

### **Wemos - White paper on how to solve Europe’s health workforce crisis**

<https://www.wemos.org/en/white-paper-on-how-to-solve-europes-health-workforce-crisis/>

**“... in a new white paper, the Pillars of Health coalition – with Wemos as lead organization – call on all EU Member States to move away from international competition for health workers, and instead take *united* action to enable health workers across Europe to deliver high-quality healthcare to EU citizens.”**

**“With our white paper, we: present findings and conclusions of our research on health worker mobility and migration in the European Union;... Our research shows that health workers in particular from countries in Eastern and Southern Europe are leaving for other, richer parts of Europe, in search of e.g. better working conditions and career prospects. The countries they leave behind are left with fewer health workers. Furthermore, we see that **the so-called destination countries are unable to educate, recruit and retain sufficient health workers domestically.....**”**

With a number of recommendations.

## Gaza

### HPW - WHO Welcomes UN Security Council Resolution on Gaza Ceasefire – As Battles Rage Around Three Gaza Hospitals

<https://healthpolicy-watch.news/who-welcomes-un-security-council-resolution-on-gaza-ceasefire-as-battles-rage-around-three-gaza-hospitals/>

**“WHO Director General Dr Tedros Adhanom Ghebreyesus on Monday welcomed a UN Security Council resolution calling for a ceasefire and the assurance of humanitarian aid in Gaza, and the immediate release of all hostages. The resolution, which passed with a vote of [14 in favor and the United States](#) abstaining, was the first resolution to pass the body since the 7 October attack by Hamas-led gunmen on Israeli communities that left 1,200 Israelis dead, and triggered Israel’s massive invasion of Gaza in a war that so far has resulted in the deaths of over 32,000 Palestinians, according to Gaza’s Hamas-run health ministry. **The director-general’s comments came as fierce fighting continued to rage in and around three strategically placed Gazan hospitals – [Al Shifa in the north](#), and Nasser and Al Amal Hospitals in Khan Younis. ...”****

### Guardian - Medical crisis in Gaza hospitals at ‘unimaginable’ level, aid agencies say

<https://www.theguardian.com/world/2024/mar/25/gaza-medical-crisis-hospitals-aid-agencies>

“Visiting medical team reported untreated open wounds, shortage of supplies to pin fractures and lack of food jeopardising treatment.”

The visiting emergency medical team included Medical Aid for Palestinians, the International Rescue Committee (IRC) and the Palestine Children’s Relief Fund.

## SRHR

### Independent - New EU-AU partnership to save women bleeding to death during childbirth

<https://www.independent.co.uk/new-eu-au-partnership-to-save-women-bleeding-to-death-during-childbirth/>

More news from last week’s High-Level event in Brussels.

**“The European Union (EU) has partnered with the African Union (AU) to fund a new project to accelerate access to life-saving medicines by pregnant women in five African countries including; Uganda....”**

**“The project aims to reduce severe bleeding after child birth or postpartum hemorrhage management in each of the targeted countries through strengthened regional pooled procurement mechanisms for life-saving medicines, technical assistance, and knowledge sharing in the Global South. Other countries to benefit from the €20 million (Approx. Shs 83 billion) initiative are Cote d’ Ivoire, Madagascar, Nigeria, and Zambia. The project will eventually spread across Africa through regional policy dialogue.”**

**“The EU funding was announced on March 20 during a European Union-African Union high-level event on global health in Brussels, Belgium. EU Commissioner, Jutta Urpilainen, Dr. Philippe Duneton, the Unitaid Executive Director and Dr. Natalia Kanem, the UNFPA Executive Director signed the agreement for the joint venture, titled “Safe Birth Africa: Improving access to innovative life-saving commodities for sexual and reproductive health in Africa.””**

**“The partnership combines the United Nations sexual and reproductive health agency’s (UNFPA), the global maternal health leadership and network of midwives saving lives, and Unitaid’s record of innovative solutions in treating major diseases in low- and middle-income countries. The joint venture is part of the Team Europe Initiative on Sexual and Reproductive Health and Rights (TEI SRHR) in Africa, a partnership with the African Union and its Regional Economic Communities with the support of the European Union and 10 of its member States....”**

## **Guardian - Meta and Google accused of restricting reproductive health information**

<https://www.theguardian.com/global-development/2024/mar/27/meta-and-google-accused-of-restricting-reproductive-health-information>

**“Report claims posts on abortion and contraception have been deleted while misinformation on the feeds of social media users in Africa, Latin America and Asia has not been tackled.”**

**“Meta and [Google](#) are accused in a new report of obstructing information on abortion and reproductive healthcare across Africa, Latin America and Asia. MSI Reproductive Choices (formerly Marie Stopes International) and the Center for Countering Digital Hate claim the platforms are restricting local abortion providers from advertising, but failing to tackle misinformation that undermines public access to reproductive healthcare.....”**

## **NYT - The Brutality of Sugar: Debt, Child Marriage and Hysterectomies**

[NYT](#)

**NYT article in collaboration with The Fuller Project, a journalism nonprofit that reports on global issues affecting women.**

**“... a New York Times and [Fuller Project](#) investigation has found that **these brands [Coke, Pepsi, ...] have also profited from a brutal system of labor that exploits children and leads to the unnecessary sterilization of working-age women.** Young girls are pushed into illegal child marriages so they can work alongside their husbands cutting and gathering sugar cane. Instead of receiving wages, they work to pay off advances from their employers — an arrangement that requires them to pay a fee for the privilege of missing work, even to see a doctor. **An extreme yet common****

**consequence of this financial entrapment is hysterectomies.** Labor brokers loan money for the surgeries, even to resolve ailments as routine as heavy, painful periods. And the women — most of them uneducated — say they have little choice. Hysterectomies keep them working, undistracted by doctor visits or the hardship of menstruating in a field with no access to running water, toilets or shelter....”

“**Removing a woman’s uterus has lasting consequences, particularly if she is under 40.** In addition to the short-term risks of abdominal pain and blood clots, it often brings about early menopause, raising the chance of heart disease, osteoporosis and other ailments. But **for many sugar laborers, the operation has a particularly grim outcome: Borrowing against future wages plunges them further into debt, ensuring that they return to the fields next season and beyond.** Workers’ rights groups and the United Nations labor agency [have defined](#) such arrangements as **forced labor....”**

## Gender-based violence

### WHO - New publications on violence against women with disability and older women

<https://www.who.int/news/item/27-03-2024-who-calls-for-greater-attention-to-violence-against-women-with-disabilities-and-older-women>

“**Older women and women with disabilities face particular risk of abuse, yet their situation is largely hidden in most global and national violence-related data, according to two new publications released today by the World Health Organization (WHO).** The health agency is calling for better research across countries that will help ensure these women are counted, and that their specific needs are understood and addressed....”

“Where there is evidence on gender-based violence amongst these groups, data shows high prevalence. [One systematic review](#) found greater risks of intimate partner violence for women with disabilities compared with those without, while another also found [higher rates of sexual violence](#). ...”

PS: WHO released **two new briefs**, focusing on **the need to include older women and women with disability in research on gender-based violence**. They also present evidence on experiences of violence among these groups, including types of violence, and how these change as women and their partners age. “**In addition to intimate partner and sexual violence**, which are the most common forms of gender-based violence among all women globally, **these groups also face specific risks and additional forms of abuse, such as neglect, forced sterilization, financial abuse and other controlling behaviours from their caregivers.** Risks are heightened by stigma and discrimination that reduce access to services or information.”

“**The briefs are the first in a series on neglected forms of violence, intended for use by researchers, national statistics offices and others involved in data collection on violence against women.** This work was undertaken as part of the UN Women-WHO Joint Programme on Violence against Women Data.”

Link:

- TGH - [– Bodies into Battlefields: Gender-Based Violence in Sudan](#)

## Planetary Health

We start this section with an important announcement (via Maria Neira (WHO) ):

### Maria Neira

**“Important step - The International Court of Justice #ICJ authorises @WHO to participate in the advisory proceedings on the Obligations of States in respect of Climate Change.”**

This is expected to bring health perspectives into national climate commitment analyses.

### Guardian - Extreme heat summit to urge leaders to act on threat from rising temperatures

[https://www.theguardian.com/environment/2024/mar/27/extreme-heat-summit-to-urge-leaders-to-act-on-threat-from-rising-temperatures?CMP=tw\\_t\\_a-environment\\_b-gdneco](https://www.theguardian.com/environment/2024/mar/27/extreme-heat-summit-to-urge-leaders-to-act-on-threat-from-rising-temperatures?CMP=tw_t_a-environment_b-gdneco)

**“IFRC and USAid staging conference to draw attention to risks and share best practice in disaster alerts and response”**

**“... Two of the world’s biggest aid agencies [will] host an inaugural global summit on extreme heat on Thursday as directors warn that the climate crisis is dramatically increasing the probability of a mass-fatality heat disaster. The conference [will] highlight some of the pioneering work being done, from tree-planting projects to the development of reflective roof coverings that reduce indoor temperatures.”**

**“... The International Federation of Red Cross and Red Crescent Societies (IFRC) and the United States Agency for International Development (USAid) have come together to stage this [virtual conference](#), in which they will urge national governments, local authorities, humanitarian groups, companies, school and hospitals to **develop heat action plans**. They will float the idea of **naming heatwaves in the same way that typhoons or hurricanes are labelled to make them more prominent.....**”**

### Guardian - Surge of new oil and gas activity threatens to wreck Paris climate goals

<https://www.theguardian.com/environment/2024/mar/28/oil-and-gas-fossil-fuels-report>

**“World’s fossil-fuel producers on track to nearly quadruple output from newly approved projects by decade’s end, report finds.”**

Cfr a new report by [Global Energy Monitor](#), a San Francisco-based NGO.

## The Toxic Air We Breathe: Greenpeace Maps Africa's Air Pollution Hotspots

<https://www.greenpeace.org/africa/en/press/55105/the-toxic-air-we-breathe-greenpeace-maps-africas-air-pollution-hotspots/>

**“Egypt, Nigeria, and South Africa have emerged as Africa’s most polluted countries in terms of air pollution disease burden**, with profound health consequences for Africa’s people and exacerbated impacts on climate change, a **report prepared by Greenpeace Africa and Greenpeace MENA** can now reveal. Titled **“Major Air Polluters in Africa Unmasked,”** the **report investigates the biggest human sources of air pollution across Africa, focusing on major industrial and economic sectors, including the fossil fuel industry.** Every year in Africa, as many as 1.1 million premature deaths [have been linked](#) to air pollution....”

## Plos GPH - Reflections from COP28: Resisting healthwashing in climate change negotiations

A Singh, K van Daalen et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003076>

**The authors raise concerns about potential “#healthwashing”** (i.e., the misuse of health to advance self-interest whilst contributing to poor health outcomes) **in the climate change space.**

## Plos GPH - Advancing the climate change and health nexus: The 2024 Agenda

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003008>

By Vanessa Kerry et al.

**On what needs to be done, post-COP 28.** Including: “A health centered climate response which focuses on building resilient, capable of shock-withstanding, entire health systems will save millions of lives.”

## Miscellaneous

### CGD (blog) – Advancing Equity and Innovation in Research Publishing: Time for a New Era in the Open Access Movement?

Tom Drake; <https://www.cgdev.org/blog/advancing-equity-and-innovation-research-publishing-time-new-era-open-access-movement>

“Today marks a **significant milestone as the Bill & Melinda Gates Foundation (BMGF) announces a new [Open Access policy](#)**, representing a departure from traditional practices. This policy will cease support for individual article publishing fees, known as APCs, and **mandate the use of preprints while advocating for their review.** **This blog looks at the rationale behind this change**, exploring the persistent challenges in research publishing and the potential of preprint servers as a solution. **It also examines the implications for researchers and research users, highlighting the benefits and drawbacks of this new approach.** Finally, it **offers recommendations for research funders and researchers** to embrace this shift towards equity and innovation in research publishing....”

- Related tweet Seye Abimbola:

“Watch what happens as @gatesfoundation stops paying article publishing fees, shifts to peer reviewed preprints, & advocates for “low-cost digital publishing platforms”. I predicted this 5 years ago!”

## UNAIDS welcomes the adoption of a crucial resolution recognizing harm reduction measures at the UN Commission on Narcotic Drugs

[https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/march/20240322\\_harm-reduction](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/march/20240322_harm-reduction)

“UNAIDS welcome[d] the adoption of a key resolution [last week] at the 67th session of the United Nations Commission on Narcotic Drugs (CND), recognizing harm reduction for the first time as an important part of an effective public health response. The resolution encourages member states to develop and implement harm reduction measures to minimize the adverse public health and social consequences of the non-medical use of illicit drugs. UNAIDS congratulates the CND and the CND Chair for this historic milestone. **The resolution represents a landmark in political commitment to a rebalancing of drug policy towards a public health approach.** Such a shift is critical to meeting the targets in the 2021-2026 Global AIDS Strategy.....”

## Global health events

### Devex - Could city-to-city relationships be the key to urban health?

<https://www.devex.com/news/could-city-to-city-relationships-be-the-key-to-urban-health-107213>

With some more coverage on **the summit for the Partnership for Healthy Cities**. (see also a previous IHP issue).

“**Bloomberg Philanthropies, Vital Strategies, and the World Health Organization brought local government workers from 52 cities together to share their success and failure stories around reducing noncommunicable diseases and injuries.**”

“... It’s an initiative working to prevent urban populations from contracting noncommunicable diseases and experiencing injuries .... **Vital Strategies and WHO serve as the implementing partners and guide the cities around best practices and provide technical support and feedback on their proposals.** The partnership hosts a policy accelerator program that focuses on developing policies and getting them adopted and implemented..... **More broadly, WHO is building up its urban health programs and has a research agenda to support that growth, said Dr. Etienne Krug, director of the department of social determinants of health at WHO. “For us, urban health becomes more and more of a priority,”** he said....”

### 77<sup>th</sup> World Health Assembly WHA 77 (27 May – 1 June)

[https://apps.who.int/gb/e/e\\_wha77.html](https://apps.who.int/gb/e/e_wha77.html)

A webpage has already been created, but so far with no content.

## Global health governance & Governance of Health

### Foreign Policy - Asia Should Take the Lead on Global Health

K S Reddy & P Balasubramaniam; [https://foreignpolicy.com/2024/03/28/global-health-asia-leader-solidarity-innovation-covid-pandemic/?tpcc=recirc\\_latest062921](https://foreignpolicy.com/2024/03/28/global-health-asia-leader-solidarity-innovation-covid-pandemic/?tpcc=recirc_latest062921)

“The region’s health care systems and innovations show how solidarity can shape well-being.”

### Devex Pro - Are local voices shaping USAID policies? A new report says: not quite

<https://www.devex.com/news/are-local-voices-shaping-usaid-policies-a-new-report-says-not-quite-107335>

(gated) ““They may not speak in USAID acronyms. But for heaven’s sake, it’s important to try to pick their minds,” says Moses Isooba, the executive director of the Uganda National NGO Forum.”

“... In perhaps the next big move for localization, **the U.S. Agency for International Development is analyzing whether its internal policies — which shape its multibillion-dollar programs — are truly taking local organizations into account.** And so far, the answer to that question seems to be: not quite. Or at least, **not yet, according to a [new report](#) released by [Save the Children](#).** ....”

### 2-part interview in Exemplars News with Roopa Dhatt (Women in Global Health)

See <https://www.exemplars.health/stories/ensuring-fair-compensation-for-female-health-workers>

“In the **first part** of a two-part interview, the executive director of Women in Global Health discusses how global health institutions can improve gender equity in leadership – and address the fact that millions of female health workers aren’t being paid for their work.”

& here: <https://www.exemplars.health/stories/true-male-allyship-is-about-using-power-and-privilege-to-create-opportunities-for-women>

“In the second part of an interview with the executive director of Women in Global Health, Exemplars News asked her about how gender inequality in global health leadership can be addressed – and how men can be real allies to women in the sector.”

### Devex - The Bond manifesto

[What the aid sector wants from the next UK government](#) (Pro)



(gated) “ ... With the United Kingdom likely to head into elections in the second half of this year, **Bond, the U.K. network for development organizations, published a manifesto containing its key asks for the next government.** With the opposition Labour Party ahead in the polls, **it’s effectively a wish list of things U.K. civil society wants** Lisa Nandy, who is expected to be the next development minister, and her bosses to add to their own manifesto. **The Bond manifesto calls for a greater focus on locally led development and humanitarian relief, and more money to be spent on the poorest in the world, among other things. ....”**

## International Studies Quarterly - Race and International Organizations

Kseniya Oksamytna et al; <https://academic.oup.com/isq/article/68/2/sqae010/7633680?login=false>

“While International Relations scholarship has increasingly addressed questions of race, the literature on international organizations (IOs) has been slower to do so. In particular, it has neglected how race functions within IO workforces. **Building on sociological theories of racialized organizations, we develop the concept of racialized IOs.** Like domestic organizations, racialized IOs are characterized by enhanced or inhibited agency of racial groups, racialized distribution of resources, credentialing of whiteness, and decoupling of formal rules and informal practices along racial lines. However, there are also two important differences. First, since IOs rely on member states for resources, their secretariats need to accommodate powerful white-majority countries (macro-level pressures). Second, since IO workforces are diverse, their employees may bring a range of racial stereotypes that exist in their societies into their professional practice (micro-level pressures).”

## Development Today - Sweden opens NGO funding pool to global competition, terminates all contracts with Swedish actors

Ann Danaiya Usher; <https://www.development-today.com/archive/2024/dt-3--2024/sidas-ngo-aid-no-longer-restricted-to-swedish-organisations.-civil-society-funding-to-be-untied>

(gated) “**Sida sent shock waves through the Swedish NGO community in Stockholm last week, announcing that it is preparing to terminate multi-year agreements with all its partner organisations by the end of this year.** Sida has been instructed to **put in place a totally new funding model by January 2025,** where non-Swedish civil society organisations can compete for funding.”

## GFO - Global Health Governance – Representation in a climate of intolerance

[Global Health Governance – Representation in a climate of intolerance – Aidspace](#)

“This article, using insights from various sources, **aims to provide a glimpse into some of the issues vis-à-vis health governance in some of the multilateral global health initiatives.** These include representation, and **the climate of increasing intolerance for sexual and reproductive rights** that pose the risk of delayed and sometimes cutting off funding to interventions that seek “to leave no one behind” in ensuring access to prevention, treatment and care of diseases.”

## UNAIDS - With a modest increase in investment UNAIDS can get 35 countries over the line to end their AIDS pandemics by 2025

[https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/march/20240328\\_increase-funding](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/march/20240328_increase-funding)

“UNAIDS needs to increase funding to just 1% of the US\$ 20 billion HIV resources to effectively support countries in their goal of ending AIDS by 2030.”

“UNAIDS is urging donors for a modest increase in funding to ensure that 35 countries can end their AIDS pandemics by 2025, five years ahead of the 2030 target. **Current funding for UNAIDS is at US\$ 160 million, less than 50% than the resources available in 2015. For maximum impact UNAIDS estimates it will need US\$ 210 million annually** which represents less than 0.02% of total health spending in low- and middle-income countries....”

## Global health financing

### KFF - Global Health Funding in the FY 2024 Final Appropriations Bill

<https://www.kff.org/news-summary/global-health-funding-in-the-fy-2024-final-appropriations-bill/>

See also last week’s issue on this US Budget. With a **breakdown (as of 25 March)**. Including:

“**Total funding for global health in FY 2024 declined compared to the FY 2023 enacted level:** Funding provided to the State Department and USAID through the Global Health Programs (GHP) account, which represents the bulk of global health assistance, **totals \$10 billion, or \$531 million below the FY 2023 enacted level....”**

“**The declines were largely due to a decreased contribution to the Global Fund and global health security:** The bill provides \$350 million less to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in FY 2024 compared to FY 2023, though this is due to a funding match requirement that limits the amount the U.S. can contribute (a cap of 33% of total contributions to the Global Fund from all other donors). The bill also includes \$200 million less for global health security....”

## UHC & PHC

We start this section with a tweet by GFF on a **workshop in Nairobi**:

**Joint Learning Agenda on Health Financing and UHC: “A 2-year capacity programme for civil society on advocacy and accountability in favour of health financing for UHC. This week, we’re in Nairobi, together with @gavi @globalfund @wacihealth and other partners for the #JointLearningAgenda Workshop.** Discussions focus on sustainable health financing and empowering #civilsociety to drive the #HealthForAll mission forward.”

## TGH - China's Emerging Welfare Crisis

Yanzhong Huang; <https://www.thinkglobalhealth.org/article/chinas-emerging-welfare-crisis>

“Signs are surfacing of an impending crisis in the country's medical insurance system.” Since 2019.

## Lancet Letter - The toll of violence on health care in Pakistan: a collective responsibility

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01627-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01627-6/fulltext)

by S Javed et al.

# Pandemic preparedness & response/ Global Health Security

## A few Spark Street Team briefing notes re INB9

“... We have also prepared two briefing notes for Member States as they progress with their negotiations in other areas: [Pathogen Access and Benefit Sharing](#) (PABS) - This 2-pager explains the PABS system – which has turned out to be one of the sticking points in the negotiations. [WHO Constitution Article 19 or 21](#)? - Together with Prof. Alexandra Phelan from John Hopkins University, we explore the implications for the different “heads of power” (e.g., articles of the WHO Constitution) under which the Pandemic Accord might be adopted.”

## WHO IHR Revisions & Pandemic Agreement Urgent Legal Notice - Free and Informed Consent for Medical Countermeasures

<https://www.who.int/news/item/27-03-2024-who-launches-covinet--a-global-network-for-coronaviruses>

“This Urgent Legal Notice calls on States and the WHO to integrate an unconditional and express commitment to the protection of the human rights of every individual not to be subjected to medical treatment or medical or scientific experiments without free and informed consent in both the amended International Health Regulations (IHR) and the new Pandemic Agreement.”

## Nuclear Threat Initiative - NTI Publishes New Details about Tool for Assessing Pandemic Origins

<https://www.nti.org/news/nti-publishes-new-details-about-the-joint-assessment-mechanism-jam/>

“NTI | bio is publishing a [working paper](#) on its proposed Joint Assessment Mechanism (JAM), a tool for discerning the source of high-consequence biological outbreaks of unknown origin. The ability to rapidly assess the source of emerging pandemics is critical to mitigating their effects in real time and to protecting against future risks. The new paper marks the first time that many details about the structure and function of the JAM are being made publicly available.”

“The white paper, which reflects several rounds of [consultations](#) with an international group of technical and policy experts, diplomats, and other key stakeholders in the field of pandemic preparedness, **provides an in-depth argument for establishing the JAM to fill the critical gap among existing UN mechanisms and entities. The paper suggests that the JAM should be based within the Office of the UN Secretary General**—serving as an interface between the World Health Organization (WHO), the UN Secretary-General’s Mechanism, and other key stakeholders—**where it can provide an ongoing baseline assessment of current biological risks.**”

## Project Syndicate –How to Save the Pandemic Treaty

M Mazzucato et al ; <https://www.project-syndicate.org/commentary/pandemic-treaty-needs-the-following-to-succeed-by-mariana-mazzucato-2024-03?barrier=accesspaylog>

“... The treaty’s success will depend on member states’ willingness to hardwire equity into its terms. And that, in turn, will require a new economic paradigm. If the treaty is whittled down to become as inoffensive as possible, it will fail...”

Includes a nice wish-list, based on some of the ideas in her Council on the Economics of Health for All, but with zero chance of having all that in a pandemic agreement (if it ever materializes in the first place).

## Science News - Smallpox may be gone but U.S. should better prepare for its return, report says

<https://www.science.org/content/article/smallpox-may-be-gone-u-s-should-better-prepare-its-return-report-says>

“Improved vaccines, drugs, and diagnostics needed for old foe, and could also help against new ones like the mpox virus, **panel** concludes.”

Links:

- WHO resource - [PHSM Knowledge Hub: Evidence and tools for assessing the impact of Public Health and Social Measures during health emergencies.](#)
- Health Policy Open – [Planning with a gender lens: A gender analysis of pandemic preparedness plans from eight countries in Africa](#)

B M. Essue a et al

## Planetary health

### Climate Change News - African dismay at decision to host loss and damage advice hub in Geneva

<https://www.climatechangenews.com/2024/03/21/african-dismay-at-decision-to-host-loss-and-damage-advice-hub-in-geneva/>

**“The UN agencies that will run the Santiago Network recommended it should be based in Nairobi but governments have instead chosen the world’s third-most expensive city.”**

### **Climate Change News - Expectations mount as loss and damage fund staggers to its feet**

<https://www.climatechangenews.com/2024/03/25/expectations-mount-as-loss-and-damage-fund-staggers-to-its-feet/>

**“The newly appointed board of the climate finance world’s latest entry – the hard-won UN “loss and damage” fund – will likely hold its first meeting in late April after delays in agreeing members. But despite soaring needs for help, the fund itself isn’t expected to hand out any money until 2025 at the earliest, officials say.”**

### **Guardian - Calls for international criminal court to end ‘impunity’ for environmental crimes**

<https://www.theguardian.com/environment/2024/mar/26/international-criminal-court-end-impunity-environmental-crimes>

**“Campaigners say activities leading to severe environmental harm usually also violate human rights.”**

**“The international criminal court (ICC) has been urged to start investigating and prosecuting individuals who harm the environment. Academics, lawyers and campaigners from around the world have sent expert opinions to the court outlining what they call its current regime of “impunity” for serious environmental crimes.....”**

### **Devex - Mayors with ‘climate ambition’ urge MDBs to help plug finance gap**

<https://www.devex.com/news/mayors-with-climate-ambition-urge-mdbs-to-help-plug-finance-gap-107332>

**“More than 30 mayors from around the world have signed an open letter warning that the reform of the international financial system will fail if it doesn’t result in greater finance to cities.”**

**“Raising the alarm ahead of the World Bank Spring Meetings in Washington, D.C., over 30 mayors from high- to low-income nations have written to 10 multilateral development banks, including the [World Bank](#), urging them to turn their “gaze” and “influence” to help cities access the climate finance they need. The latest available estimates show cities receive [only 7%-8%](#) of the climate finance they need annually — with the gap even more pronounced for cities in low- and middle-income countries. ....”**

### **Science News - Failure to share scientific data is undermining efforts to protect major Asian rivers, reports find**

<https://www.science.org/content/article/failure-share-scientific-data-undermining-efforts-protect-major-asian-rivers-reports>

“Managing the Indus, Ganges, and Brahmaputra rivers will require more cooperation among nations, researchers say.”

“Asian nations need to expand scientific collaborations and data sharing if they are to address the “enormous and growing” risks that climate change poses to three major rivers that support key ecosystems and nearly 1 billion people, **a series of new reports** from a regional research organization say.....” The reports were released on 20 March by the [International Centre for Integrated Mountain Development](#) and the Australian Water Partnership.

## Guardian - World’s largest oil companies ‘way off track’ on emissions goals, report finds

<https://www.theguardian.com/us-news/2024/mar/22/oil-companies-emissions-goals-report>

“... The analysis from the thinktank Carbon Tracker assessed the production and transition plans of **25 of the world’s largest oil and gas companies**. None align with the central goal of the 2015 Paris climate agreement to keep global warming “well under” 2 degrees above pre-industrial levels, the report found. .... The analysis comes as oil and gas companies are **publicly reneging** on their climate commitments.....”

## Review of International Studies - “Degrowth, global asymmetries, and ecosocial justice: Decolonial perspectives from Latin America”

M Lang; [Cambridge](#);

„Degrowth literature predominantly states that degrowth strategies are meant from and for the **Global North**. While economic mainstream discourse suggests that the Global South still has to grow in terms of achieving development, degrowth proponents expect a reduction of material and energy throughput in the Global North to make ecological and conceptual space for the Global South to find its own paths toward ecosocial transformation. **Based on a Latin American post-development and post-extractivist perspective and drawing on dependency theory, this article suggests another approach: first, it argues that the growth imperative, which in the peripheral world translates into the imperative to develop, also causes harm in societies of the Global South.** Throughout Latin America, in the last decades, economic growth has mainly been achieved through extractivism with negative impacts, which are now being pushed further by green growth strategies. **Second, I explore some possibilities for a cross-fertilisation between degrowth and International Relations scholarship, calling into question the assumption that degrowth in high-income countries would automatically ‘make space’ for the Global South to engage in self-determined paths of ecosocial transformation, as long as the structures, institutions, and rules of global governance and trade which secure profoundly asymmetric, colonial relations are not challenged.**“

## WHO launches new toolkit empowering health professionals to tackle climate change

<https://www.who.int/news/item/22-03-2024-who-launches-new-toolkit-empowering-health-professionals-to-tackle-climate-change>

„... the World Health Organization (WHO) in collaboration with partners has developed [a new toolkit](#) designed to equip health and care workers with the knowledge and confidence to effectively communicate about climate change and health.”

## Ecological Economics - Confronting the dilemma of growth. A response to Warlenius (2023)

Tim Jackson, J Hickel et al; <https://www.sciencedirect.com/science/article/pii/S092180092300352X>

**“This commentary responds to a recent article in this journal (Warlenius, 2023) purporting to identify the ‘limits to degrowth’. We first clarify and set in context the tensions between growth rates and decoupling rates on which the argument is based. In particular, we show how failing to achieve sufficient decoupling appears to leave society torn between missing our climate targets and crashing our economies. This dilemma highlights the tough choices inherent in the climate transition. But it does not imply that critics of growth endorse economic collapse. On the contrary, the intention of postgrowth scholars is clearly to prevent this collapse by offering structural and social reforms, alongside technological options, as a way of meeting climate targets. Specifically we dispute the claim that growth is the best way to achieve high rates of decoupling. Counter to this, we present several mechanisms through which a growth-critical approach may be better aligned with the climate transition than an economic ideology founded on ‘growth at all costs’.”**

## Guardian - ‘Everybody has a breaking point’: how the climate crisis affects our brains

<https://www.theguardian.com/environment/2024/mar/27/everybody-has-a-breaking-point-how-the-climate-crisis-affects-our-brains>

“Are growing rates of anxiety, depression, ADHD, PTSD, Alzheimer’s and motor neurone disease related to rising temperatures and other extreme environmental changes?”

## Science (Policy Forum) - Mandating indoor air quality for public buildings

<https://www.science.org/doi/10.1126/science.adl0677>

“If some countries lead by example, standards may increasingly become normalized.”

Related **tweet A Costello**: “Most countries do not have legislated indoor air quality (IAQ) performance standards for public spaces that address concentration levels of IA pollutants. This paper suggests how to mandate indoor air quality for people worldwide.”

## SS&M - Understanding the interplay of occupational, public health, and climate-related risks for informal workers: A new framework with findings from Zimbabwe and India

<https://www.sciencedirect.com/science/article/pii/S0277953624001941>

by A Sverdlik, R Loewenson et al.

## Covid

### NYT – What’s next for the Coronavirus?

<https://www.nytimes.com/2024/03/22/health/coronavirus-evolution-immunity.html>

„Scientists **studying the virus’s continuing evolution, and the body’s immune responses**, hope to head off a resurgence and to better understand long Covid.“

### Stat - Covid’s scientific silver lining: A chance to watch the human immune system respond in real time

<https://www.statnews.com/2024/03/28/covid-immune-system-response/>

Analysis by H Branswell. „**Pandemic offered first-ever opportunity for scientists to study how the immune system responds to a new threat, in real time, in the global population.**“

### Cidrap News - New data show Paxlovid outperforms molnupiravir against severe COVID-19 outcomes

<https://www.cidrap.umn.edu/covid-19/new-data-show-paxlovid-outperforms-molnupiravir-against-severe-covid-19-outcomes>

“**A large study** yesterday in the *International Journal of Infectious Diseases* shows that, **if prescribed within 5 days of confirmed infection, Paxlovid (nirmatrelvir-ritonavir) is more effective in protecting against all-cause mortality and severe COVID-19 in adults than is molnupiravir**, another antiviral drug. The study was **conducted in Hong Kong in 2022.** ....”

## Mpox

### Health Research Policy & Systems (Commentary) - Intriguing insight into unanswered questions about Mpox: exploring health policy implications and considerations

E Manirambona et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-024-01123-9>

“We documented unanswered questions with Mpox and offered suggestions that could help put health policy into practice. ....”

## Infectious diseases & NTDs

With among others, a few more reads re **World TB Day** from last weekend.



## Lancet Public Health (Viewpoint) - Achieving universal social protection for people with tuberculosis

Ahmad Fuady, et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00046-X/fulltext?dgcid=tlcom\\_carousel4\\_whod](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00046-X/fulltext?dgcid=tlcom_carousel4_whod)

“The UN HLM declaration on the fight against tuberculosis (2023) includes a specific pledge that all people with tuberculosis should receive a social benefits package to mitigate financial hardship. However, it is not known how this specific pledge will be realised and through which concrete actions.....”

Viewpoint on **strategies** to help ensure that the commitments on social protection made in the UN HLM declaration are turned into tangible actions with measurable effects.

## Nature Reviews microbiology - Drug-resistant tuberculosis: a persistent global health concern

M Farhat, M Pai et al ; <https://www.nature.com/articles/s41579-024-01025-1>

Review.

Link:

- Lancet Global Health Comment – [A Global Tuberculosis Dictionary: unified terms and definitions for the field of tuberculosis](#)

## AMR

## Lancet Infectious Diseases (Personal view) - The emergence of artemisinin partial resistance in Africa: how do we respond?

P J Rosenthal et al ; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00141-5/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00141-5/fulltext)

« .... The treatment and control of malaria is challenged by resistance to most available drugs, but **partial resistance to artemisinins (ART-R), the most important class for the treatment of malaria, was until recently confined to southeast Asia. This situation has changed, with the emergence of ART-R in multiple countries in eastern Africa.** ART-R is mediated primarily by single point mutations in the *P falciparum* kelch13 protein, with several mutations present in African parasites that are now validated resistance mediators based on clinical and laboratory criteria. **Major priorities at present are the expansion of genomic surveillance for ART-R mutations across the continent, more frequent testing of the efficacies of artemisinin-based regimens against uncomplicated and severe malaria in trials, more regular assessment of ex-vivo antimalarial drug susceptibilities, consideration of changes in treatment policy to deter the spread of ART-R, and accelerated development of new antimalarial regimens to overcome the impacts of ART-R.** The emergence of

ART-R in Africa is an urgent concern, and it is essential that we increase efforts to characterise its spread and mitigate its impact. »

### **Lancet Infectious Diseases - The epidemiology, transmission, diagnosis, and management of drug-resistant tuberculosis—lessons from the South African experience**

K Naidoo et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00144-0/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00144-0/abstract)

Review.

### **WHO Bulletin – How to finance national antimicrobial resistance action plans**

[https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.291638.pdf?sfvrsn=5feed781\\_3](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.291638.pdf?sfvrsn=5feed781_3)

by S G Ileri et al. **“This article focuses on more and better finance advocated by the WHO Council on the Economics of Health for All, details why a whole-of-government approach is necessary to finance antimicrobial resistance and outlines what steps can be taken....”**

PS: **“...These and other country examples will be further discussed in a forthcoming publication from the WHO Council and the Economics of Health for All, to be released before the September 2024 United Nations General Assembly High-Level meeting on antimicrobial resistance. ...”**

## **NCDs**

### **Guardian - ‘The cost of dealing with disease is growing all the time’: why experts think sugar taxes should be far higher**

<https://www.theguardian.com/society/2024/mar/24/sugar-taxes-governments-public-health-economy>

**“More than 100 countries impose levies on sugar, but should tariffs increase to improve wellbeing and generate revenues to help tackle related illnesses?”**

**“...while such taxes are becoming more common – [108 countries](#) now have some form of sugar tax on soft drinks – there is a lingering sense that they have not yet achieved their potential. In December, the World Health Organization (WHO) [released a report](#) saying that in some cases tax levels are relatively low in most countries and not optimised to achieve public health goals such as incentivising people to choose healthier alternatives by subsidising the cost. As an example, the report [found that 46% of countries](#) that impose sugar taxes on soft drinks also place taxes on bottled water. The lack of a strategy for directly funnelling money from sugar taxes into promoting healthy foods, drinks and lifestyle choices remains one of the biggest criticisms of existing sugar taxes around the world....”**

PS: “...Many public health experts point towards Latin American countries, which have made the most progress when it comes to ushering in broad-scoping taxes on entire categories of unhealthy foods, not just those including sugar.....”

### **Guardian - If a diabetes policy of diet and exercise keeps failing, is it time for a new approach?**

<https://www.theguardian.com/global-development/2024/mar/25/diabetes-policy-diet-exercise-pacific-island-nauru-acc>

“On the Pacific island of Nauru the disease has been addressed in the same way for 50 years, but evidence of other factors – from poor air to stress – challenge old assumptions.”

### **Lancet series – Valvular heart disease**

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

“Valvular heart disease (VHD) is becoming more prevalent in an ageing population, leading to challenges in diagnosis and management. This two-part Series offers a comprehensive review of changing concepts in VHD, covering diagnosis, intervention timing, novel management strategies, and the current state of research.....”

### **More exposure to artificial, bright, outdoor nighttime light linked to higher stroke risk**

[newsroom](#);

“Air pollution and nighttime outdoor light each were associated with harmful effects on brain health, finds new study in **the journal Stroke**.” Based on a study in Ningbo, China.

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

### **The Lancet Psychiatry Commission: transforming mental health implementation research**

[Lancet Psychiatry](#);

“This Commission considers strategies for transforming how we conduct research to produce more actionable evidence to narrow the mental health implementation gap....”

### **Guardian - ‘We are all unwell’: a scholar’s radical approach to health**

<https://www.theguardian.com/wellness/2024/mar/26/mimi-khuc-book-unwellness-health>

“Mimi Khúc discusses **the concept of unwellness** and how it is shaped by the structures around us in **a new book**, dear elia.”

- Link: HP&P - [Network Power and Mental Health Policy in Post-War Liberia](#) (by Amy S Patterson et al)

## Social & commercial determinants of health

### The Milbank Quarterly - Keeping It Political and Powerful: Defining the Structural Determinants of Health

J C Heller et al ; <https://www.milbank.org/quarterly/articles/keeping-it-political-and-powerful-defining-the-structural-determinants-of-health/>

“**The structural determinants of health** are 1) the written and unwritten rules that create, maintain, or eliminate durable and hierarchical patterns of advantage among socially constructed groups in the conditions that affect health, and 2) the manifestation of power relations in that people and groups with more power based on current social structures work—implicitly and explicitly—to maintain their advantage by reinforcing or modifying these rules. ....**Shifting the balance of power relations between socially constructed groups differentiates interventions in the structural determinants of health from those in the social determinants of health.**”

### NCD Alliance - From ideas to action: Accelerating the NCD response through health equity, a conceptual framework

[https://ncdalliance.org/sites/default/files/resource\\_files/Health%20Equity%20Framework\\_Final\\_March24.pdf](https://ncdalliance.org/sites/default/files/resource_files/Health%20Equity%20Framework_Final_March24.pdf)

“This publication aims to provide community advocates with an introduction to what health equity means in the context of NCDs. It also aims to illustrate how a health equity lens can strengthen the NCD response, providing advocacy recommendations to address common barriers to equity and meet the needs of underserved people impacted by NCDs.”

### BMJ Feature - Marmot Places: the areas taking a proactive local approach to health inequalities

<https://www.bmj.com/content/384/bmj.q654>

“Amid a “bleak” national picture, **more than 40 local authorities across England and Wales have committed to making a long term difference to the health of their communities**, writes Erin Dean.”

“... **“Marmot Places” follow the eight principles set out by the influential Michael Marmot**, professor of epidemiology at University College London, whose work has focused on the effects of inequality on health for more than 40 years...”

## Lancet Digital Health - Social determinants of health: the need for data science methods and capacity

[https://www.thelancet.com/journals/landig/article/PIIS2589-7500\(24\)00022-0/fulltext](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(24)00022-0/fulltext)

by R Chunara et al.

## Sexual & Reproductive health rights

### Guardian - 'Staggering' rise in women with reproductive health issues near DRC cobalt mines – study

<https://www.theguardian.com/global-development/2024/mar/28/staggering-rise-in-women-with-reproductive-health-issues-near-drc-cobalt-mines-study>

“Investigation reveals reports of miscarriages, infections and birth defects among women and girls in mining communities.”

“An investigation published by the UK-based human rights group **Rights & Accountability in Development (Raid)** and the Kinshasa-based NGO **Afrewatch** said that women and girls living around cobalt mines reported experiencing irregular menstruations, urogenital infections, vaginal mycoses and warts.....”

### Speaking of Medicine - Closing diagnostic gaps to achieve parity in women's healthcare

By guest contributor **Dr Soumya Swaminathan**;

<https://speakingofmedicine.plos.org/2024/03/21/closing-diagnostic-gaps-to-achieve-parity-in-womens-healthcare/>

“Women and girls account for 50% of the population. Despite this, health systems are ill-equipped to meet their diverse, evolving needs throughout their lives. **We must shift towards a more holistic approach to women's and girls' health and wellbeing, encompassing more than just sexual and reproductive issues. Critically, we must close the diagnostic gaps** that leave too many women and girls suffering from conditions that remain undiagnosed and untreated.”

“.... In this context, **technology-enabled solutions for women's health or “FemTech”** represents a **promising field with a market potential of US\$50 billion by 2025**. With women 75% more likely than men to use digital tools for their health, there is clear demand. Today, **there is an emerging pipeline of FemTech solutions to meet unmet diagnostic needs for women's issues like endometriosis and pre-term birth**. Furthermore, digital solutions like wearable devices and at-home diagnostics can empower women to take greater control of their health. These inclusive and innovative solutions hold particular promise in low- and middle-income countries where women face additional barriers to accessing healthcare services.....”

## Lancet World Report - The Gambia seeks to overturn FGM ban

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00625-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00625-1/fulltext)

“Campaigners warn of the harms to the health and wellbeing of girls and women should The Gambia renege on its agreements. By Sharmila Devi.”

## Access to medicines & health technology

### Economist - Artificial intelligence is taking over drug development

<https://www.economist.com/technology-quarterly/2024/03/27/artificial-intelligence-is-taking-over-drug-development>

Part of a **special report** in the Economist on AI. “Regulators need to up their game to keep up.”

### Globalization & Health - Towards mission-driven investment in new antimicrobials? What role for Chinese strategic industrial financing vehicles in responding to the challenge of antimicrobial resistance?

Lewis Husain et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-024-01030-2>

“...There is a recognised need for policies in the form of ‘push’ and ‘pull’ incentives to support this R&D. **This article discusses China**, a country with a rapidly emerging pharmaceuticals and biotech (P&B) sector, and a history of using coordinated innovation and industrial policy for strategic and developmental ends. **We investigate the extent to which ‘government guidance funds’ (GGFs), strategic industrial financing vehicles (a ‘push’ mechanism), support the development of antimicrobials as part of China’s ‘mission-driven’ approach to innovation and industrial policy.** GGFs are potentially globally significant, having raised approximately US\$ 872 billion to 2020.....”

### Devex - Opinion: The lessons learned from COVID-19 test-and-treat programs

By Caroline Roan; <https://www.devex.com/news/sponsored/opinion-the-lessons-learned-from-covid-19-test-and-treat-programs-107219>

“**The COVID Treatment QuickStart Consortium** is a unique multisector, public-private partnership that aims to accelerate access to health care in low- and middle-income countries and create a pathway forward for long-term scale-up and sustainability.”

Sponsored by Pfizer : )

“... **The QuickStart Consortium** brings together [Duke University](#), [Americares](#), the [Clinton Health Access Initiative](#), and the [COVID Collaborative](#) as implementing partners, along with support from [The UPS Foundation](#), and financial contributions from the [Open Society Foundations](#), [Pfizer](#), and the [Conrad N. Hilton Foundation](#). .... **In September 2022, the COVID Treatment QuickStart**

**Consortium** was formed to accelerate access to COVID-19 oral antiviral treatments for high-risk patients in **10 low- and middle-income countries**. In addition to providing access to a supply of **100,000 treatment courses** of oral antivirals donated by Pfizer, the consortium is **working** with generic manufacturers to accelerate the availability of high-quality, affordable medications in LMICs. The consortium also partners with national governments to support clinical guideline development, set up testing and delivery sites, train health care workers, and more....

**“... the consortium supports governments in embedding a patient-centered “test-and-treat” model that aligns testing, health care consultation, prescribing medication, and treatment delivery. While this public-private partnership continues scaling up test-and-treat programs, lessons learned from countries, including Malawi, Nigeria, Rwanda, South Africa, Ghana, and Zambia, can shed light on some of the challenges — and opportunities — to implementing test-and-treat strategies and accelerating new product introduction for COVID-19 and beyond...”**

### **Stat Plus - During the pandemic, were great vaccines bad business? A company-by-company review**

<https://www.statnews.com/2024/03/25/covid-vaccine-financial-winners-losers-pfizer-biontech-moderna-astrazeneca/>

(gated) **“Was making #Covid vaccine good business for drug companies? In 2021 & 2022, as Pfizer & Moderna raked in billions from sales, the answer seemed to be an unequivocal yes. But with the passage of more time, it's not so clear, @matthewherper explains.”**

**“...the worse a large pharma did at Covid vaccines, the better they are doing now..... That's not great if there is another pandemic.”**

### **Reuters - BioNTech gets US agency notice over default on COVID vaccine royalties**

[Reuters](#) ;

**“BioNTech ([22UAY.DE](#)), [opens new tab](#) said on Monday the U.S. National Institutes of Health has sent a notice to the German company regarding default on the payment of royalties and other amounts related to its COVID-19 vaccine. BioNTech, which partnered with U.S. pharma giant Pfizer ([PFE.N](#)), [opens new tab](#) for its COVID-19 vaccine, however, **said it disagreed with the positions being taken by the NIH and intends to defend against all allegations of breach....”****

### **FT - Amazon hopes anti-obesity drug demand will boost pharmacy business**

[Amazon hopes anti-obesity drug demand will boost pharmacy business \(ft.com\)](#)

**“Ecommerce giant says it stands to generate ‘a lot of revenue’ from Eli Lilly’s Zepbound and similar treatments.”**

**“ Amazon’s online pharmacy business is benefiting from the frenzied demand for anti-obesity drugs among Americans, according to the division’s head, in a boost to ecommerce giant’s bid to disrupt the \$4tn US healthcare industry. The retail giant struck a deal earlier this month to dispense medication on behalf of Zepbound maker Eli Lilly’s direct-to-consumer service LillyDirect. That is likely to help drive the “rapid growth” the business is experiencing as patients seek “more**

convenient options to engage with their healthcare”, John Love, general manager and vice-president of Amazon Pharmacy, told the Financial Times. **Amazon Pharmacy stands to generate “a lot of revenue” from drugs such as Eli Lilly’s Zepbound injection and Novo Nordisk’s Wegovy, which are both available to patients directly through the Amazon website, as patients scramble to access limited supply, he said.....”**

### Stat - Brazil’s plan for low-cost CAR-Ts

<https://www.statnews.com/2024/03/27/biotech-news-blackstone-life-sciences-merck-bluebird-bio-car-t-brazil-fda-gene-therapy/>

**“... CAR-T therapies have proved curative for some blood cancer patients, but their high prices — they retail between around \$350,000 and \$475,000 in the U.S., much of that driven by manufacturing costs — have limited access in much of the world. The Brazilian government will now test whether they can bring those costs down — dramatically. On Tuesday, Fiocruz, a foundation from the government’s ministry of health, [signed an agreement](#) with a 3-year-old U.S. nonprofit called Caring Cross. Under the deal, Caring Cross will provide equipment, materials, and expertise to develop CAR-T treatments at one-tenth of the current cost. “**

“It’s part of a new movement to produce CAR-Ts cheaply in hospitals or other care centers themselves, rather than at centralized, pharma-owned factories. Caring Cross will set up mobile manufacturing units at multiple sites and help Fiocruz, which made Covid vaccines for much of Brazil, produce viruses and transform cells. **If it works, it could set up a model for making CAR-Ts available across Latin America and much of the world, including for lower costs in the U.S.”**

## Miscellaneous

### Devex (Pro) - How much ODA reaches low- and middle-income countries?

<https://www.devex.com/news/how-much-oda-reaches-low-and-middle-income-countries-107214>

**“The data suggests that less than half of the total bilateral ODA goes to projects that the recipient countries can manage. The bulk still goes to non-project-type interventions, such as debt relief and in-donor refugee costs....”**

Re CPA, or country programmable aid.

**“... A Devex deep dive into the statistics kept by the Organisation for Economic Co-operation and Development has uncovered just how much the headline ODA figures mask the much-smaller sums of CPA made available — once items including humanitarian aid, debt relief, administrative costs, and NGO core funding are stripped out. ... CPA spending has barely budged even as total aid allocations have risen — and ... has dipped as a proportion of bilateral ODA. ... There are 31 wealthy member countries of OECD’s Development Assistance Committee, but only nine can say they spent more than half of their bilateral aid on CPA over a two-year period....”**



## Guardian - Millions go hungry as a billion meals binned every day, says UN report

<https://www.theguardian.com/environment/2024/mar/27/fifth-of-food-wasted-globally-at-cost-of-1tn-a-year-says-un-report>

**“UN Food Waste Index report also finds global food wastage is big contributor to climate crisis.”**

“More than a billion meals are thrown away every day, in poor countries as well as rich ones, despite [more than 730 million people living in hunger](#) around the world. **About a fifth of food is wasted**, sometimes through profligacy or poor planning, sometimes from a lack of access to refrigeration or storage, according to **the UN Food Waste Index report**, published on Wednesday, at **a global cost of about \$1tn a year...**”

“Not only is this waste squandering natural resources, it is **also a big contributor to the climate and biodiversity crises, accounting for close to 10% of global greenhouse gas emissions and displacing wildlife from intensive farming**, as more than a quarter of the world’s agricultural land is given over to the production of food that is subsequently wasted.....”

## CGD (blog) - Is 20% of Aid Really Lost to Corruption? On Zombie Statistics and Their Sources

C Kenny; <https://www.cgdev.org/blog/20-aid-really-lost-corruption-zombie-statistics-and-their-sources>

“...that didn’t sound quite right was a **statement made by Chairman Grothman in which he suggested “The World Bank estimates that 20 percent of foreign aid is lost to corruption each year.”** That in particular piqued my interest, but also guilt. I used to work at the World Bank and used to try to estimate percentages of things lost to corruption. And **that statistic rang a bell.....**”

“... When I went down the Google search results a little further I got to a [paper](#) titled “The credibility of corruption statistics: A critical review of ten global estimates.” It is an output of the incredibly useful [U4 Anti-Corruption Resource Center](#), which focuses on the issue of aid and governance and takes the threat of corruption in aid very seriously. **The report notes that the “20 to 40 (even) percent of aid lost to corruption” number is indeed widely cited (along with the midpoint of 30 percent), but if you go down the rabbit hole of sources, there is simply nothing to back it up.** It is “an old and largely unsubstantiated statistic concerning a related but different matter.” In other words, a **“zombie statistic.”....**”

## IISD - UNDP Report Calls for New Generation of Global Public Goods

<https://sdg.iisd.org/news/undp-report-calls-for-new-generation-of-global-public-goods/>

(see also a previous IHP issue). “...The report finds that the **rebound displayed by the global Human Development Index “has been partial, incomplete, and unequal”.**”

“... **The report calls for a new generation of global public goods. It recommends immediate action in four areas:** planetary public goods; digital global public goods; new and expanded financial mechanisms, including a novel track in international cooperation that complements humanitarian assistance and traditional development aid to low-income countries (LICs); and dialing down political

polarization through new governance approaches. The report highlights the fundamental role of multilateralism in addressing “the planetary nature of the provision of global public goods.” ...”

## Papers & reports

### WHO - Health system resilience indicators: an integrated package for measuring and monitoring health system resilience in countries

<https://www.who.int/publications/i/item/9789240088986>

“... The package of health system resilience indicators serves as a dedicated resource to measure and monitor health system resilience in routine operations as well as in the context of disruptive shocks and stressors. **This work addresses an identified gap in measurement and monitoring of health system resilience.** It complements the [Health Systems Resilience Toolkit](#) and supports implementation of the recommendations in [WHO’s position paper on building health system resilience for UHC and health security](#). .... **The package aims to support countries to progressively build their capacities to measure, monitor and build health system resilience from national to subnational levels** covering health facilities and other service delivery platforms....”

### Global Health Promotion - Status of the Health Promoting University (HPU) globally and its relevance for emerging African HPUs: an integrative review and bibliometric analysis

Cecil G. S. Tafireyi et al ; <https://journals.sagepub.com/doi/10.1177/17579759241235109>

“**The Health Promoting Universities (HPU) concept** is undertheorized, with no African university belonging to the International Network of Health Promoting Universities (IHPU).”

This study aimed “to investigate the status of the HPU concept globally to inform emerging HPUs, more specifically in Africa, regarding its implementation.”

### BMC Health Services - A new scale to assess health-facility level management: the development and validation of the facility management scale in Ghana, Uganda, and Malawi

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-10781-y>

By P Mhuri, F Ssengooba et al.

### SS&M - Civil service organization as a political determinant of health: Analyzing relationships between merit-based hiring, corruption, and population health

Andrew C. Patterson; <https://www.sciencedirect.com/science/article/abs/pii/S0277953624002570>

“Meritocratic recruitment of civil servants appears to reduce political corruption. **Meritocratic recruitment also appears to reduce infant mortality rates.** These results are robust to a variety of model specifications. **Benefits in terms of life expectancy appear to take shape over a longer time frame.**”

### **Plos GPH - Why do people sell their kidneys? A thematic synthesis of qualitative evidence**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003015>

By Bijaya Shrestha et al.

### **Plos GPH - Social contact as a strategy to reduce stigma in low- and middle-income countries: A systematic review and expert perspectives**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003053>

By Carlijn Damst et al.

### **BMJ GH (Commentary) – Turning crisis into opportunity: sustaining COVID-19 gains in resource-constrained and fragile settings**

S Haiji-Jama, R Brennan et al ; <https://gh.bmj.com/content/9/3/e015048>

## **Tweets (via X & Bluesky)**

### **Mohga Kamal-Yanni**

“Pressure on the African group to accept the Northern "red flags" aka no concessions on IP or technology transfer or benefit sharing on access to pathogens or sustained financing . Basically maintain the situation that billions faced in COVID-19 #INB9 @peoplesvaccine”

## **Podcasts & webinars**

### **Global Health Matters - Bringing health stories to the front page**

<https://www.buzzsprout.com/1632040/14758290>

“In an age where misinformation and disinformation are valid threats to global health, reliable and trustworthy journalism is essential. In this episode, host [Garry Aslanyan](#) speaks with two health journalists who might tell the same story in different ways because of their respective audiences. **Stephanie Nolen, the global health reporter for The New York Times**, has reported from more than 80 countries around the world. **Paul Adepoju is a Nigeria-based freelance health journalist and scientist who regularly reports for top media and science outlets such as Nature,**

**The Lancet, Devex and CNN.** He is also the community manager of the Global Health Crisis Forum, which is part of the International Center for Journalists.”