

IHP news 773 : The VAR in Geneva, Mayday & an election year with apocalyptic dimensions

(3 May 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,

On Saturday, the week kicked off with [Geneva Health Files](#)’ excellent analysis of last week’s [IHR amendments round](#) in Geneva. For once, Priti Patnaik [used](#) a football metaphor, “... *WHO member states could have hardly sought better umpiring in the negotiations towards amending the International Health Regulations. But as sports fans know, even the best umpires cannot restrain competitive sides. And hence, we head into extra time.*” Well, on the bright side, at least the IHR amendments negotiations don’t seem to face [“the VAR”](#) which has been all too present over the past months in the [INB negotiations on a pandemic agreement](#), read ‘commercial (+geopolitical) interests’, [Berlin Declaration](#) and [the like](#). Nevertheless, like the current Premier League season, it ain’t over till it’s over. The [last INB negotiation round](#) before the upcoming World Health Assembly [started](#) on Monday. Geneva Solutions’ headline, [“Pandemic treaty talks enter final stretch amid deep divides”](#), accurately described the state of affairs, both on the - rather controversial - ‘take it or leave it?’ [process and content](#) (‘kicking contention down the road?’). On Saturday a preparatory [meeting already took place in Addis, at the invitation of Africa CDC](#), to work out an African strategy for the final two weeks. [The meet-up ended with a show of unity from African member states \(well, more or less...\)](#). Thanks to our colleagues ‘on the ground’ from [Devex](#), [Health Policy Watch](#), [TWN](#) and most of all, [Geneva Health Files](#), you’ll get a summary & analysis of past and ongoing Geneva discussions in this newsletter.

As usual, we also come back on a number of [G\(/g\)lobal health & planetary health events](#), among others the latest [Global Fund Board meeting](#), the [first High-Level event on defeating meningitis](#) (last Friday in Paris), a [\(rather disappointing\) plastic waste summit in Ottawa](#), and a [World Economic Forum Special Meeting in Riyadh, Saudi Arabia](#), featuring among others [a push by Saudi Arabia and the Gates Foundation to help eradicate polio](#) (as well as a [selfie from Bill with Tedros, or the other way around](#)). Speaking of Bill, earlier this week, he reframed the ‘Build Back Better’ mantra into terms that make more sense to him – aiming for [‘better cows’](#) (via AI & gene-editing) - and solving the climate emergency in the process! Wonderful. Meanwhile, [a Saudi Arabia activist was sentenced to 11 years in prison for ‘support’ of women’s rights](#).

For the many PPP fans in Global health, it’s perhaps good to flag Public Services International’s [Mayday statement](#): [“Peace and democracy require public services - and the workers who provide them”](#). *“Across the world this #MayDay, public service workers are the foundations of the struggle for peace, solidarity and democracy amidst escalating conflict and crisis.”* That’s exactly right.

Along slightly similar lines, a [WHO Bulletin theme issue](#), dedicated to ‘building an economy for health for all’ was published, building further on the work of [WHO’s Council on the Economy of Health for All](#). In Kuala Lumpur, the [Planetary Health Alliance](#) launched a [Planetary Health Roadmap & action plan](#). From where I sit, we better hurry up with building & implementing such economies & roadmaps.

We leave you with one of the more insightful reads of the week (in Foreign Policy), by Ivan Krastev and Leonardo Benardo, [Democracy Has Run Out of Future](#). It's a review of **Jonathan White's *In the Long Run: The Future as a Political Idea*** which features an interesting reading of the current crisis of democracy. Trust me, as this is an election year for many of you, you won't regret it – even if the review fizzles out a bit towards the end. At my already advanced age, elections certainly feel more 'apocalyptic' than say, back in the nineties (*when basically we assessed a government's track record and looked ahead maximum 5 years*). And so no, it's not just because some nasty re-run of the 30s seems to be ongoing, and we see dystopian scenes from 'democratic' countries on our screens, that elections increasingly have an apocalyptic dimension these days in many countries.

Enjoy your reading.

Kristof Decoster

Featured Article

Lost in Numbers: Elusive Data on Chronic Kidney Disease in India

Maya Annie Elias (*doctoral trainee / PhD scholar, University of Antwerp*)

In recent decades, [Chronic Kidney Disease \(CKD\) has become a global public health concern](#). That is no different in my country, India. As per the 2019 [Global Burden of Disease study](#), India now has the highest number of deaths due to CKD, followed by China and Japan. True, we do have a lot of people in India, but there's more to it, unfortunately. Hypertension and diabetes are reported to be the most common risk factors for CKD in India. We also face the challenge of CKDu (CKD with unknown aetiology) in different parts of India, where a large number of CKD cases are reported among people without a history of hypertension or diabetes. [Possible causes](#) for CKDu in these settings include the [presence of heavy metals in drinking water](#), [pesticide usage without protective measures](#), [heat stress and air pollution](#).

In resource-constrained healthcare systems like India's, it's vital to have accurate data on the prevalence and management of CKD in order to address this public health challenge. However, accurate statistics regarding the prevalence of the illness, [the number of people on kidney replacement therapies](#), and other critical indicators currently remain elusive. Policy makers and academicians often rely on [prediction studies](#) or [hospital-based studies](#) to estimate the burden of CKD and its [epidemiological patterns](#). However, the reality may be far worse than these studies suggest, with a potentially greater burden than currently acknowledged. Unlike other chronic conditions, CKD often goes undetected until its advanced stages, making it difficult to have accurate prevalence data. Inconsistency in definitions and [diagnostic indicators used in different research studies](#) and programmes poses another challenge for estimating the exact burden of CKD and related epidemiological patterns.

Currently we do not have a robust surveillance system or standardized reporting mechanism for CKD in India. [Data available from the government sector](#) capture only the number of people undergoing haemodialysis from Government-run dialysis centres, and exclude individuals taking treatment for early stages of the disease and availing dialysis services in other settings. In a country where more than [half of the population seek healthcare from the private sector](#), accurate data are thus lacking on the number of people receiving haemodialysis from private institutions or on those in the early stages of CKD seeking care from private facilities. We have a [kidney transplant registry](#), which provides key statistics regarding the kidney transplant surgeries conducted in the country. However, there are no accurate data on the number of people undergoing [peritoneal dialysis](#).

The absence of comprehensive data on CKD prevalence, its epidemiological patterns, and management poses significant challenges to policymakers, researchers, and healthcare providers alike. Without a clear understanding of the scale and scope of the (growing) CKD epidemic, it is tough to develop targeted interventions, allocate financial and healthcare resources effectively, and monitor progress towards reducing the burden of the disease. Furthermore, the lack of accurate data constrains opportunities for research and innovation in CKD prevention, diagnosis, and treatment.

Addressing the dearth of data on CKD in India will require a multifaceted approach that involves collaboration among government agencies, healthcare providers, researchers, and advocacy groups. Establishing comprehensive national registries and surveillance systems for CKD, standardizing data collection protocols, and [implementing innovative strategies for data capture](#) in both clinical and community settings are essential steps toward improving our understanding of this condition. Some welcome initiatives have already been undertaken by professional medical associations and research groups, such as the [Indian CKD registry](#) and [India Dialysis registry](#), which were established to capture the information regarding the epidemiology of CKD. However, making these initiatives [comprehensive, up to date and sustainable](#) will require significant time, resources and commitment from all stakeholders involved. In addition to these, large-scale community based research studies are required to understand the true burden and causes associated with CKD. Last but not least, efforts to enhance public awareness and education about CKD, its risk factors, and preventive measures can help promote early detection and intervention, thus enabling timely data and ultimately, reducing the burden of disease.

Highlights of the week

WEF special meeting in Riyadh, Saudi Arabia

Saudi Arabia and the Bill & Melinda Gates Foundation Announce Landmark Push to Eradicate Polio and Lift Millions out of Poverty

[Gates Foundation](#);

“Saudi Arabia and the Bill & Melinda Gates Foundation today pledged to work together to help protect 370 million children annually from polio and lift millions out of poverty across 33 Islamic Development Bank (IsDB) member countries. To coordinate the implementation of the new partnership, the Bill & Melinda Gates Foundation will open a regional office in Riyadh.”

“A total of **more than US \$620 million was announced** at the World Economic Forum (WEF) Special Meeting in Riyadh This **new commitment from Saudi Arabia** is the largest multiyear pledge by a sovereign donor towards the current GPEI strategy, **Saudi Arabia has pledged US \$500 million over the next five years to the Global Polio Eradication Initiative**, a public-private partnership led by national governments with six partners, including the Bill & Melinda Gates Foundation.....”

- Related Reuters coverage: [Wiping out polio 'not guaranteed', support needed, Bill Gates says](#)

“ **Success in the fight to wipe out polio is not guaranteed, according to tech billionaire turned philanthropist Bill Gates**, whose foundation has poured billions into the effort. **Gates warned against complacency in tackling the deadly viral disease** as he welcomed a \$500 million pledge from Saudi Arabia on Sunday to fight polio over the next five years, bringing it in line with the U.S. as one of the biggest national donors. However, **there is still a \$1.2 billion dollar funding gap in the \$4.8 billion budget for the Global Polio Eradication Initiative (GPEI) up to 2026**, a spokesperson said. The new money from Saudi Arabia will go some way towards closing that.....”

PS: “The foundation said it would open a regional office in Riyadh to support the polio and other regional programs. It is **allocating \$4 million to humanitarian relief in Gaza, to be distributed through UNICEF**, it said. The King Salman Humanitarian Aid and Relief Centre will also allocate \$4 million, it said.”

51st Global Fund Board meeting (22-24 April, Geneva)

For the [Global Fund’s press release \(after the Board meeting\)](#), see last week’s IHP issue.

Check out some more analysis via the **Global Fund Observer’s latest issue – a special issue on the GF Board meeting**. Check out among others:

GFO - Board Games Begin – Debates, consensus, conscientious objections, challenges, strategies, decisions?

[Board Games Begin – Debates, consensus, conscientious objections, challenges, strategies, decisions? – Aidspace](#)

“**The Global Fund Board met for the 51st time** and there were three days of presentations and discussions on the issues of concern to the stakeholders who gathered to hear about its achievements and plans as the Global Fund sought directions from the Board on the way ahead. **We cover the reports that were sent for the Board’s reading and the questions to which they sought answers. Did they get them?** Read all about it here.”

GFO - Executive Director Peter Sands is gung-ho about the future of the Global Fund
<https://aidspace.org/executive-director-peter-sands-is-gung-ho-about-the-future-of-the-global-fund/>

“The 51st Board meeting of the Global Fund opened with a **speech by the Executive Director, Peter Sands, who presented the organization's past achievements and strategic plans for the future.** He highlighted the organization's adaptability and resilience in the face of global health challenges and economic uncertainties, and discussed strategic measures to strengthen impact, improve operational efficiency and ensure sustainability in global health. **This article gives you an overview of his presentation, together with feedback from stakeholders.”**

A few excerpts:

“... In addition, the **focus on financial sustainability through increased domestic resource mobilization and effective public financial management** underscores, according to Peter Sands, the Fund’s strategy to ensure the long-term resilience of health systems. **By advocating a stronger in-country leadership and national financial base, the Fund aims to reduce country dependence on international funding,** thereby strengthening the sustainability and self-sufficiency of national health systems.....”

“... In response to the Executive Director’s report, while there was appreciation of work done, **there was also concern about the long-term sustainability of funding models that are heavily dependent on external sources.** Stakeholders expressed and emphasized the importance of developing strategies to secure consistent funding that goes beyond just donor contributions. **This includes exploring innovative financing mechanisms** and ensuring the efficient and transparent use of allocated funds.....”

“... **the Executive Director recognized the importance of adopting a strategic approach to integrating climate change concerns into health and rights programs, as well as the need for effective coordination of resource mobilization efforts given the upcoming replenishment and collaboration between partners to manage the complex relationships between health, human rights and climate change.”**

In conclusion, “...The Executive Director’s report provides a **strong framework for the future direction of the Global Fund, characterized by a commitment to strategic growth, organizational resilience and sustainable health initiatives.** The achievements cited in the report reflect a solid foundation built on effective strategy implementation, rigorous financial management and innovative technology integration..... **Despite this ambitious vision set out by Peter Sands, it must be acknowledged that the Global Fund faces many major challenges, such as in human rights violations, particularly those affecting key populations.”**

GFO - Uniting Forces for Global Health: The Transformative Partnership of the Global Fund, Gavi and the Global Financing Facility (GFF)

<https://aidspan.org/uniting-forces-for-global-health-the-transformative-partnership-of-the-global-fund-gavi-and-the-global-financing-facility-gff/>

“In **October 2023, Gavi and the Global Fund launched four workstreams to strengthen their collaboration, with the recent inclusion of the Global Financing Facility (GFF).** Progress was reviewed at the Strategy Committee meeting in March, together with the **proposal for a joint working group between Gavi, the GFF and the Global Fund, in the wider context of the Lusaka Agenda.** The Strategy Committee supported the continuity of the four workstreams and recommended the creation of a joint working group to facilitate their implementation, subject to

clarification and review by the Ethics and Governance Committee. These discussions were presented to the 51st meeting of the Global Fund Board to seek its advice on how to further improve collaboration and communication between the three global health initiatives, as well as the need to identify key missing elements in each of the four workstreams and to support the formation of a joint working group. ...”

GFO - The Lusaka Agenda Heats Up the 51st Global Fund Board Meeting

<https://aidspan.org/the-lusaka-agenda-heats-up-the-51st-global-fund-board-meeting/>

“The Lusaka Agenda sparked heated debate at the 51st Global Fund Board meeting, establishing itself as a key topic with its innovative strategies for improving global health initiatives.....”

GFO - Global Health Financing in Turbulent Times: A Detailed Analysis of The Global Fund’s Resource Mobilization and Recovery Efforts

<https://aidspan.org/global-health-financing-in-turbulent-times-a-detailed-analysis-of-the-global-funds-resource-mobilization-and-recovery-efforts/>

“.. The Global Fund is currently developing an investment case for the upcoming funding cycle.”

“In light of the Global Fund’s current fiscal landscape, it is clear that while substantial progress has been made, **significant challenges lie ahead. The 7th Replenishment shortfall is a stark reminder of the need for strategic innovation in funding models, particularly to enhance the role of private sector contributions, which remain under-leveraged.....”**

- And a link: [GFO - Enhancing Global Health Governance: The Role of Public Financial Management Accelerator](#)
- Related (from Sept 2023): **Global Fund Advocacy Roadmap: 2023-2025**
“The Global Fund's Advocacy Roadmap for 2023-2025 is pivotal in global health, focusing on leadership, funding, and community participation. **It aims to bolster financial support and political backing for combating HIV, TB, and malaria, integrating climate change, pandemic response, and human rights within its strategy.** This roadmap is central to shaping future health policies and global equity efforts.”

WHO and France convene high-level meeting to defeat meningitis (26-27 April, Paris)

<https://www.who.int/news/item/26-04-2024-who-and-france-convene-high-level-meeting-to-defeat-meningitis--paralymians-join-effort-to-tackle-deadly-disease>

“Global leaders highlight(ed) the need to defeat meningitis – a leading cause of disability – at a high-level meeting co-hosted by the World Health Organization (WHO) and Government of France, under the High Patronage of Emmanuel Macron, President of the French Republic. The event took

place on 26-27 April 2024 at the Institut Pasteur and is supported by prominent athletes advocating on the cause ahead of the Paris Paralympics.”

“Building on news of Nigeria successfully rolling out a new, safe and highly effective vaccine, which targets five major strains of bacterial meningitis in Africa, leaders committed to implement the global roadmap for “[Defeating Meningitis by 2030](#)”, which needs a catalytic investment to action. This groundbreaking plan looks holistically at how to detect, control and beat meningitis in every region of the world, and how to provide rehabilitation to those who have suffered from the deadly disease. “

PS: “... This meeting is the first of its kind on meningitis and is co-sponsored by the Bill & Melinda Gates Foundation, Gavi, the Vaccine Alliance, the Institut Pasteur and UNICEF. The roadmap is not only about investments for meningitis; it can also have far-reaching implications for primary health care. Its success can accelerate progress in reducing conditions such as sepsis and pneumonia, which are caused by the same bacteria causing meningitis, and can contribute to containing antimicrobial resistance.....”

Global Tax justice

Equals (opinion) Stopping smoking or raising money; by how much should we tax the super-rich?

By Max Lawson; https://www.equals.ink/p/stopping-smoking-or-raising-money?r=jd4sf&utm_campaign=post&utm_medium=web

“Last week saw [exciting developments](#) around the Brazilian government’s proposition that the G20 (which they are chairing this year) should tax the super-rich. The Brazilians have asked the brilliant Gabriel Zucman to come up with a proposal for the G20 on how this can be done. Zucman is proposing the G20 work together to make sure billionaires pay taxes that add up to at least 2% of their wealth. The idea is to mirror the deal done at the G20 recently to establish a global minimum tax of 15% on corporations.””

Lawson then offers his take. Some key chunks:

“... The Zucman proposal, although reported as a wealth tax, is actually more sophisticated. The proposal is that all of the taxes on rich individuals, which can be combination of income or wealth taxes, should not add up each year to less than 2% of their total wealth. This is clever, as it leaves national governments in charge of how they actually tax the super-rich. It would accommodate, for example, Joe Biden’s proposed [billionaire income tax](#) of 25%. Countries can choose what mix of income and wealth taxes they implement, as long as their super-rich pay taxes that equate to at least 2%. ...”

“... So how much tax should billionaires pay? Like any tax, it depends on whether the tax is designed to raise revenue or shift our economy and the way people behave. Do we tax cigarettes to raise money or to stop people smoking? Is a super-rich tax designed to raise more revenue from the richest people in the world? Or is it designed to reduce the number and wealth of billionaires, and in so doing reduce the levels of extreme inequality that are so detrimental to our common life

in so many ways? Also, is the tax high enough to not only stop smoking but deter new smokers? High enough that it structurally shifts the economy to deter people from securing huge concentrations of wealth? This was the aim of the extremely high income taxes, in the US and UK in particular, up until the 1980s. **To design such a tax, the first thing to establish is how fast billionaire wealth is growing on average.** Over the last decade, billionaire wealth has grown at an average of 6.8% a year. Since 2020, this has accelerated to 11.6% a year....”

“... **What levels of tax would therefore be needed to reduce inequality and not just raise money?** Oxfam looked at this for our 2023 Davos report, [“Survival of the Richest.”](#) ... **In order to keep billionaires’ wealth constant over the last two decades, we would have needed a rate of more than 8% across all countries. To keep their wealth constant between 2016 and 2021, we would have needed an annual rate of 12.8%. Today, if we want to go back to the billionaire wealth levels of 2012, we will need an annual rate of 17.8% from now until 2030.** (all these figures from [Survival of the Richest](#))....”

PS: “... Oxfam [calculates](#) that a wealth tax of up to 5 percent on OECD donor countries’ multi-millionaires and billionaires could raise **\$1.23 trillion a year.** This is equivalent to **roughly three times the 0.7 percent ODA/GNI target.** That is the kind of money we need urgently to fight poverty domestically and across the world, to stop using carbon fast, and to protect and support those already being harmed by climate breakdown....”

Guardian - Taxing big fossil fuel firms ‘could raise \$900bn in climate finance by 2030’

<https://www.theguardian.com/environment/2024/apr/29/taxing-big-fossil-fuel-firms-raise-billions-climate-finance>

“**A new tax on fossil fuel companies based in the world’s richest countries could raise hundreds of billions of dollars to help the most vulnerable nations cope with the escalating climate crisis,** according to a report. **The Climate Damages Tax report,** published on Monday, calculates that an **additional tax on fossil fuel majors based in the wealthiest Organisation for Economic Co-operation and Development (OECD) countries could raise \$720bn (£580bn) by the end of the decade.**”

“The authors say a **new extraction levy could boost the loss and damage fund** to help vulnerable countries cope with the worst effects of climate breakdown that was agreed at the Cop28 summit in Dubai The authors say the levy could be easily administered within existing tax systems. They calculate that if the tax were introduced in OECD countries in 2024 at an initial rate of \$5 a tonne of CO2 equivalent, increasing by \$5 a tonne each year, **it would raise a total of \$900bn by 2030.** **Of that \$720bn would go to the loss and damage fund with the remaining \$180bn earmarked as a “domestic dividend” to support communities within richer nations with a just climate transition.** The report is **backed by dozens of climate organisations worldwide including Greenpeace, Stamp Out Poverty, Power Shift Africa and Christian Aid....”**

Project Syndicate - Finishing the Job of Global Tax Cooperation

J A Ocampo; [Project Syndicate](#);

“Given the many loopholes and opportunities for tax arbitrage in today's global economy, much closer international cooperation will be needed to ensure that multinational corporations and the world's wealthiest people pay their fair share. Negotiations for this purpose are now underway, but developed countries must get on board.”

Guardian - Dividends payments soar globally as worker pay stagnates

<https://www.theguardian.com/business/2024/may/01/dividends-payments-soar-globally-as-worker-pay-stagnates>

Coverage of a new Oxfam report. **“Shareholder payouts grew 14 times faster than wages over past three years, says Oxfam report.”**

“...Oxfam said **analysis of global data** showed that [dividend payments to shareholders](#) over the last three years grew an average of 14 times faster than worker pay **across 31 major economies**. The charity said the division of profits in economies that account for 81% of global income, or gross domestic product (GDP), is heavily skewed to shareholders, creating **“a yawning gap”** between the rich and those on middle to low incomes.”

PS: “Oxfam said **the Janus Henderson global dividend index**, which monitors annual corporate dividends, was **on course this year to beat an all-time high of \$1.66tn reached last year....** The index covers the world’s largest 1,200 corporations, representing 90% of global dividends paid....”

PS: “... “Using **data from [Wealth-X](#)**, Oxfam estimates that the **richest 1% pocketed an average of \$9,000 in dividends in 2023**. This is equivalent to **eight months’ wages for the average worker,**” the report said....”.

Decolonize Global Health

Miami Institute for the Social Sciences (Essay) - On the Pervasiveness of Self-Interest and Careerism in Global Health— and How Greater Literacy in Ethics & Ethical Reasoning Might Help

S Venkatapuram; <https://www.miamisocialsciences.org/home/uaqn5r1cv4aqwckwp8karbe7avnni>

Must-read. “Continuing the Miami Institute forum on “What does it mean to decolonize global public health?,” Sridhar Venkatapuram adds to David McCoy’s essay, “An Anti-Colonial Agenda for the Decolonisation of Global Health” (October 2023) **by stressing “the need to address careerism/self-interest in global health and second, the usefulness of ethics and ethical reasoning in decolonizing global public health.”**

Devex - New report reveals limited funding for global south organizations

<https://www.devex.com/news/new-report-reveals-limited-funding-for-global-south-organizations-107561>

(gated) “Despite pledges to localize funding and untie foreign aid, **over 90% of the global north's official development assistance still flows to organizations in their own countries.**”

“Less than one-tenth of the official development assistance funneled to civil society goes toward organizations in the global south, according to a new report released last week — one that analyzed the **funding behaviors of a dozen donors from 2009 to 2021**. The **report, Too Southern to be Funded**, was **published by the #ShiftThePower movement**, a coalition of organizations pushing for locally led development. It found that almost 63% of funding went to countries’ own civil society organizations, while just under 29% went to civil society in other global north countries, leaving a little over 8% for organizations in the global south....”

- Related: **Development Today** - [OECD loophole allows for ‘tying’ of aid to civil society in donor countries, report says](#)

K Bertram - An advocate’s dilemma: Reducing aid dependency – defending ODA?

<https://katribertram.wordpress.com/2024/04/29/an-advocates-dilemma-reducing-aid-dependency-defending-oda/>

“What’s needed in 2024, and more importantly, who should decide what’s needed.” A few chunks:

“I face a dilemma: half of the colleagues I work with and admire are calling for an end to aid dependency, and the other half are calling for increases in development aid (ODA). Are these two positions compatible, and what should we – as global health advocates in the Global North – do about this dilemma?....”

“...A few weeks ago, I watched a hybrid talk by Sèyè Abímbólá on “Unfair knowledge practices in global health”. Presenting six “articulations” of how such unfair knowledge practice manifests itself, Sèyè spoke about positionality as well as connections. Many reflections from the talk (including the white gaze, quoted in the slide above) resonated with what I have seen working in the sector these past 20 years – especially in moments when I have felt a strong discomfort. I have written about some of these discomforts (or should I call them disgust?): arrogance, racism, exercise of raw power, self-interest... **Yet I admit that I am drawn to the moral argument (and even at times the economic case) for development aid. To be frank: I still believe in ODA....”**

“... I feel this dilemma very strongly in my advocacy and work. I’m not quite ready to take “one side”, and maybe never will. What worries me are two things: the two current communities I engage with (pro-ODA and anti-ODA) are not engaging with each other. There’s little debate, in part because there’s little support of funders to support (or allow for, in the case of pro-ODA) such debates....”

“... Ultimately, there’s one thing I’m certain of after all these years: IF we engage in and finance ODA from the Global North, we have to listen to what people and countries say they need, and how they need it. It’s embarrassing, to the point of extremely distressing, to listen to proponents of ODA claim they “know what’s needed” (and then present a package of products to go with it)....”

More on Global Health Governance & Financing

FT - Political tensions weaken battle against biggest diseases, warns health charity chief

<https://www.ft.com/content/108dc966-4e43-42da-9dfe-23608d2841e4>

“Wellcome’s John-Arne Røttingen says divisions risk harming action on pandemic responses and ‘superbugs’.”

“Global political tensions and healthcare inequities are undermining efforts to combat the biggest disease threats, the new head of one of the world’s biggest biomedical charities has warned. Rising friction between western countries and China and Russia had combined with a “sense of unfairness” in poorer countries over Covid-19 pandemic resources to **make it harder to broker international deals**, said the Wellcome Trust’s John-Arne Røttingen. His remarks come as the World Health Organization’s 194 member states make a final push to agree a landmark treaty on pandemic preparedness ahead of a late May deadline. In September, countries are due to gather on the sidelines of the UN General Assembly to discuss how to tackle the growing danger of antibiotic-resistant “superbugs”. **“We have a more difficult environment to find common solutions across countries, because of the geopolitical situation,”** Røttingen told the Financial Times in Wellcome’s London headquarters. **“West-east tension is increasing . . . and the pandemic has increased the divide between the [richer] north and [poorer] south.”** Big international meetings on pandemic preparedness, universal health coverage and tuberculosis last year **“didn’t achieve a lot”**, Røttingen said.....” “... definitely the north-south divide on issues like equity and access to medicines has been increasing.”

“... Wellcome has committed to spend £16bn to support science during the decade that started in 2022-23. The foundation would continue to focus on areas of health where private companies had not delivered adequate remedies, Røttingen said. Three main focuses would be infectious diseases, health and climate, and mental health. “We see the lack of commercial interests in antibiotics, yes, but also in antivirals, anti-parasitics, new diagnostics and vaccines,” he said. “It’s really a space where there are market failures and where foundations can play a crucial role.” **The world can expect to see more joint projects between Wellcome and the other two big global health charities, Denmark’s Novo Nordisk Foundation and the US-based Bill & Melinda Gates Foundation,** Røttingen indicated....”

Devex Pro - How to read Europe's future development vision

<https://www.devex.com/news/how-to-read-europe-s-future-development-vision-107514>

(gated) “Brussels says it is too often trying to do **“everything, everywhere, all at once.”** **“...A leaked draft spells out how the European Commission’s development policy is tied to its strategic interests.”** See also [Devex newswire](#).

“A 20-page thunderclap hit European development watchers this week when Politico published the European Commission's draft vision for how its development policy should look for the next five years. However, anyone “truly shocked” — as the NGO confederation CONCORD claimed to be — by the **document’s plan for development assistance to be**

recast as “investment” in a three-part offer (together with trade and macroeconomic assistance) to countries in the global south has not been paying attention. The commission has been talking like this for years.....”

“... Still, [the document is pretty explicit about this realpolitik](#). It speaks of the need to “[engage] our strategic partners with a policy mix driven by economic interest, and less so by more traditional and narrow development and foreign policy approaches.” ...It also mentions the need to no longer serve as aid-receiving countries’ “partner of convenience on many niceties.” As Vince Chadwick points out, it would be nice — and perhaps shocking — to know what the commission considers nice but dispensable.....”

PS: “The European Commission borrowed the title of an Oscar-winning movie in a **briefing leaked last week, in order to describe EU development strategy** — or the lack of it. **“We are still too often trying to do ‘everything, everywhere, all at once,’”** says the briefing, which was written by civil servants from the Directorate-General for International Partnerships, or DG INTPA — one of the world’s half-dozen largest development funders. **The briefing was intended for the eyes of the EU’s next development commissioner**, who will be appointed this year and hold power until 2029.”

TGH - Lessons from Africa for Future Proofing Global Health

P Adepoju; <https://www.thinkglobalhealth.org/article/lessons-africa-future-proofing-global-health>

“Africa's response to COVID-19 provides valuable insight for organizations seeking to have a meaningful impact.” A few excerpts:

“... **Raji Tajudeen, head of Public Health Institutes and Research at the Africa Centres for Disease Control and Prevention (Africa CDC)**, during the International Conference on Public Health in Africa, in November: While emphasizing the effectiveness of **African initiatives, particularly in response to the COVID-19 pandemic, he called for greater recognition, consideration, and integration of these efforts on a global scale.** He pointed to the Africa CDC's swift action, establishment of a pooled procurement platform, and efficient mobilization of resources as examples of effective regional mechanisms. ...”

“... **One of the initiatives that Tajudeen highlighted was the Saving Lives and Livelihoods Initiative, a partnership between the Africa CDC and the Mastercard Foundation.** He told me he is **now inviting other public health sector players, especially the main players in the Geneva global health ecosystem, to study and adopt that model, emphasizing its potential for global replication.....”**

“... **Beyond guiding prospective partners on how to engage with Africa, the agency's leadership also has insights for the rest of the world on how to better achieve set global health goals, including forming strategic alliances.** “At the heart of Africa CDC's success lies its ability to identify and foster strategic partnerships,” said Ahmed Ogwel Ouma, acting deputy director general of the Africa CDC. Ouma added that **Africa's experience is also a major lesson for the global health landscape on the need to prioritize localization in interventions rather than attempt to “plug-and-play” foreign solutions and approaches....”**

“...In addition to learning from Africa, international organizations can get involved in public health on the continent. According to Ouma, **thanks to the agency's collaboration with the Mastercard Foundation, several other partners that were previously not involved in public health are now**

supporting health initiatives in Africa. Both parties agreed that their partnership is now serving as a valuable case study, offering insights into best practices for engagement in Africa's health sector.”

International Relations - WHO and COVID-19: stress testing the boundary of science and politics

Sara E Davies and Sophie Harman;

<https://journals.sagepub.com/doi/full/10.1177/00471178241248548#core-collateral-metrics>

“Specialized agencies such as the World Health Organization (WHO) emphasize the importance of impartiality and independence to ensure state compliance and buy-in to their institutional mandate. For functionalists, the boundary distinction between scientific expertise and politics is useful for interest-minded states and institutions that want to promote knowledge over politics. In extreme crisis states revert to national interests. **The question for specialized agencies is whether to double-down on the boundary between science and politics during a crisis in an attempt to maintain authority.** The COVID-19 pandemic tested this functional arrangement in international relations where scientific validity can facilitate the pursuit of global governance. **This article explores why, in a time of crisis, WHO leadership maintained that the boundary between science and politics could be upheld, even when others identified politics as affecting impartiality and independence.** It does so by exploring the role of governance processes and technical expertise led by the WHO in investigating the origins of COVID-19 pandemic. Doubling down on science as a solution ignored the politics that permeated, especially, the origins investigation in China. **We argue that while the temptation to enforce boundary work may be more acute in periods of crisis, attempts to maintain boundaries between politics and science during a crisis undermines the function and reputation of specialized technical agencies. It is more functional to expose the political conditions as compromising scientific independence and impartiality.**”

International Review of Administrative Sciences - Private consulting firms’ intervention in public health policymaking: An exploratory review

L Gallardo, L Gautier, V Ridde et al ;

<https://journals.sagepub.com/eprint/XKR9RTSZRRJSTWBUVRJZ/full>

« While there is ample research in the social sciences on the role of private consulting firms in public policy, there is little information about their intervention in managing public health crises and epidemics. The COVID-19 pandemic revealed how much public administrations across the globe have been using these firms. **The purpose of this exploratory review of the scientific literature is to identify research on the involvement of these firms in governing epidemics and health crises since 2000.** »

Conclusions: « ... **Consulting firms’ intervention during epidemics remains a blind spot of academic research.** The **COVID-19 crisis prompted a significant growth of consulting firms’ intervention in health policymaking.** Three analytical categories can be useful to study consulting firms’ interventions, namely: **the management approach, the consultocracy phenomenon and the phenomenon of elite hybridization.** «

Plos GPH (Opinion) - From lemming to leader: Moving beyond Gross Domestic Product (GDP) to bring health financing assistance into the 21st century

Tiffany Nassiri-Ansari, Nina Schwalbe et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003135>

Good read, also ahead of GAVI's replenishment.

"... In recent years, increasing scrutiny of "transition" processes for countries shifting from low- to middle-income classification status has revealed that the use of these measures to determine eligibility for and allocation of aid consistently prioritizes economic growth over the health of populations. Yet while recognizing GDP and GNI are not fit for purpose, major health financing agencies, including Gavi, the Vaccine Alliance, the Global Fund to Fight Aids, Tuberculosis and Malaria, and the World Bank, continue to use these measures to determine eligibility. They do this in part because of ease of calculation, overall generalizability, availability of data to calculate these indicators annually and methodological simplicity and consistency across countries." "As Gavi, among other funds, heads towards a replenishment event this spring, it may be time to call it quits on the use of these measures to allocate global health aid..."

The authors offer some suggestions, with **two alternatives** in particular.

UHC

HRW - African Governments Falling Short on Healthcare Funding

<https://www.hrw.org/news/2024/04/26/african-governments-falling-short-healthcare-funding>

"Slow Progress 23 Years After Landmark Abuja Declaration."

"African governments are falling far short in their commitments to prioritize public spending on health care, contributing to widespread inequalities in healthcare access and outcomes, Human Rights Watch and the Kampala-based Initiative for Social and Economic Rights (ISER) said today. As the 23rd anniversary of African Union states' historic commitment approaches, new data reveal alarming stagnation, widening regional inequalities, and pointing up the need to correct course. ... On April 27, 2001, African Union (AU) governments adopted the Abuja Declaration, in which they set a target of allocating at least 15 percent of their national budgets to improve health care. "

"... But [recent analysis](#) of two decades of data found that only two of the AU's 55 member countries — Cabo Verde and South Africa — met this target in 2021, the most recent year for which data is available. Despite the global surge in public healthcare spending amid the pandemic in 2021, on average African governments spent only 7.4 percent of their national budgets on health care, less than half of what they had pledged 20 years earlier. Overall, about 95 percent of people in Africa lived in a country that did not meet this spending target that year....."

"... When adjusted for inflation, seven AU countries spent less per person on health care through public means in 2021 than they did in 2000, the year before the Abuja Declaration. Madagascar effectively reduced its per person spending by 62 percent over this period, followed by Benin (-62

percent), Eritrea (-55 percent), Central African Republic (-44 percent), Chad (-37 percent), Sudan (-36 percent), and Cameroon (-8 percent).....”

PS: **“For some countries, low levels of public healthcare spending may also reflect a confluence of external factors, including climate-related weather events and environmental changes, the cost of servicing external public debt, and public spending limits set by International Monetary Fund lending programs. To address these external factors, international and other financial institutions and wealthier income governments—particularly those that have contributed most to climate change—should fulfill their human rights obligations to provide international assistance and cooperation by ensuring that African governments have adequate fiscal space and policy autonomy to meet spending benchmarks vital for the realization of the right to the highest attainable standard of health.....”**

Devex -The struggle to provide health care to refugees, migrants in South Africa

<https://www.devex.com/news/the-struggle-to-provide-health-care-to-refugees-migrants-in-south-africa-107494>

“It's not easy for NGOs to deliver health services to refugees and migrants in South Africa without stoking the xenophobic outrage that causes those communities to shy away from services in the first place.” **Starting from an MSF experience.**

“... That experience underscored a **deeper problem for the NGOs and civil society groups trying to help fill the gaps in South Africa’s moribund health care system. Providing services tailored specifically to refugees and migrants can create resentment within host communities, fueling the divide between the groups and contributing to xenophobia.....”**

IHR amendments negotiations (22-26 May)

With coverage & analysis from last week’s (still not finalized) round.

WHO - Governments near agreement on package of amendments to the International Health Regulations (2005)

[https://www.who.int/news/item/27-04-2024-governments-near-agreement-on-package-of-amendments-to-the-international-health-regulations-\(2005\)](https://www.who.int/news/item/27-04-2024-governments-near-agreement-on-package-of-amendments-to-the-international-health-regulations-(2005))

WHO’s press release after last week’s IHR amendments meeting.

“In the **eighth meeting of the Working Group on Amendments to the International Health Regulations (WGIHR), which was suspended yesterday until 16 May**, State Parties to the IHR took a major step towards agreeing on the package of amendments which will be put forward to the World Health Assembly, which takes place from 27 May–1 June. ... **The amendments, proposed by IHR State Parties in the wake of the COVID-19 pandemic to strengthen the international community’s ability to detect and respond to pandemic threats, will be further discussed at the resumed eighth**

meeting on 16-17 May with a view to finalizing an agreed package for submission to the World Health Assembly in May for its consideration and, if agreed, formal adoption.”

“... Whilst the process is being held alongside negotiations of the world’s first pandemic agreement to strengthen global collaboration among governments to prepare for, prevent and respond to pandemics, **it was proposed in WGIHR8 that two separate Resolutions on the two processes be submitted to the World Health Assembly in May. ...”**

HPW - WHO Group is ‘Very Close’ But Fails to Agree on Changes to International Health Regulations

<https://healthpolicy-watch.news/breaking-who-group-is-very-close-but-fails-to-agree-on-changes-to-international-health-regulations/>

Coverage by Health Policy Watch.

“The World Health Organization’s (WHO) working group has failed to meet its deadline of Friday (26 April) for amending the rules governing global disease outbreaks – the International Health Regulations (IHR) – and will reconvene. This emerged a short while ago at a briefing after the week-long Working Group of Amendments to the IHR (WGIHR), when drawn-looking co-chair Dr Ashley Bloomfield announced that the group would reconvene on 16 and 17 May for a final two days’ negotiation.....”

PS: The **WGIHR will submit an updated proposed text to member states by 10 May.**

GHF - IHR Goes into Extra Time: Countries Make Definite Progress on the Amendments to the International Health Regulations, But Not Enough to Close a Deal [WG-IHR8]

P Patnaik; [Geneva Health Files](#);

Fabulous **in-depth analysis**. Must-read.

In today’s edition, we bring you **key takeaways of the meeting of the Working Group to amend the IHR**, that concluded last evening in Geneva. A few excerpts:

“...Riding on a constructive approach and an overall positive momentum, **countries made steady progress under the decisive leadership of co-chairs Abdullah Asiri and Ashley Bloomfield, but a few areas of contention remained** as the clock ticked away towards the conclusion of the meeting on April 26, Friday. ... The working group decided to buy additional time to conclude the negotiations and are expected to meet on May 16-17 to complete the process. **More time is needed to reach consensus on key contentious matters including on technology transfer, a dedicated fund, governance of an implementation committee, among other areas**, diplomatic sources said...” “ ... But such an outcome was not completely unexpected given the complexity and persistent divisions around these issues. **Some countries, particularly in Africa, have long maintained that they would endorse the package of amendments to the IHR only when there is more clarity on the evolution**

of the process towards a new Pandemic Agreement under a separate track of the Intergovernmental Negotiating Body. ...”

“... In an exclusive interview with us earlier this week, co-chairs described this update of the IHR (2005) as the most significant and have called it a real step change. For the first time, there will be recognition of equity not only as a principle, but these revisions are poised to reflect equity in concrete obligations for State Parties and WHO. Countries also appeared to agree, in principle to have a financing framework to address IHR implementation more effectively – for the first time in the context of these rules, according to senior diplomats involved in the process. The set of amendments also seek to improve upon governance of the IHR by way of an implementation committee – although they are yet to reach an agreement on this. The meeting also saw extensive discussion on the continuum of health emergencies ranging from the declaration of a Public Health Emergency of International Concern (PHEIC), leading to a pathway that would trigger a pandemic via the potential new Pandemic Agreement....”

PS: “... The key sticking points predictably have been around the provisions concerning equity and financing. While it is significant that in general, countries agree on enshrining equity in the IHR, the details of operationalising this have not attracted consensus....”

“... The tale of the two track negotiations: Where they meet and where they diverge: Delegations across a range of countries are bracing for the INB meeting that resumes next week beginning the 29th. The mood this past week has been strikingly positive in contrast to the trepidation that has occupied the minds of the negotiators on process-related concerns in the INB track. The comparison with the IHR process has been inevitable, even though the latter had an existing text to start with, and the INB arguably has had it tougher in crafting new binding provisions across a whole host of areas. But few want to give brownie points to the INB process despite its uphill challenge....” “We have reported in these pages earlier, that while the role of Bureau, the cohesion between its members, the role of the WHO secretariat, have all played a role across both these tracks of negotiations, ultimately the buck stops with the member states who have had every opportunity to shape this complex process....”

“Senior officials involved in the IHR process point to the fundamental differences in approach. While the INB Bureau has sought to direct the process of coming up with text, the IHR Bureau has followed with precision, the feedback from member states while supporting its judgement on proposing text based on transparency and well-reasoned rationale that has drawn even the harshest critics into conversation and negotiation.”

“...No doubt there are synergies between both processes – whether it is the continuum of declaring emergencies, or an over-arching financing framework, or even matters of compliance and governance, the two tracks inform and draw from each other, observers point out. There are of course key differences.”

“The thrust of the surveillance measures is in the proposed Pandemic Agreement, with some surveillance-related text also in the IHR. In addition, there are also no obligations on sharing pathogens in the IHR, experts have pointed out. ... Finally, on financing – the Pandemic Fund is predisposed to disbursing funds in the context of the IHR. But many matters in the Pandemic Agreement, fall outside the scope of the Pandemic Fund, observers point out. Hence the proposal to reform and adapt the governance, and the priorities of the Pandemic Fund to meet the needs arising from the obligations in the Pandemic Agreement....”

“And finally, many obligations in the IHR apply towards the WHO, and its Director-General, legal experts explained to us. “The process has been less contentious because countries are coming together to review the obligations of the WHO in the context of health emergencies. While there are obligations on State Parties, it is more about fixing what did not work earlier,” the expert added.”

PS: This week, the Co-Chairs also introduced the draft WGIHR resolution in preparation for the 77th World Health Assembly. It is now agreed that “the draft resolution would be considered separately to the INB resolution to ensure clarity. Both resolutions would cross reference each other as needed,” according to an interim meeting report of WG-IHR8. ...” “ By having separate resolutions on the INB and the IHR, countries are also taking precautions to insulate the progress made in the IHR, from the potential uncertainties and vagaries of the INB process that has been characterized by sharp differences. “

PS “Finally, one observer also pointed out that the U.S. is more invested in the successful outcome of the IHR – a process that the U.S. initiated much before the amendments to the IHR gathered institutional steam that ended up drawing scores of countries into the fold of this track of negotiations. “

GHF - “Equity and Financing are Really Key to Probably Doing the Deal Ultimately”: WG-IHR Co-Chairs Asiri & Bloomfield on the Amendments to IHR

https://genevahealthfiles.substack.com/p/equity-and-financing-are-really-key?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email

As already mentioned above. Insightful read as well. **Exclusive interview with Abdullah Asiri of Saudi Arabia, and Ashley Bloomfield of New Zealand, Co-Chairs of the Working Group for the amendments to the IHR.**

INB negotiations: some final advocacy, pre-analysis & statements (ahead of the final two weeks)

We start the hefty ‘pandemic agreement’ chunk this week with **some final advocacy & pre-analysis as the two-week round was kicking off.** The next INB section will then focus on **the past week – 1st week of this “final” round of negotiations.**

Joint civil society letter - A Pandemic Instrument that Does Not Deliver on Equity is a Failure

https://haiweb.org/wp-content/uploads/2024/04/CSO-Statement_A-Pandemic-Instrument-that-Does-Not-Deliver-on-Equity-is-a-Failure.pdf

“In a joint civil society statement, HAI and others urge Member States to resist pressure to adopt a **Pandemic Instrument that doesn't have legal obligations to ensure a sustainable and predictable supply of pandemic-related products and technology...**” “...The latest draft negotiating text fails to ensure predictable and sustainable access to pandemic-related products, technologies and finance and, at the same time, proposes onerous obligations on surveillance and One Health. **The following**

provisions in the Pandemic Instrument are required to translate equity into reality and should be part of any text worthy of being adopted:.....” it’s quite a list...

Or in the words of Politico: [Crunch time for pandemic pact](#) : “more than 130 advocacy groups have urged WHO Director-General Tedros Adhanom Ghebreyesus to “refrain from advocating or pressuring” countries to accept the latest draft.... The groups, from developing countries worldwide, say the current draft “perpetuates the status quo” and lacks meaningful provisions to force pharmaceutical companies to share their intellectual property. The negotiating process, they added, is “egregiously unfair.” Countries have to choose between accepting a deal that fails to address developing countries’ concerns or rejecting the agreement, the groups said.

Medicines Law & Policy - The last mile: A few suggestions for the WHO Pandemic Agreement’s last two weeks of talks

Ellen ‘t Hoen ; <https://medicineslawandpolicy.org/2024/04/the-last-mile-a-few-suggestions-for-the-who-pandemic-agreements-last-two-weeks-of-talks/>

‘t Hoen concludes: “... With just two weeks of negotiation time left, the WHO and its member states still have the opportunity to create a robust, actionable pandemic agreement that can lead to a better response and fewer lives lost when the next pandemic eventually comes. **We have outlined above some of the key elements that are needed to make that happen**, and it is now up to member states to follow through. “ Re voluntary & mutually agreed terms, transparency, the ‘Peace clause’ and more.

Stat (Opinion) – Déjà WTO: The WHO’s pandemic agreement shouldn’t water down intellectual property obligations

C M. Ho; <https://www.statnews.com/2024/04/28/deja-wto-the-whos-pandemic-agreement-shouldnt-water-down-intellectual-property-obligations/>

“.... I see three lessons about intellectual property that should have been learned from the Covid-19 pandemic that the pending WHO agreement should recognize and address:

- IP is a problem for effectively addressing pandemics.
- Trying to address IP during a pandemic does not work.
- Reliance on voluntary sharing of IP during a pandemic does not work.

All three point to the [need to address IP](#) in a binding pandemic agreement as [I have previously suggested](#).”

So far, Ho argues, that’s not exactly the case.... Read why.

Pandemic Action Network - Statement on the Status of Negotiations on the Draft WHO Pandemic Agreement and International Health Regulations Amendments

Eloise Todd; [Pandemic Action network](#)

(26 April) **“Getting the proposed amendments to the International Health Regulations and a WHO pandemic agreement over the line requires a Herculean push from negotiators in Geneva, but it will only be possible if they are given the space and direction from their capitals to reach consensus and allow the deal to be sealed.** Too many lives have been lost, and too many livelihoods have been affected for these negotiations to fail. **It is time for governments to pull out all the stops to land an historic deal in May for the good of humanity.”**

Sanders Urges Global Pharmaceutical Industry Leaders: Prioritize Public Health Over Private Profits as Pandemic Accord Negotiations Enter Final Phase

[Bernie Sanders](#);

Related **tweet by Andrew Harmer**: “ The #globalhealth equivalent of asking the oil industry to stop drilling for oil.”

G20 reiterates the urgency for an international instrument to prepare for and respond to pandemics

<https://www.g20.org/en/news/g20-reiterates-the-urgency-for-an-international-instrument-to-prepare-for-and-respond-to-pandemics>

(26 April) **“Brasil-Led G20 discussions emphasize the urgency of a binding treaty at the United Nations (UN) to guarantee equitable global health access and capacities to prevent future pandemics.** Funding mechanisms are also advocated to ensure that countries with small and medium-sized economies can deal with future crises.”

People’s Dispatch - Countdown to consensus: will the Pandemic Treaty deliver global health equity?

<https://peoplesdispatch.org/2024/04/29/countdown-to-consensus-will-the-pandemic-treaty-deliver-global-health-equity/>

Recommended & short (!) interview with Alexandra Phelan. “Negotiations surrounding the Pandemic Treaty continue as the deadline for endorsing the new mechanism approaches. **However, the version under discussion fails to address critical issues pertaining to health equity.”**

- Link: [Science \(Editorial\) – A pandemic agreement is within reach](#) (by A Cicero & A Phelan)

INB negotiations – Coverage first week of final round (29 April – 10 May) & analysis

The week started with the **pre-meeting hosted by Africa CDC** over the weekend (Saturday). **This section focuses on the past week** (first week of this (resumed) INB round).

HPW - Final Pandemic Agreement Talks Start Amid Gamble on Process and African Show of Unity

<https://healthpolicy-watch.news/final-pandemic-agreement-talks-start-amid-gamble-on-process-and-african-show-of-unity/>

(as of Sunday evening) **“The World Health Organization’s (WHO) pandemic agreement negotiations begin their final two-week stretch on Monday (28 April) amid a gamble with the process, a show of unity from African member states – and more suggestions for the [draft text](#).”**

“This final intergovernmental negotiating body (INB) meeting **will focus on finding “common ground and consensus”**, according to [a decision](#) taken at the last fractious meeting. The [programme of work](#) sets down 12-hour days, with the **first week (29 April-3 May) focusing on finalising the substantive negotiations on the draft text. ... A “stock take” of progress will be held on Friday 3 May, and the second week (6-10 May) will look at outstanding articles, along with the draft resolution for the World Health Assembly at the end of May.** The INB Bureau has also undertaken to provide daily briefing to relevant stakeholders on progress.....”

PS: **“... Africa asserts unity: Meanwhile, African leaders urged continental unity and pragmatism at a high-level meeting on the pandemic negotiations convened on Saturday by the Africa Centre for Disease Control and Prevention (Africa CDC).....”**

“... Kaseya said member states had three options: to reject the agreement, to accept it, or to bring “strategic thinking” to the Geneva negotiations, which was “not yes or no”. Whatever happened, he urged that the continent speak with “one voice” during the “tough” upcoming negotiations.”

“A communique released after the meeting identified Africa’s three bottom lines, which related to equity, pandemic prevention, preparedness and response (PPPR) and predictable, sustainable governing and financing.”

PS: **“One of Africa’s bottom lines has been in relation to PABS, where continental leaders have insisted that they need to be compensated for sharing information about pathogens. The current draft agreement proposes that details of a mutually beneficial PABS system – one of the biggest areas of disagreement – will only be finalised by mid-2026. However, the continent stressed its leaders were ready to engage actively in finalising the agreement.....”**

HPW - Africa Wants Debt Swaps to Support Countries’ Defences Against Pandemics

<https://healthpolicy-watch.news/africa-wants-debt-swaps-to-support-countries-defences-against-pandemics/>

“African leaders want “explicit commitments” to debt relief and debt restructuring mechanisms, including debt swaps to support country-level pandemic prevention, preparedness and response (PPPR) in the pandemic agreement. This is one of the continent’s demands, made on the eve of the World Health Organization’s (WHO) pandemic agreement talks, following a high-level meeting of African health ministers and diplomats on Saturday. At the meeting, a key African Union

(AU) leader warned against postponing the adoption of a pandemic agreement, saying it might never be passed.....”

PS: “...The first communique from the African leaders’ Saturday meeting was withdrawn a few hours after its release. The [new statement](#) released on Monday was identical except it removed a reference to the Pandemic Fund in its call for “an international financing mechanism” to support countries’ pandemic-proofing efforts. It also wants the accelerated “operationalisation of the financing of the African Epidemic Fund”....”

Check out the **other key demands**.

- Link: [Communiqué from the African High–Level Ministerial Consultation for Intergovernmental Negotiating Body on the Draft Pandemic Prevention, Preparedness and Response Agreement](#)

TWN - WHO: Draft Resolution on WHO Pandemic Instrument opens floodgates to endless negotiations

Nithin Ramakrishnan; <https://www.twn.my/title2/health.info/2024/hi240408.htm>

A take from civil society (28 April). “The **Draft Resolution on the WHO Pandemic Instrument** prepared by the Bureau of the Intergovernmental Negotiating Body (INB) **opens the floodgates to endless negotiation processes** after the adoption of the instrument with equity being more elusive.....”

PS: “ **The draft resolution proposes to adopt the WHO Pandemic Agreement under Article 19 of the WHO Constitution.** ... Interestingly, the INB has not finalised the legal provision of the WHO Constitution under which the new instrument will be adopted. Article 19 requires ratification for the entry into the force of the pandemic instrument....”

“**The draft resolution also proposes to establish a new committee E as an additional main committee of the World Health Assembly (WHA) to deal predominantly with health emergency-related matters.** Currently WHA has two main committees, Committee A and Committee B. The new committee has been named “Committee E”, to preserve the colloquial reference to the WHO Cafeteria which is considered as “Committee C”, where Member State delegations often meet to find mutually acceptable solutions to difficult negotiating points....”

“**According to the preamble of the draft resolution the new committee has to look into three agenda items:** (i) the implementation of the WHO Pandemic Agreement, (ii) the International Health Regulations (2005), and (iii) other work of WHO on health emergencies....”

“... **The draft resolution proposes to launch three intergovernmental working groups, two of which are mandated to develop international instruments on One Health Approach and Pathogen Access and Benefit Sharing, for consideration of the Seventy-eighth World Health Assembly, or to the Conference of the Parties of the Pandemic Instrument,** depending on the legal nature of the proposed international instrument....”

The analysis concludes: “... **In short, if the proposed draft resolution makes its way to the WHA77, then additional negotiating streams will be opened with the high potential of even more fragmentation of the international health emergency legal regime.**”

TWN - WHO: Resumed pandemic instrument negotiations to start amidst concerns on negotiation process

K M Gopakumar; <https://www.twn.my/title2/health.info/2024/hi240409.htm>

“ Negotiations on the pandemic instrument will resume on 29 April **amidst concerns on the negotiation process, which effectively disallows Member States to engage in effective text-based negotiations to narrow down their differences and improve the text.**”

PS: “... This **proposed method of negotiations is a departure from the all the past treaty making negotiations within WHO** such as negotiations on the International Health Regulations 2005 (IHR 2005), the Framework Convention on Tobacco Control, the Protocol to Eliminate Illicit Trade in Tobacco Products and the Pandemic Influenza Preparedness Framework. **All these instruments were developed through text-based negotiations with a Member State-driven negotiating process. The pandemic instrument negotiating process therefore has not been a Member State-driven text-based negotiation.....**”

GHF - Pandemic Agreement Talks: The Final Toss - Access & Benefits Sharing Vs One Health? Health Financing Politics Come into Play as Africa Group Holds the Wild Card

https://genevahealthfiles.substack.com/p/inb9-resumed-africa-group-cdc-pabs-one-health?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email

Analysis by Geneva Health Files (as of Tuesday).

“... In the final lap of the negotiations for a new Pandemic Agreement, **a lot will depend on how united and determined the Africa Group will be. But the pressure is beginning to build.** For much of the last two years, Africa Group has been the engine in powering the equity agenda in these discussions. These countries have defined the expansive boundaries of this negotiation. As crunch time arrives, there are, of course pressures to shrink these aspirations...”

“... **At the Ministerial meeting in Addis over the weekend, sources familiar with the proceedings spoke about the lack of unity among countries within the Africa Group on an overall position on the INB negotiation** (To be sure, the issues in the negotiations are diverse and countries have different interests and are at various levels of development). **For weeks now, there have been indications that while some African countries have aligned around a powerful Africa CDC, others have been led by negotiators in Geneva, and their capitals....**”

PS: “... **A legitimate question to raise is why would the Africa CDC push for a role for the Pandemic Fund – a position that has been opposed by developing countries and African countries in particular.** These countries have after all been pushing for a dedicated fund with a reform of representation and governance gaps in the existing structure of the Pandemic Fund. Well, it turns

out that **the Africa CDC had been considered for the first stage to be an Implementing Entity for the Pandemic Fund, just a few weeks ago. ... “**

“... while there is staunch opposition by mostly developed countries to the creation of a new dedicated fund for PPPR under the aegis of WHO and its member states, there are other competing factors complicating the picture around the Pandemic Fund. There have been indications of competing interests between the Global Fund to Fight AIDS, Malaria and Tuberculosis, and the Pandemic Fund, for example (including during the conception of the World Bank's Fund). The Global Fund has defined its stake PPPR financing on the back of its role over the last 20 years. And the Pandemic Fund is not backing off....

“... Sources involved in the preparation of the African position suggest that while countries remain steadfast on pushing their original proposals, there is also greater recognition about what will be possible in Geneva where G7 countries have effectively held onto their positions on surveillance, financing and IP related matters.”

PS: “The trade-offs: PABS vs One Health : ... Numerous interviews with diplomats from developed and developing countries over the past few days, indicate the one obvious trade off would be between PABS and One Health.”

PS: “Desperation as an indicator”: “By the end of this week, it will become clear whether this process is heading in the direction that member states want. The coming days will be crucial in determining both - whether countries will reach consensus towards a bare minimum of a Pandemic Agreement ahead of the World Health Assembly, while at the same time defining the essence of what it is they will agree to. **One key indicator will be how many countries are desperate for an agreement and how much are they willing to give in, for the sake of an agreement - good, bad or ugly....”**

HPW – Friday’s Crucial Pandemic Agreement Stocktake Will Determine Direction of Talks

[Friday's Crucial Pandemic Agreement Stocktake Will Determine Direction Of Talks - Health Policy Watch](#)

State of affairs as of Thursday evening.

“A crucial stocktake of the state-of-play of the World Health Organization (WHO) pandemic agreement talks late Friday (3 May) will determine the way forward for the final five days’ negotiations. But the progress has been slow in the past four days, according to reports – with differing opinions about whether a skeleton agreement should be nailed down in time for the World Health Assembly at the end of the month – or whether it should be deferred for another year.”

PS: “The proposed WHO pathogen access and benefit-sharing (PABS) system (Article 12) remains the biggest sticking point, absorbing almost two days of the five-day talks so far, according to an INB report-back to stakeholders. Article 12.3 contains the agreement’s most tangible offering: that 20% of pandemic-related health products are allocated to the WHO for distribution – 10% as a donation and 10% at cost. ...”

And some links:

- TWN – [WHO: Resumed INB negotiations in Working Group & informal discussion to push for consensus](#)

(30 April) “The resumed meeting of the Intergovernmental Negotiating Body (INB) on the pandemic instrument has **initiated negotiations in a working group and other informal discussion to push for consensus.**”

“**A working group** was constituted to discuss Articles 4 and 5 i.e. on pandemic prevention and surveillance. Further, **Germany has convened an informal meeting** to discuss issues around Article 7 dealing with health and care workforce. The resumed session started without an open plenary and directly took up Articles 4 and 5 for discussions in the formal drafting group, where all Member States participate.....”

- TWN - [WHO: Pandemic instrument negotiations kicked off in three INB Working Groups \(2 May\)](#)
- **Pandemic Action Network** - [INB’s final stretch — INB9+ week one overview.](#) Among others on (notorious) ‘**Article 12**’.

Avian flu

HPW - While No Human-to-Human Transmission Yet, Scientists Are Concerned About Rapid Spread of Avian Flu

<https://healthpolicy-watch.news/while-no-human-to-human-transmission-yet-scientists-are-concerned-about-rapid-spread-of-avian-flu/>

“While no cases of human-to-human transmission have been recorded in the current H5N1 avian outbreak, **scientists are concerned about its transmission speed in mammals and whether this might result in a mutated pathogen that can infect people more easily.**”

“H5N1 is (an) influenza infection, predominantly started in poultry and ducks and has spread effectively over the course of the last one or two years to become a global zoonotic – animal – pandemic,” **said Dr Jeremy Farrar, the World Health Organization’s (WHO) Chief Scientist.** “The great concern, of course, is that in doing so and infecting ducks and chickens – but now increasingly mammals – that that virus now evolves and develops the ability to infect humans. And then critically, the ability to go from human-to-human transmission,” Farrar told a **media briefing in Geneva last week....** At the **WHO’s global media briefing on Wednesday**, WHO epidemiologist **Dr Maria Van Kerkhove** that “**we have not seen human-to-human transmission in the recent cases, and I think that’s really important because there’s a lot of news right now on influenza**”.”

PS: also with the **view of M Ryan (WHO).**

Guardian (Opinion) - American cows now have bird flu, too – but it’s time for planning, not panic

Devi Sridhar; https://www.theguardian.com/commentisfree/2024/apr/26/us-cows-bird-flu-covid-pandemic-global-governments?CMP=share_btn_url

“This is not a repeat of the Covid pandemic. Yet global governments should follow the US and prepare a response.”

“... **The main message** is there’s no need to panic, and this is not a repeat of the Covid-19 pandemic. H5N1 spreading mammal-to-mammal marks a step-change in the development of the disease, and there is an increased risk for humans in close contact with farms in the US. Even if it does spread into humans, **the US government seems to be ahead of the curve in preparing a response plan to limit the impact on lives and livelihoods. But other governments would be wise to take heed and plan for all scenarios.**”

Stat - What we’re starting to learn about H5N1 in cows, and the risk to people

<https://www.statnews.com/2024/04/30/h5n1-bird-flu-virus-cows-and-risk-to-people/>

“At this point in the H5N1-in-cows story, these are questions that don’t have solid answers, though some evidence is coming into focus.”

Links:

- HPW – [‘Most’ Cases Of Avian Influenza In USA Cattle Likely Undetected: Tougher Surveillance Needed - Health Policy Watch](#)
- HPW - [Bird flu virus circulated in cows for four months before outbreak confirmed by USDA, analysis shows](#)

AMR

Cidrap News - Groups call for 'actionable steps' to address antimicrobial resistance

<https://www.cidrap.umn.edu/antimicrobial-stewardship/groups-call-actionable-steps-address-antimicrobial-resistance>

“**An international coalition of organizations** today released a **set of recommendations** to help shape the negotiations at the upcoming United Nations (UN) High-Level Meeting on Antimicrobial Resistance (AMR). **The document from the AMR Multi-Stakeholder Partnership Platform**, which brings together more than 200 stakeholders from different sectors, **includes 10 "actionable and measurable" steps that should be taken by UN member states** to "ensure a healthier, more sustainable and resilient present and future in which antimicrobials are preserved as critical lifesaving medicines equally accessible to everyone everywhere.”

“The recommendations take a One Health approach to the rising threat of drug-resistant infections, calling for coordinated, cross-sectoral and multidisciplinary collaboration across the human, animal, plant, and environment sectors. The **hope is that some of these recommendations will be included in the political declaration on AMR that UN members ultimately agree to at the September 2024 UN General Assembly (UNGA) meeting.....**”

WHO reports widespread overuse of antibiotics in patients hospitalized with COVID-19

<https://www.who.int/news/item/26-04-2024-who-reports-widespread-overuse-of-antibiotics-in-patients--hospitalized-with-covid-19>

From last week. “**New evidence from the World Health Organization (WHO) shows the extensive overuse of antibiotics during COVID-19 pandemic worldwide, which may have exacerbated "silent" spread of antimicrobial resistance (AMR).**”

“**While only 8% of hospitalized patients with COVID-19 had bacterial co-infections requiring antibiotics, three out of four or some 75% of patients have been treated with antibiotics ‘just in case’ they help.** Antibiotic use ranged from 33% for patients in the Western Pacific Region, to 83% in the Eastern Mediterranean and the African Regions. Between 2020 and 2022, prescriptions decreased over time in Europe and the Americas, while they increased in Africa.....”

“Highest rate of antibiotic use was seen among patients with severe or critical COVID-19, with a global average of 81%. **In mild or moderate cases, there was a considerable variation across regions, with the highest use in the African Region (79%).**

- Coverage via UN News – [‘Just in case’ antibiotics widely overused during COVID-19, says UN health agency](#)

Mpox in DRC

NPR -DRC is seeing its worst mpox outbreak — but has no vaccines or treatments yet. Why?

<https://www.npr.org/sections/goatsandsoda/2024/04/26/1247460477/drc-is-seeing-its-worst-mpox-outbreak-but-has-no-vaccines-or-treatments-yet-why>

A few excerpts:

“**Earlier this month, the Africa Centres for Disease Control and Prevention – the public health agency of the African Union – helped convene a high-level emergency meeting on mpox in Kinshasa, DRC.**”

“No vaccines yet: By the end of the meeting, the DRC had announced its intent to use vaccines against mpox – although it still needs to approve the vaccines and draw up a strategy for delivery. In addition, the DRC said it would work quickly to approve a treatment option....”

“...One challenge is that there is very limited data on how the vaccines work in children – who represent the majority of mpox cases in the DRC – and also minimal data on its use in populations that deal with other health issues, like malnutrition. In March, the WHO's vaccine advisory committee recommended the off-label use of the mpox vaccine in children but urged further study....” **“ ...There are also major logistical challenges to rolling out an mpox vaccination effort, given that most of the cases are in remote areas and parts of the country face violent unrest.** Now that the DRC has declared its intent to use two types of mpox vaccines, **its National Regulatory Authority is meeting for a vaccine assessment.** While **mpox vaccines are likely months away,** these steps are being heralded as progress – as is the country's acknowledgement of the scale of the concern....”

PS: **“... Nicaise Ndembi, a virologist and senior adviser to the director-general of the Africa CDC, says that, so far, that speech has not been followed by an official declaration of a health emergency....** Ndembi says his instinct is that the scientific evidence merits a health emergency, particularly because the DRC borders nine countries and the virus could spread through travelers as it did in 2022. **"I would say: Declare! Because, by declaring, you have access to the drugs, you have access to the vaccines. We don't need to go through all the approval processes. And that will open the door for international support to mobilize resources,"** he says....”

BMJ Opinion - Democratic Republic of the Congo: a strengthened response to mpox could help revitalise the country's healthcare system

F Rahim, J Hertz et al ; <https://www.bmj.com/content/385/bmj.q1004>

“Over the past year, the Democratic Republic of the Congo has grappled with the largest outbreak of mpox in the past half century. Despite obstacles, an enhanced response to the crisis can provide a blueprint for fortifying the healthcare system.”

WHO - Multi-country outbreak of mpox, External situation report#32- 30 April 2024

<https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report-32--30-april-2024>

Coverage via **Cidrap News** - [Global mpox trends reveal hot spots in Africa, Europe, Americas](#)

“Low-level mpox transmission continues in many parts of the world, with Africa, Europe, and the Americas reporting the largest portion of recent cases, the World Health Organization (WHO) said in a monthly situation update yesterday, which covers cases reported in March....”

And some Links:

- [Lancet Infectious Diseases \(Correspondence\) – Shifting transmission patterns of human mpox in South Kivu, DR Congo](#) (by P KMC Katoto, Jean-Jacques Muyembe et al)

- AP - [A new form of mpox that may spread more easily found in Congo's biggest outbreak](#)

“We’re in a new phase of mpox,” said **Dr. Placide Mbala-Kingebeni, the lead researcher of the study**.... The lesions reported by most patients are milder and on the genitals, Mbala-Kingebeni said, making the disease trickier to diagnose. In previous outbreaks in Africa, lesions were mostly seen on the chest, hands and feet. He also said that the new form seems to have a lower death rate. Mbala-Kingebeni said most people were infected via sex, with about a third of mpox cases found in sex workers...”

Human Resources for Health

WHO Afro - Pioneering charter to drive up investment in Africa’s health workforce

<https://www.afro.who.int/news/pioneering-charter-drive-investment-africas-health-workforce>

“A pioneering health investment charter, a first for the African region, is set to be launched at the **African Health Workforce Investment Forum** which will take place in Windhoek, Namibia from **6 – 8 May 2024**. Key stakeholders will gather to consolidate efforts to drive up investment to counter critical health worker shortages. **With a bold target of halving Africa’s critical 5.3-million health workforce shortage by 2030**, the **African Health Workforce Investment Charter** will mobilize and align domestic and partner funding to strengthen, grow and retain the continent’s health workforce, especially in rural and primary health care settings....”

PS: “...**Key partners supporting the forum** include the ILO-OECD-WHO Working for Health (W4H) Programme and its Multi-Partner Trust Fund (MPTF), The Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Frontline Health Workers Coalition.”

SRHR

Telegraph - More than 24 million women will give birth without medical assistance this year, research shows

<https://www.telegraph.co.uk/global-health/women-and-girls/global-maternal-care-childbirth-conflict-health-services/>

“**Conflict, climate disasters and regressive reproductive rights** deny pregnant women access to a doctor or midwife, **Save the Children reports**”

Access to Medicines, vaccines & other health technologies

Telegraph - Why Africa is facing an uphill battle to make its own vaccines

<https://www.telegraph.co.uk/global-health/science-and-disease/why-africa-faces-an-uphill-battle-to-make-its-own-vaccines/>

Recommended helicopter view. Among others with **quotes from Tulio de Oliveira.**

Lancet (Comment) – Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization

A J Shattock et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00850-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00850-X/fulltext)

See last week's IHP issue. Authors quantified the public health impact of vaccination globally since the EPI programme's inception. Among others, they estimate that **EPI has provided the single greatest contribution to improved infant survival over the past 50 years.**

Global Health Centre (Discussion paper) - IP and access to publicly funded research results in health emergencies Publicly funded international R&D projects

Yiqi Liu, Suerie Moon;

https://www.wipo.int/edocs/mdocs/mdocs/en/wipo_ip_ge_24/wipo_ip_ge_24_projects.pdf

Their insights are focused on the IP management policies and practices adopted by publicly funded international R&D projects. **With five case studies of publicly funded international R&D projects.**

Check out the **interesting & nuanced findings.**

Among others: "...We found that **global access conditions have become an established feature of international publicly funded R&D initiatives for health emergencies, particularly those with an objective to ensure access in low and middle-income countries (LMICs).** Such conditions are generally developed and negotiated by an intermediary entrusted with public funds (such as the Coalition for Epidemic Preparedness Innovations, Unitaid, FIND, the Global Antibiotic Research and Development Partnership or the World Health Organization), rather than by the government funders themselves. Some public funders are nevertheless involved in the high-level decisionmaking of the intermediary organizations they funded, including in the development of IP policies and access policies...."

But there's a lot more in the findings.

TGH - Traditional Medicine Gains Global Policy Recognition

<https://www.thinkglobalhealth.org/article/traditional-medicine-gains-global-policy-recognition>

“How physician and immunologist Kenji Watanabe's efforts brought East Asian traditional medicine to the fore.”

“In March 2024, researchers, policymakers, and other experts from more than 40 countries gathered in India to chart a road map for the World Health Organization (WHO) Global Traditional Medicine Center. This initiative aims to bring together knowledge about the world's many traditional medicine systems and apply that knowledge toward improving global health and sustainable development. The meeting built on the success of the inaugural WHO Traditional Medicine Global Summit, held in August 2023, also in India, which culminated in the first WHO declaration focused on traditional medicine. “

“For Kenji Watanabe, a traditional medicine practitioner in Japan, the two meetings also signaled a gratifying personal victory—one he has been working toward since 2005. ... his interest was primarily in kampo, a type of traditional herbal medicine practiced in Japan. ... In 2005, Watanabe began chairing the traditional medicine unit of the World Health Organization's International Classification of Diseases (ICD), a global medical platform that provides health reporting on the causes, extent, and consequences of death and disease. In 2022, Watanabe's efforts resulted in the inclusion of East Asian traditional medicine in the ICD—a first for traditional medicine since the platform's creation more than 10 years ago...”

Devex - The harsh reality of multidrug resistant TB in children

<https://www.devex.com/news/the-harsh-reality-of-multidrug-resistant-tb-in-children-107436>

“Only about 12%-16% of children and young adolescents with MDR-TB or rifampicin-resistant TB were diagnosed and treated in 2022. Diagnosing them is hard, and the treatment course is lengthy and side-effect-prone.”

Ottawa plastic pollution summit

Guardian - Developed countries accused of bowing to lobbyists at plastic pollution talks

<https://www.theguardian.com/environment/2024/apr/30/developed-countries-accused-bowing-lobbyists-plastic-pollution-talks>

“Campaigners are blaming developed countries for capitulating at the last minute to pressure from fossil fuel and industry lobbyists, and slowing progress towards the first global treaty to cut plastic waste. Delegates concluded talks in Ottawa, Canada, late on Monday, with no agreement on a proposal for global reductions in the [\\$712bn \(£610bn\) plastic production](#) industry by 2040 to address twin issues of plastic waste and huge carbon emissions. They agreed to hold more discussions before the last summit on the treaty in Busan, South Korea, in November....”

PS: “.... The UK and US did not support the proposal to cut plastic production.”

HPW - Slow Progress at UN Plastic Pollution Talks as Countries Clash Over Production Limits

<https://healthpolicy-watch.news/slow-progress-at-un-plastic-pollution-talks-as-countries-clash-over-production-limits/>

“The **fourth session** of the UN intergovernmental negotiating committee (INC) to develop an international legally binding instrument on plastic pollution ended in Ottawa on Tuesday with “an advanced draft text of the instrument and agreement on inter-sessional work ahead”, according to the UN Environment Programme (UNEP). Delegates engaged in text-based discussion on the **revised draft** for the first time, but there were **major sticking points** – especially on limiting plastic production.”

“... INC5 – scheduled for November, in Busan - is supposed to adopt an agreement, but there is still a long road ahead as “meetings to discuss the technical elements of the text diverged on almost all points of discussion, from problematic and avoidable plastics to product design, composition and performance,” **according to the Earth Negotiation Bulletin...**”

“... several NGOs that attending as observers were unhappy with the influence of member states with significant fossil fuel industries. Most plastics are made from oil and gas derivatives.”

“... While Rwanda and Peru, part of the high-ambition coalition, proposed production reductions, a coalition of fossil fuel-aligned countries, including Russia, China, and Saudi Arabia, objected to treaty measures to address plastic production, according to the CBD.”

Devex - ‘Cautious’ optimism after latest UN plastic treaty negotiations

<https://www.devex.com/news/cautious-optimism-after-latest-un-plastic-treaty-negotiations-107565>

Somewhat more positive take. “The second-to-last round of negotiations on a treaty to end plastic pollution ended with varying levels of ambition among various country blocs, but observers cheered progress on the talks.”

“... while the level of ambition differs among United Nations member states, **negotiators and observers tell Devex they left Ottawa with cautious optimism that much-needed discussions over a draft treaty finally began....**” “.... Experts tell Devex the Ottawa talks also clear the way for a possible but difficult adoption of the treaty during the final round in Busan, South Korea, in November.”

“...Similar to previous negotiation rounds, **Ottawa saw a clash between the self-declared high-ambition coalition**, a group of over 60 countries led by Rwanda and Norway, and another group that calls themselves the “like-minded countries” but are informally referred to as the “**low-ambition coalition**.” The latter group is comprised of oil-reliant economies such as Saudi Arabia, Russia, and Iran, which focuses on the lifecycle of plastic and pushes back against limiting plastic production. **The United States is not part of any coalition.....**”

Guardian - Countries consider pact to reduce plastic production by 40% in 15 years

https://www.theguardian.com/environment/2024/apr/29/countries-reduce-plastic-production?CMP=tw_t_a-environment_b-gdneco

A proposal from earlier in the week... **“Countries are for the first time considering [restrictions on the global production of plastic](#) – to reduce it by 40% in 15 years – in an attempt to protect human health and the environment.”**

“As the world attempts to make a treaty to cut plastic waste at UN talks in Ottawa, Canada, two countries have put forward the first concrete proposal to limit production to reduce its harmful effects including the huge carbon emissions from producing it. The motion submitted by Rwanda and Peru sets out a global reduction target, ambitiously termed a “north star”, to cut the production of primary plastic polymers across the world by 40% by 2040, from a 2025 baseline....” Didn’t make it, clearly. At least for now.

More on Planetary Health

Planetary Health Alliance - Planetary Health: Roadmap & action plan

[Global Planetary Health Roadmap - Planetary Health Alliance](#)

“Launched at the 6th Planetary Health Annual Meeting and Summit in Kuala Lumpur, Malaysia, and encompassing domains of governance, education, business, and communications, [this roadmap](#) charts a course of action with a role for each of us. ... The Roadmap includes an Action Plan across six key areas of change....” It builds off the [2021 São Paulo Declaration](#).

Lancet (Comment) - Collective action and legal mobilisation for the right to health in the climate crisis

A Phelan, L Gostin et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00875-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00875-4/fulltext)

“2024 is the year of international climate change litigation, with accountability for the protection of health elevated to global and regional courts and tribunals. On April 9, 2024, the European Court of Human Rights concluded that Switzerland violated the rights of a group of older Swiss women, known as the **KlimaSeniorinnen Schweiz**, who had brought the case against Switzerland for failing to meet its past greenhouse gas (GHG) emissions reduction targets and set future GHG targets

... This legal decision is likely to influence other international legal proceedings that are underway this year, including requests for advisory opinions on the harms of climate change before: the International Court of Justice (ICJ), requested by the UN General Assembly (UNGA) with a decision in late 2024 or early 2025; the International Tribunal for the Law of the Sea (ITLOS), submitted by the Commission of Small Island States with its decision to be issued on May 21, 2024; and the Inter-

American Court of Human Rights, submitted by the Governments of Colombia and Chile with public hearings continuing in May, 2024, and a decision expected in about 1 year.... “

“The ICJ advisory opinion request is the highest profile and most wide-reaching before the main judicial body of the UN and has the potential to clarify the scope of states' international legal obligations to protect human life and health from the impacts of climate change and to advance international law for global health, human rights, and planetary health.**Given the catastrophic impacts of climate change on health, the ICJ could issue an opinion that applies the powerful framework of the right to health to examine state obligations to act to mitigate and adapt to climate change.** ... Although not mentioned in the UNGA request for an advisory opinion, **the ICJ could also look to obligations under global health law concerned with realisation of the right to health, such as WHO's International Health Regulations (2005), which could include obligations to notify WHO on health impacts of climate change as a potential Public Health Emergency of International Concern.**”

“... Recognition of these international legal obligations would advance international law to realise the right to health in the climate crisis. ... **Yet there is a risk that the ICJ will deliver an opinion that fails to meet the profound challenges of climate change.** This would include an opinion that is ambiguous or does not provide sufficient clarify on obligations arising from the right to health. Such a failure would undermine the health and human rights of billions of people, especially populations most affected by climate change....”

“2024 is a powerful year of legal mobilisation for health and climate change...”

Guardian - UN-led panel aims to tackle abuses linked to mining for ‘critical minerals’

<https://www.theguardian.com/environment/2024/apr/26/un-led-panel-tackle-abuses-mining-critical-minerals>

“A UN-led panel of nearly 100 countries is to draw up new guidelines to prevent some of the environmental damage and human rights abuses associated with mining for “critical minerals”.”

“... António Guterres, the secretary general of the UN, has gathered a panel of developed and developing countries with interests in the extraction and consumption of critical minerals with instructions to draw up a set of guidelines for the industries..... **The guidelines drawn up by the panel will only be voluntary and are likely to rely heavily on big companies policing their own supply chains.** ... The panel, which will produce the first draft of the guidelines ahead of the UN general assembly this September, will be **chaired by South Africa and the European Commission.**”

“Most of the world’s biggest producers are included on the panel, which comprises 21 countries plus the EU and the African Union, including Australia, Indonesia, Colombia and Chile. Many of the biggest consumers, including China, the US and the UK, are also onboard. Institutions such as the World Bank, the International Energy Agency, civil society groups and the biggest global trade association for mineral producers, which represents about 40% of the global supply, are also involved. Russia is absent, as are Ecuador, Bolivia, Argentina and many smaller developing countries...”

FT- Special report climate & health

<https://www.ft.com/reports/health-climate-change>

“How global warming and deforestation are helping diseases jump from animals to humans and spreading fungal infections, while also fuelling antibiotic-resistant ‘superbugs’. Plus the impact on malaria, Lyme disease and the insurance industry.”

- Among others, the FT special report has this **article**: [Insurers warn climate change means an unhealthy prognosis for cover](#)

“**Effects will increase illness and force the industry to adapt**, executives say.”

“The **effects of climate change in making extreme weather more severe and frequent is increasingly seen as a significant threat to the insurance sector, through widespread damage to property**. But a less-followed risk is adding to unease at companies offering life and health insurance: scientists’ warnings, and research findings, that a **warming climate is causing an increasing number of excess deaths, and forcing more people into ill-health.**”

PS: “.... To **highlight the implications of climate change for life and health insurance, the Geneva Association, together with Wellcome, the research foundation, published a [paper](#) in February**. It identified a **range of effects**, from heat-related illnesses to a greater spread of infectious diseases in a warmer climate, as well as the mental health impacts of extreme weather events.”

“... **Executives are taking the risks seriously**. Nicolas Jeanmart, head of personal and general insurance at Insurance Europe, which represents EU insurers, says: “The focus of insurers has so far been less on public health but rather on damages to properties. [However,] it is becoming increasingly evident that climate change is not only an environmental or economic issue but also a critical health issue”.....”

BMJ Analysis - Health systems and environmental sustainability: updating frameworks for a new era

M Padget, M Kruk et al; <https://www.bmj.com/content/385/bmj-2023-076957>

“**Michael Padget and colleagues** argue that **making environmental sustainability a measure of health system quality** will support progress and help fulfil systems’ fundamental mission to protect and improve health.”

“.... Authors suggest that environmental sustainability be adopted as a core responsibility of the health system in all countries and included in a revised definition and framework for high quality health systems **The structure and multifaceted approach of the Lancet commission’s high quality health system framework make it well suited for the integration of environmental sustainability, which must be integrated into multiple components of the health system to be effective**. In this framework, **environmental sustainability would fit as a fifth overarching principle** used to help guide the foundations, processes, and outcomes of care....”

Social & Commercial Determinants of Health

Lancet Editorial - Housing: an overlooked social determinant of health

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00914-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00914-0/fulltext)

Arguing, correctly, that improved housing needs a lot more attention from global & public health.

“...The urgency to meet **Sustainable Development Goal target 11.1—ensuring access for all to adequate, safe, and affordable housing by 2030**—is clear, yet we are well off target.”

The editorial concludes: “**As a human right, housing demands greater prioritisation.** Advocacy, including from the medical and public health sectors, must drive systemic change. **With urban populations set to more than double by 2050, coupled with rising housing costs, worsening climate change, ongoing conflicts, and natural disasters, the need for adequate housing will keep growing, widening health inequities.** Making housing a priority public health intervention not only presents a pivotal opportunity, but a moral imperative. The health of our communities depends on it.”

Lancet Letter- Digital governance needed to tackle commercial determinants of health

I Kickbusch & L Holly; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02283-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02283-3/fulltext)

“... **In The Lancet and Financial Times Commission on Governing Health Futures 2030, we highlight the close relationship between digital determinants and other commercial, social, and environmental determinants of health.** We argue that identifying the intersections of digital transformations and other determinants of health can help policy makers develop more effective governance responses to the positive and negative effects of digital transformations on health and wellbeing.”

“**Calls for stronger governance mechanisms that prioritise public health over commercial interest** echo this Commission's recommendations. **As we transition into the Digital Transformations for Health Lab,** we will be taking these recommendations forward by working with governments, technology companies, youth organisations, and other key actors to address the digital determinants of health and build more trusted digital ecosystems.”

Links:

- Lancet Letter - [Work as a health risk](#)
- Lancet Letter: [Inclusive mental health for informal workers](#) (with focus on India)

Gaza

Gaza: MSF report denounces “silent killings” due to preventable diseases and lack of access to medical care

<https://www.doctorswithoutborders.ca/msf-report-denounces-gazas-silent-killings-from-preventable-disease-and-lack-of-access-to-medical-care/>

“Gaza’s healthcare system has been devastated, with men, women and children at increasing risk of acute malnutrition and with their physical and mental health deteriorating rapidly, according to a report released today by **Doctors Without Borders/Médecins Sans Frontières (MSF)** entitled **Gaza’s Silent Killings: The destruction of the healthcare system and the struggle for survival in Rafah.**”

- Link: Devex - [famine appears all but inevitable in Gaza](#)

“... The U.S. government predicts that **international experts will declare an “ongoing famine” in Gaza early May, [according to an internal memo](#) ...**”

- Related: **Lancet World Report - [Concerns rise over explosive weapon attacks on health care](#)**

“**Countries need to take stronger measures to identify and prosecute perpetrators behind attacks on health-care and aid settings. John Zarocostas reports.**” “Alarmed by the surge in explosive weapons used, largely with impunity, in attacks against health and aid operations in multiple conflict settings, **humanitarian experts** are calling for world leaders to urgently take steps to stem the harm they inflict on civilians.....”

A few studies, theme issues & reports

WHO Bulletin (theme issue) – Building an economy for health for all

<https://www.ncbi.nlm.nih.gov/pmc/issues/461078/>

Dazzling **theme issue**. Do check it out!

“In the **editorial section, Petteri Orpo (Finnish prime minister) and Tedros Adhanom Ghebreyesus introduce the work of WHO’s Council on the Economy of Health for All**, the subject of this special theme issue. Ritu Sadana et al summarize the contents of the theme issue and explain how the council reframes economic goals in pursuit of health.”

The World Health Organization (WHO) Council on the Economics of Health for All offers a powerful narrative on the relationship between economies and health. “.... **This issue of the Bulletin of the World Health Organization includes papers that highlight diverse global and national approaches, address the work, themes and recommendations of the council, and offer promising solutions....**”

Lancet Public Health – Global study reveals stark differences between females and males in major causes of disease burden, underscoring the need for gender-responsive approaches to health.

[Differences across the lifespan between females and males in the top 20 causes of disease burden globally: a systematic analysis of the Global Burden of Disease Study 2021](#)

Via the press release:

“Global and regional analyses reveal persistent health differences between females and males across the 20 leading causes of disease burden (illness and death—quantified as health loss) over the **past 30 years**. Overall, **health loss is higher in males, particularly driven by premature death; but females, despite tending to live longer, endure higher levels of illness over their lives—** underscoring the diverse and evolving health needs of men and women at different stages of their lives.”

“These health differences emerge in adolescence highlighting the importance of early interventions and measures to prevent the onset and exacerbation of health conditions. The authors say that **progress towards an equitable and healthy future can only be achieved through concerted, sex- and gender-informed strategies** that recognise the unique health challenges faced by men and women at different stages of their lives around the world. “

With also a linked [Comment by Sarah Hawkes et al - Time to implement sex and gender responsive policies and programmes](#)

Lancet Public Health (Editorial) – Disability inclusivity: time to step up

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00078-1/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00078-1/fulltext)

“Worldwide, an estimated 1.3 billion people live with a disability—“long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” according to the 2006 [UN Convention on the Rights of Persons with Disabilities](#). ... “

“In this issue of *The Lancet Public Health*, Hannah Kuper and colleagues analyse the association between disability and increased mortality in people with disability. They estimate that people with disabilities face a **median life expectancy reduction of 13.8 years, reaching 23.1 years in low-income countries**. Such health inequities have been linked to the unfair conditions faced by people with disabilities, including stigma, discrimination, poverty, and barriers in the health system itself. Acting on these factors is key to reducing the life expectancy gap and the health inequities that people with disabilities face. **The Review by Kuper and colleagues, also in this issue, provides an overview of the health inequities faced by people with disabilities, identifies their needs, and proposes approaches to build health systems that are inclusive of those with disabilities.** They identified **90 good practice examples of strategies to reduce inequities....**

- Related: [Building disability-inclusive health systems](#) (Review by H Kuper et al)

Global health events

WTO - High-level dialogue marks 30 years of TRIPS Agreement

https://www.wto.org/english/news_e/news24_e/trip_26apr24_e.htm

“WTO members commemorated on 25 April the 30th anniversary of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), concluded in Marrakesh as part of the historic package of multilateral agreements that brought the WTO into existence in 1995. Speaking at a **High-level Dialogue to mark the date**, WTO Director-General Ngozi Okonjo-Iweala said the anniversary was an opportunity to engage in a forward-looking dialogue on how the WTO can best respond to current and future intellectual property needs and interests of its members....”

Global health governance & Governance of Health

Civil society integrated into the G20: unprecedented meeting in the federal capital

<https://www.g20.org/en/news/civil-society-integrated-into-the-g20-unprecedented-meeting-in-the-federal-capital>

“... This year, Brazil's G20 Presidency underscores the imperative to incorporate civil society into discussions and initiatives addressing inequalities and environmental challenges. The inception of the **G20 Social** embodies this objective: a dedicated platform designed to formally integrate, with the support of the Federal Government, the 13 engagement groups that have historically operated alongside the forum of the world's largest economies....”

“... The **First Extended Meeting of the G20 Social** marks an initial stride towards bringing civil society closer to the traditional **Finance and Sherpas** tracks, through participation in engagement groups. The meeting happened this Thursday (25 April) at the Planalto Palace in Brasília/DF....”

PS: “... The **Social Summit** is another innovation of the **Brazilian Presidency for G20 Social**. The meeting will precede the traditional **Summit of Heads of State and Government**. Both will take place in **November, in Rio de Janeiro (RJ)**. The summits are the final acts of Brazil's G20 Presidency leading to South Africa taking over the Group.....”

HPW - Geneva's University and Hospital Institutions Carve Unique Array of International Health Collaborations

<https://healthpolicy-watch.news/genevas-university-and-hospital-institutions-carve-unique-array-of-international-health-collaborations/>

“In the universe of Geneva's global health hub, which includes dozens of international NGOs and WHO as the brightest star in the solar system, a parallel universe of locally-grown health and humanitarian collaborations have also developed around the University of Geneva and Geneva University Hospitals.”

African Arguments - IDA21: Africa's call to triple finance a chance for the North to rebuild trust

<https://africanarguments.org/2024/04/ida21-africas-call-to-triple-finance-a-chance-for-the-north-to-rebuild-trust/>

Re the Nairobi IDA summit. **“Leaders called on donors to replenish the World Bank’s grants and concessional loans arm with “at least \$120 billion” for debt and climate.”**

See also Devex - [African leaders set out IDA funding priorities at World Bank summit](#)

“African leaders asked IDA to focus on three priority areas: stronger human capital and the creation of good jobs, including through private investments; greater energy and digital access; and building resilience to climate and fragility.” **“IDA, the bank’s fund for the lowest-income countries, is asking donors for a new cycle of funding, and African heads of state gathered in Nairobi on Monday for a summit** seen as a key milestone on the path to the official replenishment event at the end of the year....”

Devex- Can a new Africa Union alliance hasten global financial reforms?

<https://www.devex.com/news/can-a-new-africa-union-alliance-hasten-global-financial-reforms-107174>

“The Africa Club’s mandate is to “drive sustainable economic development and financial self-reliance” but **some wonder whether this group will actually be able to address the issues it has been set up to tackle.”**

“More than half the countries in Africa are currently spending [more](#) on debt repayments than they are spending on health care or climate action. In December 2023, Ethiopia became the third African country after Zambia and Ghana to default on debt. **Now, the [African Union](#) has [launched the Alliance of African Multilateral Financial Institutions, or the Africa Club](#), which the continent’s leaders hope will be a vehicle to push for global financial architecture reforms. The Africa Club plans to achieve this through advocacy in addition to driving development and financial independence on the continent.” **“Unlike the London and [Paris Clubs](#) whose role was to find solutions to payment difficulties experienced by debtor countries, the Africa Club’s mandate is to “drive sustainable economic development and financial self-reliance.” But some wonder whether this group will actually be able to address the issues it has been set up to tackle, and one expert called it a distraction from other priorities....”****

“Institutions under the Africa Club include [Africa Finance Corporation](#), [African Export-Import Bank](#), Trade and Development Bank Group, [African Reinsurance Corporation](#), [African Trade and Investment Development Insurance](#), [Shelter Afrique Development Bank](#), and reinsurance company [ZEP-RE](#). ... The Africa Club, according to the [statement](#) on its launch **will put together funds that will be made available to member countries for development.** ... The club now holds [assets of more](#) than \$53 billion, attracting equity investment of over \$8.6 billion, primarily from African countries, to support African growth and resilience.”

PS: **“Additionally, the African Union is still pushing for the establishment of other financial institutions including the African Central Bank, the African Monetary Fund, the African Investment**

Bank, and the Pan-African Stock Exchange. These, the AU states, will strengthen Africa’s financial architecture and put Africa in a stronger position in global financial architecture.”

African Union and World Bank Sign MoU to Deepen Collaboration on Africa's Development

<https://au.int/en/pressreleases/20240426/african-union-and-world-bank-sign-mou-deepen-collaboration-africas>

“The African Union (AU) and the World Bank Group (WBG) signed a Memorandum of Understanding (MoU) with H.E. the AU Deputy Chairperson and Ms. Anna Bjerde, WBG Managing Director for Operations. This MoU will strengthen collaboration on existing and planned programs, focusing on **three key priority areas**: Energy Access and Just Transition, **Health Systems Strengthening and Production of Pharmaceuticals in Africa**, and Digital Transformation, Youth and Jobs.”

Global Policy - 2024 UN Financing for Development Forum outlines path to FfD4 Conference

Bodo Ellmers; <https://www.globalpolicy.org/en/news/2024-04-29/2024-un-financing-development-forum-outlines-path-ffd4-conference>

“**Debt, taxes and geopolitics took centre stage in this year’s UN Financing for Development (FfD) Forum. ...**” “....The serious debt problems of developing countries dominated the debates at the Forum....”

Book - The Spirit of Global Health: The World Health Organization and the 'Spiritual Dimension' of Health, 1946-2021

<https://global.oup.com/academic/product/the-spirit-of-global-health-9780192865502?cc=be&lang=en&>

(2022) **By S Peng-Keller et al.** “The first book-length study **on the integration of the spiritual dimension in the policy of the WHO.** Draws on extensive archival research, interviews, and previously unpublished documents which show how a 'spiritual dimension' of health has been present in the organisation throughout much of its history, and has influenced some of its most important initiatives Ranges in time from the organisation's founding days in the early post-War period, through the debates in the early 1980s to incorporate a 'spiritual dimension' of health into universal primary healthcare, the institutionalisation of traditional medicine, the development of new measures of quality of life, and most recently, to the Coronavirus pandemic”

Munk School – The Role of Belt and Road Reboot and China’s Elite Strategies in Global Geostrategic Competition

P Carmody; <https://munkschool.utoronto.ca/belt-road/research/role-belt-and-road-reboot-and-chinas-elite-strategies-global-geostrategic-competition>

Via ODI: “The BRI: refocus from ‘full spectrum support’ to ‘elite capture’”

“Pádraig Carmody offers a **compelling perspective on the recent ‘reboot’ of the BRI**. Since 2013, BRI projects have encountered many issues – both discursive (accusations of ‘debt trap diplomacy’) and material (financial troubles and underperformance) – which have prompted a ‘change of direction’. **The ‘BRI 2.0’ focuses less on large-scale infrastructure projects and more on smaller projects, as well as people-to-people exchanges – such as training offered to political elites**. For Carmody, this **emphasis on political elites makes geopolitical sense** as it may be more cost-effective than building hard infrastructure – and **may represent a refocus from geoeconomics to geopolitics.**”

Global Policy – Assessing public health implications of free trade agreements: The comprehensive and progressive Trans-Pacific Partnership Agreement

<https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.13381>

By L Green et al.

Global health financing

BMJ GH - Opportunities and challenges for financing women’s, children’s and adolescents’ health in the context of climate change

B Anton, J Borghi et al ; <https://gh.bmj.com/content/9/4/e014596>

« **Women, children and adolescents (WCA), especially in low-income and middle-income countries (LMICs), will bear the worst consequences of climate change during their lifetimes**, despite contributing the least to global greenhouse gas emissions. Investing in WCA can address these inequities in climate risk, as well as generating large health, economic, social and environmental gains. However, **women’s, children’s and adolescents’ health (WCAH) is currently not mainstreamed in climate policies and financing**. There is **also a need to consider new and innovative financing arrangements that support WCAH alongside climate goals**. We provide an **overview of the threats climate change represents for WCA, including the most vulnerable communities, and where health and climate investments should focus**. We draw on evidence to explore the opportunities and challenges for health financing, climate finance and co-financing schemes to enhance equity and protect WCAH while supporting climate goals....”

« **We identify a range of financing solutions**, including leveraging climate finance for WCAH, adaptive social protection for health and adaptations to purchasing to promote climate action and support WCAH care needs....”

Conflict & Health - Did aid to the Ebola crisis divert aid for reproductive, maternal, and newborn health? An analysis of donor-reported data in Sierra Leone

S Mayhew et al; <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-024-00589-2>

“**Infectious disease outbreaks like Ebola and Covid-19 are increasing in frequency. They may harm reproductive, maternal and newborn health (RMNH) directly and indirectly**. Sierra Leone

experienced a sharp deterioration of RMNH during the 2014–16 Ebola epidemic. One possible explanation is that **donor funding may have been diverted away from RMNH to the Ebola response.....”**

Conclusions: “Modest changes to RMNH donor aid patterns are insufficient to explain the severe decline in RMNH indicators recorded during the outbreak. Our findings therefore suggest the need for substantial increases in routine aid to ensure that basic RMNH services and infrastructure are strong before an epidemic occurs, as well as increased aid for RMNH during epidemics like Ebola and Covid-19, if reproductive, maternal and newborn healthcare is to be maintained at pre-epidemic levels.”

UHC & PHC

UHC 2030 - The imperative case for universal health coverage (UHC): Fostering the translation of UHC commitments into action.

<https://www.uhc2030.org/news-and-events/news/the-imperative-case-for-universal-health-coverage-uhc-fostering-the-translation-of-uhc-commitments-into-action/>

“UHC2030’s new 2024-2027 Strategic Framework outlines three pathways for collective action to achieve meaningful progress towards universal health coverage before the next UN high-level meeting in 2027 and to help countries achieve SDG target 3.8 by 2030.”

Advocacy, accountability & alignment.

World Development – Corruption can cause healthcare deprivation: Evidence from 29 sub-Saharan African countries

C Bukari et al; <https://www.sciencedirect.com/science/article/pii/S0305750X24001001>

“We examine whether and how corruption experience affects healthcare deprivation in 29 sub-Saharan African countries. We observe that corruption experience as well as its frequency increase the likelihood of healthcare deprivation. We find evidence of negative spillover effects of corruption experience in non-healthcare sectors on healthcare deprivation. We show that a higher intensity of multisectoral corruption experience increases the likelihood of healthcare deprivation. Loss of income and loss of trust in public institutions are key channels linking corruption to healthcare deprivation.”

WHO - The Progression Pathway for Health Systems Governance

<https://ccpsh.org/research/progression-pathway-health-systems-governance>

“The Progression Pathway for the Governance of Mixed Health Systems is a practical tool developed by the World Health Organization to help countries strengthen their capacity to govern and provide better health, focusing on the governance of private health sector. The Progression Pathway is based on the recommendations and approach introduced by the WHO

Strategy Report "Engaging the Private Health Service Delivery Sector through Governance in Mixed Health Systems".

Frontiers in Public Health - Willingness to pay for National Health Insurance Services and Associated Factors in Africa and Asia: a systematic review and meta-analysis

E M Bayked et al; [Frontiers in Public Health](#)

Findings: "... The WTP (Willingness to Pay) for NHI was moderate, while it was slightly higher in Africa than Asia and was found to be affected by various factors, with age being reported to be consistently and negatively related to it, while an increase in income level was almost a positive determinant..."

IDS - Realistic or optimistic? Experts discuss how to set right tax targets

<https://www.ids.ac.uk/news/realistic-or-optimistic-experts-discuss-how-to-set-right-tax-targets/>

"How much tax can low-income countries feasibly raise? This has become a key question in light of rising debt costs and the substantial capital needed to tackle climate change and achieve the [Sustainable Development Goals](#). Recent years have seen some highly ambitious estimates in contrast to relatively limited growth in tax-to-GDP ratios. However, a recent [ICTD policy brief](#) warned against these overly zealous tax targets which can be counterproductive to tax administrations and, instead, suggested five concrete ways to set better targets."

WHO Bulletin - Population assessment of health system performance in 16 countries

M Kruk et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.291184.pdf?sfvrsn=b4f7c516_3

"Objective: to demonstrate how the new internationally comparable instrument, the People's Voice Survey, can be used to contribute the perspective of the population in assessing health system performance in countries of all levels of income."

They conclude: "Population-wide surveys such as the People's Voice Survey should become part of regular health system performance assessments..."

WHO Bulletin - Applying the WHO-UNICEF primary health care measurement framework; Bangladesh, India, Nepal, Pakistan and Sri Lanka

https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.290655.pdf?sfvrsn=6ca4e59b_3

By N Purohit et al.

BMZ - Hit or miss? Asking tough questions about health sector costing studies in Africa and Asia

[Hit or miss? Asking tough questions about health sector costing studies in Africa and Asia – Healthy Developments](#)

“Over the past two decades, **GIZ supported a number of complex costing studies in Africa and Asia.** Looking back, the experts involved in four of the studies share what they learned in the process.”

Pandemic preparedness & response/ Global Health Security

TGH - Investments for Rapid Outbreak Responses: Spend Now, Save Later

A McClelland (Resolve to Save Lives); <https://www.thinkglobalhealth.org/article/investments-rapid-outbreak-responses-spend-now-save-later>

“**New pandemic preparedness approaches from Democratic Republic of Congo and Nigeria balance speed and financing.**”

“**Pilots of rapid outbreak financing (ROF) mechanisms conducted by Resolve to Save Lives (RTSL) have shown that these funds don't need to be substantial.** Resolving global health issues often costs millions—but **RTSL has found that spending \$5,000 at the first sign of an outbreak** can eliminate the need to spend tens or hundreds of thousands to control an epidemic later, or billions to address far-reaching social and economic impacts. Having fast access to funds that allow for flexible spending at the start of an outbreak is critical....”

“**...We tested the ROF approach with our partners in several African countries and found that it not only filled a critical gap in emergency funding, but also significantly reduced the time from outbreak detection to verification and response. ...**”

INTREPID Alliance Landscape of Promising Antivirals in Clinical Development Reveals Gaps in Global Defense Against Potential Future Pandemics

[INTREPID Alliance Landscape of Promising Antivirals in Clinical Development Reveals Gaps in Global Defense Against Potential Future Pandemics | Intrepid Alliance](#)

“Building on its commitment to identify strengths and gaps in the R&D pipeline for antivirals, **the INTREPID Alliance, a consortium of innovative biopharmaceutical companies dedicated to accelerating antiviral treatments to help protect the world ahead of future pandemics,** today published the **second edition of its Antiviral Clinical Development Landscape.** This ongoing scientific review and triage of a global R&D database of clinical antivirals **reveals concerning gaps in the development of promising clinical compounds targeting 12 viral families of greatest pandemic potential....**”

WHO Bulletin - A practical agenda for incorporating trust into pandemic preparedness and response

T J Bollyky & Michael Bang Petersen; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.289979.pdf?sfvrsn=27c4d4a3_3

“... This paper presents a practical policy agenda for incorporating mistrust as a risk factor in pandemic preparedness and response planning. We propose two sets of evidence-based strategies: (i) strategies for ensuring the trust that already exists in a community is sustained during a crisis, such as mitigating pandemic fatigue by health interventions and honest and transparent sense-making communication; and (ii) strategies for promoting cooperation in communities where people mistrust their governments and neighbours, sometimes for legitimate, historical reasons. Where there is mistrust, pandemic preparedness and responses must rely less on coercion and more on tailoring local policies and building partnerships with community institutions and leaders to help people overcome difficulties they encounter in cooperating with public health guidance...”

Planetary health

Guardian - Rapidly rising levels of TFA ‘forever chemical’ alarm experts

<https://www.theguardian.com/environment/2024/may/01/rapidly-rising-levels-of-tfa-forever-chemical-alarm-experts>

“Rapidly rising levels of TFA, a class of “forever chemical” thought to damage fertility and child development, are being found in drinking water, blood and rain, causing alarm among experts. ... “Studies from across the world are reporting sharp rises in TFA. A major source is F-gases, which were brought in to replace ozone-depleting CFCs in refrigeration, air conditioning, aerosol sprays and heat pumps. Pesticides, dyes and pharmaceuticals can also be sources. “If you’re drinking water, you’re drinking a lot of TFA, wherever you are in the world ... China had a 17-fold increase of TFA in surface waters in a decade, the US had a sixfold increase in 23 years.” TFA in rainwater in Germany has been found to have increased fivefold in two decades...” “I’m worried about this because we’ve never seen in recent history a chemical that’s accumulating in so many media at such a high rate,” said Hans Peter Arp from the Norwegian Geotechnical Institute and the Norwegian University of Science and Technology. “It’s accumulating in our tap water, the food we’re eating, plants, trees, the sea, and all in the past few decades.”

Guardian - Methane emissions from gas flaring being hidden from satellite monitors

<https://www.theguardian.com/environment/2024/may/02/methane-emissions-gas-flaring-hidden-satellite-monitors-oil-gas>

“Oil and gas equipment intended to cut methane emissions is preventing scientists from accurately detecting greenhouse gases and pollutants, a satellite image investigation has revealed. ... Energy companies operating in countries such as the US, UK, Germany and Norway appear to have installed technology that could stop researchers from identifying methane, carbon dioxide emissions

and pollutants at industrial facilities involved in the disposal of unprofitable natural gas, known in the industry as **flaring...**”

Plos Climate - The challenges of the increasing institutionalization of climate security

Judith N. Hardt et al; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000402>

“A rapid and widespread institutionalization of climate security is underway, led by powerful states and international organizations. Recognition of the climate crisis by security actors as a serious threat to humanity is long overdue, but it is imperative that this institutionalization is critically scrutinized. **This commentary highlights specific dangers that accompany the institutional mainstreaming of climate security, including a non-reflexive integration into traditional security paradigms, a growing geopolitical separation between discourses emerging from the Global South and North, and policymaking that tends to draw from a narrow view of the science.** Science-based and actionable research informed by pluralistic understandings of climate security is needed to counter this trend.”

Nature (News) - Air-travel climate-change emissions detailed for nearly 200 nations

https://www.nature.com/articles/d41586-024-01148-8?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1714120600

“Carbon emissions from flights that departed from low- and middle-income countries in 2019 totalled 417 million tonnes..., roughly 46% of the global inventory. However, **per-capita aviation emissions from those countries were nearly six times lower than those from high-income countries.**”

Nature News - Epic blazes threaten Arctic permafrost. Can fire-fighters save it?

<https://www.nature.com/articles/d41586-024-01168-4>

“Some scientists argue that it’s time to rethink the blanket policy of letting blazes burn themselves out in northern wildernesses.”

FT - G7 pact to stop using coal by 2035 sets up next battle over gas supplies

<https://www.ft.com/content/c3e41090-aec9-4207-9cdd-37e52d046be6>

“Agreement marks first time rich countries have set deadline on ending reliance on the fossil fuel.”

“The G7 countries have agreed to a deadline of 2035 to dump the use of coal in their energy systems where emissions are not captured, as surging gas supplies emerged as the next battle in climate talks. **Energy and climate ministers pledged to phase out unabated coal power “during the first half of 2030s”** after two days of meetings in Turin. **But it also gave leeway to countries reliant on coal, such as Japan and Germany, by allowing the option of “a timeline consistent with keeping a limit of 1.5C”** of global warming above pre-industrial levels. It marks the first time the G7

economies, which collectively account for more than a fifth of global emissions, had set a deadline for coal. The G7 does not include the world's biggest coal power consumers, China and India, however, which added the most capacity last year....”

- See also **Climate change news** - [G7 offers tepid response to appeal for “bolder” climate action](#)

“Climate and energy ministers from G7 nations agreed a coal exit deadline – with a caveat, but made little progress on other fossil fuels and finance.”

Global Environmental Psychology – Collection: Responding to the Socio-Ecological Crisis (Special Thematic Section)

Edited by S Vestergren et al. <https://gep.psychopen.eu/index.php/gep/section/view/sts02>

“Humanity currently faces multiple crises in which social and ecological aspects are strongly intertwined (e.g., climate change, loss of biodiversity, resource shortages, migration, extreme weather). **This article collection explores the psychological, emotional, or societal antecedents and consequences responding to the socio-ecological crisis with a focus on collective action, activism, and actions that aim to effect change on local or global level.**”

Covid

Final Score on Who Handled COVID-19 Best

D Bishai; <https://d1can.blogspot.com/2024/04/final-score-on-who-handled-covid-19-best.html>

“This post uses **Cumulative Excess Mortality numbers** drawn from [Our World In Data](#) (OWID) which were drawn from [The Economist](#). The analysis **sorted only countries with high-quality data on cumulative excess mortality into A, B, C, D, and F.**” (with Sweden in category B, Uzbekistan in category A 🇺🇸).

Science News - House lawmakers on both sides grill head of nonprofit that worked with Chinese virologists

<https://www.science.org/content/article/house-lawmakers-both-sides-grill-head-nonprofit-worked-with-chinese-virologists>

“Republicans who allege Chinese studies sparked COVID-19 pandemic call for U.S. funding ban for Peter Daszak’s EcoHealth Alliance.”

SS&M - Framing Long Covid through Patient activism in the United States: Patient, Provider, Academic, and Policymaker Views

<https://www.sciencedirect.com/science/article/abs/pii/S0277953624003459>

by K Kaplan et al.

Cidrap News - After COVID vaccine rollout, negativity on Twitter spiked

<https://www.cidrap.umn.edu/covid-19/after-covid-vaccine-rollout-negativity-twitter-spiked>

“Negativity about vaccines surged 27% on Twitter after COVID-19 vaccines first became available, according to a new study presented this week at the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) Global Congress....”

Lancet Public Health (Viewpoint) - Best practices for government agencies to publish data: lessons from COVID-19

B Herre et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00073-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00073-2/fulltext)

“... Drawing on our first-hand experience of republishing COVID-19 data, **we identify seven best practices for how to publish data in an optimal way**: collect the data that are relevant; make them comparable; clearly document the data; share them frequently and promptly; publish data at a stable location; choose a reusable format; and license others to reuse the data.....”

Science News – Virus gone wild

<https://www.science.org/content/article/which-wild-animals-carry-covid-19-virus-ambitious-us-project-aims-find-out>

“An ambitious U.S. project aims to sample more than 50 animal species to clarify how the COVID-19 virus moves between people and wildlife.”

Cidrap News -Global survey shows COVID booster uptake in question

<https://www.cidrap.umn.edu/covid-19/global-survey-shows-covid-booster-uptake-question>

“**A new survey** of 23,000 adults in 23 countries taken in October 2023 **finds a lower intent to get a COVID-19 booster vaccine (71.6%), compared with 2022 (87.9%)**. Moreover, 60.8% expressed being more willing to get vaccinated for diseases other than COVID-19 as a result of their experiences during the pandemic, while 23.1% reported being less willing...”

“**This study reveals that a substantial proportion of individuals express resistance to vaccination and that concerns about COVID-19 vaccination appear to have spilled over to affect other vaccine-preventable disease,**” the authors write. The findings, published in *Nature Medicine*, offer a new global snapshot of COVID vaccine attitudes and show that vaccine hesitancy and trust challenges remain throughout the world today. “

“... The reluctance to get a booster could spell trouble for nations now trying to handle COVID-19 as a seasonal threat best tempered by seasonal, annual vaccines.”

Economist Impact (report) - An incomplete picture: understanding the burden of long Covid

[An incomplete picture: understanding the burden of long Covid - Economist Impact](#)

Among the findings: “...Prevalence reports in our study countries vary widely due to diverse methodologies, but **experts estimate that between 2% and 7% of the population likely have long Covid in some form....**”

And with **profiles for 8 countries** (including on economic impact). (UK, Spain, France, US, Brazil, Japan, Taiwan, Saudi Arabia)

Infectious diseases & NTDs

Telegraph - Why the fight against malaria is having a ‘Red Queen’ moment.

<https://www.telegraph.co.uk/global-health/science-and-disease/malaria-super-mosquitoes-stealth-parasites-drug-resistance/>

“Scientists working to eradicate malaria face **three threats to progression**: stealth parasites, super mosquitoes and mounting resistance. “

Science News - Injectable antibody drug protects children from malaria in Mali trial

<https://www.science.org/content/article/injectable-antibody-drug-protects-children-malaria-mali-trial>

“One dose prevented infection and disease for 6 months—but hurdles to introduction remain.”

“...A single dose of an experimental antibody drug protects children from malaria for up to 6 months, according to a **clinical study published today in *The New England Journal of Medicine*....**” “The therapy, an injectable monoclonal antibody called L9LS that has **already shown success in adults**, reduced infections and clinical disease in 6- to 10-year-olds in Mali. Although the drug is still undergoing clinical testing, **the results suggest monoclonal antibodies could be an important addition to the arsenal against this deadly disease**, researchers say.”

“... **L9LS must clear multiple hurdles before it can be widely used**. In addition to **conducting more safety and efficacy studies**, the team will have to **establish the correct dosing regimen**, says Mwayiwawo Madanitsa, a clinical epidemiologist at the Malawi University of Science and Technology. They’ll also **need to assess the feasibility and cost-effectiveness of rolling the drug out on a large scale**. ... Although the exact cost isn’t yet clear, Crompton says L9LS manufacture could end up at about \$50 per gram, giving a single low dose a price tag of about \$8. That’s competitive with the cost of treating a child with monthly antimalarial drugs, which comes to about \$5 per year, he says, adding that more potent antibodies developed in the future could help make the approach more economically viable....”

HPW - More African Countries Roll Out Malaria Vaccine, While Babies Get New Treatment Formulation

<https://healthpolicy-watch.news/more-african-countries-roll-out-malaria-vaccine-while-babies-get-new-treatment-forumulation/>

See also last week's IHP issue.

“Rollout of malaria vaccines are starting in Benin, Sierra Leone and Liberia, and the West African countries plan to deliver more than 800 000 doses of the RTS,S or R21 vaccines, according to WHO. **The new vaccine will be added to their immunisation programmes for children**, and are expected to protect over 200,000 children from the life-threatening disease. The RTS.S vaccine can be administered to children as young as five months old....”

“In another promising development against malaria, a new formulation of a malaria treatment, Coartem, has proven to be safe and efficacious for babies under five kilograms, a previously overlooked group of patients. Pharmaceutical company Novartis and Medicines for Malaria Venture (MMV), a leading product development partnership, announced that their product has good efficacy and safety and is appropriate for babies in the wake of the successful CALINA study. **The trial data have been submitted for regulatory review**, they informed during the Multilateral Initiative on Malaria conference....”

NPR - The jump in measles cases in 2023 is 'very concerning' says WHO official

<https://www.npr.org/sections/goatsandsoda/2024/04/29/1247822819/the-jump-in-measles-cases-in-2023-is-very-concerning-says-who-official>

“... the **World Health Organization's latest global numbers**, released this past weekend, are **"very concerning,"** says [Dr. Patrick O'Connor](#), the WHO's medical officer for measles and rubella. **Measles cases increased worldwide from more than 170,000 cases in 2022 to more than 320,000 cases in 2023**, according to WHO's count. And **the first several months of 2024 have seen nearly 100,000 measles cases**. These numbers are based on actual cases reported by individual countries but experts estimate the number of measles cases globally is far higher — the estimate [in 2022 was more than 9 million](#) — since many mild cases are never reported. **What's more, the number of countries with large, disruptive outbreaks has tripled in the last few years, from 16 countries in mid-2000 to 51 countries in late 2022.** Those countries are **concentrated in Southeast Asia and sub-Saharan Africa**, says O'Connor. He attributes much of this trend to the COVID pandemic.....”

And a link:

- BMJ GH - [Policy uptake and implementation of the RTS,S/AS01 malaria vaccine in sub-Saharan African countries: status 2 years following the WHO recommendation](#) (by C B Osoro et al)

AMR

FT - 'Potent' antibiotic drug boosts fight against superbugs

<https://www.ft.com/content/033da392-66f3-439f-8170-30a7f2c287dc>

“New molecule proves effective in animals against several drug-resistant bacteria.”

“Scientists have invented a potential drug candidate that successfully combats antibiotic-resistant “superbugs” in non-human tests, according to research. The new antibiotic, known as **cresomycin**, is effective in mice against several bacteria that cause serious infections and are increasingly resistant to existing treatments, said a **paper published in [Science](#)** on Thursday....”

“**Cresomycin proved effective against a range of dangerous bacteria prominent in the spread of AMR**, the paper said. These include: *Staphylococcus aureus*, which causes infections in the skin and other organs; *Escherichia coli* (E-coli), responsible for intestinal and urinary tract illnesses; and *Pseudomonas aeruginosa*, a trigger of blood and lung infections....”

NCDs

WHO - Web-based consultation process in preparation for the International dialogue on sustainable financing for NCDs and mental health

<https://www.who.int/news-room/articles-detail/web-based-consultation-process-in-preparation-for-the-international-dialogue-on-sustainable-financing-for-ncds-and-mental-health>

Includes a number of **technical background papers**. And the **[8 page summary](#)** of the technical background papers.

Global Health: Science and Practice - The Thai Health Promotion Foundation: Two Decades of Joint Contributions to Addressing Noncommunicable Diseases and Creating Healthy Populations

Viroj Tangcharoensathien, R Marten et al ; <https://www.ghspjournal.org/content/12/2/e2300311>

“Globally, the current investment in preventive care is inadequate and ineffective for addressing noncommunicable diseases and their causes. **The Thai Health Promotion Foundation, with its sustainable funding from 2% levies on tobacco and alcohol, together with partners**, has been used to address noncommunicable diseases effectively.”

WHO Bulletin - Quantifying alcohol's harm to others: a research and policy proposal

Carolin Kilian et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.291338.pdf?sfvrsn=82aa995b_3

“Just under 2.5 million people die annually due to alcohol use. This global estimate, however, excludes most of the health burden borne by others than the alcohol user. This so-called alcohol’s harm to others includes a multitude of conditions, such as fetal disorders due to the prenatal exposure to alcohol, traffic accidents as well as interpersonal and intimate partner violence. While alcohol’s causal role in these conditions is well-established, alcohol’s harm to others’ contribution to the overall health burden of alcohol remains unknown. This knowledge gap leads to a situation in which alcohol policy and prevention strategies largely focus on the reduction of alcohol’s detrimental health harms on the alcohol users, neglecting affected others and population groups most vulnerable to these harms, including women and children. In this article, we seek to elucidate why estimates for alcohol’s harm to others are lacking and offer guidance for future research. We also argue that a full assessment of the alcohol health burden that includes the harm caused by others’ alcohol use would enhance the visibility and public awareness of such harms, and advancing the evaluation of policy interventions to mitigate them.”

BMJ Public Health - Challenges and enablers for scaling up interventions targeting non-communicable diseases: a qualitative study applying the Consolidated Framework for Implementation Research to 19 research projects worldwide

<https://bmjpublichealth.bmj.com/content/2/1/e000710>

On behalf of the **Global Alliance for Chronic Diseases Upscaling Working Group.**

Mental health & wellbeing

Lancet Comment – The evolving profile of eating disorders and their treatment in a changing and globalised world

H Himmerich et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00874-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00874-2/fulltext)

“It has been more than 70 years since the first eating disorder, anorexia nervosa, was included in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Since then, recognition of a spectrum of disorders with eating difficulties has grown. We draw on academic, clinical, and lived experience expertise to identify two inter-related challenges in the understanding and treatment of eating disorders: the need for recognition of diverse presentations and increased attention to biological explanations in eating disorders.....”

Social & commercial determinants of health

SS&M - Capitalism and the ‘commercial determinants of health’: a more-than-human micropolitics

N J Fox; <https://www.sciencedirect.com/science/article/pii/S0277953624003691>

“This paper argues that studies of the ‘commercial determinants of health’ (CDoH) need to acknowledge fully the part the capitalist mode of commodity production and exchange plays in

producing negative health outcomes. This proposition is supported by **recourse to a recent development in political economy that has established a more-than-human, relational and monist (or 'flat') ontology of capitalism, in place of the more conventional neo-Marxist perspective.** This ontology reveals a dynamic to capitalism that operates beyond human intentionality, driven by the supply of, and demand for the capacities of commodities. This dynamic determines the production and consumption of all commodities, some among which (such as tobacco, alcohol and processed foods) contribute to ill-health. **A case study of food consumption reveals how these supply and demand affects drive 'unhealthy' food choices by consumers.** Ways to undermine this more-than-human dynamic are offered as an innovative approach to addressing the effects of commerce and capitalism upon health."

Plos One - Characteristics of commercial determinants of health research on corporate activities: A scoping review

R C Burgess et al; <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0300699>

"...The **purpose of this review was to assess the descriptive characteristics of CDH research and to identify remaining research gaps.**"

"Our findings indicate that **literature that has used CDH terms and described corporate practices that influence human health has primarily focused on three major industries in higher-income regions of the world.** Qualitative methods were the most common empirical method for investigating these activities. **CDH-focused investigations of corporate practices conducted by less-studied industries (e.g., social media) and in lower-income regions are recommended. Longitudinal quantitative studies** assessing the associations between corporate practices and a range of health outcomes is also a necessary next step for this field."

BMJ - Medscape caves in on courses funded by tobacco giant Philip Morris, while medics fear global push into medical education

<https://www.bmj.com/content/385/bmj.q948>

"Clinic demonstrations, podcasts, and TV shows: **Hristio Boytchev** reveals how an ambitious deal between a leading medical education provider and the tobacco industry collapsed this week."

"**The medical education provider Medscape has bowed to pressure and agreed to permanently remove a series of accredited medical education courses on smoking cessation funded by the tobacco industry giant Philip Morris International (PMI), The BMJ and The Examination have found.** Medscape has acknowledged its "misjudgment" in a letter to complainants and says that it will not accept funding from any organisation affiliated with the tobacco industry in the future...."

"The move comes after a BMJ investigation revealed the PMI deal and widespread protests among doctors and academics in reaction to the partnership. Critics had said that the content tended to portray non-cigarette nicotine products as relatively harmless, therefore aligning with the commercial interests of PMI, which also sells e-cigarettes, nicotine pouches, and snus. ... **An internal Medscape document seen by The BMJ and The Examination also hints at the true scale of the multimillion dollar deal between PMI and Medscape. Medscape had planned to deliver 13**

programmes under the deal—called the PMI Curriculum, according to the internal document. It had also planned podcasts and a “TV-like series.”

“Other PMI funded programmes with different continuing medical education (CME) providers have also emerged, including in Saudi Arabia and South Africa, where a former World Medical Association president featured as a speaker. This **apparent global push by the tobacco giant into certified medical education** has been met with alarm and calls for certification bodies to issue a ban...”.

Sexual & Reproductive health rights

BMJ Feature - Achieving more equitable access to assisted reproduction

<https://www.bmj.com/content/385/bmj-2023-077111>

“Equitable access to fertility care must be recognised as a human right so that it can be better balanced with other societal needs, say **Silke Dyer, David Adamson, Marcia Inhorn, and Fernando Zegers-Hochschild.**”

Global Health: Science & Practice - National Policy Influences of Contraceptive Prevalence and Method Mix Strategy: A Longitudinal Analysis of 59 Low- and Middle-Income Countries, 2010–2021

Michael A. Cohen et al ; <https://www.ghspjournal.org/content/12/2/e2300352>

« Evidence from over a decade of Contraceptive Security Indicators survey data across 59 countries reveals a subset of finance, governance, and logistics policies that boost modern contraceptive prevalence rate and method-mix strategy. »

Health Research Policy & Systems - Prioritization of maternal and newborn health policies and their implementation in the eastern conflict affected areas of the Democratic Republic of Congo: a political economy analysis

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-024-01138-2> (by R N Bigirinama et al)

Access to medicines & health technology

Stat - Vertex offers limited access to a cystic fibrosis drug in South Africa — and may undercut a court case

<https://www.statnews.com/pharmalot/2024/04/25/vertex-cystic-fibrosis-trikafta-medicines-south-africa-patents/>

(gated) **“After months of sustained criticism, Vertex Pharmaceuticals reached an agreement to provide a pricey cystic fibrosis treatment in South Africa, but the move prompted a mixed reaction from consumer groups, some of which complained the deal is geared toward people with expensive health coverage....”**

“Under the arrangement, the company is making its Trikafta medication available through a government mechanism that allows a medicine that is not registered for sale in the country to be made available to individual patients. To accomplish this, Vertex is working with a private sector health plan, according to the South Africa Cystic Fibrosis Association. Specific details were not disclosed....”

Devex - Could blood tests make early stage cancer diagnosis accessible?

<https://www.devex.com/news/could-blood-tests-make-early-stage-cancer-diagnosis-accessible-107177>

“A U.S. company is developing a blood test to detect 18 types of cancers. But there is still work ahead to prove its value.” “California-based NovelnA has shown initial positive results in the test's ability to detect 18 types of cancers....”

Decolonize Global Health

IPS - WHO Africa Advances African Science by Promoting Peer-Reviewed Research

<https://www.ipsnews.net/2024/04/who-africa-advances-african-science-by-promoting-peer-reviewed-rese/>

“The World Health Organization’s African regional office and partners published over 25 peer-reviewed articles in scientific journals in 2023 as part of efforts to address the imbalance in global research and ensure that Africa was better represented in the production of health research academic literature, a new report shows. The office, through its Universal Health Coverage, Communicable and Non-Communicable Diseases (UCN) Cluster, published on a range of health challenges and diseases, including the risk of zoonotic disease in countries ranging from Uganda, Malawi, Tanzania, Ghana, and Nigeria, investigating infectious and non-infectious diseases, and public health approaches to ease Africa’s disease burden. This research is critical to the continent, says Africa’s Regional Director, Dr. Matshidiso Moeti....”

Miscellaneous

New Humanitarian - New money? What the numbers say about ‘non-traditional’ aid donors

M Pearson; <https://www.thenewhumanitarian.org/analysis/2024/04/30/new-money-what-numbers-say-about-non-traditional-aid-donors>

“**Emerging donors** already give more money than they get credit for. Who and what they fund may be shifting.” Among others, on the Gulf states & China.

LSE - New research is changing our understanding of global poverty – here’s what you need to know

<https://blogs.lse.ac.uk/inequalities/2024/04/30/new-research-on-global-poverty/>

“Researchers have developed new and more robust ways to measure global extreme poverty, based on people’s access to essential goods. **Jason Hickel, Michail Moatsos and Dylan Sullivan** show that this data presents a more complex – and more troubling – story of poverty than existing narratives would suggest.”

CGD (working paper) - An End to Extreme Poverty? (Or at Least the Extreme Poverty Line)

<https://www.cgdev.org/publication/end-extreme-poverty-or-least-extreme-poverty-line>

by C Kenny.

IDS- African elections under rising threat from online disinformation

<https://www.ids.ac.uk/news/african-elections-under-rising-threat-from-online-disinformation/>

“In an unprecedented year for elections in Africa, **the increasing use of digital disinformation poses a rising threat to democracy across the continent, researchers warn today.**” “These are the **findings from a new open access book ‘[Digital Disinformation in Africa: Hashtag Politics, Power and Propaganda](#)’** – the first dedicated to digital disinformation in Africa – from the [African Digital Rights Network](#), hosted by the [Institute of Development Studies](#).

“...The authors **acknowledge that disinformation in politics in Africa predates the digital** era, using traditional press and TV media. However, the rapid expansion of access to mobile internet and to social media, combined with big data from platforms such as Facebook, Google and X, enabling the micro-targeting of millions of citizens with different messages for specific demographic groups, or individuals, has dramatically increased the reach and impact of digital disinformation across the African continent..... **After analysing disinformation operations in ten different countries, the researchers found that the digital disinformation campaigns are increasingly targeting specific audience types**, such as preying on younger voters to manipulate beliefs and behaviour. **They are also being used by authoritarian states alongside tactics to shrink online civic space and hamper social movements’ organising, such as internet and SMS shutdowns.....”**

- And via Devex - [India’s data desert](#)

“Data by itself is not guilty of anything,” the CEO of one leading nonprofit working in India tells Devex. “It’s agnostic.” And yet **in today’s India**, Devex contributor Catherine Davison reports, **numbers are increasingly political**. With the world’s most populous nation in an election campaign as Prime Minister Narendra Modi seeks a third term, anything that belies the

government's narrative of progress is contentious. **The result? Data in many key areas of development has been conspicuously lacking in recent years** — leaving policymakers and nonprofits **relying on information that in some cases is over a decade old....”**

Papers & reports

Open publishing of public health research in Africa: an exploratory investigation of the barriers and solutions

<https://insights.uksg.org/fr-CA/articles/10.1629/uksg.635>

“A **previous survey of African medical journals** identified the need to assist journals and public health researchers to make publications more openly accessible. **This article reports a subsequent survey to describe knowledge of, barriers to and interest in capacity building for open publishing of public health research in Africa....”**

Health Research Policy & Systems - What is context in knowledge translation? Results of a systematic scoping review

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-024-01143-5>

By T Schmitt et al.

WHO Bulletin – Multisectoral interventions and health system performance: a systematic review

I Nyoman Sutarsa et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.291246.pdf?sfvrsn=ca86add2_3

“**Our review has established that multisectoral interventions influence health system performance through immediate improvements in service delivery efficiency, readiness, acceptability and affordability.** The interconnectedness of these effects demonstrates their role in addressing the complexities of modern health care.”

Lancet GH (Viewpoint) - Short-term aid or long-term gains? Harnessing Sudan's humanitarian response for the resilience of its health system

M E Ibrahim, K Blanchet et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00128-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00128-1/fulltext)

« The Sudan 2023 Humanitarian Response Plan was revised in May, 2023, due to the escalating violence in the country. This revision increased the scale of assistance and protection activities and suspended the funding allocated for access to livelihood, access to basic services, and for the implementation of resilience solutions. **We call to rethink Sudan's current humanitarian response through a pro-resilience and people-centred approach.** A **pro-resilience approach** prioritises

investments in national systems and institutions capable of delivering aid and anticipates, prevents, mitigates, and manages imminent and simultaneous shocks. **A people-centred humanitarian response** involves meaningful engagement of communities and collaborations with civil society organisations, which continue to be the key responders to the ongoing conflict in Sudan. Finally, we propose approaches to effectively operationalise health system resilience to enhance immediate and long-term health outcomes. »

The new normal: Just-in-time evidence for health system decision-making

J Lavis et al; <https://academyhealth.org/blog/2024-04/new-normal-just-time-evidence-health-system-decision-making>

“Old approaches to informing decision-makers with health system evidence have often moved too slowly and presented a single form of evidence”

Tweets (via X & Bluesky)

Fifa Rahman

“The Pandemic Fund’s governance is insufficiently inclusive to represent African interests. It has **Rwanda, Senegal, and Egypt on its board out of 54 African countries**. The Pandemic Fund cannot in its current format constitute the fund for the Pandemic Accord. There are **other options, such as an independent international financial mechanism or financing the African Epidemic Fund.**”

Anthony Costello

“In Dhaka the temperature of 42 degrees was 5 degrees above seasonal normal. Here in Orissa, east India, it’s 44.6 degrees, 6.8 above normal. This is not just El Niño. It’s a **global crisis of appalling political and financial neglect.**”

Eric Reinhart

“If I had any doubts (I didn’t.), Larry would have just put them to rest. This man has been on the **right side of absolutely nothing over the course of his career**, which has been predicated precisely on his eagerness to support oppressive systems, racism, and neoliberal norms.” (tweet commenting on a tweet by Larry Summers: “I think it is a profound failure that Harvard Yard continues to be occupied in clear violation of university policies and rules. This is the predictable culmination of the Harvard Corporation’s failure to effectively address issues of prejudice and breakdowns of order on our...”)

Nick Dearden

“Investors salivate over **Big Pharma’s Vertex**. No wonder as **it’s pulling in \$10bn a year from a life saving drug for which it’s charging \$300k per patient per year**. The price, it seems, not about what it costs to make, but because some people will pay it.”

Thread by @ThiruGeneva (based on Politico Pro article)

"One" attendee at Saturday's meeting in Addis Ababa told Morning Health that Africa CDC Director-General **Jean Kaseya** "completely adopted the EU line" by backing **the World Bank's Pandemic Fund** for the job." "As POLITICO previously reported, Kaseya held side meetings with EU and U.S. officials where he lobbied for Africa CDC to become one of the Pandemic Fund's official implementing bodies. " "This status would allow Africa CDC to receive financing and channel it to eligible beneficiaries." "**Many developing countries, however, would prefer to establish a new fund accountable to the signatories of the treaty** because it would give them greater control over where funds go."

Alexandra Phelan (thread)

" One area of contention for this week's #PandemicAgreement negotiations is **the phrase "Mutually Agreed Terms" (MAT)**. This phrase is common in international biodiversity law. Here's a **short thread on why MAT may be suitable for biodiversity but not for intellectual property...."**

M Kavanagh (commenting on Phelan's thread)

"Important thread. **would add "mutually agreed terms" is entirely inappropriate for pandemic tech transfer** because a) it's corporations actually deciding not to share and they simply refuse all terms b) countries needing tech have no leverage to trade. Terrible basis to fight virus."

Mohga Kamal-Yanni (re a Politico Pro article from Thursday)

"Key sentence: **"There is so much pressure on PABS because developing countries feel that equity is totally absent everywhere else"**"