

IHP news 774 : A Danish “new kid on the block” fit for our semi-dystopian times

(10 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,

This newsletter issue focuses among others on the 2-day **Global Science Summit** in Helsingør, Denmark, where the “ [World’s Three Largest Health Philanthropies Joined Forces in a new \\$300 Million Initiative to Support Innovation in Developing Countries](#) “. A new partnership between “new kid on the block” (and host) **The Novo Nordisk Foundation, Bill & Melinda Gates Foundation, and Wellcome Trust**. Encouraging news, and also with quite some good messaging for our changing times, taking into account at least some of the Decolonizing Global Health movement’s suggestions. Elsewhere, Katri Bertram also discerned [a new ‘listening narrative’](#) (embodied by the new GAVI ceo, Sania Nishtar).

Nevertheless, I hate to break it to these three “Big Fellas”, they are also very much part of the problem. [For one](#), as ‘**Global Tax Justice**’ wasn’t mentioned once in all the reporting & coverage I saw till now. So the ‘one billion dollar question’ (*let’s just use a figure Bill et al ‘get’*) isn’t being mentioned, let alone tackled by these “high-level event” people. Consequently, the **lamenting and worries on ODA by Bill (in Berlin)** thus feel a bit cheap. In a fairer global economy, philanthropies would have at most a few hundred million to spend on good causes, not billions. Put differently, their sheer size is a ‘market failure’ in its own right of our current grossly unfair global economic system. [Apparently](#), “*The new initiative aims to signal that renewed global health investments are all the more important in the current post-pandemic context. “We have a challenging macroeconomic situation....”* (John-Arne Røttingen, Chief Executive Officer at Wellcome). Well, John-Arne et al, this sort of assessment is exactly why philanthropic foundations continue to be an odd **blend of global health and Global Health**, in the words of [D Krugman](#). Worse - certainly against a worrying political backdrop all over the world (*in which they’re seen as part of the neoliberal establishment*) – they are situated more towards the latter side of the spectrum. Whether they team up or not doesn’t change that. (PS: in a ‘take no corporate hostages’ [thread](#) on X, **Melissa Barber** tore apart Novo Nordisk’s “business model”, focusing on the past year only)

Speaking of **Krugman** meanwhile, together with some colleagues he produced another **must-read piece** (related to the Gaza horror inflicted by “Israel & friends” in the past 7 months) “[We do not deserve to be called global health](#)”. Largely agree with the gist of it, even if I have a few caveats (see the related section). Other must-reads of the week are [WHO’s Results report 2023](#); a [rather damning draft report commissioned by the Global Polio Eradication Initiative \(GPEI\)](#) on the decision to switch oral polio vaccines in 2016; and [Devex coverage of an audit of Africa CDC](#) commissioned by Jean Kaseya.

Our world seems to be heading for a [semi-dystopian future](#) according to most climate scientists (*which only sounds semi-comforting to me ☹️*), but nevertheless COP29 organizers in Azerbaijan

came up with an uplifting message. Apparently, **COP 29 aims to be the [inaugural "COP of peace,"](#)** by “prioritizing prevention of future climate-fueled conflicts and fostering international cooperation on green issues to alleviate tensions”.

Last but not least, this issue will also focus on the **launch of Africa’s first ever [Health Workforce Investment Charter](#)** in Namibia during the **Health Workforce Investment Forum** (held from 6 to 8 May 2024). And clearly, we’ll also pay attention to the **second week of the resumed INB9 session on the Pandemic Agreement in Geneva**. Today, Friday 10 May, was meant to be “[D-Day](#)”. But apparently, [that’s not going to happen](#)... Let’s see.

Enjoy your reading.

Kristof Decoster

Featured Article

Midwives: A Vital Climate Solution

Rizka Ayu Setyani (Doctoral Student of Public Health, Universitas Sebelas Maret, Indonesia)

The world is currently undergoing the severe impact of climate change. In recent years, this has become one of the most significant global health concerns and chances are this is just the beginning. Moreover, the climate crisis is just part of the current planetary health (or as the UN likes to frame it, ‘[triple planetary](#)’) crisis. In more and more countries, meanwhile, the climate impact on women and babies’ health is increasing, through extreme weather conditions, including heatwaves, floods, fires and other natural phenomena. Against this rapidly deteriorating backdrop, on [International Day of the Midwife](#) (IDM) (5 May), we want to remind readers that midwives are absolutely vital for the health systems adaptation needed due to climate change. Among others, midwives can help advocate for carbon decimation and improve maternal and newborn health outcomes in times of crisis. But also more in general, they play a crucial role in addressing climate-related challenges.

Indeed, the [International Confederation of Midwives](#) (ICM) perceives midwives as a central part of the solution to the climate crisis. As this year’s [ICM theme](#) - **Midwives: a vital climate solution** - emphasizes, midwives’ contribution is indispensable in the battle against climate change. Midwives are a vital cornerstone when it comes to setting up, delivering, and supporting safe and ecologically sustainable health services. Midwives are also usually among the first ones to acknowledge and react to climate disaster.

Their role in ordinary times

The midwifery model of care is pro-environmental. This model is focused on personalized and continuous care to mothers and newborns resulting in healthy outcomes. The model creates less medical waste and is [better for the environment](#) due to a smaller ecological footprint. Moreover, midwives often [deliver care in the community and at patients’ homes](#) thus reducing the number of visits to the healthcare facilities. This helps to decrease the carbon footprint of healthcare.

Midwives in Indonesia are significant players in the delivery of community-based healthcare services especially in rural settings. For instance, [the Yayasan KNCV Indonesia midwifery program](#) is all about the integration of midwives into primary health care, thus allowing them to offer comprehensive maternal child health care across the continuum. Their services play a key role in reducing both travel and resource consumption.

Midwives also support mothers to achieve their breastfeeding goals, sustaining the health of the mother and infant while protecting the environment in the process. Ideally, breastfeeding is packaging-free and “produced” at home without the need for factories, while “transport” just takes place between the mother and baby. According to a 2016 Lancet paper, [Why invest, and what it will take to improve breastfeeding practices?](#), breastfeeding provides short-term and long-term health and economic and environmental advantages to children, women, and society. The support midwives provide to young mothers to breastfeed, is one of the ways they work their magic in many settings around the world, including Indonesia.

Midwives act as champions of sexual and reproductive health, offering both education and safe contraception. If needed, they can also point to safe abortion care. [Women’s empowerment to make informed choices about family planning](#) empowers them to have fewer children; as a result, families are more economically resilient and less vulnerable to the effects of climate change. Midwives in Indonesia have contributed significantly to this effort, by helping reduce women’s deaths due to fertility.

First responders when disaster strikes

But as already mentioned above, midwives are also often the first responders during climate disasters. When climate disasters such as droughts, floods or fires hit communities, most health services and infrastructure are disrupted, often severely. As midwives form a considerable proportion of the health workforce and usually work closest to the affected community, [they are among the first to reach and care for](#) pregnant women and newborns when infrastructure and other health personnel services are less or no more available. When they reach the affected communities, midwives typically provide high-quality care, essential supplies and information supported by scientific evidence, thus ensuring continued maternal health services. For example, during the 2018 earthquake and following tsunami in Sulawesi, Indonesia, midwives were the first to reach the affected areas.

Time to involve midwives in decision making at all levels!

A call for more investment in, and empowerment of midwives in order to harness their full potential as a climate solution is thus more than warranted. Midwives’ participation should be increased [at all levels of health care decision-making](#), from micro level decision making over national health system planning, all the way to global emergency preparedness and response planning - among others to help build more resilient ‘climate proof’ healthcare facilities. Their expertise and experience should be recognized and capitalized upon.

In sum, midwives are a vital climate solution, not only by promoting optimal maternal and child health outcomes in ordinary and crisis times, but also by contributing to environmental sustainability. Their work supports healthier communities and a healthier planet. As we celebrate the International Day of the Midwife, let us recognize and support the invaluable contribution of midwives. By investing in and empowering midwives all around the globe, we can work towards a more sustainable and equitable future for all.

Highlights of the week

A few reads of the week

Medium -We do not deserve to be called “global health”

D Krugman et al; https://medium.com/@daniel_krugman/we-do-not-deserve-to-be-called-global-health-d894c73cd36b

Hard-hitting piece by D Krugman and a number of graduate students, researchers, and healthcare professionals located in Lebanon, Peru, the US, Canada, and the UK. **A few excerpts:**

“Since the escalation of what has now been described by a genocide studies expert as “Israel’s genocidal assault on Gaza” on October 7 2023, **the field that is commonly known as “global health” or “global public health” has done what it does best in the wake of political crises: shallow hand waving and displays of faux neutrality. ...**”

“... If crisis reveals clarity about true moral grounding and ideals, what does the ongoing violence against the Palestinian people reveal about global health? **In this commentary, we argue that the collective response of the global health apparatus to the ongoing murder of Palestinians in the name of land dispossession toward colonization elucidates with visceral clarity that we are not — and never have been — a field of ‘global health’.** By contrasting some of the most prominent inadequate, delayed, and milquetoast reactions from across the field with the terms those of us in global health use to describe ourselves, we call for a stronger collective response from the field in order to mount a serious defense of the Palestinian people, rectify our current complacency, and practice a global health field yet to be realized...”

“... **In the absence of radical, systemic change, calling ourselves global health was, is, and will continue to be a lie.** We are imperial agents, self-constructed as morally pure who, while claiming to be working toward a healthier world and the ‘decolonization’ of our field, instead aid and abet the expansion of capitalism, Western epistemic superiority, and the US-led imperial geopolitical order. ... **In short, ours is a paradoxical field: we seek to create “global health” but only through the approved and narrow means of an intrinsically violent system rooted in neoliberal hegemony,** dictated by the same rulers of that system, and often gleefully in concert with that system all while that system continues the march towards annihilation of colonized peoples and the environment....”

- PS: as for my own view: I largely agree with the authors, with two caveats perhaps: (1) I still think what happened on 7 October was also horrific even if it didn't come out of the blue—would be good for public health people to also acknowledge the horror of 7 Oct (2) There's more than Western imperialism in nowadays' nasty world...
- PS: **Related twitter thread by Krugman** on some of the editorial handling (process) by BMJ Global Health : https://twitter.com/d_krugman/status/1786453135466107014
Interesting....

Global Health Action - Life Science 2.0: reframing the life science sector for 'the benefit on mankind'

Michaela Vallin, Göran Tomson, Ole Petter Ottersen et al;
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1100595/>

The authors do solicit your feedback on Life Science 2.0. See below.

« The COVID-19 pandemic put the life science sector to the test. Vaccines were developed at unprecedented speed, benefiting from decades of fundamental research and now honoured by a Nobel Prize. However, we saw that the fruits of science were inequitably distributed. Most low- and middle-income countries were left behind, deepening the inequalities that the Sustainable Development Goals were set to reduce. **We argue that the life science sector must reinvent itself to be better and more equitably prepared for the next health crisis and to ensure fair access to health across current and future generations.** Our **recommendations** include global governance, national strategies and the role of universities and corporations. **Improved and more equitable health care should be centre stage for global health action and a core mission of a reframed Life Science sector – what we call Life Science 2.0.** »

PS: “ **Universal preparedness for health (UPH) is at the core of Life Science 2.0** and refers to a comprehensive approach to protect – in an equitable manner – communities and individuals from infectious disease outbreaks, natural disasters, or other public health threats. It involves strengthening health systems, building capacity for early detection and response to emerging threats, promoting access to essential medicines and vaccines, and improving communication and coordination among different stakeholders involved in emergency preparedness and response. UPH also emphasises the importance of addressing the underlying social, economic, and environmental factors that contribute to health risks, such as poverty, inequality, climate change, and urbanisation....”

Check out the authors' **five recommendations for building Life Science 2.0.**

PS: Authors welcome feedback: “ **Your feedback is very much appreciated, please address it to the corresponding authors: michaela.vallin@ki.se and o.p.ottersen@medisin.uio.no.**”

Forbes - Public Health Professionals Must Engage The Public. Communications Training Is Key

M Pai; <https://www.forbes.com/sites/madhukarpai/2024/05/08/public-health-professionals-must-engage-the-public-communications-training-is-key/?sh=ec69d591cfed>

With also a few tips for public health programs and teachers.

A few excerpts :

« **Public health practitioners need to learn how to directly engage the public, how to engage with the media, write op-eds, give interviews, speak at public meetings, and how to write policy briefs for policy makers.** They should also learn about how to simplify public health messages, organize

public health campaigns, and use social media. Skills like advocacy and diplomacy can be learnt - they go a long way in influencing the public as well as policy makers....”

“... In conclusion, knowledge translation today is far more messy and complicated than what we normally teach in schools of public health. We need to prepare public health students for the real world they will graduate into, a world rife with populist politics, polarization, anti-science, and a tired, weary public that has lost trust in science. Simply put, there are too many know-do gaps in global and public health.”

Tripartite Philanthropic foundations’ pact

Novo Nordisk Foundation, Wellcome, and the Gates Foundation Join Forces to Accelerate Global Health Equity and Impact

[Novo Nordisk Foundation;](#)

Press release on Monday. **“Joint partnership will support science to tackle a series of global health challenges and build healthier futures, especially for the world’s most vulnerable populations.”**

“The Novo Nordisk Foundation, Wellcome, and the Bill & Melinda Gates Foundation announced a new partnership to support critical scientific research and development (R&D) for global health. The partnership is focused on supporting science and innovation to advance solutions that are accessible and affordable to people in low- and middle-income countries (LMICs). The three-year initiative was announced at the Novo Nordisk Foundation’s Global Science Summit in Denmark, where each organization committed US\$100 million, for a total of US\$300 million. Initial funding will support solutions to address the health impacts of climate change; infectious disease and antimicrobial resistance (AMR); and greater understanding of the interplay between nutrition, immunity, disease, and developmental outcomes.”

FT - Three health foundations tackle biggest disease threats in \$300mn deal

[Three health foundations tackle biggest disease threats in \\$300mn deal](#)

With some coverage. **“Novo Nordisk, Bill & Melinda Gates Foundation and Wellcome focus on interlinked issues.”**

“The three largest charitable foundations focused on public health are to join forces for the first time to tackle climate change’s impact, infectious diseases and measures to improve nutrition and wellbeing. Denmark’s Novo Nordisk Foundation, the Bill & Melinda Gates Foundation and UK-based Wellcome will commit an initial total of \$300mn over three years and aim to expand their collaboration to other public, private and philanthropic partners. The co-operation highlights efforts to harness technological advances in areas such as mRNA vaccines while deepening research and development to deal with big interlinked threats....”

“... While the three philanthropic bodies have co-funded previous initiatives, the first formal agreement between them should help maximise the impact of their resources, said Mads

Krogsgaard Thomsen, Novo Nordisk Foundation chief executive. **The tripartite pact will focus attention on how many of the biggest health dangers in poor countries, such as pathogen resistance to antibiotics, are increasingly global concerns.** In a speech at Monday's gathering, **Gates** is expected to underscore the case for making nutrition and gut microbes — known as the microbiome — a leading area of international research. He will argue that it could make a big contribution to halving the almost 5mn annual worldwide deaths of children under five, over the next 20 years or fewer....”

And via **Stat**: “The **collaboration will initially be focused on climate and sustainability, infectious diseases and antimicrobial resistance, and “interactions”** — the term they use for the interplay between things like nutrition, immunity, diseases, and outcomes. **The funding will include direct support for researchers in low- and middle-income settings, including funds to advance locally-relevant research.....”**

HPW - World's Three Largest Health Philanthropies Join Forces in \$300 Million Initiative to Support Innovation in Developing Countries

<https://healthpolicy-watch.news/worlds-three-largest-health-philanthropies-join-forces-in-300-million-initiative-to-support-science-innovation-in-developing-countries/>

Must-read coverage. With quotes & emphases by **Tedros, J-A Röttingen, Gates & others** from the official launch. **A few quotes to give you a flavour:**

“...But **while research and innovation have always been the “engine of improvements in public health”, Tedros also reminded his audience of donors and philanthropists** that available solutions to NCDs, infectious disease and climate change also are not being harnessed. **“The health challenges we face globally are not fundamentally scientific challenges; they are largely political, economic and social challenges,”** the WHO DG asserted. “Of course, we need more technologies, but using the existing ones to the maximum is important.”

“... **The partnership will also channel funding to infectious disease research, with an emphasis on addressing AMR, advancing disease surveillance, and developing vaccines for respiratory infections. ...”**

“... An **overarching aim of the initiative is to “break down barriers between often isolated areas of work—between cardiometabolic and infectious diseases, or between scientific discovery and delivery of solutions, for example,”** said **Mads Krogsgaard Thomsen, CEO of the Danish-based Novo Nordisk Foundation.”**

“... The **new initiative aims to signal that renewed global health investments are all the more important in the current post-pandemic context.** “We have a challenging macroeconomic situation,” said John-Arne Røttingen, Chief Executive Officer at Wellcome. “We also see that the major part of global health financing is really not for science and innovation.”...”

“... **“The booming market for weight-loss drugs has pushed the assets of the Novo foundation to more than double those of the Gates foundation,”** noted **Bloomberg Law in a recent article.** “In turn, the Danish organization is broadening its giving and its footprint outside its home market. The Novo foundation already backs 27% of Danish medical research, awarding a record \$1.3 billion to

projects related to innovation and science last year. ... **The partnership may be extended beyond the initial three years if successful, Novo Nordisk Foundation CEO Thomsen was quoted** as saying. “To be honest, three years is a short time for making a change on global climate, agri-food systems, human health.” If early results are positive, he said, “the most natural thing is to continue such a relationship, of course.” “

- PS: as mentioned in the intro, do check out also a **hard-hitting thread on X, by Melissa Barber**: <https://twitter.com/mellabarb/status/1788213091513032876> Starting off with: “The glitz and glamour of a Davos-style event with vague promises of 'advancing science' distracts from **the elephant in the room which is @novonordiskfond is unlikely to (voluntarily) solve problems @novonordisk caused.....**”

Launch of Africa Health Workforce Investment charter (Nairobi, 6 May)

WHO Afro - African region’s first-ever health workforce investment charter launched

<https://www.afro.who.int/news/african-regions-first-ever-health-workforce-investment-charter-launched>

“... The World Health Organization (WHO) Regional Office for Africa and partner organizations today launched the region’s first-ever health investment charter that aims to align and drive sustainable investment in the health workforce.”

“With a **bold target of halving the African region’s critical 6.1-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.;...”

“... **For every US\$1 invested in health and sustaining the jobs of health workers, the potential return is as much as US\$9**. It has also been demonstrated that half of all economic growth globally over the past decade resulted from improvements in health, and that for every added year of life expectancy, the economic growth rate is boosted by 4%. ... **“Studies show that investments in the health sector yield substantial economic returns, estimating a nine-to-one return on investment. The new narrative that we are promoting is to transform the health sector to move from liability to an asset for the economy of our countries,”** said **Dr Jean Kaseya**, Director-General of the Africa Centre for Disease Control and Prevention.”

“The Africa Health Workforce Investment Charter was inaugurated in Namibia during the Health Workforce Investment Forum being held from 6 to 8 May 2024.”

- For the Charter, see [Africa Health Workforce Investment charter](#).

Opening Remarks by H.E. Dr. Jean Kaseya at the Launching of the Africa Health Workforce Investment Charter

<https://africacdc.org/news-item/opening-remarks-by-h-e-dr-jean-kaseya-at-the-launching-of-the-africa-health-workforce-investment-charter/>

Well worth a read. Among others laying emphasis on **community health workers**.

- Related **tweet by Kalipso Chalkidou** :

“In the next 2-3 years, Africa CDC will take over and play the role that the UNICEF Supply Division in Copenhagen is playing by procuring and supplying African countries with essential commodities with a preference for products made in Africa.” (Which might be a bit optimistic, some people noted on X.)

- Related: [Global Fund Hails Launch of Africa Health Workforce Investment Charter](#)

“The Charter – developed by WHO in collaboration with African Member States, the Global Fund and other partners – sets out core principles aimed at stimulating and aligning sustainable long-term investment in health workforce education and employment creation around a common national investment plan, rooted in solid analysis like the health labor market analysis. This will reduce duplication and potential inefficiencies, and, in turn, help mobilize additional resources countries need to progress towards universal health coverage and the delivery of an essential health package. The main objective is to cut health worker shortages by half in African countries by 2030.”

“The Global Fund has consistently invested in human resources for health (HRH), with funding allocated to this area representing the largest share of health and community systems investments across funding cycles. Over the 2024-2026 period, the Global Fund is investing US\$1.9 billion in HRH – including US\$1.3 billion in Africa, with almost 60% of this amount allocated to the remuneration of the health workforce. This support spans different areas that are aligned to country strategies and plans. We are currently supporting 16 African countries to advance HRH strategic planning processes and dialogue to progressively shift from vertical HRH support to integrated workforce planning, with a focus on primary health care workforce development. This also includes support and engagement in health labor market analysis and other HRH analyses. In the current 2024-2026 period, about half of the Global Fund’s total investments in HRH in Africa – US\$634 million – specifically support community health workers. This represents 70% of the global investment in community health workers.”

- **Tweet Africa CDC**

“@AfricaCDC, @UNICEF, and @_AfricanUnion are joining forces to deploy 2million CHWs in Africa. The 5-day ongoing workshop aims to identify country needs, plan for additional 500,000 CHWs, and foster collaboration for better healthcare access.”

Global Health Governance

Devex - Exclusive: Africa CDC audit warns against creating an 'avenue for fraud'

<https://www.devex.com/news/exclusive-africa-cdc-audit-warns-against-creating-an-avenue-for-fraud-107430>

“Devex obtained a copy of the outcome of a special audit report that examined accusations against the director-general of the Africa Centres for Disease Control and Prevention.” “A special audit report finds questionable procurement and hiring practices by the Africa CDC.”

Fairly nuanced audit, it appears, of an **organization that is evolving**, clearly with some growing pains.

Some excerpts:

« When it came time for **Africa’s leading public health agency to choose an event planner for its flagship conference**, a Zambian company won the bid for \$618,638. But they were ultimately paid nearly \$2.4 million. The invitation for bids for the job had only been sent to four companies — when it should have been open to the public. People not qualified in procurement evaluated the company proposals — and didn’t follow the rules. The contracted company breached the contract. It was a mess. These are the **findings of an African Union audit, which cautioned that failure to follow the AU’s procurement rules could create an “avenue for fraud.”....”**

« **Dr. Jean Kaseya, the African continent’s top public health official at the Africa Centres for Disease Control and Prevention, had requested the audit** — which Devex obtained a copy of — after complaints emerged about his leadership during his first year in office. Over the past year, a series of anonymous emails and a letter were sent to AU leadership, donors, and partner organizations with a raft of accusations. After an email in February was sent to over 60 people, **Kaseya asked the AU’s Office of Internal Oversight to investigate the accusations....”**

Among others, the audit delved into **hiring and procurement practices**. In addition, “... The audit found **weak oversight of implementing partners**, including a lack of guidance on how they should operate when working with Africa CDC...”

« ... The **auditors made a series of recommendations to Africa CDC** ranging from ensuring AU procurement rules are followed to ensuring agreements with partner organizations allow the AU the right to audit them. But **auditors also warned that these lingering oversight problems are a reputational issue for the organization** — and could raise questions about its credibility and transparency.....”

PS: « In response to questions from Devex, **Africa CDC shared a copy of Kaseya’s response to the auditors. In it, he acknowledged some of Africa CDC’s shortcomings, discussed steps Africa CDC is taking to remedy them, and welcomed recommendations to ensure Africa CDC strives to “promote a culture of integrity.”**

PS: Devex' take: **"All in all, it's a mixed bag for an agency still finding its footing as it navigates a hiring spree and develops internal systems in areas such as financial management — while struggling to secure adequate funding to fulfill its ambitious plans for expansion.**

WHO – Results report 2023

<https://www.who.int/about/accountability/results/who-results-report-2022-2023>

The **WHO Results Report 2023** presents the progress made during **Programme Budget 2022-2023** towards the **triple billion targets**, while highlighting areas needing further attention.

- See the **press release** - [WHO Results Report 2023 shows notable health achievements and calls for concerted drive toward Sustainable Development Goals](#)

"WHO's revised Programme Budget for 2022–2023 was US\$ 6726.1 million, incorporating lessons learned from the pandemic response and addressing emerging health priorities. ...

"... "The world is off track to reach most of the triple billion targets and the health-related Sustainable Development Goals," said Dr. Tedros Adhanom Ghebreyesus, WHO Director-General. **"However, with concrete and concerted action to accelerate progress, we could still achieve a substantial subset of them.** Our goal is to invest even more resources where they matter most—at the country level—while ensuring sustainable and flexible financing to support our mission." "

"The report shows advancement in several key areas, including healthier populations, Universal Health Coverage (UHC), and health emergencies protection. Related to **healthier populations**, the current trajectory indicates the target of 1 billion more people enjoying better health and well-being will likely be met by 2025, driven primarily by improvements in air quality and access to water, sanitation and hygiene measures. **In terms of UHC**, 30% of countries are moving ahead in coverage of essential health services and providing financial protection. This is largely due to increased HIV service coverage. **Regarding emergencies protection**, though the coverage of vaccinations for high-priority pathogens shows improvement relative to the COVID-19 pandemic-related disruptions in 2020–2021, it has not yet returned to pre-pandemic levels. ..."

Check out the rest of the findings in this 'accountability' report.

- Coverage also via **HPW** – [World is Off Track to Meet 'Triple Billion' Health Targets](#)

Devex (Pro) 'Dangerous' moment for aid policy as EU braces for far-right surge

<https://www.devex.com/news/dangerous-moment-for-aid-policy-as-eu-braces-for-far-right-surge-107459>

(gated) **"Anti-aid and anti-migrant parties are poised to enjoy big gains in June elections to the European Parliament — prompting fears for the future of the world's second-largest development budget."**

“It is a **crunch point that threatens to take [European Union](#) development policy in a “very dangerous” direction**, according to one senior Brussels politician — a “moment of risk” in the words of an expert aid NGO observer. Both are talking about the looming [elections to the European Parliament](#), to influence the world’s [third-biggest international aid budget](#) at a time when anti-aid and anti-migrant far-right parties are on the rise across the continent. ... **Yet some observers** tell my colleague Rob Merrick that **European development policy may not change all that much. Europe has already been moving toward a development policy based more on strategic interests and partnerships than on the traditional “donor-recipient mentality,”** according to Tomas Tobé, who chairs the parliament's development committee. That’s been done via the [Global Gateway investment strategy](#) meant to counter China’s Belt and Road project — **but criticized for sidelining poverty eradication. “Other political issues have found their way into development — climate change, migration, the geopolitical interest — and of course some development actors worry. But I would say they need to adapt to a new situation,”** Tobé says.”

“**Not everyone agrees.** Charles Goerens, the Renew Europe coordinator on the development committee, says **parliament needs to gird itself for right-wing attacks.** “If there are reinforcements from far-right parties, that **could have a real impact on the make-up of the European Parliament and the outcome could be a more radical position,”** he says. “**That would be very dangerous for development policy in the future, because it is intended to find solutions to problems in developing countries and not to solve problems in rich countries.**”

CGD (blog) - Redistributing Power in Global Health: a Survey of Options for Donors

P Baker; <https://www.cgdev.org/blog/redistributing-power-global-health-survey-options-donors>

“**Global health is fundamentally undermined by power imbalances.** Those who have the least access to health care, generally, have the least power to influence global health. **This blog looks at one imbalance—the concentration of power in the hands of global health donors, in relation to governments and citizens of low- and middle-income countries (LMIC) that receive aid.**”

“... This blog therefore sets out to **review the options for redistributing power from global health donors to governments and citizens of LMICs.** It identifies **four broad actions: more inclusive donor governance, empowering bilateral programmes, more and better multilateralism, and transforming the terms of aid**”

Priti Patnaik (LinkedIn) – A few thoughts on her first visit to the International Journalism Festival in Perugia

[My visit to Perugia for #IJF2024 | Priti Patnaik posted on the topic | LinkedIn](#)

Excerpt of this short reflection by the Geneva Health Files editor:

“... **On funds/resources, well, yes there is limited money overall. I am convinced though for media to remain independent, we need more “journalism funders”.** It does not make ethical sense to be **funded by big actors who are stakeholders on beats one reports on.** This is certainly true in our case - **global health journalism.** I hope and believe that there are / will be enough journalism funders who recognize the political nature of this space. The challenges to insulate independent

media operations from the very real pressures of financial viability is what all entrepreneurs face. I hope we will always have the latitude to make wise choices to definitively avoid conflicts of interest. This is a cautious balancing act we have had to perform. Readers of the community we service are consumers of the information we provide – it is crucial for readers to become paying subscribers. **But we cannot depend on actors with big pockets who have commercial interest in the field we are reporting on.....”**

Globalization & Health - Translating global evidence into local implementation through technical assistance: a realist evaluation of the Bloomberg philanthropies initiative for global Road safety

R Neil, A Koon et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-024-01041-z>

“....First developed in Sweden, global health actors are adapting the model to improve road safety in low- and middle-income countries via technical assistance (TA) programs; however, there is little evidence on road safety TA across contexts. **This study investigated how, why, and under what conditions technical assistance influenced evidence-informed road safety in Accra (Ghana), Bogotá (Colombia), and Mumbai (India), using a case study of the Bloomberg Philanthropies Initiative for Global Road Safety (BIGRS).....”**

Global Health Financing

Lancet World Report - Organisations vie for control over pandemic financing

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00971-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00971-1/fulltext)

“Global health organisations are competing for influence over financing for pandemic preparedness and response in the new pandemic accord. By Ann Danaiya Usher.”

“Although the treaty calls for the establishment of a “Coordinating Financial Mechanism”, its precise terms of reference, including, crucially, the details of its governance, will only be decided by the Conference of the Parties within 1 year after the treaty takes effect. This mechanism could take various forms: it could be a new dedicated fund attached to the treaty, or it could be more like a platform or function to coordinate existing sources of funding....”

“There is a divergence of views among countries about how the financing mechanism will be run and which instrument should manage it “ **There are four main contenders to manage pandemic financing in the post-COVID-19 global health architecture: WHO, Pandemic Fund, Global Fund & GAVI. And African leaders, meanwhile, argue for direct funding for pandemic prevention and response on the continent. ...”**

“Matthew Kavanagh, who directs the Center for Global Health Policy at Georgetown University, said the World Bank, International Monetary Fund, and the regional development banks should be added to this list. He has argued that, instead of having billions of dollars sitting idly in an account, it would make sense to agree that these banks would, when the next pandemic breaks out, make money available to channel through the Africa Centers for Disease Control, WHO, or the Global

Fund. He proposes carving out US\$24 billion, which is the amount that ACT-A mobilised for the COVID-19 pandemic between 2020 and 2022. **He notes, however, that no such deal is currently on the table. Kavanagh does not believe that a separate fund will be established for pandemic financing.** Rather, he said, **“WHO should coordinate existing financing....”**

“Anders Nordström disagrees and says he supports a regional, rather than a global, approach to procurement and access to supplies....”

“... African health ministers have called for a dual approach: an international financing mechanism, accountable to the Conference of the Parties and with “explicit commitments to new, sustainable, and increased funding support from developed countries”, as well as financing for the Africa Epidemics Fund at Africa Centers for Disease Control....”

Also with the **views of J-A Röttingen, Fafa Rahman & others.**

Globalization & Health - Social protection and the International Monetary Fund: promise versus performance

Alexandros Kentikelenis & Thomas Stubbs;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-024-01045-9>

“...The organization has a long track-record of advocating for extensive fiscal consolidation—commonly known as ‘austerity’—for its borrowers. However, **in recent years, the IMF has announced major initiatives for ensuring that its loans support social spending, thus aiding countries in meeting their development targets and the Sustainable Development Goals.** To assess this track record, we collected spending data on 21 loans signed in the 2020–2022 period, including from all their periodic reviews up to August 2023.”

Conclusions: **“The IMF’s lending programs are still heavily focused on austerity, and its strategy on social spending has not represented the sea-change that the organization advertised. At best, social spending floors act as damage control for the painful budget cuts:** they are instruments of social amelioration, underpinned by principles of targeted assistance for highly disadvantaged groups. Alternative approaches rooted in principles of universalism can be employed to build up durable and resilient social protection systems.”

Kalypso Chalkidou - Turning debt into health

<https://www.linkedin.com/pulse/turning-debt-health-kalipso-chalkidou-qvuae/?trackingId=JkAUtayepQnRGaZEerqxdw%3D%3D>

“.... Earlier this week a group of Chinese and international colleagues interested in debt to health swaps (D2H) were brought together by Professor [Ming XU](#) of Peking University in Beijing, with support from the Gates Foundation, to exchange experiences on D2H track record and future prospects. The Brazilian government's keen interest in D2H, reflected in the prominence of D2H as a development and health financing tool in the G20 discussions chaired by Brazil <https://www.g20.org/en/news/documents#:~:text=Technical%20Note%20from%20the%20Finance,PDF>, made our gathering all the more topical (plus a colleague from the Brazilian Embassy in Beijing, also joined)....”

“... In the dedicated D2H session, [Christoph Benn](#) reminded us that D2H is NOT a debt restructuring tool and the Global Fund, represented by myself and [Vlassis Tigkarakis](#) , the Global Fund D2H lead expert, offered an overview of our experiences https://www.theglobalfund.org/media/12284/publication_debt2health_overview_en.pdf -the Global Fund being by far the most successful of all health multilaterals driving this agenda across geographies (Middle East, Indonesia, South Asia...) and thematic areas (HIV, TB, malaria, health systems...), albeit on a modest scale so far.....”

“... D2H is not the key to averting a systemic debt crisis. It is not about debt restructuring to alleviate the significant debt burden. It can, however, be about creating fiscal space for governments and translating some of this into budget space for health to tackle specific problems in a targeted and verifiable way. And though D2H has so far been between sovereign creditors/debtors on a bilateral basis, given the composition of debt today, it may be that we will soon see a debt to health swap involving private creditors ... Yes, D2H is not going to solve EMDEs' debt problems - but, if done at scale, it can offer precious resources for health (and other SDG priorities) at a time of prolonged fiscal crunch...Based on an analysis commissioned by the GF, assuming 12.5% of eligible bilateral debts were swapped with a discount factor of 50% would yield approximately US\$10.6 billion of additional funding for health care priorities incl the three diseases, OneHealth and AMR, pandemic preparedness and other health systems priorities such as training and retaining HRH.....”

Globalization & Health - Redefining Debt-to-Health, a triple-win health financing instrument in global health

Yunxuan Hu, Xu Ming et al;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-024-01043-x>

“As a recognized win–win-win approach to international debt relief, Debt-to-Health(D2H)has successfully translated debt repayments into investments in health-related projects. Although D2H has experienced modifications and periodic suspension, it has been playing an increasingly important role in resource mobilization in public health, particularly for low-and middle-income countries deep in debt.”

Scoping review. “.... Through this review and interviews, we were able to define the concept and structure of D2H, identify stakeholders, and assess its current shortcomings. Finally, we proposed relevant countermeasures and suggestions....”

Devex - Gender activists want more philanthropic funding for maternal health

<https://www.devex.com/news/gender-activists-want-more-philanthropic-funding-for-maternal-health-107600>

“Addressing the women’s health funding gap could boost the global economy by \$1 trillion. But currently, only 4% of all biopharma research and development spending goes toward female-specific conditions.”

“...According to Donor Tracker, total official development assistance to maternal, newborn, and child health [stagnated between 2017 and 2021](#) at around \$10 billion annually, with 53% of funding coming from bilateral donors in 2021. Underfunding has mainly affected primary health care but

there are also serious shortfalls in research and development, said **Bethany Hardy, gender lead at the [Bill & Melinda Gates Foundation](#) media team**. Hardy said addressing the women’s health funding gap would boost the global economy [by \\$1 trillion](#), ... But **currently, only 4% of all biopharma research and development spending goes toward female-specific conditions**, she said.”

“...philanthropists in partnership with governments [committed \\$445 million](#) to urgently fund primary health care during last year’s [Global Financing Facility for Women, Children and Adolescents](#). But this is not enough, according to **gender activists at the recent WomenLift Health conference in Tanzania**, who argued that **there is a general feeling within the health space that philanthropists have paid more attention to other critical areas such as HIV, TB, and malaria, denying maternal and child health much-needed funding flows....”**

Health Systems & Reform - International Partnerships to Develop Evidence-informed Priority Setting Institutions: Ten Years of Experience from the International Decision Support Initiative (iDSI)

P Baker et al; <https://www.tandfonline.com/doi/full/10.1080/23288604.2024.2330112>

Part of a special issue in HS& Reform (with many articles already online – see the section on UHC).

“The international Decision Support Initiative (iDSI) was established in 2013 as a collaborative platform to catalyze faster progress on EIPS, particularly in low- and middle-income countries. This article summarizes the successes, challenges, and lessons learned from ten years of iDSI partnering with countries to develop EIPS institutions and processes. This is a thematic documentary analysis, structured by iDSI’s theory of change, extracting successes, challenges, and lessons from three external evaluations and 19 internal reports to funders. **We identified three phases of iDSI’s work— inception (2013–15), scale-up (2016–2019), and focus on Africa (2019–2023)**. iDSI has established a global platform for coordinating EIPS, advanced the field, and supported regional networks in Asia and Africa. It has facilitated progress in securing high-level commitment to EIPS, strengthened EIPS institutions, and developed capacity for health technology assessments. This has resulted in improved decisions on service provision, procurement, and clinical care. **Major lessons learned** include the importance of sustained political will to develop EIPS; a clear EIPS mandate; inclusive governance structures appropriate to health financing context; politically sensitive and country-led support to EIPS, taking advantage of policy windows for EIPS reforms; regional networks for peer support and long-term sustainability; utilization of context appropriate methods such as adaptive HTA; and crucially, donor-funded global health initiatives supporting and integrating with national EIPS systems, not undermining them.”

Guardian - Soaring remittances to developing nations overtake foreign direct investment

https://www.theguardian.com/global-development/article/2024/may/07/soaring-remittances-to-developing-nations-overtake-foreign-direct-investment?CMP=share_btn_url

“Report finds money sent home by people who have migrated was \$831bn in 2022, 650% up on 2020.”

“Remittances sent home by people who have migrated abroad have outstripped foreign direct investment in developing nations for the first time, a new report has found. **The International**

Organization for Migration found that international transfers increased 650% from \$128bn (£102bn) to \$831bn (£662bn) between 2020 and 2022....”

“... The report shows that in 2020, India, China, Mexico, the Philippines and Egypt were, in descending order, the top five remittance recipient countries, although India and China were well above the rest, with total inward remittances exceeding \$83bn and \$59bn, respectively. The US has consistently been the top remittance-sending country with total outflow of \$68bn in 2020, followed by UAE (\$43bn), Saudi Arabia (\$34.6bn), Switzerland (\$28bn), and Germany (\$22bn)....”

UHC

People’s Dispatch - Universal Health Coverage: A failure of implementation or strategy?

[Universal Health Coverage: A failure of implementation or strategy?](#)

“Halfway to the 2030 deadline for Universal Health Coverage, the world is severely off track. **Nearly half of the global population lacks access to essential health services, with one in four facing devastating healthcare costs.**”

“... UHC has been promoted as a publicly sponsored health insurance strategy with strategic purchasing of a selective package of essential services from a variety of providers, including the private sector through private health insurance plans. Its stagnation or off-tracking is **not the failure of implementation of a successful concept, but the failure of strategy.** The global drive for attaining ‘universal coverage’ rather than ‘universal access’ limits public funding of healthcare and thereby minimizes actual funding for primary healthcare systems. Thus, it limits the coverage of essential services among the poorest and rural populations across the world. **The limited public funds are primarily siphoned towards supply of expensive diagnostics, vaccines and selective interventions as dominated by powerful lobbies, crippling the public health systems,** and indirectly promoting the growth of unregulated, profit-making private system.”

“The WHO report presents a new initiative in response to the lack of financing for Primary Healthcare (PHC). The Health Impact Investment Platform is a new initiative of four banks – the African Development Bank (AfDB), the European Investment Bank (EIB), Islamic Development Bank (IsDB) and the Inter-American Development Bank (IDB) to provide €1.5 billion to low and low and middle-income countries as concessional loans and grants to strengthen PHC. Though this seems to be an exciting intervention to maintain flow of essential funds in PHC, it overlooks the fact that the loans will cripple these countries with debts considering the current level of indebtedness. **Instead of relying on debt to fund PHC, the strategy should focus on cancellation of debts and increase internal public funding to replenish PHC. It should also increase coverage of essential health services and development of sustainable systems.**”

The Actuary - Interview: Matthew Jowett, head of health finance at the WHO

<https://www.theactuary.com/2024/05/02/interview-matthew-jowett-head-health-finance-who>

Interview with M Jowett - head of the Health Financing unit at the World Health Organization (WHO), based in Geneva.

And a link:

- Blog (Peter Singer) - [Get Shit Done \(GSD\) on UHC - by Peter Singer \(substack.com\)](#)

Resumed INB 9 negotiations (second week – 3 till 10 May)

More or less chronological overview, since last week on Friday (stocktaking). With coverage & analysis (without aiming to be exhaustive, as it's a very technical debate). As you already know, Geneva Health Files has pretty much daily coverage & analysis of the INB negotiations.

Like most of you, we were looking forward to today – Friday (meant to be 'D-Day'). Stay tuned for updates later today, via Devex, HPW, GHF... But.... **things didn't look good Thursday evening.**

Reuters - WHO chief urges countries to finalise pandemic accord by deadline

[Reuters](#):

Last week on Friday. **"The head of the World Health Organization [last week] on Friday urged countries to agree to an accord to help fight future pandemics as negotiations approach a deadline this month."**

"... "Give the people of the world, the people of your countries, the people you represent, a safer future," WHO Director-General Tedros Adhanom Ghebreyesus said at a Geneva meeting. "So I have one simple request: please, get this done, for them," he said. He encouraged countries who did not fully agree with the text to at least refrain from blocking consensus among WHO's 194 member states....."

- Related **tweet by Fifi A Rahman**: *"What I liked the best from the speech was this: "Get this done for the people who are still grieving a family member lost during COVID-19. Get this done for the people who are struggling every day to survive."*
- For more detail, see HPW – [‘Get it Done’ or Don’t Block Consensus, Tedros Urges Pandemic Agreement Negotiators](#)

"Get this done" – and if you disagree, don't block consensus, was the heartfelt plea made by World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyesus to member states negotiating a pandemic agreement on Friday (3 May). **Tedros was addressing the 'stocktake' in the middle of the final 10-day meeting of the intergovernmental negotiating body (INB), and it was clear that member states were nowhere close to the finish.....**

PS: **" "Nothing is agreed yet, but also nothing has been taken out yet," said co-chair Roland Driech, adding that negotiations became complex when trade issues became involved...."** It's not uncommon, actually is quite normal, that everything should come together almost in the last

couple of days he added. "It's standard negotiation practice that countries will only give up on what's important for them when they see the whole picture." ... "Driece added: **"In the situation that we would not find consensus by the end of the week, we will report that to the World Health Assembly and it's up to the World Health Assembly then to decide what should be happening next."**

So at the stocktaking last week on Friday, the key message was still: **we'll try to wrap up by 10 May.**

GHF – The Depth of The Divide: Reluctance to Link Pathogen Access to Benefit-Sharing. An Approaching Tipping Point in the Negotiations as Countries Stick to Their Positions

[The Depth of The Divide: Reluctance to Link Pathogen Access to Benefit-Sharing. An Approaching Tipping Point in the Negotiations as Countries Stick to Their Positions](#)

State of affairs (analysis) as of last Friday. With some excerpts.

"... It is clear that we are at a cusp of a change in this process. Later today after this edition goes to print, the overall direction of the negotiations will be discussed by WHO member states. ..."

"... Text-based Negotiations on Pandemic Agreement Begin at WHO, But Too Late. Proposed One Health Instrument Adds to Complexity "

"WHO member states finally began text-based negotiations on a new Pandemic Agreement at WHO this week after more than two years since the process commenced. This comes far too late, with just over a handful of negotiating days left to conclude this process. As a result, the risk of a weak text emerging out of this process is nearly certain now. "

"... In the analysis below, we look the discussions from this week on a proposed multilateral mechanism on the Pathogen Access and Benefits Sharing system, among other areas that have been taken up at the resumed meeting of the INB in Geneva this week. ... The discussion on PABS in some ways, demonstrates the depth of the divide even at this penultimate stage of the negotiations. But much of this could be positioning by "either" sides. To be sure, there is more nuance to this, than the usual north-south, developed vs developing countries divide. For one, there continues to be a fair amount of interest in the mechanism across the board. And hence, while PABS could hold the key to unlock the impasse facing countries, without consensus on principles, it could potentially bring this whole edifice down at this stage. **In addition, throw in discussions around a new One Health instrument** as proposed by the Bureau, and you have a perfect storm in the making...."

Re the overall dynamics: "... This week the INB proceeded in a combination of a drafting group that consisted of all countries at plenary sessions. It also carved out working groups on specific sets of articles including Surveillance and One Health (Art.4 & 5), Production & Technology Transfer (10&11), another on regulatory strengthening and whole of government and whole of society approaches (14&17). Articles on PABS, and financing, were discussed at the plenary meetings.... "

“... Despite rumblings of a lack of unity and the particular role played by the Africa CDC, on the negotiating floor, Africa Group continues to remain united at least on matters such as PABS, diplomatic sources are of the view. “We are close to a tipping point, and they should not push it further” a developed country negotiator told us. This could likely be read as a warning that any potential failure of the process could be directed on the inflexible positions of the Africa Group.... .. Efforts have been on to bring the Africa Group closer to the positions of developed countries, notably the EU. We learned of informal discussions between the EU and Africa Group in a bid to discuss key differences on financing, PABS, One Health and technology transfer. ...”

“... Many developed and developing countries seem to agree that the proposed text on the table is weak – not strong enough on surveillance for the former, and not enough on equity provisions for the latter. Both are unhappy about the use of qualifiers to weaken the text including terms like, “as appropriate”, “as per national circumstances”, “to the extent” among others. But both are using them. So, while qualifiers are being deployed skilfully by developed countries to weaken commitments on equity including across provisions on research and development, production, technology transfer, PABS, supply chain; developing countries are pushing for tempering down obligations on surveillance and One Health with the use of qualifiers....”

“.... This week, discussions on PABS began with a fundamental disagreement between countries on whether pathogen access should be linked to benefit-sharing. This is significant, because the recognition of this principle is central to the tenets of the Convention on Biological Diversity and the subsequent Nagoya Protocol on Access and Benefit-Sharing. Without consensus on this basic principle, the details will not matter, experts say. Developed countries including the EU, and other stakeholders have called against making such a link. (The industry has called monetizing access as a “no-go”.) However, some developed countries do recognize that in order to carve out a Specialized International Instrument (SII), such a link will need to be acknowledged, a developed country negotiator explained to us this week. If a new PABS mechanism will be designated as a SII, countries will insulate themselves from the Nagoya Protocol and national level ABS laws, experts say. The status of a SII, is attractive for many countries, who have long complained about complying and implementing the Nagoya Protocol, and dealing with different ABS rules across countries. So essentially, developed countries want a SII that promises legal certainty, but appear unwilling to agree on the terms of benefits as articulated by developing countries.”

GHF - A Turning Point? The EU & the U.S. Draw Out Four African Countries to Bridge Positions on Pathogen Access & Benefit Sharing

https://genevahealthfiles.substack.com/p/eu-us-pabs-africa-group-inb-pandemic-agreement?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email

Analysis as of **Monday morning**.

“Efforts are on to forge greater consensus on Pathogen Access and Benefit Sharing - a key provision in a new Pandemic Agreement - albeit only among a select group of countries. At an informal meeting late on Friday night, the U.S. and the EU, reportedly met with four African countries to discuss PABS.”

“... Hosts to the biggest pharmaceutical companies, the European Union and the U.S., drew four African countries into an exclusive closed-door informal meeting on May 3, in a bid to bridge positions on the proposed mechanism on Pathogen Access Benefit Sharing [PABS] – a cornerstone to

the new Pandemic Agreement under negotiation at World Health Organization, diplomatic sources and experts familiar with the development said. **The African countries invited to the meeting reportedly include Botswana, Ethiopia, Kenya and South Africa.** Sources said that this was an **invitation-only meeting**, suggesting that not all countries were aware of it, and were not a part of such a meeting that took place along the sidelines of the on-going meeting of the Intergovernmental Negotiating Body currently underway till May 10th.” “... **The intervening weekend during May 4th and 5th, also saw a pan-African Ministerial meeting to clarify positions on some sticking points in the Pandemic Agreements talks,** multiple sources told us. “

“In this story, **we look at fast evolving behind-the-scenes dynamics on the PABS informal meeting and on the wider discussions within the Africa Group – a decisive actor in these negotiations. We also review a proposal put forward by the EU and the US that was presented to the African countries.**”

PS: “ **Recall that the original PABS proposal was brought forward by the Africa Group. In addition, the proposal drew support from more than 60 developing countries** including the Africa Group, members of the Equity Group notably Argentina, Bangladesh, Brazil, China, Egypt, India, Indonesia, Malaysia, and others....”

PS: **on 7 May, the story was updated with an official reaction from the EU.**

GHF – The Contested Space of Intellectual Property Rules in a Pandemic Agreement: Terms of Technology Transfer & the Unease with the Peace Clause [INB9]

[The Contested Space of Intellectual Property Rules in a Pandemic Agreement: Terms of Technology Transfer and the Unease with the Peace Clause \(substack.com\)](https://www.substack.com/p/the-contested-space-of-intellectual-property-rules-in-a-pandemic-agreement-terms-of-technology-transfer-and-the-unease-with-the-peace-clause)

Analysis zooming in on a few specific issues, **as of Wednesday.**

“As one of the most debated provisions in a new Pandemic Agreement, the issues of production and technology transfer, have seen sustained interest, and yet consensus has so far alluded WHO member states given the implications of intellectual property in the governance of Pandemic Preparedness Prevention and Response. **The conditions for technology transfer have dominated much of the negotiations with many developed countries suggesting the use of “Voluntary and Mutually Agreed Terms”. Developing countries prefer tougher terms in the context of health emergencies. Activists** caution against obligations that would make status quo worse, while **the industry, and other stakeholders,** prefer voluntary terms.”

“The overall push is for empowering all regions and in diversifying production for better preparedness during emergencies, in trying to put in place long-term strategies to improve access, going beyond the immediate concerns on availability and affordability of medical products. **In the draft Agreement, Article 10, 11 govern production, technology transfer and related IP issues, respectively. In this story, we examine some of the key elements in these provisions and how they are being dealt with.”**

Via IFPMA's newsletter (on Wednesday evening):

Referring to a **Politico Paywalled article**: “New pandemic deal texts circulated ahead of Friday’s deadline – **The new pandemic agreement’s draft shows that Article 14 on regulatory systems and most of Article 6 (Preparedness, readiness, and health system resilience) found the consensus of Member States (MS). Provisions on One Health, health workers rights, technology transfer, and supply chain are highlighted in yellow, meaning that MS are close to an agreement. High- and lower-income countries remain divided on how to ensure equity within the PABS system.** “

Telegraph - Britain refuses to sign global vaccine treaty that would force it to give away fifth of jobs

<https://www.telegraph.co.uk/news/2024/05/08/pandemic-vaccines-therapeutics-global-treaty-sovereignty/>

(paywalled) “Sharing of pandemic products seen as red line for many countries locked in talks.” “The UK government argues that such stipulations infringe on the country’s sovereignty...”

(ps: false headline by the way, as Mohga Kamal-Yanni noted).

An urgent letter to the Co-Chairs and Vice-Chairs of the INB, the Working Group on Amendments to the International Health Regulations (2005), and to WHO Member States RE: Governance of the Pandemic Agreement

https://live-the-independent-panel.pantheonsite.io/wp-content/uploads/2024/05/Final_Governance_JointletterMay9.pdf

“Leadership, accountability and independence must lay the foundation for governance of the Pandemic Agreement.”

(9 May). “Leaders from @TheIndPanel, @TheElders, @PandemicAction, @GPHC_Panel @nswalbe sent an open letter to #INB Co-Chairs and WHO MS. They recommended annual COPs, regular participation of Heads of State & Government, robust civil society participation, independent monitoring, and an independent COP Secretariat.

GHF - Rupture in Africa Group Muddies Waters, But Developing Countries are Fighting Back for Equity Considerations in Pathogen Access & Benefit Sharing

[Rupture in Africa Group Muddies Waters, But Developing Countries are Fighting Back for Equity Considerations in Pathogen Access & Benefit Sharing \(substack.com\)](https://substack.com/p/rupture-in-africa-group-muddies-waters-but-developing-countries-are-fighting-back-for-equity-considerations-in-pathogen-access-benefit-sharing)

As of Thursday early afternoon.

“... quick update on the evolving state of play in the Pandemic Agreement negotiations at WHO, particularly with respect to the make-or-break discussions around the Pathogen Access Benefit Sharing System that could unlock eventual success for the overall process - or failure.”

“... The negotiations on the Pandemic Agreement took a decisive turn this week, when at least two African countries became a part of a wider cross-regional group lending their support for a proposal that also reportedly has the backing of the EU and the U.S., in the context of the critical provision on Pathogen Access and Benefit Sharing, according to multiple sources. Some of these countries are now being referred as **the Group of Friends**, who presented their proposal at a drafting group session this week, at the Intergovernmental Negotiating Body meeting underway in Geneva....”

“... In this story we discuss the prevailing political dynamics, and the substantives elements of the PABS discussion....”

“...Diplomatic sources, and others tracking these discussions told us that the lead negotiator for the Africa Group, Ethiopia made a statement on behalf of the Group of Friends while presenting the proposal on PABS. “The lead negotiators from the Africa Group have been captured,” according to one source, alluding to alleged behind-the-scenes diplomatic manoeuvres by some countries. The second country to be part of the group is understood to be **Botswana....”**

“During the discussion on PABS, this week, developing countries reportedly referred to “Divide and Conquer” pointing to the alleged orchestrated split in the Africa Group....”

“... The fallout in the Africa Group is a setback to the wider group of developing countries who more or less agree with the PABS initiative spearheaded by the 54-member regional bloc. Countries are now dealing with trust issues, instead of deeper coordination at this penultimate stage of the negotiation, sources said. And yet, on the floor, developing countries pushed back against language they did not agree. Instead of a coordinated group position, countries are now fending for themselves, sources say. **Developing countries including the large ones, are invested in the PABS mechanism and are keen on having a workable mechanism despite Africa Group dynamics....”**

HPW - As Consensus on Pandemic Agreement by Deadline Looks Impossible, What Are the Options?

<https://healthpolicy-watch.news/as-consensus-on-pandemic-agreement-by-deadline-looks-impossible-what-are-the-options/>

(as of Thursday evening) “Despite much lost sleep for members of the World Health Organization’s (WHO) intergovernmental negotiating body (INB) this week, **many are pessimistic that consensus on a pandemic agreement can be reached by the end of Friday (10 May)**. By Thursday evening, there were more articles in the draft agreement lacking agreement than those that had been green-lighted. Some of the thorniest issues – One Health (Articles 4 and 5), pathogen access and benefit-sharing, PABS (Article 12) and financing (Article 20) – still lack consensus.”

“Meanwhile, reliable sources told *Health Policy Watch* that **Botswana, Kenya and Ethiopia now align with the Global North on PABS, One Health, and “mutually agreed terms” in Article 11, which may tip the balance of power in talks. Until now, the Africa group has operated in unison.** Various negotiators also told *Health Policy Watch* that they did not see how the deadline could be met, and on Thursday co-chair Precious Matsoso ruled out extending talks to the weekend, saying that member states needed to travel back to their countries....”

“... If there is no consensus, the WHA will have to decide on the way forward. There is speculation that a WHA special session (WHASS) could be called for later in the year to consider the pandemic agreement – [as was the case in November 2021](#), when a WHASS agreed to embark on the pandemic agreement negotiations. ...”

PS: “... **Many member states have criticised the Bureau’s handling of the talks**, with some saying too much time was spent on a few areas of disagreement such as PABS, instead of nailing down agreement on other clauses. **However, agreement has largely been reached on** Articles 6 (preparedness), 7 (workforce), 8 (communication), 9 (research and development), 10 (diversified production) 11 (tech transfer); 13 (supply chain); 13bis (procurement); 17 (whole of government) and 19 (cooperation), according to a stakeholders’ meeting.....”

PS: “.... James Love (KEI) added that “hardcore trade and foreign policy people have been running the negotiations for the North”, and they have been intent on getting precedents on issues such as intellectual property (IP) rights and technology transfer. The governments of the EU, US, Switzerland and Japan have largely been seen to be protecting the substantial pharmaceutical industries in their countries.....”

- See also Reuters - [Pandemic treaty talks to the wire, likely to miss first deadline, sources say](#)

"Talks will continue to Friday night, 00.00 hours," Roland Driecé, one of the co-chairs of the intergovernmental negotiating body leading the treaty talks, said in an email. **"Then, we will discuss where we stand and what needs to be done."** (Talks will probably continue later on...)

Links:

- TWN – [WHO: INB Bureau Co-Chair attempts to shut down Africa Group’s benefit sharing proposals](#) (3 May)
- TWN - [WHO: Despite scepticism pandemic instrument negotiations to continue till 10 May](#) (6 May)
- TWN - [WHO: EU bullies developing countries to endorse proposal on “One Health” instrument](#) (9 May)
- TWN - [WHO: Developing countries disagree with the indemnity proposals on vaccines and therapeutics](#) (9 May)

More on PPR

Consultation of CSOs by the Independent Panel on the state of PPPR reforms

https://livpsych.eu.qualtrics.com/jfe/form/SV_7Prvhwib3tkJif4

“The Independent Panel for Pandemic Preparedness and Response, co-chaired by H.E. Ellen Johnson Sirleaf and the R.H. Helen Clark, will issue a new report in June this year. The report will assess progress and gaps in implementation of the Panel’s recommendations from its main report: COVID-19: Make it the Last Pandemic, and will provide options for continued work to transform the international system for pandemic preparedness and response. ...”

Views will inform the next report. **The survey closes on May 13.**

Politico – on GOP senators & PPPR reforms INB & IHR amendments

<https://www.politico.com/newsletters/future-pulse/2024/05/03/social-media-reformers-seek-a-vote-00155975>

“If the Biden administration endorses any expansion of the World Health Organization’s power to declare public health emergencies or to require the United States to do anything, it will have a big obstacle to overcome: Senate Republicans. Every Republican senator, all 49 of them, wrote to President Joe Biden Wednesday to [oppose any such language](#) in pending revisions to the WHO’s international health regulations and a pandemic agreement diplomats are negotiating...”

“... Republican senators said **changes to the international health regulations** shouldn’t be considered at a WHO meeting this month, because it doesn’t give countries the four months required by the regulations to consider amendments. And they said **they oppose the pandemic agreement** because they fear it will focus “on mandated resource and technology transfers, shredding intellectual property rights, infringing free speech, and supercharging the WHO.”

- See also a **tweet by Tom Bollyky**: **“Forty-nine Republican senators (ie, all of them) call for the Biden admin to withdraw from negotiations on amending the IHR and on #PandemicAccord and to focus instead on “comprehensive WHO reform”**
[https://ronjohnson.senate.gov/services/files/3FE4B2C9-C665-44C4-B30E-39D5B93B3A3D.](https://ronjohnson.senate.gov/services/files/3FE4B2C9-C665-44C4-B30E-39D5B93B3A3D)”

Guardian – Scientists create vaccine with potential to protect against future coronaviruses

<https://www.theguardian.com/society/article/2024/may/06/scientists-create-vaccine-potential-protect-against-future-coronaviruses>

“Researchers say experimental shot is step towards goal of creating vaccines before a pandemic has started.”

“Scientists have created a vaccine that has the potential to protect against a broad range of coronaviruses, including varieties that are not yet even known about. The experimental shot, which has been tested in mice, marks a change in strategy towards “proactive vaccinology”, where vaccines are designed and readied for manufacture before a potentially pandemic virus emerges.”

“The vaccine is made by attaching harmless proteins from different coronaviruses to minuscule nanoparticles that are then injected to prime the body’s defences to fight the viruses should they ever invade. Because the vaccine trains the immune system to target proteins that are shared across

many different types of coronavirus, the protection it induces is extremely broad, making it effective against known and unknown viruses in the same family..... **Tests in mice showed that the vaccine induced a broad immune response to coronaviruses, including Sars-Cov-1, the pathogen that caused the 2003 Sars outbreak, even though proteins from that virus were not added to the vaccine nanoparticles.** Details of the work, a **collaboration between the universities of Cambridge and Oxford and the California Institute of Technology**, are published in [Nature Nanotechnology...](#)

CGD (blog) - Navigating Pandemic Uncertainty: The Role of Integrated Modeling in Policymaking

E Patouillard, V Fan et al ;

<https://www.cgdev.org/blog/navigating-pandemic-uncertainty-role-integrated-modeling-policymaking>

“... the World Health Organization (WHO), the Organisation for Economic Co-operation and Development (OECD), and the World Bank have come together to champion the value of integrated modeling. As emphasized in a [newly published report](#), integrating epidemiologic and economic systems in a shared analytical framework offers a way to explicitly consider key trade-offs inherent to policymaking: weighting the benefits and costs of policy options and their distribution whilst accounting for the intertwined dynamics of health and the economy....”

- WHO/OECD/World Bank (Report) - [Strengthening pandemic preparedness and response through integrated modelling](#)

Global Policy - Urgent pandemic messaging of WHO, World Bank, and G20 is inconsistent with their evidence base

<https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.13390>

By D Bell, G Wallace Brown et al.

Bird flu

FT – Bird flu outbreak in US cattle sparks fears over next global health crisis

<https://www.ft.com/content/d0a59da5-2a86-4736-bc8f-ab3c3b5ad74a>

“While pandemic risk is low, scientists say urgent investigations into the virus are necessary.”

“The bird flu outbreak in US cattle has put governments on high alert as they grapple with its potential to contaminate meat and dairy supplies, infect other mammals and transmit to humans. The surge in cases is testing improvements in disease management since the Covid-19 pandemic, notably in dealing with the threat of zoonotic conditions that can pass from animals to humans. While scientists say the current evidence does not suggest a high pandemic risk, they are calling for urgent investigations into the virus, its spread into cows and its possible mutations.”

“... The CDC still [classifies](#) the public health risk from the bird flu cattle outbreak as low....”

PS: "...The US said the first batches of a pair of two-dose bird flu vaccines could be available within weeks if widescale human-to-human transmission were to occur, and tens of millions of doses could be available within months. Studies suggested these jabs offered "good cross-protection" against avian flu circulating in cattle, Demetre Daskalakis, director of the National Center for Immunization and Respiratory Diseases, said this week. **A vaccine against avian influenza had already been approved in Europe and others could be updated as needed, the EU's European Centre for Disease Prevention and Control said. The World Health Organization regularly updates a list of known candidate vaccine viruses (CVVs) to respond to bird flu and other potential pandemic risks....."**

Stat – Texas dairy farm worker's case may be first where bird flu virus spread from mammal to human, scientists say

<https://www.statnews.com/2024/05/03/bird-flu-virus-texas-dairy-farm-worker-first-mammal-to-human-spread/>

"... A new report on the first human bird flu case tied to the outbreak in cows in the United States suggests that the **Texas man may be the first detected case of the H5N1 virus transmitting from a mammal to a person....."**

HPW – Despite Infected Cows and Milk, Risk of H5N1 Avian Flu to Humans is 'Low'

<https://healthpolicy-watch.news/despite-infected-cows-and-milk-risk-of-h5n1-avian-flu-to-humans-is-low/>

"Although cows have been infected with avian influenza subtype H5N1 for the first time and viral remnants have been found in milk, the **World Health Organization (WHO) and the US Centers for Disease Control and Prevention (CDC) characterise its current risk to humans as "low".** ... The risk for people exposed to infected birds and other animals is low to moderate, they add...."

PS: "**Dr Maria van Kerkhove**, the WHO's acting head of Epidemic and Pandemic Prevention and Preparedness (EPP), **described the outbreak as "one Health in action".** "You cannot look at human health risk without looking at the risk in animals," said Van Kerkhove, stressing that partnerships with bodies in the animal health field were essential...."

Stat – WHO's top scientist learned a hard lesson about H5N1 two decades ago: Stopping it takes more than biology

<https://www.statnews.com/2024/05/07/bird-flu-spread-who-chief-scientist-farrar-on-stopping-h5n1/>

"**The World Health Organization's chief scientist, Jeremy Farrar, said the social context is key in responding to disease threats like H5N1.**"

Excerpt: "...**Both the USDA and the CDC have acknowledged that many farmers have been unwilling to allow testing of their animals or to permit public health officials to speak with or conduct testing on their workers.** The industry is known to employ migrant and even sometimes undocumented workers, which perhaps explains the unwillingness of those workers to comply with

public health efforts to study what is going on in these outbreaks. “I know many people within that industry in the United States and other parts of the world are workers paid in a certain way, hourly or daily. They may be reluctant to report illnesses. **It’s an epidemic of a virus, but the social context it’s happening in is just critical,” Farrar said....”**

Links:

- UN News - [No sign yet of H5N1 bird flu spreading between humans, says WHO chief](#)

“The H5N1 avian influenza virus has so far shown no signs of adapting to allow human-to-human transmission, the UN health agency said on Wednesday, urging continued surveillance.”

- Stat - [Large amount of bird flu virus in milk suggests asymptomatic cows are infected with H5N1](#)
- Stat - [Bird flu keeps rewriting the textbooks. It’s why scientists are unsettled by the U.S. dairy cattle outbreak](#)
- Lancet Comment - [Building global preparedness for avian influenza](#)

Mpox

Lancet GH Comment – The surge of mpox in Africa: a call for action

Jean B Nachege et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00187-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00187-6/fulltext)

“... Given the substantial global reduction in mpox cases following the international response and the ongoing outbreaks and changing disease epidemiology in the Democratic Republic of the Congo, **research to better understand mpox epidemiology, prevention, and treatment should be prioritised in Africa.”**

“We have proposed the establishment of an African-led, multidisciplinary, multicountry Mpox Research Consortium (MpoxReC) in Africa with an overarching goal of establishing a research network to advance the elimination of mpox as a public health problem (with an initial focus on Cameroon, the Central African Republic, the Democratic Republic of the Congo, Ghana, Nigeria, and the Republic of the Congo). Given the substantial global reduction in mpox cases following the international response and the ongoing outbreaks and changing disease epidemiology in the Democratic Republic of the Congo, **research to better understand mpox epidemiology, prevention, and treatment should be prioritised in Africa.....”**

“... The recent mpox outbreaks highlight global inequities in resource allocation and access to vaccines, diagnostics, and treatments. **MpoxReC advocates for the rapid expansion of these medical countermeasures, with concurrent implementation studies to better characterise their distribution, safety, and effectiveness in African contexts.”**

Cholera

HPW – WHO Warns of the ‘Unacceptable’ Death Toll in Global Cholera Outbreaks

<https://healthpolicy-watch.news/who-warns-of-the-unacceptable-death-toll-in-global-cholera-outbreaks/>

“Deaths during the cholera outbreaks over the past two years have been “unacceptably high”, according to the World Health Organization (WHO).”

“We are looking at outbreaks with unacceptably high case fatality ratios (CFR),” said Philippe Barboza, WHO’s cholera lead and head of the Global Task Force on Cholera Control (GTFCC) secretariat. “Without any type of treatment or case management, the CFR of cholera can be up to 50%. However, with adequate treatment, the CFR should be below 1%. The 1% is not the target, the 1% is the maximum acceptable CFR,” Barboza told a WHO meeting on cholera this week. But in recent outbreaks in Malawi, Zambia, Uganda and Sudan, around 3% of those infected have died, according to WHO statistics.....”

Polio

Science News – ‘Unqualified failure’ in polio vaccine policy left thousands of kids paralyzed

<https://www.science.org/content/article/unqualified-failure-polio-vaccine-policy-left-thousands-kids-paralyzed>

“Well-intentioned decision to switch oral polio vaccines in 2016 backfired, new draft report says.”

“Something momentous happened in the history of polio eradication in April 2016: Over a period of 2 weeks, 155 countries and territories started to use a new version of Albert Sabin’s classic oral polio vaccine (OPV) that no longer protected against one of the three types of poliovirus. Type 2 virus had been eradicated by then, and the only remaining type 2 polio cases were touched off by the live virus in the vaccine itself. Dropping the type 2 component from the vaccine would end those cases as well, the thinking went. But “the switch,” as this global move has become known, became “an unqualified failure,” according to an unusually blunt draft report commissioned by the Global Polio Eradication Initiative (GPEI) that is now open for public comments. Unexpectedly, vaccine-derived poliovirus type 2 has continued to circulate after the switch, paralyzing more than 3300 children. And GPEI has spent more than \$1.8 billion trying to quash these outbreaks, mostly in Africa. Those numbers are certain to increase until the polio program finds a way to deal with the problem it inadvertently—and with the best of intentions—created.”

“... What the switch was intended to do, reduce vaccine-derived type 2 cases to zero, “clearly didn’t happen,” acknowledges Aidan O’Leary, director for polio eradication at the World Health Organization (WHO), one of six core partners in GPEI.”

- Link: **BMJ Global Health - [From legacy to integration in the Global Polio Eradication Initiative: looking back to look forward](#)** (by S Closser et al) “.....Our goal is to closely analyse the social and political dynamics of the polio transition in the 2010s to provide insights into today, as well as lessons for other programmes.....” Check out findings.

Access to medicines, vaccines & other health technologies

KEI - UN rejects amendment to limit technology transfer to “voluntary and mutually agreed terms” in resolution on global health

<https://www.keionline.org/39781>

From late last week. “Against the backdrop of the tortuous negotiations among WHO member states on technology transfer and know-how at the last mile of the pandemic treaty talks, **on Wednesday, 1 May 2024, Switzerland offered a surprise amendment in a different forum, thousands of miles away, at the UN General Assembly in New York.** The New York vote concerned **draft resolution A/78/L.62, entitled, “Global health and foreign policy: addressing global health challenges in the foreign policy space”** that had been originally tabled on April 19, 2024, by Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand. **Switzerland offered an amendment that would insert “on voluntary and mutually agreed terms” after “transfer of technology and know-how” in the twenty-ninth preambular paragraph.....”**

“... Member States then voted, and **the amendment was rejected**, with 103 UN members voting against the amendment, 19 voting in favor, and three abstentions.”

“**On 2 May 2024, during a plenary meeting, UN Member States then voted to approve the final version of resolution A/78/L.62.** The outcome of this vote reflected the diverging stances of member states, with 103 voting in favor, 48 voting against, and one abstention (India), nearly the mirror opposite of the vote on the amendment. ... **Overall, the voting patterns on resolution A/78/L.62 closely aligned with the economic status of the countries, with those having higher incomes generally opposing the resolution, while lower-income countries were more likely to support it.”**

Guardian -AstraZeneca withdraws Covid-19 vaccine worldwide, citing surplus of newer vaccines

<https://www.theguardian.com/business/article/2024/may/08/astrazeneca-withdraws-covid-19-vaccine-worldwide-citing-surplus-of-newer-vaccines>

“Pharmaceutical company says newer shots led to decline in demand for AstraZeneca vaccine, which is no longer being manufactured or supplied.”

The Medicines Patent Pool Unveils New Version of MedsPaL for Streamlined Access to Global Health Intellectual Property Information

<https://medicinespatentpool.org/news-publications-post/the-medicines-patent-pool-unveils-new-version-of-medspal-for-streamlined-access-to-global-health-intellectual-property-information>

“The Medicines Patent Pool (MPP) is pleased to announce the launch of a new version of its patents and licences database, MedsPaL. MedsPaL is a free resource that provides crucial information on the intellectual property status of patented essential medicines, COVID-19 vaccines, and long-acting platform technologies, with a particular focus on low- and middle-income countries (LMICs)...”

Stat - A new cholera vaccine will increase supply, but will it be enough to manage global outbreaks?

A Merelli; [Cholera vaccine supply gets boost as demand surges globally - STAT \(statnews.com\)](#)

“Weeks after the global public health community sounded the alarm on the shortage of cholera vaccine, the [World Health Organization](#) moved to prequalify a new cholera vaccine last month. The vaccine is a simplified version of the two existing oral vaccines, both produced by Korean vaccine manufacturer EuBiologics Co. The company will begin making the new vaccine, called Euvichol-S, this year. “We simplified the formulation, which reduces the complexity, the cost, and the time for producing the vaccine,” said Julia Lynch, the director of the cholera program at the International Vaccine Institute, a nonprofit that codeveloped the cholera vaccines with EuBiologics Co. “With this simplified formulation, it’s expected that we’ll increase the production capacity by about 40% — using the same personnel, the same facilities.””

“Along with a new manufacturing plant that will be at full capacity next year, EuBiologics will be able to produce 50 million cholera vaccine doses in 2024, and 80 million in 2025, said Lynch — most of which will be Euvichol-S. But even this increase in production may not be sufficient to address the surging global demand....”

“... Daniela Garone, international medical coordinator at Médecins Sans Frontières and a member of the International Coordinating Group on Vaccine Provision, told STAT that the increased supply for 2024 was already part of the ICG’s forecast, and [won’t be sufficient](#) to fill the supply gap this year. Though the [burden of cholera seems to be easing slightly in 2024](#), countries have already requested nearly 80 million doses of vaccine this year — and that’s after adopting a one-dose protocol to stretch supply....”

PS: “... A resilient supply of any vaccine typically requires at least three separate manufacturers, according to international vaccine alliance Gavi. The cholera vaccine used to have two. But in 2022, Sanofi stopped producing its cholera vaccine, which contributed 15% of the global stockpile, leaving EuBiologics on its own. This is expected to change in 2026 or 2027, said Lynch, as the International Vaccine Institute transfers manufacturing of the new, simplified vaccine to two companies in South Africa and India.”

PS: “Sharing technology with low- and middle-income countries remains a point of contention [for the pandemic accord](#) discussed this week by country health delegations at the WHO. Big drug

manufacturers have long argued that sharing know-how with manufacturers in low- and middle-income countries can put the quality of vaccines at risk. **The cholera vaccine transfer challenges that notion, said Ellen 't Hoen, the director of Medicines Law and Policy**, a research organization focused on access to medicines. **“It is well known that many of those middle-income countries have very sophisticated vaccine production capacity, and some even vaccine development,”** she said. **Having a cholera vaccine entirely made in the African continent, she said, is not only evidence that there can be quality assurance outside rich nations, but an encouraging proof of concept for the role of low- and middle-income countries in increasing the global vaccine production capacity.....”**

HPW - Insulin Pens are Safer, More Practical, and Cheaper – but ‘Grossly Overpriced’

<https://healthpolicy-watch.news/insulin-pens-are-safer-more-practical-and-cheaper-but-grossly-overpriced/>

“Insulin pens are more affordable and preferred by diabetics but they are available almost exclusively in high-income countries due to gross overpricing, [according to a report](#) by Médecins Sans Frontières (MSF) and T1International, a British NGO fighting for equal treatment access for people with diabetes type 1. **The research was presented on Wednesday, ahead of the fourth [Symposium on Diabetes in Humanitarian Crises](#) happening in Athens late this week, which is hosted by the International Alliance for Diabetes Action (IADA)....”**

Gavi's impact in Africa since 2000

<https://www.gavi.org/vaccineswork/gavi-impact-africa-2000>

“Through our **current partnerships with 39 African countries in 2024**, Gavi supports routine immunisation programmes to give children an equal chance of a healthier and more productive future.”

Decolonizing Global Health

Lancet GH (Viewpoint) - Decolonising global health: why the new Pandemic Agreement should have included the principle of subsidiarity

T C de Campos – Rudinsky, C A Atuire et al ;

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00186-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00186-4/fulltext)

“...This Viewpoint argues that not including the principle of subsidiarity into Article 4 of the agreement as a pragmatic strategy was a missed opportunity to decolonise global health governance and promote global solidarity....” Read why.

- And a link: Lancet - [Art, plunder, fragile fault lines](#) Mandip Aujla reviews **Teju Cole’s ‘Tremor’**. Among others, on art restitution.

Commercial Determinants of Health

BMJ - Revolving doors: board memberships, hedge funds, and the FDA chiefs responsible for regulating industry

<https://www.bmj.com/content/385/bmj.g975>

“The US Food and Drug Administration says that it takes conflicts of interest seriously. But financial entanglements with the drug industry are common among its leaders. Peter Doshi reports.”

Planetary Health

Guardian - World’s top climate scientists expect global heating to blast past 1.5C target

<https://www.theguardian.com/environment/article/2024/may/08/world-scientists-climate-failure-survey-global-temperature>

“Exclusive: Planet is headed for at least 2.5C of heating with disastrous results for humanity, poll of hundreds of scientists finds.”

“... Almost 80% of the respondents, all from the authoritative Intergovernmental Panel on Climate Change (IPCC), foresee at least 2.5C of global heating above preindustrial levels,, while almost half anticipate at least 3C (5.4F). Only 6% thought the internationally agreed 1.5C (2.7F) limit will be met. Many of the scientists envisage a “semi-dystopian” future, with famines, conflicts and mass migration, driven by heatwaves, wildfires, floods and storms of an intensity and frequency far beyond those that have already struck....”

Guardian -Cop29 summit to call for peace between warring states, says host Azerbaijan

<https://www.theguardian.com/environment/article/2024/may/05/cop29-summit-to-call-for-peace-between-warring-states-says-host-azerbaijan>

“Organisers of this year’s environmental conference hope cooperation on green issues could help ease global tensions.”

“ This year’s Cop29 UN climate summit will be the first “Cop of peace”, focusing on the prevention of future climate-fuelled conflicts and using international cooperation on green issues to help heal existing tensions, according to plans being drawn up by organisers.... Nations may be asked to observe a “Cop truce”, suspending hostilities for the fortnight-long duration of the conference, modelled on the Olympic truce, which is observed by most governments during the summer and winter Olympic Games....”

“Cop29 will be held in November in Baku, the capital city of Azerbaijan, amid two big wars – the Ukraine invasion and the Israel-Gaza conflict – raging in neighbouring regions and worsening geopolitical tensions. But the host country’s top national security adviser said that the climate summit, which 196 governments are expected to attend, could become an engine for peace, by finding common ground among countries in the urgent need to tackle global heating.

PS: “In December 2023 the countries negotiated a peace deal, which has held. However, there are still disputes over the status of some detainees.....”

“At the Cop28 climate summit in Dubai in December last year, Armenia supported Azerbaijan’s campaign to hold this year’s climate conference, the first international gesture of support between the two longtime antagonists. Hajiyev said that this experience was what led Azerbaijan to focus on global peace at Cop29. “Our approach to the peace agenda is living by example.” ...”

“It is understood that there is nervousness in some quarters at the UN over tying the issues of the climate crisis and national security too closely together. The fear is that bad feeling over global conflicts could spill over to affect the climate negotiations, and it could be safer to keep them as separate issues.....”

- Meanwhile, via [Pandemic Action Playbook \(May 9\)](#):

“Mixed COP29-host messages. Azerbaijan’s President Ilham Aliyev shared [two guiding climate action pillars](#) for the COP29 summit: 1.5°C target-aligned national climate plans and climate financing to support the plans. Separately, COP29’s President-Designate Mukhtar Babayev urged poorer countries to [demonstrate climate spending transparency](#) to build trust between parties. However, these messages come amid President Aliyev’s defense of [Azerbaijan’s gas expansion](#), calling the fuel reserves “[a gift of the gods](#)” for Europe. Global Witness’ Patrick Galey pointedly called out the clashing positions, saying, “Petrostates are perfecting a sinister COP playbook. Just like the UAE... Azerbaijan is planning a massive increase in gas production... plans to legitimize its authoritarian regime by hosting these global talks... appears set to use COP to develop its international business ties.””

Guardian - Biodiversity loss is biggest driver of infectious disease outbreaks, says study

<https://www.theguardian.com/environment/article/2024/may/09/biodiversity-loss-is-biggest-driver-of-infectious-disease-outbreaks-says-study>

“.... In [meta-analysis](#) published in the journal Nature, researchers found that of all the “global change drivers” that are destroying ecosystems, loss of species was the greatest in increasing the risk of outbreaks. Biodiversity loss was followed by climate change and introduction of non-native species.”

“The take-home messages are that biodiversity loss, climate change and introduced species increase disease, whereas urbanisation decreases it....” “... The team focused on five global change drivers – biodiversity loss, climate change, chemical pollution, non-native species, and habitat loss. They found four out of five increased disease spread: all except habitat loss increased disease. Their results were the same across human and non-human diseases. Habitat change reduced the risk

because of the trend of humans moving towards a specific type of habitat – cities. Urban areas tend to have less disease, partly due to better public sanitation but also because there is less wildlife....”

Devex - World Bank ready to ‘break new ground’ to host loss and damage fund

<https://www.devex.com/news/world-bank-ready-to-break-new-ground-to-host-loss-and-damage-fund-107566>

“The World Bank has given assurances it could meet prerequisite conditions to host the new climate fund’s secretariat and would work to get the fund up and running by COP 29.”

“Board members of a new fund designed to support climate victims in vulnerable countries have welcomed engagement with the [World Bank](#), which said it would help **get the fund “up and running” by the 29th United Nations Climate Change Conference of the Parties, or COP 29, in Azerbaijan in November.** The 26-member board held its first meeting in Abu Dhabi, United Arab Emirates, this week, [three months later than planned](#), following [delays by high-income nations](#) to appoint its members....”

“... After countries agreed to ask the World Bank to host the fund at COP 28 in Dubai in December, the international community pledged [over \\$660 million](#) to the new facility — a drop in the ocean compared to the \$290 billion-580 billion researchers [estimate](#) low- and middle-income countries will need to respond to climate losses annually by 2030.....”

TGH - Climate Change and Global Health: Moving From Rhetoric to Action

G Kuzmak et al (Rockefeller Foundation); <https://www.thinkglobalhealth.org/article/climate-change-and-global-health-moving-rhetoric-action>

“The World Health Assembly can help mainstream climate action into the global health agenda.”

“...Later this month, the World Health Assembly—the WHO's primary decision-making body—can turn health rhetoric about the climate crisis into action by adopting a resolution on the climate-health challenge and approving the WHO's next global program of work. The resolution and the program both elevate climate change as a global health issue and lay out clear directives on climate and health for the WHO and its member states. Implementing those decisions will require a strategy for sustainably financing climate-resilient health systems.....”

“Health systems are not ready....”.

PS: with both authors from the Rockefeller foundation, no prizes to be won on how they see this ‘sustainable financing of climate resilient health systems’.... (ugh). #innovativefinancing

Gaza

HPW - WHO Warns Against Israeli Military Operation in Rafah as Tensions Ratchet Up

<https://healthpolicy-watch.news/who-issues-warning-against-military-operation-in-rafah/>

“WHO has said it is “deeply concerned” that a full-scale military operation “could lead to a bloodbath” as prospects of a major new Israeli incursion into Gaza’s southern enclave of Rafah appeared to grow over the weekend – while hopes of a cease-fire deal see-sawed wildly. “A new wave of displacement would exacerbate overcrowding, further limiting access to food, water, health and sanitation services, leading to increased disease outbreaks, worsening levels of hunger, and additional loss of lives,” [said the global health agency](#).”

BMJ (Opinion) - Israel is using starvation as a weapon of war in Gaza

<https://www.bmj.com/content/385/bmj.q1018>

“200 days into Israel’s military bombardment and siege of Gaza, we are witnessing the onset of a man made and entirely preventable famine, say **Sameer Sah and **Khaled Dawas**.”**

UN News - Patients in Rafah ‘afraid to seek services’, WHO reports

<https://news.un.org/en/story/2024/05/1149451>

“The World Health Organization (WHO) has taken “crucial steps” in the event of a large-scale Israeli military operation in Rafah, Dr. Ahmed Dahir, team lead of its office in Gaza, told *UN News* on Tuesday.”

HPW - WHO Makes Contingency Plans for Gaza’s Hospitals but Critical Humanitarian Corridors are Closed

<https://healthpolicy-watch.news/who-makes-contingency-plans-for-gazas-hospitals-but-critical-humanitarian-corridors-are-closed/>

“With Gaza’s Rafah crossing into Egypt closed by an advancing Israeli incursion, and Israel’s Shalom crossing shut since last Sunday’s Hamas missile attack, **Gaza hospitals have only about three days left of fuel and medical supplies, said WHO Director General Dr Tedros Adhanom Ghebreyesus Wednesday. The global health agency is making contingency plans for a full-scale Israeli invasion of Gaza in the wake of an impasse in Israel-Hamas talks over a cease-fire, including release of Israeli hostages. But such preparations would only be a “drop in the ocean” of human need that would follow the death and injuries incurred in such an operation, added Dr. Rick Peeperkorn, head of WHO’s office in the Occupied Palestinian Territories at the press briefing.”**

Al Jazeera - Gaza will need largest post-war reconstruction effort since 1945, UN says

<https://www.aljazeera.com/news/2024/5/2/gaza-will-need-largest-post-war-reconstruction-effort-since-1945-un-says>

“UN Development Programme official estimates **post-war reconstruction will cost between \$40-50bn.**” Massive destruction not seen since World War II.

- And via OCHA: [More than 10,000 people are estimated to be missing under rubble in Gaza, according to the Palestinian Civil Defense.](#)

International Midwife Day (5 May)

UN News - Peace or war, midwives keep delivering

<https://news.un.org/en/story/2024/05/1149361>

“Millions of lives each year rely on the expertise and care of midwives and yet a global shortage is squeezing the profession like never before, the UN sexual and reproductive health agency UNPFA said on Sunday, marking the International Day of the Midwife. **This year the vital role of midwives during the ongoing climate crisis is in the spotlight.**”

World Hand Hygiene Day (5 May)

Lancet GH (Comment) – Enhancing innovative training and education in infection prevention and control: a call to action for World Hand Hygiene Day 2024

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00117-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00117-7/fulltext)

By E Tartari et al.

Miscellaneous

Namibia makes huge progress in eliminating mother-to-child HIV transmission

<https://www.africanews.com/2024/05/07/namibia-makes-huge-progress-in-eliminating-mother-to-child-hiv-transmission/>

« Namibia has become the first country in Africa – and the first high-burden country in the world - to reach a key milestone in eliminating the mother-to-child transmission of both HIV and viral hepatitis B, the World Health Organization (WHO) said on Monday.....”

Science News - Global effort aims to protect health and safety of human 'guinea pigs' in drug trials

[Global effort aims to protect health and safety of human 'guinea pigs' in drug trials | Science | AAAS](#)

“Healthy volunteers—who usually join studies for money—deserve special attention, researchers say.”

“.... Over the past 2 years, an international group of ethicists, scientists, regulators, and other stakeholders has sought ways to better protect people like Norward, who join trials as paid, healthy volunteers rather than as patients hoping for an effective treatment. The existing edifice of research ethics—including the Declaration of Helsinki and guidelines from the Council for International Organizations of Medical Sciences (CIOMS)—offers few specific safeguards for such people, researchers say. **At a meeting here on 18 and 19 April, some 90 people from two dozen countries—including Norward—discussed a draft Global Ethics Charter intended to fill the gap.** The project is particularly concerned about phase 1 trials, studies in small numbers of people to establish the safety of a drug, find the right dose, or track how it is broken down in the body. Unlike patients who join later, phase 2 or 3 trials that test efficacy, the vast majority of people in phase 1 studies can't expect any medical benefits—they're in it for the money. They also have unique vulnerabilities. Many come from marginalized groups or are poor. Some are homeless or former prison inmates....”

WHO - Global cooperation towards enhanced surveillance of foodborne diseases

<https://www.who.int/news/item/06-05-2024-global-cooperation-towards-enhanced-surveillance-of-foodborne-diseases>

“On 6–8 May 2024, the WHO Nutrition and Food Safety Department is hosting the inception meeting for the WHO Alliance for Food Safety in Geneva, Switzerland. This hybrid meeting, organized in collaboration with the Centers for Disease Control and Prevention (CDC) of the United States of America, brings together WHO collaborating centres and other institutions with demonstrated leadership and technical competency to support the implementation of the WHO Global Strategy for Food Safety 2022–2030, particularly in the area of foodborne disease surveillance....”

Guardian - 'You're going to call me a Holocaust denier now, are you?': George Monbiot comes face to face with his local conspiracy theorist

<https://www.theguardian.com/lifeandstyle/2024/may/04/youre-going-to-call-me-a-holocaust-denier-now-are-you-george-monbiot-comes-face-to-face-with-his-local-conspiracy-theorist>

“Covid vaccines, chemtrails, the Great Reset ... Why do people invent false conspiracies when there are so many real ones to worry about? There's only one way to find out: ask a believer.”

- Related **tweet by K Buse:** “Great piece by the clear thinking, great writing & well-researched @GeorgeMonbiot who draws **helpful distinction between 'conspiracy fictions' peddled by 'conspiracy fantasists' & investigative #conspiracytheorists who expose how we are being played.**”

PS: what I found an interesting theory, in the words of Monbiot:

“Jason Liosatos and I have the same desire for a better world, the same anger towards those who thwart it. What differentiates us, I think, is rigour. I think he is insufficiently rigorous in choosing what to believe. As a result of this lack of rigour, his instinct for justice and his potent sense of his own persecution have taken him to a very dark place. This has led someone trying to be good to spread great harms. It’s a warning to us all.”

Global Health events

Lancet Offline – A peculiar indifference

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00937-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00937-1/fulltext)

Horton comes back on the annual University College London (UCL)–Lancet lecture by Linda Villarosa. She wrote *Under the Skin: Racism, Inequality, and the Health of Our Nation*. It also has important messages for our times...

Coming up- 77th World Health Assembly (27 May-1 June)

Check out preparatory documents: https://apps.who.int/gb/e/e_wha77.html

Global health governance & Governance of Health

Global Public Health - Preparing for future pandemics while responding to the current ones in the midst of a planetary climate crisis: Can we face this triple global health challenge?

D Ferraz et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2024.2351593>

It’s a relevant question, I’m afraid....

« **Global health faces the triple challenge** of preparing for future pandemics while responding to current ones in the midst of a climate crisis. **In this commentary, we discuss the heightened focus on pandemic preparedness after the COVID-19 pandemic and the risks that this may pose to addressing the elimination of AIDS, tuberculosis, hepatitis and malaria, established in the Sustainable Development Goals as target 3.3. Considering their interconnections with the climate crisis and advocating for global health justice**, we identify impasses that such a dispute over priorities can imply, and **comment on four fronts of actions** that could contribute convergently to both agendas as well as to facing the consequences of climate change to health: **strengthening health systems, global commitment to equitable access to strategic medicines, addressing social inequalities and joining efforts for health and climate justice...**”

Debating Development Research - From Development Policy to International Cooperation? Europe's Evolving Agenda in a Geopolitical Era

Pauline Veron and Andrew Sherriff; <https://www.developmentresearch.eu/?p=1784>

“The idea that the normative foundations of European development policy would be somewhat immune from geopolitics and national political shifts was always wishful thinking. As **policy priorities are being rethought and rewritten, a more openly transactional and self-interested approach to foreign policy and economic relations is gaining momentum.** Development policy (and ODA spending) in Europe is increasingly being presented as part of a wider approach to international cooperation rather than something distinct.”

Global Policy - New Development Bank's role in the global financial architecture

Bert Hofman, P. S. Srinivas; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.13389>

“**The New Development Bank (NDB) was established in 2015 by the grouping of Brazil, Russia, India, China, and South Africa (referred to as the BRICS)....** The paper examines the **origins of NDB, the unique aspects of its governance structure, innovations in its operational model, and the challenges it currently faces.** The paper concludes that 9 years after its establishment, NDB has completed the core foundational work required of a new multilateral development bank. It is undoubtedly an interesting experiment in the creation of a new international financial institution, and it has made a good and solid start. However, the current global environment is very different from the world of 9 years ago.”

Devex - Is Macron still an aid champion?

<https://www.devex.com/news/is-macron-still-an-aid-champion-107505>

(gated) “A **€742 million cut to this year's aid budget is raising fresh questions about France's espoused commitment to the rest of the world.**”

“... **If foreign aid appeared to have one friend at the top table of international politics in recent years, it was France. So civil society reacted with dismay in recent weeks, when two pieces of news fell within a few weeks....** The first blow came in February when economy minister Bruno Le Maire announced a €742 million cut — some 13% — to France's official development assistance for this year. The decision, attributed to a revised growth forecast, hit other areas of spending too. Nongovernmental organizations raised their hackles, calling the decision a regressive step backward from President Emmanuel Macron's previous promises to champion ODA. Just as the dust settled on that news, another blow landed in April. When OECD released its report on 2023 ODA, it saw that France disbursed 11% less than a year earlier.”

“Murmurs of discontent abound. **“What's happening in France regarding ODA feels like the masks come off,”** one advocate tells Devex. **“The international community is finally able to see that behind the French government's proactive approach and all the communications efforts, there is a lot of blah-blah-blah.”** Instead of upholding principles of global largesse, **Macron is crunching domestic political numbers and trying to woo far-right voters, critics say.** “Instead of defending why France has a duty to support the most vulnerable populations, the government chose to prioritize domestic interests,” the advocate says.”

“France, of course, hits back, saying overall aid spending has increased since Macron took office. But despite this, the reality remains that cuts are likely to continue. Rémy Rioux, head of the French Development Agency, told Devex in Washington, D.C., last month that the aid budget could be trimmed again as the French government tries to rein in its budget deficit.””

NEJM - Global Health Law for a Safer and Fairer World

By S Halabi, L Gostin, M Kavanagh et al. <https://www.nejm.org/doi/full/10.1056/NEJMms2403267>

“After Covid-19, the global health community must address major gaps in global preparedness, critical capacities needed for a safer and fairer world, and international instruments required for realizing them.”

Important piece. See also a thread by M Kavanagh on X: <https://twitter.com/MMKavanagh/status/1788555891874136103>

ODI - Where next for feminist foreign policy on funding feminist movements?

J Michalko et al ; <https://odi.org/en/publications/where-next-for-feminist-foreign-policy-on-funding-feminist-movements/>

“This **policy brief** explores how governments with feminist foreign policy can more effectively resource feminist movements. “ Listing **three critical pathways**. “

Action for Global Health – Stocktake review

https://actionforglobalhealth.org.uk/wp-content/uploads/2024/05/AfGH-Stocktake-Review-FINAL_WEB.pdf

“**Assessment and Recommendations for the UK’s Role in Global Health Equity.**”

PS: “This report was created with generous support from our members and the Bill and Melinda Gates Foundation.”

Among the findings: “**The review of progress against recommendations from Action for Global Health’s 2020 Stocktake Review finds that, of the 15 recommendations set out in the 2020 Stocktake Review**, two have been met, seven are currently being addressed although not to the fullest extent possible, and another six remain unmet or off-track. A summary of progress towards these recommendations is set out below...”

WB - African Leaders Unveil Bold Transformation Agenda at Summit, Backed by Powerful New Coalition

<https://www.worldbank.org/en/news/press-release/2024/04/29/african-leaders-unveil-bold-transformation-agenda-at-summit-backed-by-powerful-new-coalition>

See also last week's IHP issue. **"Leaders from across Africa pledge ambitious economic reforms, with the World Bank's IDA at the heart of the strategy."**

"...In a historic show of unity, 19 African Heads of State assembled at a major summit committed to focusing development aspirations across the continent. This ambitious agenda, aiming to dramatically improve lives and create new opportunities, positions the World Bank's International Development Association (IDA) as a cornerstone for success...."

Lancet Letter - The 67th UN CND—upholding human rights in drug policy

A Ahmad, M Kazatchkine, H Clark et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00763-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00763-3/fulltext)

"... At the 2024 midterm review of the 2019 Ministerial Declaration, during the 67th session of the Commission on Narcotic Drugs (CND), a coalition of more than 60 countries led by Colombia called for the complete reform of the international drug control system. The 67th session also included the adoption of a historical resolution explicitly recognising harm reduction— representing political commitment towards a public health-oriented drug policy. Speaking at the CND, the UN High Commissioner for Human Rights, Volker Türk, urged that global drug policy be rooted in human rights and aligned with the Sustainable Development Goals...."

"... As the global paradigm shifts in favour of an evidence-driven, human rights-based approach to drug policy, this momentum needs to be capitalised on. The Global Commission on Drug Policy, alongside multisector stakeholders across the globe, stands ready to support and guide the way."

Global health financing

The Conversation - African countries can't resolve their debt crisis under a system rigged against them

C Lopez; <https://theconversation.com/african-countries-cant-resolve-their-debt-crisis-under-a-system-rigged-against-them-228905>

"The debt situation in many African countries has escalated again to a critical juncture. Twenty are in, or at risk of, debt distress. **Three pivotal elements** significantly contribute to this...."

EC - Scaling up sustainable finance in low and middle-income countries - High-level expert group

https://international-partnerships.ec.europa.eu/scaling-sustainable-finance-low-and-middle-income-countries-high-level-expert-group_en

Final report by a HL expert group commissioned by the European Commission.

Check out the [Executive summary](#). Most of it is about ways to 'unlock global private capital' (*it's the EC, after all...*).

Global Health Security Tracking - Tracking funding across areas of global health security

<https://tracking.ghscosting.org/>

Resource. « **The Global Health Security Tracking tool** maps the flow of funding for global health security initiatives around the world. **Funding data was collected from 2014 to 2022.** »

UHC & PHC

Health Systems & Reform: Building Institutions for Priority Setting in Health

<https://www.tandfonline.com/toc/khsr20/9/3>

Issue in progress.

Lots of (new) articles already online on Health Technology Assessment & priority setting.

BMJ GH (Supplement) – UHC in the Sahel

https://gh.bmj.com/content/7/Suppl_9

With a new article – [Improving healthcare accessibility for pregnant women and children in the context of health system strengthening initiatives and terrorist attacks in Central Mali: a controlled interrupted time series analysis](#) (by D Zombré, V Ridde et al)

International Journal for Equity in Health - Primary health care as a tool to promote equity and sustainability; a review of Latin American and Caribbean literature

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-024-02149-9>

By Daniel Maceira et al.

Plos GPH - “For a man to go to hospital, then that would be his last option”: A qualitative study exploring men’s experiences, perceptions and healthcare needs in the implementation of Universal Health Coverage in Kenya

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002925>

By Sharon N Mokua et al.

IHP - The rhetoric of “partnership”: Continuing expert-lay divide plagues Comprehensive Primary Health Care discourse (and reality) in Kerala

<https://www.internationalhealthpolicies.org/featured-article/the-rhetoric-of-partnership-continuing-expert-lay-divide-plagues-comprehensive-primary-health-care-discourse-and-reality-in-kerala/>

By S Mishra et al.

Pandemic preparedness & response/ Global Health Security

GHF - [GUEST ESSAY] One Health: A Bargaining Chip in the Pandemic Agreement Negotiations?

Nina Jamal; [\[GUEST ESSAY\] One Health: A Bargaining Chip in the Pandemic Agreement Negotiations? \(substack.com\)](https://www.substack.com/p/guest-essay-one-health-a-bargaining-chip-in-the-pandemic-agreement-negotiations?utm_source=substack&utm_medium=share)

“In the final stretch of the negotiations towards a new Pandemic Agreement anchored at World Health Organization, countries are discussing whether they should commit to stronger obligations on One Health - an area that is also governed by other international normative agencies. While most WHO member states acknowledge the importance of One Health considerations in the context of health emergencies, many developing countries have concerns on the implications of committing to new provisions on account of capacities and resources. Questions have also been raised on the surveillance outcomes from such obligations. The possibility of a One Health instrument flowing out of the INB process is on the table - as proposed by the Bureau of the Intergovernmental Negotiating Body in April 2024. Whether such an outcome will become real will depend on a number of factors including negotiations on other articles in the Pandemic Agreement related to financing, and to the system on Pathogen Access and Benefit Sharing.”

“In this edition, we bring you a **timely essay from Nina Jamal**, an indefatigable activist affiliated with **FOUR PAWS**, an animal welfare organization.”

A few excerpts from her essay:

“... While negotiations on the Pandemic Agreement are close to the finish line, **the world is already witnessing the next emergency in the making: Highly Pathogenic Avian Influenza (HPAI)**. It is currently raging through the planet from Antarctica to the United States, infecting birds, cows and other mammals. **WHO Chief Scientist Jeremy Farrar has already labelled HPAI a “global zoonotic – animal- pandemic”**. “

“.... **Given that a staggering 75% of emerging infectious diseases in humans have animal origin, it is obvious that the One Health approach**, which recognises the interconnectedness between human, animal, and environmental health, **needs to be at the very foundation of the Pandemic Agreement. Instead of deeply anchoring One Health in this instrument, what we have been seeing at negotiation tables in Geneva is One Health being used as a bargaining chip, even running danger of being carved out of the Pandemic Agreement altogether.** During the negotiations One Health has been pitted against other important provisions on Pathogen Access and Benefit Sharing, tying

the level of ambition and fate of collective action on “prevention and preparedness” to that of “response”.... “

“... **There are two substantive questions tied to the development of a One Health instrument under the WHO, which need to be addressed:** Will it be under the remit of the World Health Assembly and negotiated by health ministries or under the Pandemic Agreement’s Conference of the Parties and involving relevant national and international institutions responsible for One Health implementation? Will it be only about One Health in Pandemic Preparedness, Prevention and Response or One Health in general?... ”

According to the author: “... **it is crucial that the One Health instrument is anchored within the Pandemic Agreement, focused solely on pandemic prevention, preparedness and response.**”

BMJ Feature - Why WHO changed the definition of “airborne transmission” in the wake of the pandemic

<https://www.bmj.com/content/385/bmj.q985>

“After the confusion of 2020, WHO has finally changed its definition of how diseases can spread through the air. But what is the new definition—and what needs to happen next? **Mun-Keat Looi** reports.”

- Related: **Lancet Letter - [Airborne pathogens: controlling words won’t control transmission](#) (by T Greenhalgh et al)** Greenhalgh et al raise major questions about WHO’s new jargon/definitions.

Science News - To combat cow flu outbreak, scientists plan to infect cattle with influenza in high-security labs

<https://www.science.org/content/article/combat-cow-flu-outbreak-scientists-plan-infect-cattle-influenza-high-security-labs>

“**Novel effort comes as study finds key receptor for avian flu virus in udders.**”

“The avian influenza virus that has been infecting dairy cows and spreading alarm in the United States was expected to reach Germany this week. But that’s actually good news. **A shipment of samples of the H5N1 virus from Cornell University virologist Diego Diel is destined for the Federal Research Institute for Animal Health in Riems, which has one of the rare high-security labs worldwide that are equipped to handle such dangerous pathogens in cattle and other large animals.** There **veterinarian Martin Beer will use the samples to infect dairy cows,** in search of a fuller picture of the threat the virus poses, to both cattle and people, than researchers have been able to glean from spotty data collected in the field.....”

BMJ GH (Editorial) - Making the best interests of the child a primary consideration during pandemic preparedness and response

Ted Chaiban et al ; <https://gh.bmj.com/content/9/5/e015917>

“Pandemics have shown that children face specific vulnerabilities that require child-focussed measures to be taken as part of comprehensive preparedness and response, including continuity of essential public services such as schools.... The Pandemic Agreement is a unique opportunity to ensure that the best interests of the child are of primary consideration during pandemic preparedness and response. This requires: The Convention on the Rights of the Child is being upheld in pandemic prevention and response efforts. Medical countermeasures, including vaccines, being must be sustainably and equitably available to all children and their communities. Independent monitoring mechanisms for compliance with the agreement.”

Nature News - US funders to tighten oversight of controversial ‘gain-of-function’ research

<https://www.nature.com/articles/d41586-024-01377-x>

“New policy on high-risk biology studies aims to address criticism that previous rules were too vague.”

Links:

- Globalization & Health - [From isolation to revival: trade recovery amid global health crises](#) (by Lijuan Yang)
- Plos GPH - [Community interventions for pandemic preparedness: A scoping review of pandemic preparedness lessons from HIV, COVID-19, and other public health emergencies of international concern](#) (by S Hafez et al)

Planetary health

Lancet Planetary Health – new May issue

[https://www.thelancet.com/issue/S2542-5196\(24\)X0006-6](https://www.thelancet.com/issue/S2542-5196(24)X0006-6)

Editorial : [A Human right to climate protection](#)

Among others, coming back on the ‘KlimaSeniorinnen’ case.

Check out, among others, also:

- Comment: [Quantifying cost of disease in livestock: a new metric for the Global Burden of Animal Diseases](#)
- Viewpoint - [Managing greenhouse gas emissions in the terminal year of life in an overwhelmed health system: a paradigm shift for people and our planet](#)(by M Sergeant et al)

“Health care contributes 4.4% of global net carbon emissions. Hospitals are resource-intensive settings, using a large amount of supplies in patient care and have high energy, ventilation, and

heating needs. This Viewpoint investigates emissions related to health care in a patient's last year of life. End of life (EOL) is a period when health-care use and associated emissions production increases exponentially due primarily to hospital admissions, which are often at odds with patients' values and preferences. Potential solutions detailed within this Viewpoint are facilitating advanced care plans with patients to ensure their EOL wishes are clear, beginning palliative care interventions earlier when treating a life-limiting illness, deprescribing unnecessary medications because medications and their supply chains make up a significant portion of health-care emissions, and, enhancing access to low-intensity community care settings (eg, hospices) within the last year of life if home care is not available."

Guardian - UN expert attacks 'exploitative' world economy in fight to save planet

<https://www.theguardian.com/world/article/2024/may/07/un-expert-human-rights-climate-crisis-economy>

"Outgoing special rapporteur David Boyd says 'there's something wrong with our brains that we can't understand how grave this is'."

"The race to save the planet is being impeded by a global economy that is contingent on the exploitation of people and nature, according to the **UN's outgoing leading environment and human rights expert. David Boyd, who served as UN special rapporteur on human rights and the environment from 2018 to April 2024,** told the Guardian that **states failing to take meaningful climate action and regulating polluting industries could soon face a slew of lawsuits...."**

"... The right to a clean, healthy and sustainable environment was finally recognised as a fundamental human right by the United Nations in 2021-22.... "

"Boyd said: **"The failure to take a human rights based approach to the climate crisis – and the biodiversity crisis and the air pollution crisis – has absolutely been the achilles heel of those efforts for decades. "I expect in the next three or four years, we will see court cases being brought challenging fossil fuel subsidies in some petro-states ...** These countries have said time and time again at the G7, at the G20, that they're phasing out fossil-fuel subsidies. It's time to hold them to their commitment. And I believe that human rights law is the vehicle that can do that. **"In a world beset by a climate emergency, fossil-fuel subsidies violate states' fundamental, legally binding human rights obligations."**

Climate Home News - Hopes fade for production curbs in new global pact on plastic pollution

<https://www.climatechangenews.com/2024/05/03/hopes-fade-for-production-curbs-in-new-global-pact-on-plastic-pollution/>

"With no further talks scheduled on limiting plastic production before final negotiations in November, **the treaty may focus instead on recycling."**

Plos Climate (Opinion) - A paradigm shift? African countries call for the non-use of solar geoengineering at UN Environment Assembly

Frank Biermann et al; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000413>

“The 6th United Nations Environment Assembly (UNEA-6), held in February 2024 in Nairobi, will be remembered as one of the first intense international negotiations about the potential role of solar radiation modification (SRM), or solar geoengineering, in addressing the climate crisis. The debate was initiated by Switzerland, which tabled a resolution that would have mandated the UN Environment Programme to establish a scientific expert group to assess information on this speculative suite of technologies that aim at cooling the planet by blocking parts of incoming sunlight... .. **Broadly speaking, three coalitions of countries emerged** as leading voices in the negotiations.....”

Science (Policy Forum) – Tackling debt, biodiversity loss, and climate change

<https://www.science.org/doi/10.1126/science.ado7418>

“Experience tells us how to maximize debt-for-nature effectiveness.” Authors list 4 reforms for a framework.

- Link: Science - [Can the market in voluntary carbon credits help reduce global emissions in line with Paris Agreement targets?](#) So far the sceptics are right. But it doesn't have to be this way, the author argues.

Covid

NYT - Thousands Believe Covid Vaccines Harmed Them. Is Anyone Listening?

[Thousands Believe Covid Vaccines Harmed Them. Is Anyone Listening?](#)

“All vaccines have at least occasional side effects. But **people who say they were injured by Covid vaccines believe their cases have been ignored** “

TGH - A Virus Hunter's Struggle for Respect in Post-COVID China

Yanzhong Huang ; <https://www.thinkglobalhealth.org/article/virus-hunters-struggle-respect-post-covid-china>

“Zhang Yongzhen's recent ordeal is an interplay of personal, cultural, institutional, and political factors.”

Infectious diseases & NTDs

WHO - Global report on neglected tropical diseases 2024

<https://www.who.int/publications/i/item/9789240091535>

“This document is the second in a series of global reports describing progress towards the 2030 targets set in Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. It describes a wide range of activities, accomplishments and challenges across the portfolio of NTDs and across all six WHO regions. **The report presents epidemiological and programmatic data for 2022, which were gathered, compiled and analysed in 2023....**”

AMR

Cidrap News - Industry group pushes for more progress against antimicrobial resistance

<https://www.cidrap.umn.edu/antimicrobial-stewardship/industry-group-pushes-more-progress-against-antimicrobial-resistance>

Interview with James Anderson, MBA, executive director of global health at the International Federation of Pharmaceutical Manufacturers and Associations and board chair of the AMR Industry Alliance.

“The AMR Industry Alliance released its “call-to-action” ahead of the September 2024 UN High-Level Meeting on AMR, and in that document, you called for “bold, coordinated” action in four key areas—responsible antibiotic manufacturing, antibiotic R&D, access, and appropriate use...”

LA Times - A mother’s loss launches a global effort to fight antibiotic resistance

[LA Times](#);

“..... On Tuesday, Random House published “**Diary of a Dying Girl**,” a selection of Mallory’s journal entries. The same day saw **the launch of the [Global AMR Diary](#), a website collecting the worldwide stories of people battling pathogens** that can’t be defeated by our current pharmaceutical arsenal....”

“.... Since Mallory’s death, Shader Smith has made it her mission to get the people and organizations working on antimicrobial resistance to talk to one another. **For the [Global AMR Diary](#), she enlisted the help of a dozen agencies working on the issue**, including the CDC, WHO, the [European Center for Disease Prevention and Control](#) (the European Union’s equivalent of the CDC), the Biotechnology Innovation Organization and others.... Antimicrobial resistance can “feel abstract given the scale of the problem,” said John Alter, head of external affairs of the [AMR Action Fund](#), **one of the organizations involved with the project....**”

Novel triple drug combination effective against antibiotic-resistant bacteria

<https://www.ox.ac.uk/news/2024-05-03-novel-triple-drug-combination-effective-against-antibiotic-resistant-bacteria>

“Scientists at the Ineos Oxford Institute (IOI) have found a new potential combination therapy to combat antimicrobial resistance (AMR) by targeting two key bacterial enzymes involved in resistance. The findings have been published in the journal *Engineering*...”

- Link: Cidrap News - [More poultry associations join international effort to cut antimicrobial use in poultry](#)

NCDs

Globalization & Health - Global smoking-related deaths averted due to MPOWER policies implemented at the highest level between 2007 and 2020

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-023-01012-w>

by G Lyle et al.

Journal of Global Health - The Africa non-communicable diseases (NCD) Open Lab: Impact of a portfolio of clinical studies to deepen the understanding of NCDs in sub-Saharan Africa

J Addo et al ; <https://jogh.org/2024/jogh-14-04065>

« ... **GSK established the Africa NCD Open Lab in 2014.** Three calls for proposals were advertised through various media channels. An external independent scientific advisory board, predominantly representing African scientists and NCD experts, reviewed and selected projects to receive funding. An additional programme in the Africa NCD Open Lab was designed to build statistical capability by supporting training initiatives. **We assessed the impact of the Africa NCD Open Lab in three ways: scientific quality with impact; research training and professional development; and research environments.**”

Social & commercial determinants of health

Guardian - Experts condemn US tobacco firm's sponsorship of doctor training as 'grotesque'

<https://www.theguardian.com/global-development/article/2024/may/03/tobacco-philip-morris-medical-courses-sponsorship-smoking-public-health-education>

“Philip Morris International has supported non-smoking programmes around the world ‘to advance its own interests’, say health professionals.”

“The tobacco company Philip Morris has sponsored courses for doctors in multiple countries, in what critics have called a “grotesque” strategy. **Medical education programmes on quitting smoking and harm reduction in South Africa, the Middle East and the US have been supported by [Philip Morris International](#) (PMI) or its regional subsidiaries**, according to advertising material seen by the Guardian.....”

Sexual & reproductive health rights

Plos GPH – Factors associated with pregnancy termination in six sub-Saharan African countries

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002280>

By R N Kassa et al.

Access to medicines & health technology

Stat - A nonprofit does deals in Brazil and India to make low-cost CAR-T cell therapies widely available

<https://www.statnews.com/pharmalot/2024/05/08/cell-gene-therapies-brazil-india-caringcross-medicines-cancer-hiv/>

“In the latest bid to widen access to medicines, a nonprofit is sending technology and materials for making expensive CAR-T cell therapies to the Brazilian government and an Indian manufacturer that will, in turn, look to provide the treatments available at a fraction of current prices in the U.S. The deals will initially involve manufacturing cell therapies for combating lymphoma and leukemia, which carry price tags in the hundreds of thousands of dollars in wealthy nations. By offering its own equipment and expertise, though, **the nonprofit, Caring Cross**, believes governments and patients should be able to recognize substantial savings.....”

BMJ (News) - Moderna’s decision to shelve vaccine plant in Kenya should encourage global south’s self-reliance, says global health adviser

<https://www.bmj.com/content/385/bmj.q1051>

“A decision by the drug manufacturer Moderna to drop plans to set up its first mRNA vaccine manufacturing plant outside the United States in Nairobi, Kenya, should be seen as a wake-up call to developing countries to increase their investment in vaccine and drug development, an expert has said. **Madhukar Pai**, a Canada research chair in epidemiology and global health at McGill

University's School of Population and Global Health, said that it was "a huge mistake" for African nations to rely on the drug industry...."

"...Pai has urged governments in the global south to increase local investments in pharmaceuticals and end their over-reliance on foreign investors. He said, "Global south countries have to rely on their own expertise and talents and make investments to determine their own agenda and self-reliance. "Countries like China, India, and Cuba showed the way by making their own vaccines. South-south collaboration is another critical need. We can learn a lot from how countries like India, Brazil, and South Africa, which turned the tide on the HIV epidemic by making their own generic anti-retroviral medicines. That is the playbook to follow, not the reliance or generosity of big pharma." "

Speaking of Medicine - Bridging the Diagnostic Divide for Women and Girls in Humanitarian Settings

<https://speakingofmedicine.plos.org/2024/05/07/bridging-the-diagnostic-divide-for-women-and-girls-in-humanitarian-settings/>

By guest contributor Dr Angela Muriuki - Director of Women's Health at FIND.

UN News - vaccine 'patches' trial shows promise,

<https://news.un.org/en/story/2024/05/1149561>

"Early data from a vaccine patch trial in the Gambia has shown promising indications that it could be effective in protecting children from measles. The UN World Health Organization ([WHO](#)) has been helping to develop these vaccine microarray patches – or MAPS – as they are known, for several years already. Birgitte Giersing, team lead at WHO's Vaccine Product and Delivery Research Unit, said that the patches could be a major breakthrough in protecting vulnerable populations from preventable diseases....."

- Related: [Lancet Comment - Measles and rubella vaccine microneedle patch: new hope to reach the unreached children](#)

Lancet Infectious Diseases (Comment) – Rapid diagnostic tests for Lassa fever: what do we aim for?

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00235-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00235-4/fulltext)

Comment linked to a new study - [Field evaluation of validity and feasibility of Pan-Lassa rapid diagnostic test for Lassa fever in Abakaliki, Nigeria: a prospective diagnostic accuracy study](#)

Human resources for health

HP&P - Human resource challenges in health systems: evidence from ten African countries

A Sheffel et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czae034/7667586?searchresult=1>

Findings: “... We find wide variation in human resources performance metrics, both within and across countries. Many facilities are barely staffed, and effective staffing levels fall further when adjusted for health worker absences. However, caseloads—while also varying widely within and across countries—are also low in many settings, suggesting that even within countries, deployment rather than shortages, together with barriers to demand, may be the principal challenges. Beyond raw numbers, we observe significant proportions of health workers with very low levels of clinical knowledge on standard maternal and child health conditions. **This work demonstrates that countries may need to invest broadly in health workforce deployment, improvements in capacity and performance of the health workforce, and on addressing demand constraints, rather than focusing narrowly on increases in staffing numbers.** »

FT - Health systems and employers count economic cost of long Covid

<https://www.ft.com/content/bb09a03d-4a87-4cea-ae87-986769fd4680>

Focus on **WHO Euro** in this article. “Experts warn better data is required to drive policy as debilitating condition reduces workforce.”

“The WHO aims to determine the extent of long Covid among health workers involved in rehabilitating Covid patients in Armenia, Georgia, Italy, Poland and the UK...”

Decolonize Global Health

Miami Inst for Soc Sci - curated essays on decolonizing global health with lead article by David McCoy

<https://www.miamisocialsciences.org/home/tag/What+does+it+mean+to+decolonize+global+public+health>

Check them out. A **webinar** will follow soon.

Guardian - A colonial mindset’: why global aid agencies need to get out of the way

F Harter; <https://www.theguardian.com/global-development/article/2024/may/07/colonial-mindset-global-aid-agencies-costs-localising-humanitarianism-ngo->

“With the world’s humanitarian system in crisis, many NGOs now recognise that local charities can deliver much more at far less cost.” Some quotes:

“... Amy Croome, a humanitarian policy adviser specialising in localisation at Oxfam, says: “A few years ago, localisation was a crazy idea. Now it is completely mainstream.”

“... Today, however, just 2.1% of donor money goes to local organisations, either directly or indirectly, according to Development Initiatives, a research consultancy. “

PS: “Croome is critical of aid agencies that “subcontract” responsibilities such as delivering food to local NGOs and call it localisation. “It doesn’t change the fundamental power imbalances,” she says. “We want local actors to set the agenda for humanitarian responses, so the whole system is less internationally dominated and [becomes] locally led.” Croome says international NGOs such as Oxfam still have a role to play in a localised aid system. This would involve fundraising, providing technical expertise to local aid agencies, and lobbying governments for policy changes....”

Link:

- [Intellectual Property, tool of colonialism](#) (Luciana de Melo Nunes Lopes)

Miscellaneous

Devex Checkup - It’s Time

<https://www.devex.com/news/devex-checkup-africa-cdc-audit-finds-questionable-procurement-hiring-practices-107587>

“Devex briefly discusses who made Time magazine’s list of influential people in health. “

Devex - UN forum helps set agenda for 2025 financing for development conference

<https://www.devex.com/news/un-forum-helps-set-agenda-for-2025-financing-for-development-conference-107557>

(gated) **“Taxes, financial flows, debt, private finance, and more are front-runners for the next big United Nations financing conference next year.”**

“The [United Nations](#) officially kicked off talks leading up to a milestone event that aims to transform the global financial architecture to address a litany of development funding challenges amid a backdrop of geopolitical uncertainty, widening inequality, and growing poverty. **The Fourth International Conference on Financing for Development — to be held in Spain next year from June 30 to July 3 — seeks to address financial barriers to achieving global sustainable development and climate goals....”**

FP2P blog - Youth Protests: where have they come from? Where are they going?

C Teixeira (Policy specialist at UNICEF) <https://frompoverty.oxfam.org.uk/youth-protests-where-have-they-come-from-where-are-they-going/>

“... In **our latest report**, we explore the complexities of youth protests, seeking to understand both their promise and their challenges. We carried out a rapid assessment of recent literature to consider the main trends in youth protests, their motivations, methods, impacts and future drivers. We also engaged directly with young people, asking them to shape the research and to present their vision about the future of activism. **Here is what we found:...**”

Devex Pro – How much aid goes to fragile and conflict-affected states?

<https://www.devex.com/news/how-much-aid-goes-to-fragile-and-conflict-affected-states-107553>

(gated) “The International Monetary Fund estimates that around 1 billion people who need aid live in FCS. But do donors prioritize these territories over other ODA recipients?”

- See also Devex Money Matters – [How much aid goes to the countries in most need?](#)

“Only around a sixth of all aid went to fragile and conflicted-affected states in 2022, remittances are worth more than total aid to low- and middle-income countries...”

“In 2022, only around a sixth of all aid — \$29.3 billion — [went to the billion people living in fragile and conflict-affected states](#), according to a Devex analysis of data from the Organisation for Economic Co-operation and Development for 2022, the most recent year for which we have information. The World Bank designated 17 countries as fragile states, and another 22 as conflict-affected in 2022. In total, that’s around a fifth of the countries in the world, which among them contain almost a billion people. That includes Afghanistan, Ethiopia, and Syria, which received the most aid over the five years to 2022...”

PS: “... More than 70% of IDA funds went to Africa in the last fiscal year and eight of the top 10 IDA borrowers were African countries. William Ruto, president of Kenya, called for a “significant capital injection” for the fund — \$120 billion in the 2024 replenishment, up from \$93 billion in 2021...”

And a link:

- Bloomberg - [Ghana's 'Snitching' Law Gives World Bank \\$20 Billion Debt Dilemma](#)

“The lender faces a difficult funding decision if Accra chooses to go ahead with a punitive anti-LGBTQ law that clashes with its own standards.”

Papers & reports

Plos GPH - Drivers of success in global health outcomes: A content analysis of Exemplar studies

N Akseer et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003000>

“Exemplars in Global Health (EGH) is a program that studies positive outlier countries that have made extraordinary progress in health outcomes (despite limited resources) and disseminates their successes through multiple types of outputs. To date, EGH has studied, or is studying, 14 global health topics in 28 countries. This paper aims to identify findings, summarized as themes and sub-themes, that appear among all completed EGH studies. Eight key drivers were identified: (1) efficient data collection and use for decision-making, (2) strong political commitment and health leadership, (3) effective stakeholder coordination, (4) a local, connected, and capacitated workforce, (5) intentional women’s empowerment and engagement, (6) effective adoption and implementation of national policies, (7) effective and sustainable financing, and (8) equitable, efficient outreach and targeting...”

BMC Health Services research - Health system lessons from the global fund-supported procurement and supply chain investments in Zimbabwe: a mixed methods study

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-11028-6>

By E Lesogo et al.

IJHPM - Praxis, Power, and Processes: Youth Participation in Health Policy – A Response to Recent Commentaries

https://www.ijhpm.com/article_4598.html

By T Jacobs & Asha George.

SS&M - The Role and Foundations of Equity Science

<https://www.sciencedirect.com/science/article/pii/S0277953624003848>

by K M Plamondon et al.

Health Research Policy & Systems - Engaging communities as partners in health crisis response: a realist-informed scoping review for research and policy

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-024-01139-1>

By Mateus Kambale Sahani, S Mayhew et al.

WHO Bulletin - Performance assessment to improve public health systems

Jochen O Mimera et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.291543.pdf?sfvrsn=b7f47721_3

« **In this article, we outline the potential and challenges of applying the Health System Performance Assessment Framework for Universal Health Coverage to public health systems.** The assessment is a **new framework** that illustrates the relationship between the performance of health system functions and the intermediate objectives and final goals of the health system. The health system functions are: governance, resource generation, financing and service delivery, where service delivery is split into three components: public health, primary health care and specialized care.....”

WHO Bulletin - Risk negotiation: a framework for One Health risk analysis

Monika Ehling-Schulz et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.290672.pdf?sfvrsn=ce287aa2_3

“**The world faces global health risks that need to be effectively addressed in integrated, participatory efforts.** However, risk analysis frameworks do not account for the complex nature of systems that span multiple sectors or disciplines. **We propose the participatory and interdisciplinary concept of risk negotiation** to transform the way we tackle global health challenges such as pandemics, physical and mental health inequities, environmental problems and food security...”

Tweets

Andrew Harmer

“It's worth re-reading @TheIndPanel 's **Terms of Reference and Programme of Work.** Both suggest quite specific and time-bound activities and remit. If the panel wants to continue its work, it should negotiate a new mandate, and agree new ToRs and PoW.”

Sridhar Venkatapuram

“at this point, maybe we should be asking— so what is NOT a determinant of health?”

Fifa A Rahman

“In these #INB9 negotiations, there continues to be the perception that intellectual property vis-a-vis access to pandemic products is the sole jurisdiction of WTO. In this WTO case, https://wto.org/english/tratop_e/dispu_e/cases_e/ds114_e.htm... the role of the @WHO is recognised as regards compulsory licensing. There are also joint WTO-WHO-WIPO statements that imply recognition of the role of each agency in some way on intellectual property.”

Nadia Adjoa Sam-Agudu

“Given how our practice of "global health" is going, we might as well preface the term with "allegedly" or "conditional": Global health is allegedly focused on equity & health for all I am a conditional global health researcher I work at the Conditional Global Health Institute.”

Daniel Krugman

(re editing of the Medium article): “ From what we understand it was brass higher up than Seye causing the delay. **Us (and many other authors) have had to go through a new process where articles get extra vetting by BMJ (not BMJGH).** Seye remained constantly in solidarity and clear while he was EIC!”

Katri Bertram

“Gavi CEO Sania Nishtar (w a replenishment this year) **uses the new narrative of “listening”** (her first visits were to “pay respects to African leaders”) & “serve”. Whether Gavi, driven by donor and private sector interests, can do this will remain seen, but it’s **an important change in narrative.**”

“Bill Gates in Berlin (summarized): “Gavi, Global Fund, polio, ODA.” (My opinion: this narrative and pitch is no longer resonating, nor is this narrow focus what is needed in 2024 and beyond.) **First time I hear some worry in a speech by Bill Gates (& I’ve heard many). The pitch: maintain (I assume pledges), don’t cut** - because others will then cut too. **On queue, on health workers in Africa by Gates “We don’t have funds to finance the gap. There’s a huge potential to bridge this gap with AI.”**

Dr Tedros

“The @WHO 2022-2023 Results Report is out: <http://bit.ly/3UNM8vp> **The report shows advancement in:** **1. Healthier populations:** the current trajectory indicates the target of 1 billion more people enjoying better health and well-being will likely be met by 2025, driven primarily by improvements in air quality and access to water, sanitation and hygiene measures; **2. Universal Health Coverage:** 30% of countries are moving ahead in coverage of essential health services and providing financial protection. This is largely due to increased HIV service coverage. **3. Emergencies protection:** immunization coverage for high-priority pathogens has not yet returned to the pre-pandemic levels; the @Pandemic_Fund has supported 37 countries to fund the initial response to acute events; WHO continues to work with countries to enhance genomic sequencing capabilities and strengthen laboratory and surveillance systems worldwide.”

Marita Hennessy (re the tripartite pact between the 3 philanthropic foundations)

“The uncritical response to this announcement in recent days is astounding. Where is the #PublicHealth community in calling out the #COI & #CDoH here (& trying to mitigate)? The WHO seems to be oblivious.”