

# IHP news 769 : Gearing up for World Health Day

( 5 April 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,

Post-Easter, the global health community is gearing up for **World Health Day (WHD) (7 April)**, themed this year **“My Health, my right”**. It’s also **World Health Worker Week (1-7 April)** this week. Ahead of WHD, **WHO launched its first digital health promotor, S.A.R.A.H, a “Smart AI Resource Assistant for Health”**. Empathic moreover, it seems. Presumably, Sarah “*can provide tips to destress, eat right, quit tobacco and e-cigarettes, be safer on the roads as well as give information on several other areas of health.*” An AI-savvy colleague of ours is going to personally check this new tool out and so we’re all looking forward to seeing his (no doubt major) behavioural and wellbeing changes in the coming months 😊. Under the motto: *“If WHO can’t do much about the current news cycle, at least there’s now S.A.R.A.H. “*

This newsletter will also pay quite some attention to the **INB9 negotiations on the pandemic accord** (to be resumed later in April), with more analysis of the current state of affairs and (dire?) prognosis. Both **process issues & “divergent interests”** seem to make the **May deadline increasingly out of reach**, at least if we’re aiming for a proper (*that is, not Charles Michel “bla bla”-style*) ‘pandemic accord’. On X, ominously, Fifi Rahman **pointed out** this week that **the real “negotiation” still has to start**.

In other news, **Rob Yates** already lifted a bit of the veil on a **forthcoming Chatham House Commission for Universal Health report** in a blog for The Collective, **Universal Health Reforms are Feasible and Affordable - Even in a Period of Crisis**. The report “*will argue that the permacrisis world of the early 2020s may provide the perfect opportunity for progressive leaders to launch UHC reforms*”. We sure hope so. And here’s to these progressive leaders (*a dying breed, I’m afraid*) taking on the **“global oligarchy”** too, while they’re at it.

That brings us in the right mood for **the 5<sup>th</sup> People’s Health Assembly, about to kick off in Mar del Plata, Argentina (7-11 April)**. If you, like us, sadly won’t be around in Argentina, we hope you take some time to go through a PHM **background paper, Confronting Capitalism and Imperialism in the Struggle for Health**. No need to agree with everything that is being said in the paper (*neither do we*), but there’s more than enough in it that will surely ring a bell in the age of permacrisis. And so: obligatory reading for the ‘global health community’, in our view. In the dedicated section, we’ll include a few quotes that resonated with us.

Last but not least, earlier this week **Fatima Hassan & colleagues argued in a BMJ Opinion, “The global health community must call for an immediate ceasefire and unrestricted humanitarian aid in Gaza”**. We wholeheartedly agree. But would add ‘... *also for the release of all hostages on both sides*’. And so, ‘global health community’, in Melbourne ( @the **regional World Health Summit**) and

at forthcoming Replenishment & other “High-Level” events (*and let’s not forget the NEJM*), what exactly are you waiting for? [The Elders](#) already called a spade a spade (on April 4), not for the first time. And the global public health community is mobilizing via an [Open letter on World Health Day on the public health catastrophe in Gaza](#), demanding an end to the violence and public health catastrophe. Let’s make it happen. It’s long overdue.

Enjoy your reading.

Kristof Decoster

## Featured Article

### Consensus in times of disagreement: Vienna resolution on children's pain relief

**Belén Tarrafeta** (Pharmaceutical Policy Advisor & ITM researcher)

These days, it’s rare to come across a story of international consensus. However, during the 67th session of the [Commission of Narcotic Drugs \(CND\)](#) of the [United Nations Office on Drugs and Crime \(UNODC\)](#) in Vienna, member states reached an important agreement. Resolution 67/4, adopted by consensus at CND67, aims to enhance the availability of and access to controlled substances for medical use, with a particular focus on improving care for children. Controlled substances require strict oversight by governments because their misuse may cause addiction and abuse, like in the case of morphine. However, these medicines are essential to manage pain and anesthesia, and other health conditions such as neurological diseases, treatment of drug abuse or mental health.

Millions of people worldwide suffer immensely from not having access to medicines for pain management. Among them, children are the most vulnerable group. The 2017 [Lancet Commission on Global Access to Palliative Care and Pain Relief](#) estimated that 2.5 million children worldwide die in need of palliative care. According to the [WHO report "Left Behind in Pain" from 2023](#), 95% of opioids are distributed to high-income countries, while only 0.03% are distributed to low-income countries. This report, along with the one published [in 2022 by the International Narcotics Control Board \(INCB\)](#), provides a comprehensive understanding of the complexity of a problem caused by known barriers related to unequal access to healthcare, further aggravated by the influence of international regulations aimed at controlling the trafficking and abuse of narcotics. Consequently, policymakers, patients, their families, and healthcare providers often harbor misconceptions about pain and its management, leading to fears that impede the proper utilization of controlled medicines. Among others, there are concerns on diversion to illicit markets, addiction or overdose, and legal persecution.

But back to Vienna. The CND resolution was presented by the delegations of Belgium and Ivory Coast and negotiated in intense sessions over four days with significant engagement from delegations of member states representing all regions in the world. Following the recommendations of the INCB and WHO reports, specific areas covered by the agreement include improvements in healthcare personnel

training, promoting education and awareness in society, and enhancing information systems - all key elements to address some of the barriers that hinder access to controlled substances for medical use.

Negotiating in these sorts of multilateral fora means weighing every comma, introducing reservations, and discovering that synonyms do not actually exist because each word has its own nuance, and it is within these nuances that “red lines” are drawn. But [agreement was reached](#) in the end, and there was even time to celebrate it on the eve of the plenary session. Of course, the opposite, not reaching any agreement, would have been in fact a huge failure adding to the existing suffering.

Because how could one disagree that it is inhumane to let children with serious illnesses or injuries suffer when there are medicines that can alleviate their pain?

## Highlights of the week

### 5<sup>th</sup> People’s Health Assembly in Mar del Plata (April 7-11)

<https://phmovement.org/the-wait-is-over-pha5-mar-del-plata-2024>

This year, with the theme: "Health for All" as a Pledge for "Buen Vivir"

#### PHM - Background paper: Confronting Capitalism and Imperialism in the Struggle for Health

<https://phmovement.org/discussion-paper-for-pha5>

See also this week’s intro. “The **purpose of this Paper is to present some key ideas regarding the role of capitalism and imperialism in reproducing the global health crisis.** The Paper is conceived as a ‘**discussion resource**’ that is intended to inform the discussions at PHA5, including around the proposed **Call to Action (CTA).** “

As promised, **a few short chunks** to provide you with a flavour of this background paper which rightly argues for **ecosocialism** (*I’d add, with some market mechanisms included, hopefully*), against a backdrop of increasing multipolarity and a rising tide of neofascism – among others.

“**...Transnational capitalism** refers to globally integrated operations of transnational corporations (including financial corporations). **Transnational capitalism is managed by, and in the interests of, the transnational capitalist class.** The transnational capitalist class comprises the captains of industry and finance, the wealthy elites (including their philanthropies and ‘think tanks’), and allied political elites in government and intergovernmental institutions.....”

“.... **The ‘financial sector’** includes: the banks (private banks, ‘development banks’) and the wider ‘financial sector’ (sovereign wealth funds, wealth management funds, private equity funds, insurance companies). ..... **The big pharmaceutical companies are now owned by private equity funds, hedge funds, and wealth funds.** Decisions about investment and production are no longer

the strategic choices of senior company officials. Rather they are effected by the barons of finance through the buying and selling of particular businesses and parts of businesses....”

Re **Modi’s India**: “...The ‘**radical**’ positions adopted by India in international trade negotiations stand in sharp contrast to the neofascism of the Modi government and the influence of neoliberal thinking in its domestic policies. .... India has taken progressive positions on a number of health and trade issues in recent years, in particular, the proposed TRIPS Waiver in relation to health care products in an emergency. However, domestically the **Hindutva corporate alliance** (Patnaik 2019) brings together neoliberalism, neofascism, communalism, disregard of human rights and deepening inequality....”

PS: on Modi’s India, we also want to flag your attention to an insightful **Economist analysis of the “Modi paradox”** - [Why India’s elites back Narendra Modi](#) “*Educated voters usually disdain populists. Three factors explain why India’s leader is different.*”

On **liberal democracy**: “...One of the key elements of this program is the **illusion that ‘liberal democracy’ is somehow identified with people’s sovereignty and its electoral processes yield accountable, representative government.** In fact, ‘liberal democracy’ entrenches the freedom of capital from democracy. Investment decisions shape history but under democratic liberal capitalism such decisions are taken privately and in the interests of private profit....”

*(having said that, unlike PHM, I’m anything of a fan of the Cuban ‘example’ though)*

But there’s a lot more in this paper, so do check it out. Some of the stances sound rather familiar by now (re UHC for example), others are fairly new.

## World Health Day 2024 (7 April)

As mentioned, this year with the theme: **My Health, my right**

“.... **The WHO Council on the Economics of Health for All has found that at least 140 countries recognize health as a human right in their constitution. Yet countries are not passing and putting into practice laws to ensure their populations are entitled to access health services.** This underpins the fact that at least 4.5 billion people — more than half of the world’s population — were not fully covered by essential health services in 2021. **To address these types of challenges, the theme for World Health Day 2024 is ‘My health, my right’.**”

“**This year’s theme was chosen to champion the right of everyone, everywhere to have access to quality health services, education, and information, as well as safe drinking water, clean air, good nutrition, quality housing, decent working and environmental conditions, and freedom from discrimination....**”

PS: **On Monday, 8 April, a High-level dialogue between WHO Director-General, Dr Tedros Adhanom Ghebreyesus, and the UN High Commissioner for Human Rights, Mr Volker Türk will mark the 75th anniversaries of the Universal Declaration of Human Rights and the World Health**

**Organization.** This [event](#) will look at how to continue to advance human rights for health, even in the face of serious emergencies....”

## WHO unveils a digital health promoter harnessing generative AI for public health

<https://www.who.int/news/item/02-04-2024-who-unveils-a-digital-health-promoter-harnessing-generative-ai-for-public-health>

“... Ahead of World Health Day, focused on **‘My Health, My Right’**, the World Health Organization (WHO) announces the launch of S.A.R.A.H., a digital health promoter prototype with enhanced empathetic response powered by generative artificial intelligence (AI). [S.A.R.A.H. is a Smart AI Resource Assistant for Health](#) that represents an evolution of AI-powered health information avatars, using new language models and cutting-edge technology. It can engage users 24 hours a day in 8 languages on multiple health topics, on any device. **WHO’s digital health promoter is trained to provide information across major health topics, including healthy habits and mental health, to help people optimize their health and well-being journey.....”**

## Lancet Editorial - Starvation as a weapon of war must stop

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00684-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00684-6/fulltext)

“The **theme of World Health Day on April 7 is ‘my health, my right’**, underscoring the UN's assertion that “every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity”. ....”

The editorial concludes: “... As wars worsen and leave deep scars in the moral conscience of the international community, health leaders must insist on the centrality of human rights to protect vulnerable and innocent populations struggling in conflict settings. **The use of starvation as a weapon of war is a crime that must be prosecuted and punished to protect the most basic right of all: human dignity.**”

## INB9 re ‘pandemic accord’ – coverage of final days & more analysis

After a brief **overview of the latest info** (see below), we provide some more **in-depth analysis & coverage of the past week via GHF, Devex, HPW, Politico & others – more or less chronologically.**

As a reminder: **INB9 negotiations will resume April 29 - May 10 for a final meeting**, with main negotiations taking place between April 29 - May 5.

And for the people who can’t find sleep at night, here’s (via KEI) - the [March 27, 2024 version of the WHO pandemic agreement negotiating text, at the end of #inb9.](#) 110 pages. Endless brackets...

Better than counting sheep, I tell you!

## State of affairs as of Wednesday 3 April

See a rather **dire thread on X** by **@ThiruGeneva** – based on a (gated) **Politico Pro** article from Wednesday morning – **Countries mull WHO pandemic deal extension:**

<https://twitter.com/ThiruGeneva/status/1775411278179135999>

**“@WHO negotiators are contemplating an extension to pandemic agreement talks, with some favoring a high-level framework deal in May. <https://pro.politico.eu/news/177935> “**

**"Recap: The WHO wants a deal in time for its flagship event at the end of May but, as Rory found while he was in Geneva for the latest round of talks last month, it's unclear whether anyone has even started negotiating." #INB9"**

**"So will we get a deal by May? It depends what you mean by a deal, negotiators and observers told Morning Health. A comprehensive agreement on all of the most contentious issues, such as access to pathogens and intellectual property, looks unlikely." #INB9**

Politico: **"More realistic, insiders say, is a high-level framework detail on the more agreeable elements, while countries give themselves an extra year or two to crack the tougher nuts." #INB9 #WHA77**

**“Everyone is now talking about [an extension] in the margins,” one negotiator from a high-income country told Morning Health. “It is still just about possible to get a shorter, high-level agreement in May, but I fear even that window is rapidly closing,” he added.”**

## Devex – still no clear end in sight on a pandemic agreement after negotiating body meeting

<https://www.devex.com/news/devex-newswire-serum-institute-s-argument-against-local-manufacturing-107359>

Devex analysis from last week on Friday. **“The ninth session of the Intergovernmental Negotiating Body wrapped up on Thursday, but with still no clear end in sight on a pandemic agreement.** There’s considerable contention in the draft, which has now grown to over 100 pages, [peppered with brackets](#) to retain, delete, or reserve specific text.”

PS: “One of the **most contentious issues** — though one source tells Jenny “It’s hard to find a paragraph that’s not contentious” — **is funding, with negotiations focused on creating another fund under the pandemic agreement for global south countries.** According to an insider Jenny spoke to, **the European Union and United States are pushing back against a new fund.** "It's like a red line for them," the insider says. **Instead, high-income countries want to use the Pandemic Fund as the financing vehicle for the agreement,** and said they will reform governance of the financing mechanism. **However, the insider says several global south countries are concerned about the transparency and accountability of the Pandemic Fund.** There are concerns that governance is not inclusive enough and lacks meaningful participation. The pushback on the creation of a new fund has made many global south countries "miserable," says the insider. **“Financing has caused a lot of misery** and certainly has dampened the mood towards the end of the negotiations” this week, the insider says.....”

## **Geneva Health Files - The Fate of the Pandemic Agreement Hangs in Balance, Will be Determined by “Process”. Hinges on a Deal on Access & Benefits-Sharing Mechanism [INB9 WRAP]**

P Patnaik; [https://genevahealthfiles.substack.com/p/inb9-pandemic-agreement-geneva-who-pabs-process?utm\\_campaign=email-post&r=97mey&utm\\_source=substack&utm\\_medium=email](https://genevahealthfiles.substack.com/p/inb9-pandemic-agreement-geneva-who-pabs-process?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email)

Must-read **wrap-up analysis of this INB9 round** (which ended last week on Thursday). Some chunks & key excerpts below.

**“Heading into the penultimate weeks of negotiations towards a concluding a new Pandemic Agreement, the outlook has seldom looked so grim in the circuitous and difficult discussions of the last two years. Yet, many countries continue to be determined and committed to preserving the original stated goal of these negotiations - namely to make efforts to address the existing paradigms that have affected how the world fares during health emergencies particularly pandemics, in order to prevent the inequities witnessed during COVID-19. The ninth meeting of the Intergovernmental Negotiating Body bought more time to conclude the negotiations, by agreeing to resume discussions during April 29th-May 10th. A streamlined “convergence text” will be presented by April 18th that will build on the existing 140 odd- pages of the negotiating text that includes textual suggestions from member states garnered over the last two weeks.”**

**...”. The crux of the fight has been whether to change status quo, or tweak prevailing approaches in order to come up with new rules to govern health emergencies in the future. This tug of war has been so intense, that it might appear that no progress has been made. In fact, this tension actually illustrates the power of interests to preserve status quo versus the demand to go beyond existing approaches. ...”**

**“With weeks to the May 2024 deadline, the process underlying these discussions seems to have been paralysed due to multiple factors including a lack of clear understanding on the path towards consensus and an apparent unwillingness of some member states to negotiate. This is unfolding against the backdrop of geopolitical transitions, widening polarisation and deepening fault-lines of trust between WHO member states.”**

**““Time” has been weaponized in a race to conclude an agreement. The emphasis appears more on reaching the finish line, as a result risking an outcome that could essentially be a watered-down document that will do little to change realities on the ground.....”**

**“.... In this story we look at two specific factors, that from our limited perspective, will determine the outcome of these discussions in the final weeks heading up to May 2024. One is the mechanism on pathogen access and benefits-sharing, the second is the process itself. ....”**

**Re PABS:**

**“.... One, a new PABS proposal is in the works. Brazil has emerged as a towering actor in galvanizing and broadening the support for PABS. During this meeting, members of the Equity Group with 34 countries that also includes some from the Africa Group, aligned themselves towards a common proposal. This process was not without hiccups including disagreement on whether the mechanism should refer to Digital Sequence Information or Genetic Sequence Data. But the PABS**

proposal now has solid support from 70+ countries.....” **We also reported last week, that the industry is warming up to PABS, albeit on their own terms.** Much will depend on whether the G7+ countries agree to some of the conditions put forward in operationalising this mechanism....”

Ps: It is **alleged that developed countries including the U.S. are reportedly keen on reducing the scope of the application of PABS by narrowly defining “pathogens of pandemic potential” and “pandemic emergency”.** ..... It is clear that **without PABS, a new Pandemic Agreement will have lost its sting. Many underscore that the PABS mechanism is effectively the only binding measure that has features where countries will have access to countermeasures.** “

Re The Perils of “Process” :

**“Process matters have had an outsized influence on the conduct of these discussions with many seasoned experts scratching their heads on why this should be so complicated. And yet, countries have wrestled on this question for significant periods of time, taking attention away from negotiating on the substantive matters in the text at hand....”**

“In the intervening days before the Bureau comes up with a convergence text (April 18), interested delegations can continue to feed into the process. But **ultimately, the final proposed text will have to make a transition from the current 140-odd page document to less than a fourth of its current size,** sources indicated. .... The last version of the Bureau’s proposal from March 8 was 30-odd pages. Political judgment will be exercised in coming up with a final text. This process has traditionally been done by the **WHO secretariat and the Bureau** over the last two years. .... So, the question on everyone’s mind is how streamlined is streamlined? The temptation to **whittle down an ambitious agreement to a political declaration, failing consensus is very high. But developing countries have made clear that any final outcome must have binding elements that will “operationalize equity”.** But the way to get there is anyone’s guess.”

PS: **“ The spectre of failure hangs like a possibility in the air, and yet no member state wants to say it publicly. And so, plans are afoot to work on a plan B, in case there is no consensus ahead of the Assembly in May. ....”**

**“...During the discussions, G7+ countries reportedly made suggestions on process. “We need clarity that consensus is not only the best way forward; it’s the only way forward,”** according to a note from these countries. It understood that the G7+ countries believe that “significantly shorter draft focused on text with a realistic prospect of consensus, avoiding provisions which are not feasible or workable.”

**“Red-lines” or essentially non-negotiable issues between countries** are diametrically opposite to each other. This reveals not only tough positions, but also the lack of intent to negotiate among many countries. Signing up to an international treaty means changing domestic laws to meet a global goal, experts say. Many countries are unwilling to do so, even after two years of expansive discussions..... **Activists say that a potential failure of these discussions, can only be partly attributed to process.** “But developed countries must be blamed for the final outcome if it fails, because they have not shown any interest from moving away from status quo,” a senior activist told us last week.....

...**There is no doubt that the Africa Group has played an instrumental role in driving and sustaining the momentum to push for equity related provisions in these discussions.** ...Notwithstanding, the



diversity within developing countries, they are collectively up against key G7 countries, some of whom have fortified levels of rigidity on everything from intellectual property rights to financing issues.”

**Re Time:** “....Barring a few developing countries, it appears that **the desire to conclude these negotiations are quickly waning for a range of reasons including shifting political priorities, bilateral deals on PPR and the need to preserve the status quo ....** While capitalizing on “locked-in” political will is a consideration to conclude negotiations by May for some countries, for others, the priority is to get the agreement right, and not so much the deadline. The number of such countries appear to be small. **An overwhelming majority would prefer to conclude an agreement by May, or not at all.** Hence it **appears it is time that will determine the future policies on pandemic prevention and response.** “

### Politico Pro - How to kill a pandemic treaty

<https://www.politico.eu/article/how-kill-pandemic-treaty-who-w-ha-geneva-covid-19/>

(gloomy analysis from April 2) “**The specters of imperialism and Covid betrayal hang heavy over talks.**” A few chunks:

“**When asked, delegates struggled to pick a moment when the pandemic treaty became stuck. Rather, negotiations never really began at all.** Countries have rehashed the same arguments for nine sessions in a row. Rich countries have never yielded on their demand that any sharing of intellectual property (IP) for products such as vaccines be on voluntary and mutually agreed terms. To developing countries, that approach isn’t much better than doing nothing at all. **Between these two camps lie years of accrued mistrust — over failed talks on IP at the World Trade Organization, over vaccine inequity, over the legacy of imperialism and underdevelopment.....**”

“.... **Ellen ‘t Hoen, a health policy expert and observer of the talks from the beginning, thinks the lack of trust weighed so heavily on the negotiators that countries should have started with a kind of peace and reconciliation process.....**” “The trauma of Covid was still there, countries needed group therapy of some kind,” she said. “Representatives from the Global North needed to acknowledge their countries had done wrong.””

“.... **Layered onto delegates’ fresh memories of the Covid pandemic, historic injustices and a chronic lack of trust between negotiators from higher- and lower-income countries mean talks at the WHO have been emotionally fraught.....**”

“.... **James Love, director of Knowledge Ecology International, says the real problem is political.** “If you’re trying to get an agreement and people don’t agree, there’s only so much you can do. **The same people [in the U.S. and Europe] who were singing Kumbaya in 2020 are now saying something else in the negotiations,**” he said.....”

- And some related **tweets from Fifi Rahman:**

“Pandemic Treaty: **“Deals are not done in plenary,”** said the same negotiator who, like others that POLITICO spoke to for this piece, was granted anonymity to talk about confidential discussions. “Everyone has three minutes to put on a show for their capitals. There’s a lot of grandstanding.”

“An academic observation I’m making as well is that in **comparison with negotiations under the Trans-Pacific Partnership** (which I documented in my PhD), **negotiation language is practically non-existent**. It was quite clear in the TPP, e.g., that for New Zealand “there will be no deal for biologics until there is a deal for dairy.”

“**The language we need to start hearing is** “We can agree to Article X limited to five obligations. What do you need from us to make this happen?” “If we accept Article Y as is, you need to give us Z. Here are three scenarios for Z that are acceptable for us. Please come back to...”

### **TWN - WHO: Member States to hold another pandemic instrument negotiations round amidst wide divergence**

<https://twm.my/title2/health.info/2024/hi240401.htm>

Third World Network’s view – also with double focus: **Concerns on the negotiation process & Wide Divergence**.

PS: “.... The lack of consensus during the 9th meeting of the Intergovernmental Negotiating Body (INB9) on the pandemic instrument led to the decision to hold the resumed session of INB9 based on a draft text prepared by the Bureau with the assistance of the WHO Secretariat. .... **Actual negotiations on the pandemic instrument are to take place till 5 May**. The rest of the working days will be devoted to the adoption of the report and the resolution that needs to be submitted to the 77th WHA.”

### **White House (Fact sheet): Update on the United States Commitment to Expanding Access to Medicines Around the World**

<https://www.whitehouse.gov/briefing-room/statements-releases/2024/03/29/fact-sheet-update-on-the-united-states-commitment-to-expanding-access-to-medicines-around-the-world-2/>

Related **tweet by L Gil Abinader**: “new White House “fact sheet” on the “United States commitment to expanding access to medicines around the world.” <https://whitehouse.gov/briefing-room/statements-releases/2024/03/29/fact-sheet-update-on-the-united-states-commitment-to-expanding-access-to-medicines-around-the-world-2/>... perhaps the most interesting is seeing what is mentioned (CEPI, for example) and what is out (the pandemic accord negotiation for instance).”

### **Geneva Solutions - Jayati Ghosh: Pandemic accord negotiations will go nowhere because of powerful multinationals**

<https://genesolutions.news/global-health/jayati-ghosh-pandemic-accord-negotiations-will-go-nowhere-because-of-powerful-multinationals>

“The renowned Indian economist was a guest at the International Film Festival and Forum on Human Rights (FIFDH) in Geneva. **She believes that multinational corporations have too much influence on negotiations led by the World Health Organization (WHO) for an accord on pandemic preparedness**. She also paints a very critical picture of her country.” And discusses global taxation.

## Public Services International - A Pandemic Treaty is Empty without its Health and Care Workforce

<https://publicservices.international/resources/news/a-pandemic-treaty-is-empty-without-its-health-and-care-workforce?id=14887&lang=en>

(28 March) “As the WHO INB9 concludes, **PSI and the International Council of Nurses express concern in a joint statement over the lack of commitment to protect the health and care workforce in the Pandemic Treaty.** Both organisations argue, among other issues, that the suspension of intellectual property rights on pandemic products and equity within and between countries should be explicitly included.”

## FT Big Read - The next pandemic is coming. Will we be ready?

<https://www.ft.com/content/d40a3add-8151-4910-aabd-3f1dafabcc35>

“WHO member states are struggling to agree the terms of the first global treaty to deal with the threat of another Covid-19.”

Also with in-depth analysis of the current state of affairs, and prognosis. Among others, with the **view of Chikwe Ihekweazu, a WHO assistant director-general who led the Nigeria Centre for Disease Control and Prevention during the Covid-19 pandemic.**

And a quote on **IFPMA’s stance** (via Thomas Cueni, who just retired): “....Pharma companies are prepared to help improve aspects of pandemic preparedness, Cueni adds. **They would sign up for “binding commitments for allocation” of vaccines, antivirals and other drugs to organisations such as the WHO, the Gavi vaccine alliance and Unicef, the UN’s children fund.** These commitments could involve donations and “equity-based tiered pricing” — agreements to provide lower prices on vaccines or other treatments to low-income countries. **But the pharma industry wants to avoid waiving intellectual property rights on vaccines,** as exclusive rights to drugs are the foundation of their business model. **It proposes instead maintaining voluntary collaboration. This would involve sharing information between companies discovering vaccines and big generic medicines manufacturers that can mass produce them, such as India’s Serum Institute.”**

## Health Affairs - Financing Our Future In The Pandemic Agreement And International Health Regulations

A Finch, L Gostin et al ; <https://www.healthaffairs.org/content/forefront/financing-our-future-pandemic-agreement-and-international-health-regulations>

See also last week’s IHP news. “**There are at least three financing mechanisms currently under consideration—through the Pandemic Agreement, IHR, and WHO.....**”

And **five recommendations to shore up financing for global health.**

# Mpox

## HPW - Mpox: Is the World Failing the Next Pandemic Preparedness Litmus Test?

Jean-Jacques Muyembe Tamfum, S Sow et al ; <https://healthpolicy-watch.news/mpox-is-the-world-failing-the-next-pandemic-preparedness-litmus-test/>

“At a time when the world is negotiating the best way forward for sustained preparedness to address pandemics, it is still exhibiting collective failure to learn from past outbreaks and a glaring gap in global health security. **Mpox is one case in point – and a test case for global intent on pandemic preparedness.** “

## Cidrap News – Bavarian Nordic announces commercial launch of mpox vaccine

<https://www.cidrap.umn.edu/mpox/bavarian-nordic-announces-commercial-launch-mpox-vaccine>

In the US, that is. “ **Bavarian Nordic today announced the commercial launch of its vaccine against mpox and smallpox**, which means the vaccine will now be available outside of designated clinics that were tapped to administer doses from the US government's vaccine supply. ... **The commercial launch of the product, called Jynneos**, will allow patients to get the vaccine at more locations, including clinics and pharmacies. Last October, federal health officials recommended the vaccine for routine use adults at risk for mpox infection.....”

## HPW - Continued Mpox Outbreak Leads US to Re-examine Smallpox Readiness

<https://healthpolicy-watch.news/continued-mpox-outbreak-leads-us-to-re-examine-smallpox-readiness/>

“In the wake of surging [mpox cases](#) in the DRC and the emergence of [novel orthopoxviruses](#), **the US needs to rapidly bolster its smallpox readiness, preparedness, and response, according to a [new report](#) from the National Academies of Sciences, Engineering, and Medicine.** The report brought together experts from across the country to critically evaluate the state of smallpox vaccines, diagnostics, and therapeutics, known as medical countermeasures (MCMs), in the event of an outbreak.....”

- Link: Cidrap News - [DR Congo mpox outbreak tops 4,500 cases so far this year](#) (cfr WHO's media briefing yesterday). “ .... **Tedros said more funding is needed** to support the response and to ensure that the outbreak doesn't spread to neighboring countries. He added that **the WHO's vaccine advisory group last month called for steps to help the DRC gain easier access to mpox vaccines.**”

## AMR

**Global Leaders Group (GLG) on AMR - Amid the escalating impact of antimicrobial resistance, the Global Leaders Group calls on UN Member States to take bold and specific action**

<https://www.amrleaders.org/news-and-events/news/item/03-04-2024-amid-the-escalating-impact-of-antimicrobial-resistance-the-global-leaders-group-calls-on-un-member-states-to-take-bold-and-specific-action>

**“Results from an economic study confirm that the already staggering human toll of antimicrobial resistance (AMR) will be compounded by a catastrophic hit to the global economy unless bolder and more urgent action is taken, the Global Leaders Group (GLG) on AMR said today. “**

“ AMR is already a leading cause of death globally, directly responsible for 1.27 million deaths annually, one in five of which occur in children under the age of five, mainly in low- and middle-income countries. **Uncontrolled AMR is expected to lower life expectancy and lead to unprecedented health expenditure and economic losses ...** The economic study shows that **without a stronger response there would be an average loss of 1.8 years of life expectancy globally by 2035.** The study also estimates that AMR would cost the world US\$ 412 billion a year in additional healthcare costs and US\$ 443 billion per year in lost workforce productivity.”

“The economic study shows that if **implemented globally, a package of cross-sectoral AMR interventions is expected to cost an average of US\$ 46 billion per year but will bring a return of up to US\$13 for every US\$1 spent by 2050....”**

“... In a **new report** released today, the GLG calls on political leaders to make specific commitments at the high-level meeting on AMR to be held at the United Nations General Assembly on 26 September. The **GLG report, “[Towards specific commitments and action in the response to antimicrobial resistance](#)”** urges UN Member States to ensure that adequate, predictable, and sustainable financing is available from domestic and external sources to address AMR, including to tackle the dwindling research and development pipeline for new antibiotics. The GLG proposes that existing financing instruments expand their scope to include AMR and increase investments to support implementation of multisectoral National Action Plans, especially in low- and middle-income countries. The report notes how **accountable, effective and functional multisectoral governance** is critical to coordinate a global response to AMR and successfully implement interventions. To achieve this, the GLG **proposes an independent panel be established to monitor and report on science and evidence related to AMR to inform advocacy and action and formalizing the Quadripartite Joint Secretariat to facilitate collaborative and coordinated action against AMR....”**

PS: “...**The Global Leaders Group (GLG) on Antimicrobial Resistance (AMR) was established in 2020 following the recommendation of the Interagency Coordination Group on AMR (IACG) with the mission to advise on and advocate for political action for the mitigation of drug-resistant infections through responsible and sustainable access to and use of antimicrobials. Secretariat support for the GLG is provided by the Quadripartite Joint Secretariat (QJS) on Antimicrobial Resistance....”**

# Global Health Governance

## Development Today - Anders Nordström calls for fewer global health agencies and a bigger role for African actors

Ann Danaiya Usher; <https://www.development-today.com/archive/2024/dt-3--2024/anders-nordstrom-calls-for-fewer-global-health-agencies-and-bigger-role-for-african-actors>

(gated) **“A key lesson of the COVID pandemic is that the global health architecture needs to be modernised and decentralised, says Sweden’s former Global Health Ambassador Anders Nordström. In a far-ranging interview with Development Today, he warns against “cementing” the power of Geneva-based global health institutions. He says African actors need to play a bigger role and the time is ripe to start “merging and collapsing” agencies, starting with UNAIDS.”**

## Studies in Comparative International Development - Global Health Expertise in the Shadow of Hegemony

A Kentikelenis et al; <https://link.springer.com/article/10.1007/s12116-023-09405-z>

Part of a special issue that is open access this month: [Politics, Power, and Inequality in Global Health](#)

**“In this article, we posit that norm-making in global health governance occurs in the shadow of hegemony; a system of status and stratification that is centered on economic and security concerns and maintained by countries at the core of the world system. These countries—notably the USA and other major economies in the Global North—project their hegemonic position in the world system across areas of global organizing, including in global health. We explore the relationship between epistemic consensus and hegemonic interests as parameters that shape the outcome of norm-making processes. To pursue this argument, we examine this relationship in the context of the development of policy norms to counter non-communicable diseases in developing countries and to pursue the securitization of global health.”**

## Medico International - Global health: Not a bit wise

<https://www.medico.de/en/not-a-bit-wise-19446>

**“A review of global health policy four years after the outbreak of the corona pandemic. A conversation with South African health scientist Dr. Lauren Paremoer.”**

## TGH - PEPFAR HIV Program Gets Yearlong Lifeline: What's Next?

[Think Global Health](#)

**“PEPFAR’s former chief of staff describes why its latest reauthorization still spells uncertainty for the program.”**

## BMJ (Editorial) - Strengthening Latin America's presence in global health

D Ventura et al; <https://www.bmj.com/content/385/bmj.q716>

« The BMJ's regional advisory board will give this important region a louder voice. »

« .... A key focus of The BMJ's regional advisory board is to increase the profile of Latin America in the global discourse on decolonisation, and to place the perspectives and voices of people marginalised by colonialism at the centre of this work.....”

## Women's Rights & SRHR

### The Guardian view (Editorial) - on global women's rights: Saudi Arabia isn't the only problem

<https://www.theguardian.com/commentisfree/2024/mar/29/the-guardian-view-on-global-womens-rights-saudi-arabia-isnt-the-only-problem>

“The Gulf state is the new chair of a UN women's commission. That reflects a bigger issue as governments attack or fail to prioritise gender equality.”

### WP -the Taliban's oppression of women is apartheid. Let's call it like that.

M Verveer et al; <https://www.washingtonpost.com/opinions/2024/04/01/taliban-women-gender-apartheid/>

The authors of this op-ed **call for the Taliban's actions to be legally classified as “gender apartheid.”** Such label could provide a legal framing “to cajole a more effective and principled international response”—especially if the U.N. decides to codify gender apartheid as a crime against humanity.

### HPW - Global Leaders Offer Support to Gambia to Uphold Ban on Female Genital Mutilation

<https://healthpolicy-watch.news/global-leaders-offer-support-to-gambia-to-uphold-ban-on-female-genital-mutilation/>

“Global health and parliamentary leaders have offered to support The Gambia to maintain its ban on female genital mutilation (FGM), expressing “profound concern” over a recent attempt to reverse the ban. “

“.... this attempt to reintroduce FGM has been **condemned by the leadership of both the Partnership for Maternal, Newborn & Child Health (PMNCH)**, the world's largest alliance for women's, children's, and adolescent's health and well-being, which is hosted by World Health

Organization (WHO), and the Inter-Parliamentary Union (IPU), the global organisation of national parliaments....”

“... “We pledge all possible support to The Gambia in strengthening its efforts to prevent and address this harmful practice through multi-sectoral actions. This includes ensuring robust enforcement mechanisms, increasing access to quality healthcare services, and promoting gender equality and women’s empowerment initiatives,” according to the **statement, which is signed by PMNCH leaders Helen Clark, Joy Phumaphi, Githinji Gitahi and Flavia Bustreo, and IPU Secretary General Martin Chungong....”**

### Devex - Rise in femicide in Kenya puts technology’s role in the spotlight

<https://www.devex.com/news/rise-in-femicide-in-kenya-puts-technology-s-role-in-the-spotlight-106945>

**“The latest spate of gender-based violence has brought attention to the part technology played in the killings. Devex hears about why it's happening and what needs to be done to address the root of the problem.”**

**“.... Kenya is not the only country in the region grappling with a femicide crisis. In 2022 alone, the [largest absolute number of killings](#) — 20,000 of the 48,000 women and girls killed worldwide by intimate partners or family members — took place in Africa, as well as the highest level of violence relative to the size of its female population, according to a recent report. **But this latest spate of killings has cast a spotlight on the role of technology in gender-based violence, with many people across the country shocked that these gruesome killings began digitally, via apps. ...”****

### AP - Abortions are legal in much of Africa. But few women may be aware, and providers don’t advertise it

<https://apnews.com/article/abortion-africa-women-health-1edd27e75b1faf8b8e847456a7e7b1d5>

**“.... More than 20 countries [across Africa](#) have loosened restrictions on abortion in recent years, but experts say that like Efu, many women probably don’t realize they are entitled to a legal abortion. **And despite the expanded legality of the procedure in places like Ghana, Congo, Ethiopia and Mozambique, some doctors and nurses say they’ve become increasingly wary of openly providing abortions. They’re fearful of triggering the ire of opposition groups that have become emboldened since the U.S. Supreme Court’s 2022 decision overturning the nationwide right to abortion....”****

## UHC

### The Collective (blog) - Universal Health Reforms are Feasible and Affordable - Even in a Period of Crisis

Rob Yates; <https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/robert-yates/universal-health-reforms-are-feasible-and-affordab.html>



“Collective member Robert Yates makes the case that universal health coverage can be both feasible and affordable, even during periods of crisis. “

**“ [Over the last two years, the Chatham House Commission for Universal Health](#) has been researching this phenomenon - of crises catalysing UHC reforms and in its forthcoming report will argue that the permacrisis world of the early 2020s may provide the perfect opportunity for progressive leaders to launch UHC reforms. This is because, in addition to the obvious health benefits, UHC can deliver substantial economic and societal benefits and political benefits to the leaders that bring universal care and health security to their people. **The Commission report will present 7 case studies of countries that have launched successful post-crisis health reforms in the last 40 years** including: Brazil, Uruguay, Thailand, Cyprus, Ukraine, Rwanda and China. Common features of these reforms have been a political priority to reach full population coverage quickly and that countries have allocated roughly 1% of GDP in tax financing to achieve this goal – even during a financial crisis....”**

“....It is our hope that these findings will encourage and inspire today’s leaders that they too could adopt this strategy and launch ambitious UHC reforms in response to the multiple crises of the early 2020s. In fact, there are already signs of history repeating itself, with [President Ramaphosa of South Africa likely to sign into law an act to create a tax-financed National Health Insurance system before elections in May](#). Similarly, the Presidents of Egypt, Kenya and Tanzania have signalled their intention to prioritise universal health reforms as flagship policies for their terms in office. Political leaders in large middle-income countries in South Asia have also been exhibiting increased interest in launching or expanding universal health reforms in a region which has historically exhibited low levels of public health spending and therefore high levels of health-related impoverishment....”

## Global tax justice

**Guardian - Taylor Swift among 141 new billionaires in ‘amazing year for rich people’**

<https://www.theguardian.com/business/2024/apr/02/world-gains-141-new-billionaires-in-amazing-year-for-rich-people>

“Combined assets of \$14.2tn are more than the GDP of every country except China and the US.”

“There are more billionaires than ever before. The world has 2,781 people with fortunes exceeding \$1bn (£800m), an increase of 141 on 2023, according to **Forbes’ annual ranking of the world’s richest people** – with [Taylor Swift among those making the list](#).”

“The billionaires are also collectively worth more than ever, with combined assets estimated at \$14.2tn – a \$2tn increase on 2023 and more than the GDP of every country except the US and China. Their [collective wealth has risen](#) by 120% in the past decade, at the same time as billions of people across the world have seen their living standards decrease in the face of inflation and the cost of living crisis....”

“.... **Luke Hildyard, the executive director for the High Pay Centre thinktank**, said: “The billionaire list is essentially an annual calculation of how much of the wealth created by the global economy is captured by a **tiny caste of oligarchs** rather than being used to benefit humanity as a whole. It

should be the most urgent mission of the coming decades to spread this wealth more evenly, proportionately and efficiently.”

- Related: **Guardian** – [All billionaires under 30 have inherited their wealth, research finds](#)

“Fifteen young billionaires are among the first wave of a \$5.2tn transfer of wealth by the ageing super-rich.”

“All of the world’s billionaires younger than 30 inherited their wealth, the first wave of [“the great wealth transfer”](#) in which more than 1,000 wealthy people are expected to pass on more than \$5.2tn (£4.1tn) to their heirs over the next two decades.....”

## Kidney disease & NCDs

**Nature (Editorial) – Time to sound the alarm about the hidden epidemic of kidney disease**

<https://www.nature.com/articles/d41586-024-00961-5>

“With rates rising around the world, public-health leaders must prioritize prevention, treatment, funding and data.”

“... in discussions of priorities for global public health, the words ‘kidney disease’ do not always feature. One reason for this is that kidney disease is not on the World Health Organization (WHO) [list of priority non-communicable diseases \(NCDs\)](#) that cause premature deaths. The roster of such NCDs includes heart disease, stroke, diabetes, cancer and chronic lung disease. With kidney disease missing, awareness of its growing impact remains low.”

“The authors of an article in *Nature Reviews Nephrology* this week want to change that ([A. Francis et al. Nature Rev. Nephrol. https://doi.org/10.1038/s41581-024-00820-6; 2024](#)). They are led by the three largest professional organizations working in kidney health — the International Society of Nephrology, the American Society of Nephrology and the European Renal Association — and they’re urging the WHO to include kidney disease on the priority NCD list. This will, the authors argue, bring attention to the growing threat, which is particularly dire for people in low- and lower-middle-income countries, who already bear two-thirds of the world’s kidney-disease burden. Adding kidney disease to the list will also mean that reducing deaths from it could become more of a priority for the United Nations Sustainable Development Goals target to reduce premature deaths from NCDs by one-third by 2030.”

“As of now, rates of chronic kidney disease are likely to increase in low- and lower-middle-income countries as the proportion of older people in their populations increases. Inclusion on the WHO list could provide an incentive for health authorities to prioritize treatments, data collection and other research, along with funding, as with other NCDs....”

**PS:** “The WHO secretariat, which works closely with the nephrology community, welcomes the call to include kidney disease as an NCD that causes premature deaths, says Slim Slama, who heads the NCD unit at the secretariat in Geneva, Switzerland. The data support including kidney disease as an NCD driver of premature death, he adds. The decision to include kidney disease along with other

**priority NCDs isn't only down to the WHO, however.** There must be conversations between the secretariat, WHO member states, the nephrology community, patient advocates and others. WHO member states need to instruct the agency to take the steps to make it happen, including providing appropriate funding for strategic and technical assistance....”

## Access to medicines & other health technologies

**FT - Vaccine investment is a no-brainer — so why aren't we doing it?**

Adam Tooze; <https://www.ft.com/content/ffded995-6bed-4961-bb2f-d1262ef1b0e3>

“... But compared with other major investments, scientific breakthroughs come cheap. To push at least one vaccine against the 11 epidemic infectious diseases to phase 2 trials has been costed at less than \$8.5bn. In her book Disease X, the science writer Kate Kelland estimates that \$50bn would pay for a comprehensive vaccine library. To expect that funding to come from the private sector is unrealistic. The work is too expensive and high risk and the returns too uncertain. Philanthropy and public-private partnerships may work. But ultimately it is governments that should foot the bill....”

“... The annual defence budget of just one of the larger European countries would suffice to pay for a comprehensive global pandemic preparedness programme....”

“... Measured by cost of a life saved, vaccines are far cheaper, more direct and fast acting than climate policy. This is not to play off global public health against climate policy. We cannot pick our challenges. **But what we can do is to reduce the overload, which in 2020 threatened to overwhelm the decision-making capacity of our societies and our political processes.** As Kelland remarks: “. . . while epidemics are inevitable, pandemics are a choice” ....”

**HPW – Access Battle for New Generation Obesity Drugs**

<https://healthpolicy-watch.news/access-battle-for-new-generation-obesity-drugs/>

See also last week's IHP issue, re the **MSF study in JAMA**.

## Lancet GBD study re global life expectancy trends

Lancet - [Global burden of 288 causes of death and life expectancy decomposition in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021](#)

Coverage via Stat - [Covid cut life expectancy by 1.6 years globally, but the leading causes of death haven't changed since 1990](#)

With a number of key messages.

**“The leading causes of death haven’t changed since 1990 — with one glaring, pandemic-sized exception.** According to the latest analysis of the Global Burden of Disease study, which reviewed deaths from 288 causes in over 200 states and territories, **Covid-19 was the only condition that broke into the ranks — if only for two years — of the global population’s traditional top five killers: ischemic heart disease, stroke, chronic obstructive pulmonary disease, and lower respiratory infections.** In 2020 and 2021, Covid-19 was the second-leading cause, pushing stroke to third position. ....”

There’s quite some **regional variation.**

PS: **“Overall, the single main factor of progress between 1990 and 2021 has been reduction in deaths from diarrhea** (which added an average 1.1 year globally). The greatest impact from this decline in deaths from diarrhea was in East Sub-Saharan Africa, where it contributed to a gain of nearly 11 years in life expectancy. East Asia, which with 8.3 years had the second-largest gain in life expectancy, saw dramatic **reduction in chronic obstructive pulmonary disease,** which contributed an overall 0.9 to global life expectancy. “

**“In 1990, 44 of the main causes of death were highly concentrated in geographic areas with less than half the global population. In 2021, this was the case for 58 causes of death —** a pattern showing that interventions that are helping improve health conditions globally aren’t necessarily reaching all of the world equitably. ....”

## **The Lancet Commission on prostate cancer: planning for the surge in cases**

<https://www.thelancet.com/commissions/prostate-cancer>

Via the **press release:** *The Lancet: Prostate cancer cases expected to double worldwide between 2020 and 2040, new analysis suggests*

**“Annual prostate cancer cases are projected to rise from 1.4 million in 2020 to 2.9 million in 2040, and annual deaths to increase by 85% to almost 700,000 over the same timeframe, mainly among men in low-and middle-income countries (LMICs).**

The Lancet Commission on prostate cancer argues that the ‘informed choice’ programme for prostate cancer screening with PSA testing, which is common in high-income countries (HICs), may lead to over-testing and unnecessary treatment in older men, and under-testing in high-risk younger men. **The authors advocate instead for early-detection programmes for those at high risk.**

**The Commission also calls for urgent implementation of programmes to raise awareness of prostate cancer and for improvements in early diagnosis and treatment in LMICs –** where most men present with late-stage disease. More research involving men of different ethnicities, especially those of West African descent, are needed, as current knowledge of prostate cancer is largely based on studies of White men. “

- Related coverage via the Guardian - [Prostate cancer cases worldwide likely to double by 2040, analysis finds.](#)

“Largest study of its kind predicts 85% increase in deaths from the disease in same period as more men live longer.”

## Gaza

### BMJ Opinion - The global health community must call for an immediate ceasefire and unrestricted humanitarian aid in Gaza

<https://www.bmj.com/content/385/bmj.q782>

“Silence from the global health community makes it complicit in the humanitarian disaster in Gaza, argue **Fatima Hassan and colleagues.**”

“... The scale of the devastation and humanitarian crisis currently happening in Gaza is undeniable. Tens of thousands of civilians have been killed, including at least 14 000 children. But **we’re also witnessing an unprecedented, deliberate, and targeted destruction of Gaza’s healthcare service—and it’s time for more of us from the global health community to speak out.** “

“Global health is about recognising how global inequalities in power result in inequity in health. It involves grappling with the brutal consequences of power imbalances and colonisation. So, **why hasn’t there been more concerted outrage** from global health experts, from racism and decolonisation practitioners, from reproductive health organisations, women’s rights advocates, universities, professional associations, and academic bodies, **regarding the annihilation of the Gazan health system?**”

“... **The global health community must demand an immediate ceasefire. We must call for an immediate stop to the destruction of the health system, protection and support for our colleagues in healthcare, and provision of unrestricted humanitarian aid to Gaza.** We must support the rebuilding of the entire health system in Gaza and its civilian infrastructure so that rehabilitation of the population can begin. And we must ensure that our institutions and professional bodies are held accountable for asserting the protection of the health system in this and other wars.”

### HPW - In Wake of Food Aid Workers’ Deaths, WHO Demands Stronger ‘Deconfliction’ Mechanism for Gaza Relief Missions

<https://healthpolicy-watch.news/in-wake-of-food-aid-workers-deaths-who-demands-stronger-deconfliction-mechanism-for-gaza-relief-missions/>

“WHO’s Director General Dr Tedros Adhanom Ghebreyesus on Wednesday decried the deaths of seven aid workers by Israeli fire while delivering food aid to Palestinians in besieged northern Gaza, demanding a major revamp of “deconfliction” procedures so that aid missions could proceed safely and predictably. “

“... Tedros said that the incident reflects systemic problems faced by virtually every agency mission WHO has conducted in Gaza in coordinating missions with Israel’s military through areas of Gaza that it now controls. Those problems are also putting its aid workers at risk almost daily from combat fire, as well as taking the lives of other innocent people in the past six months of war, Tedros and other senior WHO officials said.....”

“The DG rightly highlights why we are all appalled by the killings of our colleagues, in clearly marked vehicles in a deconflicted area. It clearly shows that the deconfliction mechanism is not working,” said **Richard Peepkorn, head of WHO’s Jerusalem-based Office in the Occupied Palestinian Territory (OPT)**. “What is needed is an effective, transparent and workable deconfliction and notification mechanism. The UN has to be assured that convoys and facilities are not targeted. It means that assuring movement of aid in Gaza, including through checkpoints, is predictable, expedited, etc. That roads are operational and cleared.”

“... While the Israeli army has sought to portray the killings as a tragic, but isolated incident, critics say it reflects more systemic problems related not only to poor coordination of aid, but an expanding culture of “shoot first ask questions later.” **Peepkorn underlined that the attack also wasn’t an isolated incident for UN and WHO operations.** “We shouldn’t forget that already in December, January, we have seen, unfortunately, attacks and sometimes the shooting at the UN vehicles,” he said. “

“... “So what is a workable deconfliction mechanism?” Peepkorn asked. “That routes are coordinated. That it’s a predictable mechanism. That the roads are going to be clear. And anyone who knows Gaza, know that there are a number of roads, which can be easily cleared and made operational. “So in a way, it’s a simple mechanism, and somehow, it has never properly worked.” ...”

### **Guardian - ‘The machine did it coldly’: Israel used AI to identify 37,000 Hamas targets**

<https://www.theguardian.com/world/2024/apr/03/israel-gaza-ai-database-hamas-airstrikes>

**Bruno Maçães** nailed it on X: “The first AI genocide. Chilling account.”

### **Joint World Bank, UN Report Assesses Damage to Gaza’s Infrastructure**

<https://www.worldbank.org/en/news/press-release/2024/04/02/joint-world-bank-un-report-assesses-damage-to-gaza-s-infrastructure>

“The cost of damage to critical infrastructure in Gaza is estimated at around \$18.5 billion according to a new report released today by the World Bank and the United Nations, with financial support of the European Union. That is equivalent to 97% of the combined GDP of the West Bank and Gaza in 2022. “ Re the **Gaza Interim Damage Assessment Report**.

### **The Elders call for suspension of arms transfers to Israel to end Gaza atrocities**

<https://theelders.org/news/elders-call-suspension-arms-transfers-israel-end-gaza-atrocities>

“The Elders today call on political leaders who have influence to use their leverage to end Israel’s atrocities in Gaza by suspending arms sales, to secure the immediate release of hostages held by Hamas, and to compel the parties to commit to a permanent ceasefire and the two-state solution.”

### **Lancet Offline - The death of civilian immunity**

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00679-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00679-2/fulltext)

Not sure we agree with everything in here, but we do agree with this: “...**Yet surveying the past 6 months, a reasonable person would have to conclude that the international political, legal, humanitarian, and health communities have failed to fulfil their most basic responsibility—to protect the lives of civilians.** The norm of civilian immunity, a fundamental ethical and legal principle, has been slain, first by Hamas and then by the Israeli Government.....”

### **Open letter on World Health Day on the public health catastrophe in Gaza**

<https://docs.google.com/forms/d/e/1FAIpQLScUcYTKiwQxLEkDiXoRFu-J2jD7LXbp2M60zcnFnDQK6oYMMg/viewform>

Do sign this letter in support. “*We, the undersigned – scholars, students and practitioners of global public health – demand urgent action to remedy the public health catastrophe unfolding in Gaza.....*”

## **World Health Worker week (1-7 April)**

### **CGD (blog) - Maximizing the Benefits of Health Worker Mobility: Lessons from New WHO Guidance**

H Dempster et al; <https://www.cgdev.org/blog/maximizing-benefits-health-worker-mobility-lessons-new-who-guidance>

“Yesterday, the World Health Organization (WHO) [published new guidance](#) aiming to support government officials as they negotiate and implement international agreements on health worker mobility. In an era characterized as a “[global scramble](#)” for health workers, what does this guidance say and how can it help shape migration partnerships going forward?....”

“.... the guidance provides policy and implementation guidance to inform the conceptualization, development, and implementation of health worker mobility agreements. Such agreements should contribute to workforce sustainability, universal health coverage, and health security in both countries of origin and destination, in addition to safeguarding worker welfare. The guidance provides a tool for the concrete application of the Code, and will therefore hopefully provide countries with explicit guidance on how to ensure ethical health worker mobility.....”

- For the WHO guidance, see: [Bilateral agreements on health worker migration and mobility](#)

# Planetary Health

## Politico - Tony Blair seeks climate role at COP29 in Azerbaijan

<https://www.politico.eu/article/tony-blair-seeks-climate-role-cop29-azerbaijan/>

Still not really sure this wasn't an April's Fool joke (the article was published on April 1), but I'm afraid not. "The former PM's interest highlights the **contradictions for the powerbrokers and consultants running U.N. climate talks.**"

"... **Boston Consulting Group (BCG) and accounting firm Deloitte are also pitching for a role in COP29, both people said....**"

"**Blair's history of promoting fossil fuel projects in the region highlights how the éminences grises who amassed power and capital in the age of coal, oil and gas carry their past contradictions and relationships into the fight against climate change.** All this is happening at the same time as **the companies now at the heart of running global climate talks retain long standing ties to the industry that is driving global warming.** Consultancies and think tanks have long assisted host countries with running the annual U.N. climate conference — often seconding staff to work alongside host government officials. **BCG and TBI provided staff who took up prominent positions in the United Arab Emirates government organization that ran last year's COP28 talks in Dubai. McKinsey & Company were also engaged by the UAE.** BCG and McKinsey, along with Baker McKenzie, have played major and largely helpful roles in many U.N. climate conferences over more than a decade — providing expertise and support to countries hosting complex talks between almost 200 countries, with tens of thousands of delegates. **All of these consultancies also have significant business with the fossil fuel industry. ....**"

## Guardian - Just 57 companies linked to 80% of greenhouse gas emissions since 2016

[https://www.theguardian.com/environment/2024/apr/04/just-57-companies-linked-to-80-of-greenhouse-gas-emissions-since-2016?CMP=share\\_btn\\_url](https://www.theguardian.com/environment/2024/apr/04/just-57-companies-linked-to-80-of-greenhouse-gas-emissions-since-2016?CMP=share_btn_url)

"**Analysis reveals many big producers increased output of fossil fuels and related emissions in seven years after Paris climate deal.**"

"**A mere 57 oil, gas, coal and cement producers are directly linked to 80% of the world's greenhouse gas emissions since the 2016 Paris climate agreement,** a study has shown. This powerful cohort of **state-controlled corporations and shareholder-owned multinationals** are the leading drivers of the climate crisis, according to **the Carbon Majors Database,** which is compiled by world-renowned researchers."

"**Although governments pledged in Paris to cut greenhouse gases, the analysis reveals that most mega-producers increased their output of fossil fuels and related emissions in the seven years after that climate agreement, compared with the seven years before.**"

"In the database of 122 of the world's biggest historical climate polluters, the researchers found that 65% of state entities and 55% of private-sector companies had scaled up production. During this period, the biggest investor-owned contributor to emissions was [ExxonMobil](#) of the United States,



which was linked to 3.6 gigatonnes of CO<sub>2</sub> over seven years, or 1.4% of the global total. Close behind were Shell, BP, Chevron and TotalEnergies, each of which was associated with at least 1% of global emissions. **The most striking trend, however, was the surging growth of emissions related to state and state-owned producers, particularly in the Asian coal sector....**”

**PS:** “... The **historical record** encompasses 122 entities linked to 72% of all the fossil fuel and cement CO<sub>2</sub> emissions since the start of the industrial revolution, which amounts to 1,421 gigatonnes. In this long-term analysis, **Chinese state coal production accounts for 14% of historic global CO<sub>2</sub>**, the biggest share by far in the database. This is more than double the proportion of the **former Soviet Union, which is in second place**, and more than three times higher than that of **Saudi Aramco, which is in third.**” “... Then comes the big US companies – Chevron (3%) and ExxonMobil (2.8%), followed by Russian’s [Gazprom](#) and the National Iranian Oil Company. After that are two investor-owned European firms: BP and Shell (each with more than 2%) and then Coal India. “

**“The 21st century rise of Asia becomes apparent when the historical records are compared with data from 2016-2022.** In this recent period, the China coal share leaps to more than a quarter of all CO<sub>2</sub> emission, while Saudi Aramco goes up to nearly 5%. **The top 10 in this modern era is dominated by Chinese and Russian state entities and filled out with those from India and Iran.** Western capitalism does not appear until the 11th placed ExxonMobil with 1.4%, half of its historical average....”

## **New Johns Hopkins Institute aims to safeguard human health on a rapidly changing planet**

<https://hub.jhu.edu/2024/04/02/johns-hopkins-institute-for-planetary-health/>

**“The Institute for Planetary Health** will bring together experts from multiple disciplines to address how changes to Earth's environment are affecting human health worldwide....”

**Sam Myers** will lead the institute.

**“The institute will include the Planetary Health Alliance,** a backbone organization for a global community of planetary health practitioners with more than 420 member universities, NGOs, and other organizations in more than 70 countries....”

## **Miscellaneous**

### **Science News - In a bold bid to avoid open-access fees, Gates foundation says grantees must post preprints**

<https://www.science.org/content/article/bold-bid-avoid-open-access-fees-gates-foundation-says-grantees-must-post-preprints>

**“Foundation’s move leaves questions about how to fund peer review.”** Analysis with some more info on last week’s policy shift by the Gates foundation.

“... The [policy shift](#) has drawn praise from some advocates of immediate free access to research results. But others note preprints lack peer review, and they fear that such policies, if widely adopted, could promote the spread of poor-quality research. Some journal publishers could also see revenues fall if major funders refuse to pay the hefty article-processing charges (APCs) levied by some open-access journals....”

“...The new policy, announced on 27 March, makes the \$67 billion foundation the wealthiest major research funder to specifically mandate the use of preprints. (Another foundation, the Chan Zuckerberg Initiative, instituted a similar policy in 2017.) Under a previous 2015 policy, the Gates foundation had required grantees to make research publications immediately available for free. In practice, that often meant paying an APC of \$2000 or more to publish in an open-access journal. Currently, the Gates foundation spends \$6 million annually to cover those costs, says Ashley Farley, the foundation’s open-access lead. Gates foundation–funded grantees publish about 4000 journal articles annually, a fraction of the global total of more than 2.5 million.”

“In an online Q&A, the foundation acknowledges that many of its grantees will still want to ultimately publish preprinted manuscripts in peer-reviewed journals because tenure and promotion reviews require it. The new policy allows grantees to use non—Gates foundation funds to pay APCs or to publish in a subscription journal that charges readers but not authors. But the foundation says the move to preprints will allow researchers to share research results as soon as they’re ready, and not wait weeks or months for journals to complete their review processes.”

PS: “... [The new policy was welcomed by Coalition S](#), a group of funders based mostly in Europe that since 2021 has required grantees to make funded papers immediately free to read. The group stopped short of saying it would copy the Gates foundation mandate. It did note, however, that last year it released a draft policy that encourages (but does not require) researchers to preprint their manuscripts and aims to support non-APC business models....”

- Related: Nature News - [Will the Gates Foundation’s preprint-centric policy help open access?](#)

“... the Gates Foundation’s latest policy puts it on course to diverge from the group Plan S. ....”

“Whereas cOAlition S requires either an accepted manuscript or the version of record to be available OA, he says, “the Gates Foundation is clearly of the opinion that the preprint is sufficient”. He notes that the group allows for “a lot of leeway in policies” between its members, adding that the Gates policy continues to uphold key aspects of Plan S, such as promoting authors’ retention of rights to their accepted manuscripts....” “....Another difference between Plan S and the Gates policy is their stance on APCs. “Ending support for APC payments is not the cOAlition S policy, I can be very clear about that,” Rooryck says....”

## HPW - Uganda’s Constitutional Court Greenlights Draconian Anti-Homosexuality Act

<https://healthpolicy-watch.news/ugandas-constitutional-court-greenlights-draconian-anti-homosexuality-act/>

“Uganda’s Constitutional Court ruled on Wednesday that the country’s draconian [Anti-Homosexuality Act 2023](#) complies with the country’s Constitution in all but four aspects. “

““We decline to nullify the Anti-Homosexuality Act 2023 in its entirety neither would we grant a permanent injunction against its enforcement,” Deputy Chief Justice Richard Buteera, told the Kampala courtroom and a capacity Zoom audience of 500. The **four sections that were struck down** by the five-judge panel – 3 (2c), 9, 11 (2d) and 14 – were “inconsistent with right to health, privacy and freedom of religion”, according to the court....”

- Related: Devex – [Uganda tweaked its anti-gay law just to get donor cash, activists say](#)

“The Constitutional Court of Uganda scrapped two sections and two subsections of the Anti-Homosexuality Act of 2023 and declared the rest of the law constitutional.”

“As a court in Uganda refused to strike down one of the world’s harshest anti-gay laws enacted nearly a year ago, **activists fear the law there and the “lackluster” response to it from donors will spur on other countries considering similar harsh legislation.....**”

- And a Lancet World Report - [Anti-LGBTQ+ laws in Africa harming health and research](#)

“**A wave of anti-LGBTQ+ legislation across sub-Saharan Africa is damaging health and hampering research. Gilbert Nakweya reports.**”

“Scientists are warning that the wave of legislation criminalising LGBTQ+ relationships sweeping across sub-Saharan Africa will reverse gains made in the control of HIV and other sexually transmitted infections (STIs), hamper medical research, and exacerbate mental health crises in the region.....”

**Lancet - Feasibility, safety, and impact of the RTS,S/AS01E malaria vaccine when implemented through national immunisation programmes: evaluation of cluster-randomised introduction of the vaccine in Ghana, Kenya, and Malawi**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00004-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00004-7/abstract)

New study.

- Related Comment in the Lancet: [First-generation malaria vaccine successfully implemented in three African countries](#)

## **Global health governance & Governance of Health**

**Pharma Boardroom - Thomas Cueni’s Legacy as IFPMA Director General**

<https://pharmaboardroom.com/articles/thomas-cuenis-legacy-as-ifpma-director-general/>

I quote: “*After seven years at the helm of the pharma industry’s biggest global trade group, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), Thomas Cueni is retiring. Having played a key role in coordinating innovative pharma’s successful response to*

*the COVID-19 pandemic among other achievements, **Cueni is passing the reins to new director general David Reddy, who will be tasked with ensuring a fair deal for industry within the WHO Pandemic Agreement.***

## **Devex Pro - The World Bank and its institutions: A primer**

<https://www.devex.com/news/the-world-bank-and-its-institutions-a-primer-107281>

(gated) **“World Bank has committed \$128.3 billion and disbursed \$91.4 billion in the fiscal year ending in June 2023.** We looked at the funding trends over the past five years and delved into the inner workings of the main arms of the bank.”

## **Global health financing**

### **CGD (blog) - What New Data Tells Us About the Impact of Ukraine on US Foreign Assistance**

M Sieff; <https://www.cgdev.org/blog/what-new-data-tells-us-about-impact-ukraine-us-foreign-assistance>

**“...the US foreign assistance data for FY 2022 is nearly complete,** except for some missing Department of Defense, Homeland Security, and Transportation data, **and the data reveals some interesting trends.** First, FY 2022 did not break the historical record of total obligations, but it came closer than any time since the 1940s, primarily driven by the Russian invasion of Ukraine. Incomplete 2023 data also suggests that FY 2022 and FY 2023 will put Ukraine assistance in top 20 all-time country-year obligations, illustrating the bureaucracy’s remarkable ability to pivot under perceived emergencies. Second, **the share of foreign assistance allocated to low-income countries is steadily decreasing over time. Though this is primarily a result of decreased aid to Afghanistan over time—and not the sharp increase in assistance to Ukraine in FY 2022—it does contribute to the existing Global South perception that the world’s poorest are being left behind, which the US must carefully address.** The data also raises questions about whether US cross-sectoral allocations are fit-for-purpose in an age of historic conflict levels, and shows some evidence of backsliding on positive foreign aid data transparency trends.”

## **UHC & PHC**

### **BMJ Feature - Tanzania pins its hopes on new universal health insurance law**

<https://www.bmj.com/content/385/bmj.q712>

“Tanzania is introducing a landmark universal health insurance law. But will it enable access to healthcare for all those who need it? Syriacus Buguzi reports.”

## BMZ - Thinking and working politically to realise Universal Health Coverage: Insights from Cameroonian-German cooperation

<https://health.bmz.de/stories/thinking-and-working-politically-to-realise-universal-health-coverage-insights-from-cameroonian-german-cooperation/>

“Cameroon embarked on a new Universal Health Coverage journey in 2023, the foundations for which have been laid over many decades. By adopting a political economy lens, German Development Cooperation has leveraged limited resources to great effect.”

## Globalization & Health - Trends in household out-of-pocket health expenditures and their underlying determinants: explaining variations within African regional economic communities from countries panel data

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-024-01032-0>

by N Ngepah et al.

- Link: BMC Global & Public Health - [Design and implementation of a Primary Health Care \(PHC\) Toolbox for improving the impact of support from Global Development Partners](#)

by D Spasenoska et al.

## Pandemic preparedness & response/ Global Health Security

### Graduate Institute’s Global Health Centre (discussion paper) - Institutional governance mechanisms of contemporary regulatory treaties: implications for pandemic rulemaking

Klabbers, Jan et al; <https://repository.graduateinstitute.ch/record/302718?v=pdf>

“This discussion paper has been prepared for the workshop "Living Together Apart: Governance Questions for the Pandemic Accord and International Health Regulations (IHR)" organized at the Geneva Graduate Institute on March 11, 2024. The workshop aimed to provide an opportunity for members of Geneva-based permanent missions and government officials from capitals to discuss institutional governance frameworks within contemporary regulatory treaties....”

“... This workshop at the Geneva Graduate Institute offered an opportunity to reflect on the wide range of governance mechanisms available under international law and their relevance in light of the ongoing negotiations. This paper begins by providing an introduction to institutional governance mechanisms of contemporary regulatory treaties in international law. It then presents examples of governance frameworks within the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES) and the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC).”

## GHF - A Robust PABS System: Make or Break for the Pandemic Accord [Guest Essay]

L Gostin et al ; [https://genevahealthfiles.substack.com/p/inb-pabs-pandemic-treaty-who-equity-gostin-watal?utm\\_campaign=email-post&r=97mey&utm\\_source=substack&utm\\_medium=email](https://genevahealthfiles.substack.com/p/inb-pabs-pandemic-treaty-who-equity-gostin-watal?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email)

“In today’s guest essay, scholars Lawrence O. Gostin & Jayashree Watal, delve further into monetary contributions and non-monetary benefits of such a mechanism.”

## Stat News – H5N1 avian flu found in Texas individual who apparently was infected by dairy cows

<https://www.statnews.com/2024/04/01/bird-flu-h5n1-spread-to-humans-dairy-cattle/>

“It is only the second case of H5N1 bird flu ever recorded in the U.S. The CDC said the virus is currently not a serious risk to people.”

- Related analysis: Stat – [What we know about H5N1 bird flu in cows — and the risk to humans](#)
- And via Science - [Bird flu may be spreading in cows via milking and herd transport](#)

“New data challenge assumed transmission route and some call for restricting cattle.”

## Cidrap News - Alaskapox virus renamed as borealpox virus

<https://www.cidrap.umn.edu/misc-emerging-topics/alaskapox-virus-renamed-borealpox-virus>

“The Alaska Department of Health (ADH) announced that it has been consulting with the US Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) to change the name of the Alaskapox virus to “borealpox virus,” with the renaming taking effect with the start of April. ADH said the name references the ecosystem where the virus was found in humans and small animal reservoirs. Also, it said the name is less specific and offers more leeway for the possibility of the virus being identified in animals and humans outside of Alaska.”

- Related: Science – [Alaskapox virus renamed to avoid stigmatizing state and hurting tourism](#) (by K Kupferschmidt)

“First human fatality from virus prompts new name, borealpox.”

## Planetary health

### Lancet Planetary Health – April issue

[https://www.thelancet.com/issue/S2542-5196\(24\)X0004-2](https://www.thelancet.com/issue/S2542-5196(24)X0004-2)

Start with the Editorial – [Beyond incrementalism](#)

“... if your benchmark for success is, are we doing enough to avoid the worst consequences of climate change, biodiversity collapse, environmental pollution etc. then the balance of evidence suggests we are doing much less well. To feel optimistic in this context **we need to invoke highly nonlinear progress in the near future. ...**”

“... if real action and implementation to address environmental and social risks is to happen in a timely fashion and at a level commensurate with the size of the task we **need to pay much more attention to bridging this gap between what feels feasible now vs what changes are needed. We do this by expanding the feasible** not shrinking ambition or deferring it for later....”

Among the other papers, make sure you also check out:

- [Viewpoint: Cities, planetary boundaries, and degrowth](#)

“This Viewpoint highlights the role of degrowth in keeping an urban planet within planetary boundaries and suggests areas for further research and policy. “

- Review: [Interconnecting global threats: climate change, biodiversity loss, and infectious diseases](#)

“... In this Review, we define and exemplify the causal pathways that link the three global pressures of climate change, biodiversity loss, and infectious disease....”

## HPW - Vehicular Pollution: New Roadmap to Avoid Millions of Early Deaths and Cases of Childhood Asthma

<https://healthpolicy-watch.news/vehicular-pollution-new-roadmap-to-avoid-millions-of-early-deaths-childrens-asthma/>

“**The International Council on Clean Energy**, famous for busting Volkswagen’s Dieselgate, **has a new ambition: Taking immediate action to shift to zero-emissions vehicles, significantly cutting ozone (O3) nitrogen dioxide (NO2) and PM2.5 pollution, and avoiding millions of cases of early death and paediatric asthma.** Business-as-usual vehicle scenarios will lead to an increase. “

“...A new report has attempted to measure this and model various scenarios of controlling pollution from vehicles that would best protect children from asthma, and older people from air pollution-related chronic illnesses and premature deaths. The report, *Global Health Benefits of Policies to Reduce On-Road Vehicle Pollution Through 2040*, is by 10 authors, mostly associated with the ICCT. The group is perhaps best known for exposing Volkswagen for fudging on the true level of emissions from its popular diesel vehicles – known as the Dieselgate scandal. That cost the German auto giant **billions of dollars** and shifting producers away from the most health-harmful vehicle fuel. **Now, the ICCT has turned its attention to the world’s vehicle fleet – analysing what would it take to reduce cases of early deaths and paediatric asthma over the next two decades.** The authors say that **their study, published in [March as a Lancet pre-print](#), is the first of its kind to provide a globally consistent evaluation of this issue.** They examined the impact of

vehicular pollution at a one-kilometre resolution across 186 countries and territories that cover 99% of the global population. **Fifteen emissions scenarios were evaluated representing different policy combinations.** “

“...The report says that regions and trade blocs that mainly consist of countries in the Global South – Middle East, ASEAN (Southeast Asia), SAARC (South Asia), and ECOWAS (Africa) – have the **greatest potential** for mitigating new paediatric asthma cases from road transport emissions...”

### Nature (News) - Tropical-forest destruction has slowed — but is still too high

<https://www.nature.com/articles/d41586-024-00989-7>

“**Ten football pitches’ worth of forest were lost per minute in 2023**, suggesting that countries are not doing enough to halt deforestation.”

### Project Syndicate - Solar Geoengineering Is a Dangerous Distraction

A Mulugetta et al; <https://www.project-syndicate.org/commentary/african-countries-warn-solar-geoengineering-dangerous-climate-distraction-by-yacob-mulugetta-et-al-2023-04>

« **At the most recent United Nations Environment Assembly, Africa’s leaders helped shoot down a resolution that called for more research into the benefits and risks of solar radiation modification.** They identified the dangers of entertaining this fantasy and emphasized the need for effective and equitable climate solutions.”

### Potsdam Institute for Climate Impact Research - Food matters: Healthy diets increase the economic and physical feasibility of 1.5°C

<https://www.pik-potsdam.de/en/news/latest-news/food-matters-healthy-diets-increase-the-economic-and-physical-feasibility-of-1-5degc>

On the merits of a ‘flexitarian’ diet.

### PNAS Nexus - Earth at risk: An urgent call to end the age of destruction and forge a just and sustainable future

C Fletcher et al ; <https://academic.oup.com/pnasnexus/article/3/4/pgae106/7638480?login=false>

“..... **Against this backdrop of Earth at risk, we call for a global response centered on urgent decarbonization, fostering reciprocity with nature, and implementing regenerative practices in natural resource management.** We call for the elimination of detrimental subsidies, promotion of equitable human development, and transformative financial support for lower income nations. **A critical paradigm shift must occur** that replaces exploitative, wealth-oriented capitalism with an economic model that prioritizes sustainability, resilience, and justice.....”



## Telegraph - Sperm counts fall as temperatures rise, new research suggests

<https://www.telegraph.co.uk/global-health/climate-and-people/sperm-counts-fall-as-temperatures-rise-new-research-suggest/>

“**Scientists in Singapore** found that men in their prime had low sperm counts after being in the heat.”

## The Conversation - Africa now emits as much carbon as it stores: landmark new study

Y Ernst et al; <https://theconversation.com/africa-now-emits-as-much-carbon-as-it-stores-landmark-new-study-226522>

“**A landmark new study has found that, in the last decade, the African continent has started emitting more carbon than it stores.** When the total amount of carbon that is sequestered by natural ecosystems (such as the soil and plants in grasslands, savannas and forests) exceeds the amount of total carbon emissions within a system, it’s referred to as a net sink of carbon. But, the study found, as natural ecosystems are converted for agricultural purposes, **the carbon storage capacity is decreasing – while the rate of emissions is increasing.**”

“**Yolandi Ernst of the University of the Witwatersrand (Wits) in South Africa led the international research team** that calculated the flows of carbon dioxide, methane and nitrous oxide through Africa’s terrestrial and aquatic ecosystems. **She and one of the study co-authors, Sally Archibald – also from Wits and the lead of the Future Ecosystems for Africa Programme – unpacked their findings for The Conversation Africa.**”

## Stat - How climate change is driving a global epidemic of immune health problems, and how to stop it

K Nadeau; <https://www.statnews.com/2024/04/04/climate-change-driving-immune-health-problems/>

“... As I and a group of colleagues from the U.S. and Europe [just reported](#) in **Frontiers in Science**, **climate-driven stressors are driving immune dysregulation** at a scope that has contributed to an increase in immune-mediated diseases....”

## Covid

### Lancet Letter - The importance of reporting accurate estimates of long COVID prevalence

Joshua Szany et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01120-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01120-0/fulltext)

“**A March, 2023, Editorial** drew attention to the need for accelerated progress in understanding and responding to the issue of post-COVID-19 condition (also known as long COVID). **However, this Editorial and the Comment in The Lancet Infectious Diseases to which it is linked both quoted false**

**estimates of long COVID prevalence.** The assertion that 65 million people worldwide had long COVID in March, 2023, originated from a narrative review published in the same month. To arrive at this figure, the authors ostensibly took an estimate of symptom prevalence 90–150 days after SARS-CoV-2 infection from a single pre-omicron study conducted in the Netherlands of largely unvaccinated adults... and then applied this estimate to the cumulative number of reported COVID-19 cases globally to date. This method is invalid. ....”

## BMJ GH – Informing the pandemic response: the role of the WHO’s COVID-19 Weekly Epidemiological Update

<https://gh.bmj.com/content/9/4/e014466>

“... **This article provides an in-depth analysis of the WEU process**, from data collection to publication, focusing on the scope, technical details, main features, underlying methods, impact and limitations. We also discuss WHO’s experience in disseminating epidemiological information on the COVID-19 pandemic at the global level and provide recommendations for enhancing collaboration and information sharing to support future health emergency responses....”

- Link: Cidrap News - [Among fully vaccinated, study shows Paxlovid does not shorten symptoms.](#)

## Infectious diseases & NTDs

### Telegraph - Americas dengue outbreak is the ‘worst to date’

<https://www.telegraph.co.uk/global-health/science-and-disease/americas-dengue-outbreak-is-the-worst-to-date/>

“The rapid spread of dengue has **already resulted in 1,000 deaths so far this year** throughout the region.”

## AMR

### Cidrap News - Study finds widespread bacterial contamination on hospital surfaces in low- and middle-income nations

<https://www.cidrap.umn.edu/antimicrobial-stewardship/study-finds-widespread-bacterial-contamination-hospital-surfaces-low-and>

“A **study** of hospital surfaces in six low- and middle-income countries (LMICs) indicates colonization with multidrug-resistant bacteria is common, researchers reported late last week in *Nature Communications*. The researchers also found evidence that the observed colonization of hospital surfaces by multidrug-resistant bacteria may be linked to cases of neonatal sepsis.”

“Focusing on **countries that were involved in the BARNARDS (Burden of Antibiotic Resistance in Neonates from Developing Societies) study**, which assessed common sepsis-causing pathogens in newborns in LMICs, a **team led by researchers at Cardiff University collected and analyzed hospital surface swabs from 10 hospitals in Bangladesh, Ethiopia, Nigeria, Pakistan, Rwanda, and South Africa**. Their aim was to determine the prevalence and diversity of extended-spectrum beta-lactamase (ESBL)- and carbapenemase-carrying bacterial species colonizing neonatal wards....”

### **BMJ GH (Analysis) - Interventions to address antimicrobial resistance: an ethical analysis of key tensions and how they apply in low- income and middle-income countries**

<https://gh.bmj.com/content/9/4/e012874>

by S Pokharel et al.

“... **We present an in-depth ethical analysis of tensions that might hinder efforts to address AMR. First**, there is a tension between access and excess in the current population: addressing lack of access requires facilitating use of antimicrobials for some populations, while addressing excessive use for other populations. **Second**, there is a tension between personal interests and a wider, shared interest in curbing AMR. These personal interests can be viewed from the perspective of individuals seeking care and healthcare providers whose livelihoods depend on using or selling antimicrobials and who profit from the sales and use of antimicrobials. **Third**, there is a tension between the interests of current populations and the interests of future generations. Last, there is a tension between addressing immediate health threats such as pandemics, and AMR as a ‘silent’, chronic threat. **For each of these tensions, we apply ‘descriptive ethics’ methods that draw from existing evidence and our experiences living and working in low-income and middle-income countries to highlight how these ethical tensions apply in such settings.**”

## **NCDs**

### **World Bank (report) - Integrating Noncommunicable Disease Management into Primary Health Care : An Anthology of Country Cases**

Wahnshafft Simone Lydia et al ; <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099032724142533466/p1706381b8baba0981a59e1fe271036efcd>

“**The aim of this report is to collate real-world examples showcasing the integration of best practices for managing NCDs within PHC systems.** This anthology accompanies the NCD system assessment tool, which aims to support World Bank country teams to rapidly (~3 months) assess gaps implementation of a set of best practices for NCD prevention and management. **Specifically, the tool evaluates health systems against 43 best practices** - practical policies, plans, programs or structures - **recommended by global consensus panels or proven to be effective in meta-analyses, systematic reviews and Cochrane reviews. ....**”

### **HPW - Tanzania Merges HIV and Diabetes Care to Tackle NCD Crisis**

<https://healthpolicy-watch.news/tanzania-merges-hiv-and-diabetes-care-to-tackle-ncd-crisis/>

“Non-communicable diseases like hypertension and diabetes have emerged as serious health crises in developing countries, as HIV was a decade ago. New models of primary health care that combine NCD and HIV care are catching on – and Tanzania is one example.”

### Economist - Could weight-loss drugs eat the world?

<https://www.economist.com/science-and-technology/2024/03/30/could-weight-loss-drugs-eat-the-world>

“Scientists are finding that anti-obesity medicines can also help treat dozens of other diseases.”

“Originally made for diabetes, evidence is growing that they also have benefits in diseases of the heart, kidney, liver and beyond. .... **Because obesity is linked to over 200 health issues, including strokes, kidney problems and fatty liver, glp-1 drugs are proving useful for more than just obesity....**”

“...While a lot of focus has been on the action of these medicines on **improving metabolic health**, scientists are now uncovering that **these drugs also engage with the brain and immune system, by interacting with glp-1 receptors in the brain....**”

### Nature (News) - Why loneliness is bad for your health

<https://www.nature.com/articles/d41586-024-00900-4>

“A lack of social interaction is linked to a higher risk of cardiovascular disease, dementia and more. Researchers are **unpicking how the brain mediates these effects.**”

“...Although the picture is far from complete, **early results suggest that loneliness might alter many aspects of the brain, from its volume to the connections between neurons....**”

## Mental health & psycho-social wellbeing

### Plos GPH - A vision for reinvigorating global mental health

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003034>

By Anna Chiumento et al.

### Nature (News) - Green space near home has an antidepressant effect

[https://www.nature.com/articles/d41586-024-00968-y?utm\\_medium=Social&utm\\_campaign=nature&utm\\_source=Twitter#Echobox=1712048041-1](https://www.nature.com/articles/d41586-024-00968-y?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1712048041-1)

“People who had the most vegetation near their residences were the least likely to report depression and anxiety.”

## HPW - Youth in 'Forgotten' Afghanistan Exposed to Drug Abuse and Mental Health Disorders

<https://healthpolicy-watch.news/youth-in-forgotten-afghanistan-exposed-to-drug-abuse-and-mental-health-disorders/>

“The ‘forgotten crisis’ of Afghanistan has exposed more and more young Afghans to [mental health problems](#) and drug abuse amid dwindling donor support and crumbling healthcare under the Taliban regime, said experts at a high-level [side event](#) at the recent meeting of the Commission on Narcotic Drugs in Vienna Austria....”

“...At the [side-event on “Mental health and substance use disorders in Afghanistan”](#), hosted by the World Health Organization (WHO), UNODC, the European Union (EU) and the Japanese government, stakeholders said the rapidly deteriorating socio-political environment in the country posed new challenges that require a more holistic approach and engagement with the Taliban authorities to save millions of lives....”

## Social & commercial determinants of health

### WHO - Special Initiative for Action on the Social Determinants of Health for Advancing Health Equity

<https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity>

As a reminder.

“...the [WHO Multi-Country Special Initiative for Action on the Social Determinants of Health for Advancing Health Equity](#) has the goal to improve the social determinants of health for at least 20 million disadvantaged people in at least 12 countries by 2028. ....”

### TGH - Curbing India's Ultra-Processed Foods

P Sharma; <https://www.thinkglobalhealth.org/article/curbing-indias-ultra-processed-foods>

“Increased popularity of ultra-processed foods could be leading to a health crisis.”

## Sexual & Reproductive health rights

### BMJ GH - Guidance on sexual, reproductive, maternal, newborn, child and adolescent health in humanitarian and fragile settings: a scoping review

<https://gh.bmj.com/content/9/3/e013944>

By Mehr Gul Shah, E Langlois et al.

## Guardian - 'Headaches, organ damage and even death': how salty water is putting Bangladesh's pregnant women at risk

<https://www.theguardian.com/global-development/2024/apr/02/headaches-organ-damage-and-even-death-how-salty-water-is-putting-bangladeshs-pregnant-women-at-risk>

**"As rising sea levels and extreme weather contaminate drinking water sources, doctors are seeing alarming numbers of women with serious health problems including pre-eclampsia."**

## Stanford Statement on March 2024 Lancet Menopause Series

<https://obgyn.stanford.edu/divisions/gyn/menopause/lancet-march-2024-response.html>

*"We need to send a realistic, balanced message to women and to society: menopause does not herald the start of a period of decay and decline but is a developmental life stage that can be negotiated successfully with access to evidence-based information as well as appropriate social and medical support. Women deserve nothing less."*

**"...The medical journal *The Lancet* published a [4-article series](#) on menopause this month. The quote above was the concluding statement of an accompanying editorial. Although this statement is inclusive and empowering, many of the positions taken by the authors of the articles, plus the editorial itself, are anything BUT inclusive and empowering. Menopause is repeatedly referred to as "overmedicalized" when in reality, the vast majority of women are left to navigate their perimenopausal and menopausal years with no medical guidance whatsoever. ...."**

## Devex - Opinion: The case against funding postpartum family planning

S Eustis-Guthrie; [Devex](#);

**"Recent studies suggest that postpartum family planning programs are not effective — why are they a focus of development funding?"**

**"Global health funding should go to programs with a clear track record of impact. Postpartum family planning isn't one of those interventions, argues Sarah Eustis-Guthrie at the Maternal Health Initiative in this #opinion."**

## Neonatal and child health

### NPR - Raising a child with autism in Kenya: Facing stigma, finding glimmers of hope

<https://www.npr.org/sections/goatsandsoda/2024/02/26/1232791446/raising-a-child-with-autism-in-kenya-facing-stigma-finding-glimmers-of-hope>

**".... [A review of current literature on autism in Africa](#), published in 2023 in *The Annals of Medicine & Surgery*, found that "diagnosis and treatment access remains limited due to various challenges." An article in *The Journal of Pediatrics, Perinatology and Child Health* published**

in 2022 points to "limited access to resources and trained professionals" for children in Africa with autism spectrum disorder...."

"...One result of this shortage of local services is that many children with autism don't get a diagnosis in their first years of life. [Research has shown](#) that early interventions make a huge difference in outcomes for children with autism, so delays in diagnosis can have a lifelong impact. And even as caregivers struggle to find help they must cope with misconceptions and stigma about the condition...."

## Access to medicines & health technology

Devex – Drug prices soar after pharma giants GSK and Sanofi exit Nigeria

<https://www.devex.com/news/drug-prices-soar-after-pharma-giants-gsk-and-sanofi-exit-nigeria-107380>

"Nigerians struggle to buy their prescribed medicines due to continuous price jumps caused by the country's high inflation rate, weak naira, high import duties, and a deluge of exits by multinationals such as GSK and Sanofi."

Bloomberg - Astra, Pfizer Boost China Bets Despite US Drive to Decouple

<https://www.bnnbloomberg.ca/astra-pfizer-boost-china-bets-despite-us-drive-to-decouple-1.2051565>

" The chief executive officers of AstraZeneca Plc and Pfizer Inc. pledged to support expansion of China's biopharmaceutical industry, even as US politicians seek to decouple the tightly entwined supply chains that provide medicine to the world. "

"China is driving innovation and playing an important role in Astra's manufacturing strategy, Chief Executive Officer Pascal Soriot said on Wednesday at an event in Beijing organized by the Chinese Ministry of Commerce to attract more foreign investment. Pfizer Chief Executive Officer Albert Bourla told the group he was "particularly inspired" by the prospect of novel drug development in the world's second-largest economy. "

" The commitment by the two drugmaking giants comes as the Biosecure Act, designed to reduce US reliance on the Chinese biopharmaceutical industry, makes its way through the US Congress. The legislation seeks to ban Chinese biotechnology companies "of concern" — and any pharmaceutical companies that work with them — from getting federal contracts in an effort to ensure national security. ..."

FT - EU rules drive pharma backers to the US, says Irish investment chief

<https://www.ft.com/content/0e08f880-6d17-4535-9892-990b22e1715d>

**“Europe’s regulations have become ‘too burdensome’ and could hinder innovation, argues Michael Lohan.”** *(my own view: if you’re from a “tax optimizing” country like Ireland, you’d be wise to shut up)*

“Michael Lohan, chief executive of IDA Ireland, the foreign direct investment promotion agency, told the Financial Times that new rules proposed by Brussels last year risk further widening the gap between the US and the EU when it comes to cutting-edge technologies. While the US regulatory system “has become more agile, more responsive”, he said, “the European system, one could argue, has moved in the opposite direction” ...”

“Ireland has transformed its economy in recent decades, luring investment with low tax rates, a skilled workforce and expertise, as well as EU membership, and **life sciences is a major sector. Most big pharmaceutical and medtech companies have operations in the country**, which produces some 40 per cent of the world’s contact lenses, as well as all the world’s Botox and a key ingredient used in Viagra.”

“... According to the European Federation of Pharmaceutical Industries and Associations, a Brussels-based lobby group, the US attracted a third more R&D investment than Europe in 2010. A decade later, that difference had reached more than two-thirds, the group said. “Europe is losing R&D. Innovation is moving to the US, .... “

“... Under the commission’s proposed new pharma plans, which are still under discussion and have not yet become law, manufacturers would be required to market new drugs in all 27 EU countries within two years or have just eight, not 10 years, of valuable exclusivity before facing competition from generic manufacturers. Brussels has argued that the new rules would drive down the price of medicines and make them more available. “What we’ve done is exactly to help investment in the industry, to help them keep their competitive edge,” said an EU commission spokesperson.....”

## **O’Neill Institute - Expanding Access to Long Acting HIV Prevention and Treatment Through Mobile Pharmacies**

<https://oneill.law.georgetown.edu/publications/expanding-access-to-long-acting-hiv-prevention-and-treatment-through-mobile-pharmacies/>

by Aiseosa Osaghae & Kirk Grisham.

## **Science News - Messenger RNA technology shows first promise against a rare and deadly disease**

<https://www.science.org/content/article/messenger-rna-technology-shows-first-promise-against-rare-and-deadly-disease>

““**Milestone**” Moderna trial finds fewer medical crises in some people with metabolic disorder after RNA infusions.”

- See also Nature News - [mRNA drug offers hope for treating a devastating childhood disease](#)

“ **Drug trial results show that vaccines aren't the only use for the mRNA technology** behind the most widely used COVID-19 jabs.”



## **Lancet GH (Comment) - Thinking beyond diagnostic accuracy to evaluate tuberculosis screening tests**

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00061-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00061-5/fulltext)

Comment linked to a **new study in the Lancet GH.**

“... In The Lancet Global Health, Tiffeney Mann and colleagues describe the prospective evaluation of seven blood-based RNA biosignatures for tuberculosis screening among a large cohort of people living with HIV in South Africa....”

- Check out also another **Lancet GH Comment - [Tuberculosis screening in adults with HIV: beyond symptoms](#)**

**Related study:** “... In The Lancet Global Health, Reeve and colleagues report on various tuberculosis screening tests and algorithms in ambulatory people with HIV presenting for initiation of antiretroviral therapy (ART) in a high tuberculosis burden setting....”

## **Human resources for health**

### **International Journal for Equity in Health - Human resources for health and maternal mortality in Latin America and the Caribbean over the last three decades: a systemic-perspective reflections**

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-024-02154-y>

By Gustavo Nigenda et al.

## **Decolonize Global Health**

### **Lancet HIV - Intersectional climate justice, health equity, and HIV**

S Wilson et al;

[https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(24\)00062-6/abstract](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(24)00062-6/abstract)

“...In this Comment, we expand on one current model of climate change and HIV by including the legacy of racist colonial expansion and ongoing systemic inequity....”

### **Global Health Promotion - Decolonial framework for applying reflexivity and positionality in global health research**

<https://journals.sagepub.com/doi/epub/10.1177/17579759241238016>

by T Naidu et al.

## Miscellaneous

### IMF boss - The Policy Trilemma in store for the next IMF Managing Director

F Sibaja; <https://imfboss.com/2024/03/19/the-policy-trilemma-in-store-for-the-next-imf-managing-director/>

“With a background as an environmental economist and her experience in the World Bank, **Kristalina Georgieva had the potential to accelerate the ‘historic transformation to greener economies’**. However, **the initial ambition to move away from austerity measures and ensure this green transformation faded out quickly.**”

“...According to the trilemma put forward at the [2023 Fiscal Monitor](#), **climate goals, political feasibility and debt sustainability cannot be achieved at the same time given the tight fiscal position of countries in the aftermath of the pandemic**. The advice to **Global South countries** is that public climate investments put debt and fiscal sustainability at risk. The best way forward to fulfil international obligations under the Paris Agreement while ensuring macroeconomic and financial stability is to raise taxes (e.g. carbon pricing) and attract private investments. This **approach was enshrined at the Resilience and Sustainability Trust** which paved the way for the institution to be a protagonist in national climate policy design....”

“...What does the future hold in store for **Kristalina Georgieva’s climate approach at the institution**, given the repeated call for fiscal consolidation in the recent press briefing of the WEO and the growing scepticism from institutional investors on climate? There is no doubt the trilemma approach to climate policy will further perpetuate the multi-speed recovery Georgieva was so concerned about. **Her failure to truly challenge the largest shareholders’ reluctance to support green transformation in the Global South should be seen as a poor record for a likely next mandate under more ‘green’ promises.** “

### Politico - Pfizergate back to haunt von der Leyen

<https://www.politico.eu/newsletter/brussels-playbook/pfizergate-back-to-haunt-von-der-leyen/>

“Top European prosecutors are [investigating allegations of criminal wrongdoing](#) in connection with vaccine negotiations between European Commission President Ursula von der Leyen and the CEO of Pfizer...”

### Devex - Yes, there's a youth bulge, but the global south is also getting older

<https://www.devex.com/news/yes-there-s-a-youth-bulge-but-the-global-south-is-also-getting-older-107327>

“With aging populations in low- and middle-income countries come concerns about health care, pensions, and people falling into the gaps.”

“...between 2022 and 2050, low- and middle-income countries will account for 85% of the population growth of people aged 65 and older worldwide, **according to aging-focused**

**nonprofit AARP International.** By 2050, roughly 4 in 5 older adults will live in these countries, which is also where aging inequity — the cumulative effect of inequalities experienced throughout a person’s lifespan — tends to be more acute, compared to high-income countries. Moreover, **gender-based disparities in education, large informal economies, and a lack of pension coverage also contribute to aging inequities in LMICs, according to an AARP International report published last year.... “**

**“The report, [“Achieving equitable healthy aging in low- and middle-income countries,”](#) written by think tank [Economist Impact](#), warns that aging inequity is becoming an increasingly urgent issue in LMICs. .... **Demographic aging will not happen uniformly across LMICs.** AARP International predicts the greatest growth will be among lower- and upper-middle income countries, rather than low-income countries. Sub-Saharan African countries will experience the fastest growth, while Asian countries will contribute to over 70% of the global increase of the older population....”**

PS: **“M Murthi [World Bank Vice President for Human Development ] emphasized the role of development professionals in helping countries prepare for this demographic transition.** This includes lower-middle-income countries developing or introducing schemes like social insurance, affordable health care, or savings plans, as in many middle-income countries.....”

**“... In the coming months, the World Bank will publish a new report addressing the aging challenge** which will cover issues including long-term care, behavior change, gender gaps in access to care, social protection, and government solutions to support healthy longevity.....”

## **WEF (White paper) - The Future of the Care Economy**

<https://www.weforum.org/publications/the-future-of-the-care-economy/>

**“In the face of recent global crises, the essential role of the care economy has surged to the forefront of economic and social policy discussions.”**

**“This white paper by the Global Future Council on the Future of the Care Economy** calls on leaders worldwide to prioritize the care sector. It sheds light on the state of the care economy, emphasizing its critical importance to economic growth and societal well-being.”

## **Devex - As good as it Gates**

Via Devex Pro (gated) [The top Gates Foundation nonhealth awardees in 2023](#)

**“Last year, the Gates Foundation allocated nearly \$6.3 billion in grants, [mostly directed toward health-related initiatives.](#) We’ve given you copious info on that in previous stories — but [what about the money allocated to other causes?](#) **Some \$1.3 billion also went to global economic growth, gender equality, and financial and resource management,** writes Devex development analyst Alecsondra Kieren Si. Notably, **the largest portion of funding was directed toward the global growth and opportunity division.**”**

**“Awardees located in the U.S. still top the list with \$487.2 million; followed by those in Kenya, the U.K., India, and Nigeria.”**

## Science News - Population tipping point could arrive by 2030

<https://www.science.org/content/article/population-tipping-point-could-arrive-2030>

“Study estimates global fertility will drop below replacement level years earlier than others predict.”

Re the **Lancet (IHME) study** from last month.

## Papers & reports

### WHO Bulletin – April issue

<https://www.ncbi.nlm.nih.gov/pmc/issues/458786/>

In this month’s editorial section, **Manjulaa Narasimhan et al. describe three decades of progress and setbacks since the first international conference on population and development.**

See the **Editorial: [Three decades of progress and setbacks since the first international conference on population and development](#)**

Check out also the rest of the Bulletin issue.

### International Journal of social determinants of health and health services - The U-Shaped Curve of Health Inequalities Over the 20th and 21st Centuries

Clare Bambra; <https://journals.sagepub.com/doi/full/10.1177/27551938241244695>

**“This article examines historical trends in health inequalities over the 20th and 21st centuries. Drawing on studies from the United States, United Kingdom, Sweden, and Western Europe, it concludes that there is evidence of a u-shaped curve in (relative) health inequalities. These trends in health inequalities broadly parallel those identified by economists with regards to the u-shaped curve of income and wealth inequalities across the 20th and 21st centuries. The article argues that—as with income inequalities—health inequalities generally decreased across the twentieth century through to the early 1980s. They then started to increase and accelerated further from 2010, particularly in the United Kingdom and the United States. The article sets out four distinct policy periods that shaped the evolution of trends in health inequalities: the Interbellum Era, 1920–1950; the Trente Glorieuse, 1950–1980; Neoliberalism, 1980–2010; and the Crisis Age, 2010–present. The u-shaped curve of health inequalities over this period suggests that social policies, health care access, and political incorporation have driven changes over time. Taking this long view of changes in health inequalities emphasizes the importance of politics and policy for future health improvement.”**

### Public Health in Practice - Who is “anti-science”?

Elisabeth Paul et al; <https://www.sciencedirect.com/science/article/pii/S2666535224000302>

“**“Anti-science” accusations are common in medicine and public health, sometimes to discredit scientists who hold opposition views. However, there is no such thing as “one science”. Epistemology recognises that any “science” is sociologically embedded, and therefore contextual and intersubjective. In this paper, we reflect on how “science” needs to adopt various perspectives to give a comprehensive and nuanced understanding of a phenomenon.....”**

The authors then reflect on how the scientific reporting about Covid-19 mRNA vaccines has evolved.

## Health Research Policy & Systems - Use of qualitative research in World Health Organisation guidelines: a document analysis

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-024-01120-y>

By M Taylor et al.

- And a link: Health Research Policy & Systems - [Concept analysis of health system resilience](#) (by D Al Asfoor et al)

## Tweets (via X & Bluesky)

Jean Kaseya

**“The Kingdom of Morocco will be hosting the upcoming #CPHIA2024 conference. Save the Date! Join us for the 4th International Conference on Public Health in Africa #CPHIA2024; 26-29 November 2024; Rabat, Kingdom of Morocco.”**

David Wallace-Wells

**"Global warming in 2010-2023 is 0.30°C/decade, 67% faster than 0.18°C/decade in 1970- 2010."**

[https://columbia.edu/~jeh1/mailings/2024/Hopium.MarchEmail.2024.03.29.pdf?utm\\_source=subscribe&utm\\_medium=email](https://columbia.edu/~jeh1/mailings/2024/Hopium.MarchEmail.2024.03.29.pdf?utm_source=subscribe&utm_medium=email)

Tim Schwab

**“How did Bill Gates come to secure so much political influence over public health in India? By playing politics, of course. Watch Gates gamely genuflect to Prime Minister Modi in what is, essentially, a political campaign ad. "Philanthropy" by Bill Gates”**

<https://twitter.com/TimothyWSchwab/status/1773704763290349735>

Tedros

**“#HealthForAll means ALL, not health for some. On #WorldAutismAwarenessDay, we call on all countries to make sure autistic children and adults are satisfied with the care they receive and are fully included in society.”**

## Joseph Osmundson

**"I am more concerned about the mpox situation in the The Congo that has killed hundreds of children, and the waning global immunity. I think the reason this isn't being perceived as a threat is homophobia and racism."**

## Gavin Yamey

**"Very excited that we will be launching @TheLancet Commission on Investing in Health report ("CIH 3.0") at the World Health Summit in Berlin in Oct! Our first report was called #GlobalHealth2035, the new report looks further into the future & will be called #GlobalHealth2050."**

## Kalypso Chalkidou

Quoting a piece in Foreign Affairs (by C Ero):

**"Poorer countries worry about being pushed into the role of the "South of the global South": in need of outside support and facing condescension not only from former colonial rulers but also from non-Western states that are better off."**