

IHP news 776 : Launch of 2nd season Transmission podcast & final countdown to #WHA77

(24 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,

Via my colleague Ildiko I received this short introduction to the **second season of the ITM Transmission podcast**. The team just got a (well deserved) [award](#) for the 1st season. The new season will be focused on health systems.

“Welcome to the second season of Transmission! Join our experts in their never-ending quest for a healthier world! The journey will take them from war zones to tribal communities to tackle pressing issues like maternal deaths, the persistent stigma around HIV, and the lack of access to life-saving drugs. We travel from Syria to India, from Belgium to Zambia, and address challenges such as traffic jams that delay access to care, as well as combatting addiction through activities like... frisbee. ”

Warmly encouraged!

With the 77th **World Health Assembly** about to kick off – themed ["All for Health, Health for All"](#) – clearly, this newsletter issue will naturally zoom in on #WHA77 (and everything that goes with it). Sadly, we won't be in Geneva this year, so no **‘Walk the Talk’** for us. We will also be missing in action, unfortunately, to help confront [the ‘disinformation convoy’ and other conspiracy theorists from the ominously sounding ‘the Geneva Project’](#), gathering at the end of the WHA (*WHO is now part and parcel of the ‘culture wars’ in many countries, just when we sadly have to say [goodbye](#) to the (retiring) WEF pope, Klaus Schwab ☺*). And neither will we be able to see **‘the spirit of Geneva’** at work in PPPR architecture negotiations (with both **IHR amendments & pandemic agreement** ones now heading towards their ‘Grand Finale’ (*ahum*)). Later today, **the World Health Statistics report 2024** will be released.

In other news, we were vaguely planning to write something in this intro on the **US presidential elections** in autumn (which [might also affect WHO](#)), focusing on young progressive Americans. Something along the lines of: while we fully endorse the brave and vital actions of US students around Gaza, we hope they will still vote for Joe in autumn, certainly in “swing states”. But after Joe's latest [disastrous \(ICC related\) decision](#), ‘on voluntary and mutually agreed terms’ I think I'll leave that (case) for some other time :). Sadly (and tragically), for seven months Joe Biden has been mostly wrong on Gaza – and often criminally wrong. Makes you also wonder about his ‘strategic advisors’... They're certainly not the cool-headed and smart bunch I see now on a daily basis in [‘Designated Survivor’](#), a “run-of-the-mill” Netflix series I'm watching these days, with Kevin Bacon as the ‘always honest’ US president (ugh) .

Wish it was the other way around.

Enjoy your reading.

Kristof Decoster

Featured Article

Experiences of Care and Community Reintegration of patients interned at Covid-19 care centres in Benin: What lessons can be learned?

Christian Agossou, Christelle Boyi, Éric Akpi, Ernest Agyeman-Duah, Armelle Vigan, Rodion Konu & Jean-Paul Dossou

During the COVID-19 pandemic, governments the world over sought to limit its spread through the establishment of COVID-19 treatment centres (CTC) – certainly at the start of the pandemic, but also during peak waves. It was in these centres that persons infected with COVID-19 were mostly interned and taken care of. In most cases, these patients were kept there against their will, without companion (family, friends, etc.) as the main aim was to contain the crisis and curb the spread of the pandemic. In this article, we zoom in on Covid-19 care centres in Benin and the experiences of patients (survivors) in these centres, during their stay and after being discharged.

The findings shared here emanate from the research project [“Rectifying the Effects of COVID-19 on Vulnerable populations in West Africa: a Research-action \(RECOVER\)”](#) which ran from November 2020 to February 2024. RECOVER was funded by [IDRC](#), with technical support from [ITM, Antwerp](#). In this blog, we share some insights from a content analysis of interviews done with five persons, both health workers and patients, interned and discharged from the CTC at Allada, a southern town in Benin. All interviews took place in 2022. Interviewees had been interned during the first (2020) or the third wave (2021) of the pandemic. In total, [Benin has recorded 4 waves of COVID-19, with the highest number of cases during the second wave](#).

Conditions during their stay

How about the cost first of all? In the CTC, biological and X-ray examinations, as well as catering and hospitalisation costs, were paid for by the government. However, products and medicines for illnesses and conditions not related to COVID-19 were paid for directly by the patients and/or their parents, certainly during the latest waves (as compared to the first when all were free of charge). All persons interviewed said that their experience of care could (and should) have been more humane. Due to their internment, these people were no longer free to pursue income-generating activities, or access their accounts to withdraw money, yet they still had to (i) manage certain pathologies that were either known or diagnosed for the first time during their stay in the CTC, and/or (ii) assume their social responsibilities as parents. They managed these comorbidities with the support of family members who sent financial support to the managers of the facility through mobile money transfers.

Interviewees saw their stay in the CTC as resembling a prison because they were deprived of their freedom of movement and contact with their families.

In addition, they could not have access to the CTC courtyard when their state of health improved. They were forced to wash dirty clothes and lay them out in the hospitalisation room. Their only leisure activities were watching television, reading, and playing games on their phones/tablets. In a context where care remained essentially biomedical (without foreseeing mental health care even if needed), these living conditions increased the negative impact on their mental health and wellbeing. Fortunately, the absence of patient carers triggered other forms of psychosocial support between patients. Indeed, patients suffering from less severe forms of the disease (who were not on respiratory assistance) acted as nursemaids for others.

Clearly, the care experience of these patients would have been better if the cost of treatment of co-morbidities had been borne by the government to ease the financial burdens of the interned. Also, no doubt patients' experience of care would have been better if care centres had also provided some "social facilities", like a gymnasium, a swimming pool, or a library. All of these would have improved considerably the quality of their lives during the quarantine.

Burials & reintegration

As we all recall from the pandemic, not everybody survived, sadly. People who died at such emergency centres were often buried under supervision by designated health professionals at selected burial grounds. Their families had little or no control over how and where they were buried. [The corpse of a person who died from COVID-19 could not remain in a care centre for more than 24 hours](#). And so customs, traditions, and family preferences regarding burials were often relegated to the background. All this traumatized bereaved relations, and created further anxiety, stress and fear among the citizenry but also among patients still staying at the CTC.

Last but not least, there's the reintegration of patients who survived into their various communities. The persons interviewed revealed that no psychological support was available for those being reintegrated into communities. Just one example perhaps of the reintegration problems: during the stay of one of the health workers as a patient, a national television report showed his face. In our interview, he claimed to have experienced stigmatisation once back in the community – in spite of having a certificate of recovery. Obviously, there is a need for increased efforts to support the social, professional, and economic reintegration of survivors in communities.

As pandemic agreement negotiations are still [ongoing](#) in Geneva, let's hope such an agreement will also show sufficient attention for human rights of patients in future pandemics, and for the reintegration of survivors in their communities.

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Highlights of the week

Coming up very soon: #WHA77 (27 May-1 June)

Below you find among others, a number of **primers on the (expected) key agenda items**. And some more specific views on agenda items.

Via WHO's dedicated webpage: <https://www.who.int/about/accountability/governance/world-health-assembly/seventy-seventh>

The Seventy-seventh session of the World Health Assembly (WHA77) will take place from 27 May to 1 June 2024 in Geneva, Switzerland. **This year's theme is "All for Health, Health for All."**

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

WHO - "All for Health, Health for All" sets the stage for the Seventy-seventh World Health Assembly

<https://www.who.int/news/item/23-05-2024-all-for-health--health-for-all--sets-the-stage-for-the-seventy-seventh-world-health-assembly>

Primer by WHO. Neatly summarizing the key agenda.

“One of the pivotal moments anticipated during the Health Assembly is **the [Pandemic prevention, preparedness and response accord](#) and the [amendments to the International Health Regulations](#)**, signaling a concerted effort by Member States to bolster global preparedness and response mechanisms.”

“... **A pre-Health Assembly opening event on Sunday 26 May will kickstart the [WHO Investment Round efforts](#)**, an engagement with current and potential donors aimed at ensuring sustainable funding for WHO. Additionally, **the launch on Tuesday 28 May of WHO's third Investment case** will explain the value proposition, in terms of additional lives saved, if the [Fourteenth General Programme of Work \(GPW 14\)](#), WHO's strategy for 2025–2028, is carried out in its entirety. ...”

“... Key moments and outcomes expected during the Health Assembly include the **approval on 28 May of WHO’s 2025–2028 strategy, GPW 14**, to address health-related implications of such megatrends as climate change, ageing, migration, and advances in science and technology. The four-year period represents a window to get the health-related Sustainable Development Goals (SDGs) back on track. **Crucial decisions are expected on a range of health priorities such as climate and health, WHO’s work in health emergencies, access to transformative tools, communicable diseases, noncommunicable diseases, mental health, women’s health and the reform of WHO itself.”**

Also with info on pre-events, strategic roundtables, ...

PHM Tracker page

[WHA77 | WHO Tracker \(phmovement.org\)](https://phmovement.org)

PHM's item commentaries for WHA77 (selected items) are now posted.

UN Foundation – The 77th World Health Assembly: a decisive moment for the future of global health cooperation

L Sloate et al; <https://unfoundation.org/blog/post/the-77th-world-health-assembly-a-decisive-moment-for-the-future-of-global-health-cooperation/>

Short primer on some of the key issues.

For another short primer, see also HPW - [New WHO strategy, WHO finance and draft climate resolution among other hot-ticket WHA items](#)

PS: Re the: “A **draft climate and health resolution, led by the Netherlands and Peru is currently being negotiated by member states**. It would be the first health and climate resolution to come **before the WHA since 2008**, when climate ranked as a much lower global health concern. The key focus of that resolution was on health sector adaptation to climate change – with little regard for the role the health sector might be able to play in slowing the pace of global warming. Proposed language in the new resolution, in contrast, would also aim to mobilize the health sector to play **a more proactive role in climate action – as urged by an expanding array of civil society organizations**. This includes fostering more green, low-carbon health facilities that are more climate resilient, as well as offering a healthier setting for both patients and staff.”

Andrew Harmer – What would the return of Trump mean for the World Health Organisation?

<https://andrewharmer.org/2024/05/20/what-would-the-return-of-trump-mean-for-the-world-health-organisation/>

Not much good, is my hunch. Harmer works it out (both in terms of the politics & financial implications for WHO of a “Trump return”).

Global Health Now – Loyce Pace: U.S. Priorities at the 77th World Health Assembly

[Loyce Pace: U.S. Priorities at the 77th World Health Assembly | Global Health NOW](#)

“In an interview with GHN, Pace discusses the U.S. positions on the pandemic agreement, WHO reform, and other priority issues.” Among others, **on ‘article 12’**.

P Singer (blog) - WHO’s strategy: How to optimize results and accountability

[WHO’s strategy: How to optimize results and accountability \(substack.com\)](#)

“....At the upcoming World Health Assembly, **Member States will consider and likely approve WHO’s new strategy, known as its [14th General Programme of Work \(GPW14\)](#).”**

“.... **This blog provides Member States an analysis of GPW 14 from a results-focused lens.....** Last January, I **outlined [four principles](#) for a results-based strategy**. This blog will analyze to what extent these principles have been met by the draft GPW14.....”

PS: (as a reminder) GPW14 includes: “.... **So 6-5-7 billion is the new ‘triple (i.e., 1-1-1) billion.’ (recalibrated for the 2025-2028 period)** (6 billion people with better health and wellbeing; 5 billion people who benefit from UHC without financial hardship; 7 billion people better protected from health emergencies).

Lancet GH Comment - Preventing maternal and child mortality: upcoming WHO Resolution must galvanise action to tackle the unacceptable weight of preventable deaths

Ali Hajji Adam et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00220-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00220-1/fulltext)

“..... **the World Health Assembly Resolution on maternal, newborn, and child health is crucial.** Initiated by Somalia, co-sponsored by Botswana, Djibouti, Ethiopia, Egypt, Kenya, Lebanon, Nigeria, Paraguay, Sierra Leone, South Africa, and Tanzania, the Resolution is going through consultation, with growing support from other member states, and **we, as Ministers of Health, consider it to be essential to future progress in maternal and child survival.** The **Resolution aims to tackle the persistent disparities in maternal, newborn, and child health and accelerate progress.** It calls for urgent action to address inequities across the life course to create resilient health systems focused on primary health care. The Resolution is a resounding call for prioritising maternal, newborn, and child health in policy, service delivery, and financing.....”

Lancet Comment - Strengthening health systems through surgery

Dmitri Nepogodiev et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01031-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01031-6/fulltext)

“Surgery is typically considered a costly part of health systems that requires advanced technology and is provided in tertiary hospitals. However, most operations are delivered by district and rural hospitals in middle-income countries.... Reframing assumptions by both the surgical community and policy makers about what surgery is and who it is for is crucial, since misconceptions can contribute to inequities in access to essential, life-saving care. The finding by the 2015 Lancet Commission on Global Surgery that 5 billion people do not have access to safe, affordable surgery prompted the 2015 World Health Assembly resolution 68.15, which urged health systems to promote access to emergency and essential surgical care as an essential component of universal health coverage. Since then, National Surgical, Obstetric, and Anaesthesia Plans (NSOAPs) have been developed to scale up surgical provision in 32 countries....”

“.... A further barrier to addressing the global unmet need for surgery is that leaders and advocates for global surgery, policy makers, and non-governmental organisations have increasingly drifted apart. Weak engagement, exacerbated by the disruption of the COVID-19 pandemic, between surgeons and WHO and governments more broadly has meant that surgery has slipped as a priority on the global stage. There are, however, strong grounds for optimism, with important advances made in surgical provision in some areas.”

“.... Recognising that progress in harnessing and scaling surgery worldwide has been inconsistent and that greater political engagement needs to be built, *The Lancet* and the NIHR Global Health Research Unit on Global Surgery (a partnership involving more than 80 hospitals in three continents) are co-hosting a side event called Strengthening Health Systems Through Surgery at the World Health Assembly in May, 2024. This side event is a first step towards bringing together surgeons and policy makers to develop a clear vision and consistent message around how accelerating integration of surgery into whole health-care systems pathways can address broad health-care system priorities. Ultimately, the aim is to increase surgical engagement at WHO and to support diverse advocates of surgery to contribute to its various forums and taskforces. “

The Global Climate & Health Alliance - Why Urgent Climate Resolution Must Be Adopted During WHO World Health Assembly

<https://climateandhealthalliance.org/press-releases/why-urgent-climate-resolution-must-be-adopted-during-who-world-health-assembly/>

“Ahead of next week’s [World Health Assembly](#) (WHA 77, May 27-June 1), the [Global Climate and Health Alliance](#) is calling on [World Health Organization \(WHO\)](#) member states to adopt a [proposed resolution on Climate Change and Health](#). The [draft resolution](#) clearly states that climate change is a major threat to global public health, and sets out a framework to promote health and build climate-resilient and sustainable health systems. **The key global health meeting takes place just ahead of next month’s [UN Climate negotiations in Bonn](#) (SB 60).....”**

UHC 2030 - Voices for health: driving universal health coverage through social participation

S Akselrod et al; <https://www.uhc2030.org/news-and-events/blog/voices-for-health-driving-universal-health-coverage-through-social-participation/>

“The Coalition of Partnerships for UHC and Global Health urges Member States to support the resolution on social participation for universal health coverage and well-being at the 77th WHA and turn their commitments into tangible action.....”

- Link: HPW - [Driving Change: The Push For A WHO Resolution On Self-Care](#)

More on Global Health Governance

Africa CDC - Revolutionizing Public Health in Africa: Launch of the African Public Health Institutes Collaborative (APHIC)

<https://africacdc.org/news-item/revolutionizing-public-health-in-africa-launch-of-the-african-public-health-institutes-collaborative-aphic/>

From last week. **“Three global health partners launched a pioneering peer-to-peer learning initiative, the African Public Health Institutes Collaborative (APHIC), at an inaugural meeting in Addis Ababa this week, highlighting the importance of strengthening collaborations across core public health functions to have greater impact by working together. The new initiative is a collaboration between the Africa Centres for Disease Control and Prevention (Africa CDC), the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) within the State Department Bureau of Global Health Security & Diplomacy, and the United States Centers for Disease Control and Prevention (U.S.-CDC). Aimed at bolstering leadership within National Public Health Institutes (NPHIs), fortifying resilient health systems, and enhancing essential public health functions — this collaborative venture will sustain the gains and impact in HIV response across the continent.”**

HPW - African Anti-rights Groups and Anti-Vaxxers Unite in Global Conspiracy Against WHO

<https://healthpolicy-watch.news/african-anti-rights-groups-and-anti-vaxxers-unite-in-global-conspiracy-against-who/>

1st article of a two-part HPW series on disinformation.

“.... Right-wing African Members of Parliament (MPs), including some of the continent’s most vociferous anti-abortion, anti-LGBTQ lawmakers, united with anti-vaxx conspiracy theorists for the first time at a conference in early May. Aside from the expected rhetoric against abortion and LGBTQ people, the African [Inter-Parliamentary Conference on Family Values and Sovereignty](#) gave a platform to a speaker who claimed that a range of vaccines were unnecessary or designed to reduce African fertility – including the COVID-19, Human Papillomavirus (HPV), malaria and even tetanus vaccines. Others agitated against the World Health Organization’s (WHO) pandemic agreement

currently being negotiated, describing it as a “power grab” aimed at imposing abortion, same-sex marriage and lockdowns on the world.....”

PS: “Globally, the frenzied dis- and misinformation about the WHO’s pandemic agreement reached a crescendo this month – apparently to coincide with the supposed deadline of the pandemic agreement negotiations. While much of the tone and messaging of the anti-WHO groups is similar to the pandemic-era anti-vaxxers, the chorus is bigger, louder and much more systematic, and the organisations are more diverse. But **making the WHO a target in the “culture war” has serious implications for global health, as well as solidarity and human rights.** WHO spokesperson Paul Garwood said his organisation is “concerned about the impact of dis- and misinformation of people’s well-being and health choices”.....”

HPW - Disinformation: Anti-WHO Convoy Heads to Geneva for World Health Assembly

[Disinformation: Anti-WHO Convoy Heads To Geneva For World Health Assembly - Health Policy Watch \(healthpolicy-watch.news\)](#)

2nd article in the series.

“Some of the most vocal global right-wing conspiracy theorists and anti-vaxxers are heading to Geneva at the end of this month (May) to agitate against the World Health Organization (WHO) and its pandemic agreement – including a Trump loyalist linked to the 6 January 2021 storming of the US Capitol. An alliance of right-wing groups, conspiracy theorists and alternative health practitioners calling itself “The Geneva Project” has planned a closed meeting on 31 May, while on 1 June it hosts a 150-minute invitation-only press conference and a public protest to coincide with the end of the World Health Assembly (WHA). The protest outside the United Nations headquarters aims to “declare independence from global institutions such as the World Health Organization and World Economic Forum while celebrating cultural and individual sovereignty”, according to a [press release](#) from the group.;...”

“... The Geneva Project mainly consists of far-right groups from the US, including the Brownstone Institute, which claims its “motive force” was policy responses to the COVID-19 pandemic of 2020, and “a willingness on the part of the public and officials to relinquish freedom and fundamental human rights in the name of managing a public health crisis”.”

CGD (blog) - Rethinking Development Cooperation: Aid 2.0

Bård Vegar Solhjell, M Ahmed, Rémy Rioux; <https://www.cgdev.org/blog/rethinking-development-cooperation-aid-20>

“... for aid to remain a valuable instrument it will need to adapt to the changed landscape for international cooperation and the growing importance of cross border issues, like climate change and pandemics, which threaten both the conditions for development and our shared prosperity. “

“... Instead of “developed” and “developing” we should consider a spectrum of countries facing different development challenges. Tackling extreme poverty must remain a core objective, but this occurs increasingly in a context of fragility and armed conflict.”

“... A more fundamental shift is the use of international assistance to address global problems which impact us all..... ... Few people would dispute the need to invest in a stable climate, pandemic preparedness, biodiversity, the governance of AI, and addressing conflict and fragility, or other priority global common goods. No one can achieve them alone. They concern everyone, and we must invest in them together...” “ **However, to do so with coherence, accountability, transparency and value for money requires us to modify the way we define and account for aid and other international development efforts. A new way of providing aid—let’s call it “Aid 2.0”—is needed on top of the approach we already have. Aid 2.0 must start from the principle that we spend scarce public resources on distinct global challenges and that the motivation and effectiveness of this spending need to be set out with clarity and transparency. Solidarity and common interests are both legitimate reasons to spend public money outside rich country borders, but it is not helpful to dress one up as the other....” “ ... we believe that the time has come for an open and unconstrained conversation on the values and objectives that drive donor spending on international cooperation. “**

TGH - Inside the Global Burden of Disease Study

C Murray; https://www.thinkglobalhealth.org/article/inside-global-burden-disease-study?utm_medium=social_owned&utm_source=tw_tgh

“IHME Director Christopher Murray recounts the study’s role in shaping global policy and how collaborators overcame COVID.”

Stat Plus -To bolster global health, Wellcome Trust’s new CEO thinks Big Tech should get involved

https://www.statnews.com/2024/05/17/wellcome-trust-rottingen-big-tech/?utm_campaign=twitter_organic&utm_source=twitter&utm_medium=social

(gated) “The key groups involved in addressing global health problems often include governments, foundations, and pharmaceutical companies. But to John-Arne Røttingen, the new head of the Wellcome Trust, one of the world’s top private funders of biomedical research, **there’s another sector that should be getting involved — the tech industry.....”**

Global Health Financing

IHME - Financing Global Health 2023: The Future of Health Financing in the Post-Pandemic Era

Angela Apegyei et al ; <https://www.healthdata.org/research-analysis/library/financing-global-health-2023-future-health-financing-post-pandemic-era>

“This year, Financing Global Health 2023 looks at how interest payments on loans that many countries took out during the COVID-19 pandemic to keep their economies afloat and their people protected are now straining health budgets. It also details how **development partners’ investments in health in low- and middleincome countries – development assistance for health – have changed**

since reaching historic levels during the COVID-19 pandemic, **dropping by \$19.4 billion between 2021 and 2023, from \$84.0 billion to \$64.6 billion.**”

“... Beyond economic pressure, **donor countries are increasingly faced with competing priorities of what to fund**, such as mitigating the effects of climate change. **IHME estimates two potential future scenarios for development assistance for health. If development partners keep prioritizing health, IHME forecasts that development assistance for health will be \$50.6 billion in 2030.** However, if development partners prioritize other sectors, IHME forecasts that **development assistance for health could drop to \$36.7 billion in 2030.....**”

WB - Republic of Korea to host the World Bank’s International Development Association 21st Replenishment Final Meeting in December 2024

<https://www.worldbank.org/en/news/press-release/2024/05/20/republic-of-korea-to-host-the-world-bank-s-ida-21st-replenishment-final-meeting>

“Donors are set to announce their pledges for the International Development Association (IDA) 21st replenishment cycle in Seoul, Korea in December 2024.....”

IHR Amendments process (round 16-17 May)

With some coverage and analysis after last week’s (resumed 8th) round.

WHO - Ground-breaking progress made in Member State negotiations on amendments to the International Health Regulations (IHR)

[https://www.who.int/news/item/18-05-2024-ground-breaking-progress-made-in-member-state-negotiations-on-amendments-to-the-international-health-regulations-\(ihr\)](https://www.who.int/news/item/18-05-2024-ground-breaking-progress-made-in-member-state-negotiations-on-amendments-to-the-international-health-regulations-(ihr))

WHO press statement after last week’s round (16-17 May).

“**In an historic milestone for global public health, State Parties today agreed in principle on a large, ground-breaking package of amendments to the International Health Regulations (2005).** These amendments build on over 300 proposals made by countries in the wake of the COVID-19 pandemic. They set out to improve the ability of countries to prepare for, detect and respond to Public Health Emergencies of International Concern (PHEICs), and **will be part of a package to be put forward to the World Health Assembly (WHA).** **Negotiators will meet again next week to wrap up their work on the few remaining issues that need to be finalised.** “

As a reminder: “**The IHR, which were first adopted by the World Health Assembly in 1969 and last revised in 2005,** were conceived to maximize collective efforts to manage public health events while at the same time minimizing their disruption to travel and trade. They have 196 State Parties, comprising all 194 WHO Member States plus Liechtenstein and the Holy See. These Parties have led the process to amend the IHR through the [Working Group on Amendments to the International Health Regulations \(2005\)](#) (WGIHR). **Today marked the end of the resumed session of the eighth meeting of the WGIHR.** “

GHF - Close, But Not Yet: Consensus Pending on the Amendments to the International Health Regulations

P Patnaik; [Close, But Not Yet: Consensus Pending on the Amendments to the International Health Regulations](#)

(Must-read) In-depth **analysis of the state of affairs re the IHR amendments** after last week's round. Some excerpts & chunks – "...to not only get a **sense of key issues taken up this past week**, but also **what this means for the upcoming negotiations on the Pandemic Agreement** that resume this week on May 20th."

"Far from the menacing flames of politically motivated misinformation on these processes, negotiators in Geneva are putting their heads together staying focused on concluding these negotiations working nearly round the clock without adequate sleep or food or (good) coffee. Disagreements on the need for a new financial mechanism to aid the implementation of the International Health Regulations, and language around technology transfer during health emergencies, among other open areas in the negotiations to amend the IHR, **prevented countries from reaching consensus on a full package of amendments**. Disagreements also continue on the text referring to the access to medical products, and on whether diversifying production was broadening the scope of the IHR."

"... Despite these challenges, countries made substantial progress on key matters including on nearly agreeing to a definition on pandemic emergency, and recognizing equity and solidarity as principles in the IHR, among other areas of convergence."

PS: **"...The Big Deal: "Pandemic Emergency":**countries also appear to **agree on amending the IHR in order to incorporate "pandemic emergency" across the text**. This has implications on the measures that would kick into effect with the declaration of a pandemic emergency, including potentially how matters on the access and allocation to medical products will be governed. There is recognition that the pandemic emergency, is a type of a PHEIC, diplomatic sources explained to us. **The definition of a pandemic emergency is also important for the potential new Pandemic Agreement**. "There is **complementarity between the two processes**, and this definition shows the cross-linkages between these instruments," a legal expert involved in these discussions explained to us this week, emphasizing the legally binding nature of a potential treaty. **The amendments have been structured in a way so as to not only make the IHR independent of the Pandemic Agreement discussions, but at the same time making into complimentary to any future instrument to govern pandemics."**

PS: **"... Enhanced Action Advice:** Another definition that attracted attention this week is on what was **previously referred** as an **early action alert** – a sort of an **intermediate alert system between a PHEIC and a pandemic**. **"enhanced action advice"** means information and non-binding advice issued by the Director-General to States Parties on an event that, at the time of the consideration pursuant to paragraph 4 of Article 12, has been determined to not constitute a public health emergency of international concern;... **Simplistically put, while developed countries are in favor of such an alert, developing countries including China and the Africa Group, among others, are not in favor of such a characterisation....."**

In other sections of this analysis, Patnaik dwelled on **"... Definition of relevant health products**, has also struggled to get unanimous consensus....."; **"... Discussions on tech transfer** have continued to

remain contentious right up to the end....”; “... **A new financial mechanism:** In the final hours of the meeting this week, **countries wrestled with the divergences on the need for a financial mechanism. A dedicated new mechanism has been a key demand from the Africa Group.** It is not clear whether the U.S. and the EU, who among others, have been opposed to the idea of a new mechanism would eventually yield to such a request. “It makes sense to solve the question of financing first in the context of the IHR. By addressing better financing for IHR, countries can avoid additional financing for the Pandemic Agreement,” a developed country negotiator told us this week, suggesting that it was important to address PHEICs from becoming pandemics....”

Pandemic Agreement negotiations

With a **more of less chronological overview of this week.** The [\(resumed\) 9th INB round](#) kicked off on Monday. Aim: to reach consensus by the WHA. Coverage, analysis, HL-advocacy, ... (we also put a few more in the extra PPPR section)

As this newsletter went to press, there was still quite some disagreement....

Telegraph - Pandemic treaty talks in Geneva get one final big push

<https://www.telegraph.co.uk/global-health/science-and-disease/pandemic-treaty-talks-in-geneva-get-one-final-big-push/>

Slightly encouraging update, from end of last week. “Analysis: **Populist raving and US moonshoots give negotiators a new lease of life – but a deal now will be largely ‘symbolic’, say experts.**”

“**What’s at stake very much depends on who you talk to. Most agree a Pandemic Agreement (as it is officially known for the moment) would have “symbolic importance” in the wake of SARS-CoV-2.** It would mark a coming together of nations at a time when pestilence, war and other nasties have pushed us apart.... **But few believe the current text is likely to bring about radical change. At best it is something to build on. The gaps between the parties remain far too wide to bridge with wriggle-proof wording in the short negotiating time left, say experts. In place of precise words will come “qualifiers” – loose phrases like “best endeavours” which you could drive a coach full of Ebola patients through if push came to shove. “Qualifiers are words that intentionally weaken the meaning of a sentence, although they may give the author a feeling he is being more honest,”** notes a slide shared by Ms Schwalbe. “

“... **Those of a conspiratorial mindset might be better alighting on the concepts of Great Power Competition and first mover advantage rather than sovereignty to explain what’s really going on.** While diplomats have been talking in Geneva for the last two years, for example, the **US has signed bilateral deals with no fewer than 50 pathogen-rich countries including Nigeria and the Democratic Republic of Congo as part of a new \$1.2 billion investment in biosecurity.** If talks on the Pandemic Agreement collapse next week, expect the European Union and China to announce similarly grand initiatives of their own soon after.”

PS: “... **On a more positive note, some experts believe the rapid advances being made in vaccine science and artificial intelligence will eventually make the impasse over intellectual property and benefits sharing less relevant.** All around the world now university labs are racing to play their part

in CEPI's **100 Days Mission**, which aims to have the world ready to respond to the next Disease X with a new vaccine in just 100 days of it first being detected. Endorsed by the leaders of all G7 and G20 countries, this research is virtually all government or philanthropy funded and is tightly focused on producing prototype vaccine designs for all the major families of viruses that pose a pandemic threat. The idea is that these designs – together with their patents – are banked by governments ahead of time and distributed to commercially run mRNA vaccine manufacturing platforms around the world on a non-exclusive basis if and when they are needed. **It is hoped the vaccine designs will essentially be “plug and play” thereby negating the commercial intellectual property problem – at least for transfers between friendly states....”**

HPW - Little Chance of Pandemic Agreement by World Health Assembly – But Charting Process for Future is Likely

<https://healthpolicy-watch.news/little-chance-of-pandemic-agreement-by-world-health-assembly-but-charting-process-for-future-talks-may-be-possible/>

Coverage (Monday) as the new round was kicking off on Monday.

“Members of the Intergovernmental Negotiating Body (INB) face another sleep-deprived week as talks on the World Health Organization’s (WHO) [pandemic agreement](#) resumed on Monday and run until Friday. There are many outstanding articles and little prospect that the agreement will be completed in time for the World Health Assembly (WHA) next week, but participants hope that the broad outlines of the agreement and the way forward will have been reached by Friday. Whatever agreement is reached needs to be tabled at the WHA, which will decide on the way forward. There is already a proposal on the table for two key and complex aspects of the pandemic agreement – One Health and a pathogen access and benefit-sharing (PABS) system – to be decided on by 2026.”

PS: “INB co-chairs [told reporters](#) after what was supposed to be the last meeting on 10 May that member states were finally entering into the give-and-take spirit of talks after two years of little compromise.....”

“.... This week’s agenda (see below) is focused on the key articles on which there is not yet agreement....”

Devex Pro- Are pandemic treaty negotiations dividing the Africa group?

<https://www.devex.com/news/are-pandemic-treaty-negotiations-dividing-the-africa-group-107644>

(gated) **“The Africa group coordinates its positions and negotiates as a unified bloc. But during the last negotiations, a few African countries took stances more aligned with the European Union on some key issues.”**

“According to sources close to the talks, a few African countries aligned with the European Union’s proposed text on pathogen access and benefit-sharing, or PABS — a multilateral arrangement that facilitates access to virus samples and genetic sequence data with pandemic potential, and lays out obligations on users to share the benefits with countries through WHO. The benefits include access to health products and monetary contributions. They also agreed to the much contested “mutually

agreed terms” provision on technology transfers, which experts say [risks preventing equity](#) as technology transfer is typically from high-income countries — that have the leverage to negotiate terms that are beneficial to them — to low-income countries. **This caused major disagreements within the Africa group, and raised questions among other global south countries**, they said....”

“**“Others are saying they have betrayed continental interests,”** one insider tells Jenny. “They might just not understand the wide scale implications of agreeing to EU positions too early.” **A strongly worded statement from South Africa on Monday reminded Africa group member states to “align themselves with the Common Africa Position” and to stop negotiating outside of the INB process.** However, **Amr Ramadan, Egypt’s permanent representative to the United Nations Office and other international organizations in Geneva**, says **“there is no split in the African Group.”** “It is a big group with diverse opinion on approaches to the same objective,” he says.....”

GHF - African Markers: Letter from the South African Presidency on the Negotiations for a Pandemic Agreement

<https://genevahealthfiles.substack.com/p/south-africa-may-2024-africa-group-inb-who-pabs>

Scoop (on Tuesday) – **Geneva Health Files published a letter from the South African Presidency on the negotiations towards a new Pandemic Agreement.**

“In a **powerful, hard-hitting letter, Cyril Ramaphosa, President of South Africa, also the African Union Champion on Pandemic Prevention Preparedness & Response, has laid down the most important priorities for the Africa Group in the negotiations for a new Pandemic Agreement currently underway at WHO in Geneva....”**

“Geneva Health Files has learned that **the letter, dated May 20th, 2024, was sent to key institutions and stakeholders on the African continent.....”**

Among others, with the following **recommendations:**

“1. Africa Group Member States are reminded to align themselves with the Common Africa Position adopted by the AU Assembly in February 2024, and further enumerated in the 27 April 2024 communique from the African High-Level ministerial consultation for the INB.

2. African Group Member States are to cease and desist from entering into any further negotiations outside of the INB processes which may compromise the credibility and unity of the Common Africa Position.

3. In dealing with the key contentious issues listed above, Africa Group member states should first and foremost seek to secure equity, fairness and transparency in the negotiating text of this current draft instrument and not agree to defer processes and decisions that do not guarantee such provisions.

There should be no compromise in this regard. If these principles cannot be secured in a consensual comprehensive text of the instrument by the 77th sitting of the World Health Assembly, either an extension should be sought to further engage the INB to reach consensus on these matters, or the Africa Group should consider standing down from the INB.””

TGH - Safeguarding the Pandemic Agreement from Disinformation

A Finch, L Gostin et al (O'Neill institute) ; https://www.thinkglobalhealth.org/article/safeguarding-pandemic-agreement-disinformation?utm_source=tw_tgh&utm_medium=social_owned

"A sustained disinformation campaign worldwide is undermining the highly anticipated pandemic agreement." Debunking a number of points.

HPW - Member States 'Inch Closer' to Pandemic Agreement; WHO Officials Sound Cautiously Optimistic Note

<https://healthpolicy-watch.news/member-states-inch-closer-to-pandemic-agreement-who-officials-sound-cautiously-optimistic-note/>

Update on Wednesday morning (after a WHO briefing on Tuesday).

"Senior WHO officials sounded a cautiously optimistic note Tuesday about the prospects for WHO member states to somehow wrap up down-to-the-wire negotiations on a landmark Pandemic Accord in time to submit a final agreement to the World Health Assembly, which begins next Monday, 27 May. Meanwhile, they heralded the milestone agreement "in principle" to amend the circa 2005 International Health Regulations, which set out in detail the processes by which countries prepare for, detect and respond to any global disease outbreak or epidemic – designated as a "Public Health Emergencies of International Concern."

"... When talks resumed on Monday, negotiators were pessimistic about reaching a final agreement by the WHA deadline, saying talks would likely have to continue for weeks or months beyond that. Text in key sessions remained a mass of yellow and white – indicating a lack of full agreement on wording. However, in the past 48 hours, more and more text has been "greened" signaling final agreement among member states, said Mike Ryan, WHO's Executive Director of Emergencies, sounding more upbeat Tuesday. "But there are clearly some key areas in which the member states still have some distance between them – and they really boil down to areas around access and benefit sharing; the value of set- asides of vaccines; some issues related to prevention and One Health and other issues related to financing," he admitted."

"...If the members states don't reach full agreement, the INB could still opt to present "a text that's not completely agreed with a few issues to be resolved, which could be resolved during the Assembly itself, when ministers are here," Ryan added. He noted that the 2021 WHA resolution mandating the negotiations requires the member states to present the "outcome" of the negotiations this May – no matter what that is. "And there are other options at the disposal of the World Health Assembly, such as to suspend the Assembly and to have a special assembly [to decide on any outstanding issues]," Ryan noted. Even so, he added that "it is my personal believe that the member states will make this. I sense they're getting closer and closer. They're inching towards agreement," he said....."

"He echoed remarks by others involved in the talks, underlining that the outstanding gaps are now more about technical wording than about principles....."

Nature (Editorial) - A global pandemic treaty is in sight: don't scupper it

<https://www.nature.com/articles/d41586-024-01464-z>

(21 May) Neat state of affairs, as of mid this week.

GHF – Attempts to Discredit Communication from South African Presidency on Pandemic Agreement Negotiations, Creates Confusion At a Key Juncture

[Attempts to Discredit Communication from South African Presidency on Pandemic Agreement Negotiations, Creates Confusion At a Key Juncture \(substack.com\)](https://substack.com)

From Thursday evening.

“... Did they or didn't they? This has been one of the many questions plaguing beleaguered negotiators in Geneva negotiating a Pandemic Agreement at WHO this week, **when uncertainty around a Presidential communication from South Africa caused complications exacerbating already difficult circumstances. Conflicting signals from the government of South Africa on the overall position of the Africa Group**, a key player in these negotiations, has led to confusion at a critical time in these discussions. **In this story, we try to unpack what has transpired over the last 48 hours**, even as uncertainty continues at the time of publishing this edition. **The South African case is illustrative of the pressures faced by governments from different quarters and interest groups as countries negotiate a Pandemic Agreement under difficult circumstances. South Africa heads into election mode next week on May 29th**, when the World Health Assembly considers a resolution on the Pandemic Agreement....”

Priti Patnaik is categorical: the letter from Ramaphosa (she reported on earlier this week) was real – even if it's been described as 'fake' in some corners. She provides the political backdrop in this analysis.

HPW - The Pandemic Agreement: A Bridge to Nowhere or North Star to Access and Global Health Security?

P Terblanche et al ; <https://healthpolicy-watch.news/the-pandemic-agreement-a-bridge-to-nowhere-or-north-star-to-access-and-global-health-security/>

“**Sixteen leading scientists and manufacturers** involved in vaccine development and production worldwide **issue an urgent call for a pandemic accord that can be a 'win-win for all.'**”

“... At present, **there are several issues in the agreement still to be resolved.** Higher income countries are worried about their autonomy and pharmaceutical corporations based in those, about profits, while lower-income countries in all regions, including those across Africa, are requiring mechanisms that will prevent gross inequities from recurring. **The pandemic agreement is not designed to be detrimental to the autonomy of nations or the profits of private firms but a win-win for all by preventing gross inequalities in access to vaccines, therapeutics, and diagnostics.**”

PS: “... Paradoxically, ensuring the spread of technical know-how and manufacturing capacity to lower-income countries, which is central to these outcomes, is a strong area of disagreement amongst WHO’s Member States about the Pandemic Agreement, although the WHO has been leading an effort over the past two years to do just this. ...”

Devex - Opinion: Protecting pandemic preparedness efforts in a US election year

J Guzman (CGD); <https://www.devex.com/news/opinion-protecting-pandemic-preparedness-efforts-in-a-us-election-year-107654>

“As the Biden-Harris administration takes part in the pandemic treaty negotiations ahead of the World Health Assembly, **it must balance political realities with the urgent need to secure global pandemic preparedness and response efforts.**”

“As the Biden-Harris administration enters the final round of negotiations, weighs the pros and cons of pursuing different strategies, and prepares for the upcoming general election in November, **it should consider three key policy options to secure global pandemic preparedness and response, or PPR, efforts.** “ Read what they entail, according to Guzman.

And some links:

- Via [Devex](#): “... A group of 68 civil society organizations also penned a letter asking low- and middle-income country ambassadors and permanent representatives to the [United Nations](#) to **reject the European Union proposal for “One Health” instrument** — a holistic approach that considers interconnectedness of human well-being, animal health, and the environment — **citing concerns on its trade implications and potential to overstep mandates of health ministries and WHO.....”**

For more detail, see [Devex - 68 civil society groups don’t want a One Health treaty. Here’s why](#)

“Dozens of civil society organizations are asking low- and middle-income country ambassadors and their permanent representatives to reject a [European Union](#) proposal to negotiate a “One Health” instrument — which could be another treaty — citing its trade implications and its potential to overstate mandates. **There is already a proposed text on One Health in the pandemic agreement draft being negotiated** at the [World Health Organization](#). **However civil society organizations are against a proposal to negotiate an additional instrument specifically on One Health for a variety of reasons.....”**

- [KEI Comments on the May 10, 2024 INB Draft of the Pandemic Accord](#)
- Graduate institute (Global Health Centre) - [The Governing Pandemics Initiative published a new Thematic Text Comparison of all Draft Texts of the pandemic agreement](#)
- TWN (22 May) - [WHO: EU's hypocrisy and double standards create trouble in PABS negotiations](#)

- TWN - [Proposed legal nature of pandemic instrument risks health emergency regime fragmentation](#) (by K M Gopakumar) (23 May)

“ The pandemic instrument as a treaty under Article 19 of the WHO Constitution raises concerns on the fragmentation of the health emergency regime, which the Intergovernmental Negotiating Body (INB) has not taken up for discussion. The draft negotiating text and the draft resolution for its adoption proposes that the pandemic instrument would be adopted under Article 19 of the WHO Constitution as a treaty. Further, some Member States are moving towards the notion of a protocol for the Pathogen Access and Benefit Sharing (PABS) system and for the proposed instrument on One Health Approach. Since treaty obligations would apply only after ratification, which is a sovereign decision, the result is that Member States could decide not to be part of the treaty or accompanying protocol. This would result in fragmented membership in various instruments and WHO Member States with different sets of obligations on health emergencies....”

More on PPPR

Global Preparedness Monitoring Board - Equity in pandemic preparedness: Bridging divides for a safer world

<https://www.gpmb.org/reports/m/item/equity-in-pandemic-preparedness>

(23 May) (4-pager) “The GPMB calls on countries, in collaboration with other stakeholders such as the private sector, civil society and international organizations, to urgently implement the following key actions to improve equity: Monitor the multiple facets of equity; Build resilient and equitable primary and community healthcare systems; Establish new global, regional and national frameworks for equity and enhance access to medical countermeasures; Adopt an inclusive approach in preparedness law, regulations, plans; Ensure more and better financing in Pandemic Prevention, Preparedness and Response; Mitigate the social and economic impacts resulting from pandemic prevention and response efforts.”

Devex - Experts call for greater emphasis of therapeutics in pandemic response

<https://www.devex.com/news/experts-call-for-greater-emphasis-of-therapeutics-in-pandemic-response-107653>

Coverage of a panel session from Wednesday. “Therapeutics are playing second fiddle — again.”

Re “.... a [panel discussion](#) on Wednesday where experts spoke about the urgency of elevating the role of therapeutics in pandemic preparedness and response. Member states of the [World Health Organizations](#) are in the thick of negotiations in the lead-up to the World Health Assembly next week in Geneva. But these conversations fall short of the reforms needed to ensure equitable access to medical countermeasures such as therapeutics in the next pandemic, the speakers said. “A considerable portion of the “access” discussion has been attached to vaccines, with the need for

therapeutics far less prominent,” the Cumming Global Centre for Pandemic Therapeutics wrote in a press release.....”

“... The language in the current draft is “quite far” from ideal in terms of equitable access to medical countermeasures, which includes therapeutics, Todd said. But she hopes the ongoing negotiations serve as a floor, not a ceiling of what’s possible in the future — and that whatever comes out next week at the World Health Assembly doesn’t limit future ambitions to create greater access to therapeutics. Currently, she said the tone of the discussions is very much framed around **charity** — donations to lower-middle income countries from high-income countries — as opposed to structural changes.”

“The pandemic treaty negotiations and process to amend the International Health Regulations have also put on hold the creation of a new medical countermeasures coordination platform — an effort to create a global platform for the speedy development and equitable access to pandemic control tools. ... This new platform would serve as a “connective tissue” that would bring together the important players such as governments, manufacturers, and suppliers so that they can work together to create an environment where there will be equitable access to medical countermeasures, Todd said. There’s been some “political hedging” in regards to the future medical countermeasures coordination platform, with people not wanting to get ahead or be at odds with the ongoing pandemic treaty negotiations, she said.... “

PS: “... **The International Pandemic Preparedness Secretariat is also working to establish a global therapeutics coalition**, said Shingai Machingaidze, co-chair of the science and technology expert group at the secretariat. It would aim to prevent the duplication of efforts and wasted resources, and create a pipeline of drugs that work to cover a wide range of potential pandemic risks....”

Kenya receives World Bank funding to predict and prevent future pandemics

<https://nation.africa/kenya/health/kenya-receives-world-bank-funding-to-predict-pandemics-4624598>

“Kenya is among the five countries that have signed up for a new regional health emergency preparedness programme. The **Health Emergency Preparedness, Response and Resilience Programme is a \$15 million project funded by the World Bank**. It was launched in Nairobi on Wednesday in collaboration with the Intergovernmental Authority on Development (Igad) and other health development partners....” The other countries: **Burundi, Ethiopia, the Democratic Republic of Congo, São Tomé and Príncipe.**

AMR

WHO updates list of drug-resistant bacteria most threatening to human health

[WHO updates list of drug-resistant bacteria most threatening to human health](#)

“The World Health Organization (WHO) today released its updated Bacterial Priority Pathogens List (BPPL) 2024, featuring 15 families of antibiotic-resistant bacteria grouped into critical, high

and medium categories for prioritization. The list provides guidance on the development of new and necessary treatments to stop the spread of antimicrobial resistance (AMR)....”

- Related: HPW – [WHO Updates List of Most Threatening Drug-Resistant Bacteria as Pharma Warns New Antibiotic Pipeline is Inadequate](#)

The Lancet: 750,000 deaths linked to antimicrobial resistance could be prevented every year through available vaccines, water and sanitation, and infection control methods

[The Lancet Series on Antimicrobial Resistance: The need for sustainable access to effective antibiotics](#)

“Access to effective antibiotics is essential to every health system in the world, however, antimicrobial resistance (AMR) threatens this backbone of modern medicine and is already leading to deaths and disease which would have once been prevented. **This Series highlights that, although AMR can affect anyone throughout the life course, the very young, very old and severely ill are the ones suffering the most.** Through novel modelling data, this Series shows how stopping infections through improved vaccination and water and sanitation can not only prevent a significant proportion of deaths due to AMR in low- and middle-income countries, but also reduce the use of antibiotics to preserve its effectiveness. The Series also addresses how a rethink of drug development is needed to support investment in antibiotic, diagnostics, and vaccine development according to the burden of infection and resistance. Lower drug development costs will also make antibiotics more affordable and accessible. Finally, the authors argue for the need of targets to trigger political commitment and accelerate progress in addressing AMR.”

Via the press release:

“**Speaking at the World Health Assembly, authors of a new Lancet Series call for urgent global action on antimicrobial resistance (AMR), and ensuring sustainable access to antibiotics through:** Intensifying efforts to promote vaccination, access to safe water and sanitation, and hospital infection control, thereby reducing infections and the use of antibiotics, which protects their long-term effectiveness. Expanding access to existing and new antibiotics, which could save many lives lost to bacterial infections. Increasing investment in new antibiotics, vaccines and diagnostics that are designed to be affordable and accessible to patients in need globally.”

“**Authors say if the world does not prioritise action on AMR now, we will see a steady increase in the global death toll – currently 4.95 million per year from infections linked to AMR – with young infants, elderly people, and people with chronic illnesses or requiring surgical procedures at the highest risk. ...**”

“**Improving and expanding existing methods to prevent infections, such as hand hygiene, regular cleaning and sterilisation of equipment in healthcare facilities, availability of safe drinking water, effective sanitation and use of paediatric vaccines, could prevent over 750,000 deaths associated with AMR every year in low- and middle-income countries (LMICs), estimates a new modelling**

analysis as part of a new four paper Series published in *The Lancet*....”

PS: **“AMR targets for 2030 must address the need for sustainable access to effective antibiotics ...”** **“AMR will be addressed for the second time during a High-Level Meeting as part of the upcoming United Nations General Assembly in September 2024.** The Series proposes **ambitious yet achievable global targets for 2030**, which authors argue should be adopted at the meeting within a framework of universal access to antibiotics: **the ‘10-20-30 by 2030’ goals:** A 10% reduction in mortality from AMR by scaling up public health interventions to prevent infections in the first place, reducing both antibiotic use and resistance and enabling great access. A 20% reduction in inappropriate human antibiotic use by reducing use of antibiotics for mild respiratory infections that generally do not require antibiotics. A 30% reduction in inappropriate animal antibiotic use to be achieved by incremental actions in many sectors.”

“... The Series also calls for the establishment of an independent scientific body – an Independent Panel on Antimicrobial Access and Resistance – to expand the evidence base for policy implementation and to inform new targets.”

PS: make sure you also check out the **Lancet Editorial - [Antimicrobial resistance: an agenda for all](#)**

Concluding: **“...AMR is complex.** Many pathogens need to be targeted. It thrives in poverty. It connects human, animal, and environmental health. **The political declaration that emanates from the second high-level meeting on AMR will be judged by how its recommendations are implemented, not by the words on the page.** This Lancet Series gives clear, evidence-based guidance on how to reach achievable targets that will save lives, mitigate AMR, and enhance food security. Key will be resolving the differing needs and priorities of high-income, middle-income, and low-income countries.”

- Coverage via the Guardian - [Huge number of deaths linked to superbugs can be avoided, say experts](#)

Wellcome (Report summary) - Driving action on antimicrobial resistance (AMR) in 2024

https://wellcome.org/reports/driving-action-amr-2024?utm_source=twitter&utm_medium=o-wellcome

“This policy brief identifies opportunities to drive change in how governments respond collaboratively to antimicrobial resistance (AMR). It is designed to support discussions with and between governments in the lead-up to and following the 2024 UN General Assembly.” With **three recommendations** for the UN HL meeting.

Access to Medicine Foundation - More superbugs, fewer drugs. How can pharma companies ensure the handful of promising antimicrobials make it to the frontlines of drug resistance?

[More superbugs, fewer drugs. How can pharma companies ensure the handful of promising antimicrobials make it to the frontlines of drug resistance? | Access to Medicine Foundation](#)

“Against the backdrop of an increasingly shrinking antimicrobial R&D pipeline, **a new report from the Access to Medicine Foundation looks at what can be done with what little there is.** The report zeroes in on **five late-stage projects that target some of the most severe drug-resistant pathogens,** outlining how comprehensive access and stewardship planning can ensure newly-developed drugs reach every single patient who needs them.”

“... Four of the five companies in scope – GSK, Pfizer, Inoviva and Venatorx – are initiating or conducting clinical trials involving children, signalling positive steps in moving towards closing the gap between adult and paediatric access. Out of 113 low-and middle-income countries (LMICs) in scope, concrete commitments for registration were only identified in 5 – China, India, Mexico, South Africa and Thailand. Many of the remaining 108 LMICs in scope face high burdens of diseases targeted by the projects and could benefit from access to them.”

- Coverage via **Cidrap News** - [Report highlights gaps in access, stewardship plans for promising antimicrobials](#)

“ **A new report suggests a handful of innovative antimicrobials that could be approved within the next few years could save up to 160,000 lives if made available, and used appropriately, in the low- and middle-income countries (LMICs) where they're most desperately needed. But the companies developing these products are not doing as much as they could be to make this goal a reality.** The report from the Access to Medicine Foundation tracks four innovative, late-stage antimicrobial research and development projects, and one recently approved product, that collectively treat a variety of drug-resistant infections, which disproportionately affect people in LMICs.....”

PS: “...**The report also highlights the important role collaborations can play in expanding global access to new antimicrobials, especially for smaller companies** that don't have the financial resources and global reach of large pharmaceutical companies. An example is the **agreements that Venatorx and Inoviva have signed with the nonprofit Global Antibiotic Research and Development Partnership (GARDP)** to complete the development of cefepime-taniborbactam and zoliflodacin.”

- Link: MSF - [MSF statement and position paper on UNHLM for AMR](#)

Bird flu

Stat - When should we start making H5N1 vaccine, and who will make that decision? In short, it's complicated

<https://www.statnews.com/2024/05/22/h5n1-bird-flu-vaccine-questions-and-answers/>

“**Deciding when to start producing bird flu vaccine at scale, in the quantities needed for the entire world, is no easy feat.**” “How easy is it to switch from seasonal to pandemic flu vaccine production? Does a bird flu vaccine for cows make sense? The answers are complicated.....”

COVID

FT - New Covid variants stoke fears of a summer surge in cases

<https://www.ft.com/content/1db295dc-a6d6-434f-af4e-ff91352b0f37>

“So-called **FLiRT strains** set to test effectiveness of vaccines against latest mutations.”

HIV

Lancet Comment - The HIV response beyond 2030: preparing for decades of sustained HIV epidemic control in eastern and southern Africa

The Post-2030 HIV Response Working Group;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00980-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00980-2/fulltext)

“... The **2015 UNAIDS–Lancet Commission** envisioned “ending AIDS” as achieving disease control, recognising that long-term intervention measures would be needed to maintain the lowered rates of new HIV infections and AIDS-related deaths. **To sustain HIV epidemic control beyond 2030, countries with high burdens of HIV will need to continue steadily further reducing new HIV infections over coming decades, eventually to below a globally applicable threshold**, such as below one new infection per 10 000 HIV-negative population **Through a meeting series convened by UNAIDS, the Post-2030 HIV Response Working Group reviewed progress in the HIV response, the evolving nature of the epidemic, how to define long-term epidemic control beyond 2030, and the key programmes, policies, and surveillance required to ensure it is sustained.....”**

“... Here, we identify four essential priorities to sustain HIV epidemic control in countries in eastern and southern Africa with large HIV epidemics and successful HIV programmes.....”

UHC & social protection financing

Lancet Comment - Inflammatory bowel disease has no borders: engaging patients as partners to deliver global, equitable and holistic health care

C A Lamb et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00983-8/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00983-8/abstract)

« **World inflammatory bowel disease (IBD) Day 2024 unites around the theme IBD has no borders.** As a **multinational authorship of physicians and people with lived experiences of IBD**, we recognise that Crohn's disease and ulcerative colitis extend across both geographical and personal boundaries. Traditionally considered to be a disease of high-income countries (HICs), **IBD today is a global condition with an accelerated incidence in Asia, Africa, and Latin America, which parallels industrialisation and lifestyle change.”** “ The people who have IBD today are diverse, of multiple races and cultures, with varying genetic make-up, and from different socioeconomic environments.

These changes have uncovered **barriers to equitable health-care access, especially in low-resource settings....”**

« **This World IBD Day, we urge the worldwide community to engage people living with IBD in efforts to address unmet needs, reduce delays and disparities in care, improve equitable access to health-care services, provide therapies for optimal disease control, and restore quality of life.** By working together with people living with IBD, the IBD community will be better able to advance quality measures for care and to recruit participants into well designed clinical trials of novel therapies. We must make patients equal partners and together improve care of the individual, facilitate scientific advances to eliminate stigma, and develop and provide new and improved treatments. »

New ILO working paper highlights “overwhelming” social protection financing gap for low-income countries

<https://www.ilo.org/resource/news/new-ilo-working-paper-highlights-overwhelming-social-protection-financing>

“The working paper provides updated estimates of how much more countries need to spend to ensure universal access to essential healthcare and basic income security.”

“Governments of low- and middle-income countries will need to increase spending to ensure universal social protection by an estimated additional US\$1.4 trillion if they are to provide basic social protection for all, according to a new working paper by the International Labour Organization (ILO), *Financing Gap for Universal Social Protection: Global, regional and national estimates and strategies for creating fiscal space*. This financing gap represents 3.3 per cent of the annual GDP of low and middle-income countries combined. The findings point to even greater challenges for low-income countries, where the social protection financing gap reaches an overwhelming 52.3 per cent of annual GDP. ...”

“To achieve universal coverage, low- and middle-income countries will need additional government spending of 10.6 per cent of annual government expenditure. This can be raised through domestic resources, such as taxation and social security contributions, as well through better management of sovereign debt. However, for low-income countries in particular, bridging the gap would require the mobilization of four times annual government expenditure. This is why, the working paper argues, international solidarity is needed. The authors note that, to close such a gap, development assistance to these countries would need to be more than tripled and used solely for social protection. “

Lancet GH (Comment) - Hernia repair as a tracer for elective surgical care

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00214-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00214-6/fulltext)

Comment linked to a **new study in the Lancet GH – [Access to and quality of elective care: a prospective cohort study using hernia surgery as a tracer condition in 83 countries.](#)**

“... In The Lancet Global Health, the NIHR Global Health Research Unit on Global Surgery have reported on hernia repair outcomes from 83 countries. They found that, from higher-income to lower-income settings, rates of emergency surgery and bowel resection increased and rates of mesh use decreased. Consequently, they propose that hernia surgery could serve as a tracer condition for the provision of elective surgical care.....”

PHC

WHO - Implementing the primary health care approach: a primer

<https://www.who.int/publications/i/item/9789240090583>

“This Primer is about the 'how' of primary health care (PHC) and brings together best practices and knowledge that countries have generated through 'natural experiments' in strengthening PHC with the best available research evidence. ... The Primer offers a contemporary understanding of PHC and more conceptual clarity for strengthening PHC-oriented health systems. It does so by consolidating both scientific evidence and an extensive sample of practical experiences across countries for the needed evidence to address practical implementation issues. “

“The Primer is organized in three parts. Part I explains the PHC approach, its history, core concepts and rationale, and draws out lessons for transformation. Part II addresses operational and strategic levers that make PHC work. It covers governance, financing and human resources for health, medicines, health technology, infrastructure and digital health, and their role in implementing change. Part III concludes with a cross-cutting view of the impacts of PHC on the health system, efficiency, quality of care, equity, access, financial protection and health systems resilience, including in the face of climate change. “

PS: and a quote – from an [event recap “PHC research frontiers in the era of Polycrisis” by dr Kumanan Rasanathan](#) **“Key point: Polycrisis means there is no crisis vs. "peacetime" in public health.”**

LGBTQI+

K Bertram - What’s normal? And who is defining the new normal?

<https://katribertram.wordpress.com/2024/05/17/whats-normal-and-who-is-defining-the-new-normal/>

Blog linked to last Friday’s **International Day Against Homophobia, Biphobia and Transphobia, IDAHOBIT.**

“A few thoughts on what’s normal, who is defining the new normal, and why I find complacency in our current times extremely dangerous.”

“As extreme right-wing positions continue to spread around the globe, this type of normalization that defines a new normal as exclusive to a dominant or majority (and often patriarchal) position is dangerous. Just look at recent legislation to outlaw and even reimpose death penalties for LGTBQI+ people..... **Right now, what scares me even more than the extreme positions is the complacency and silence of the majority of people, leaders, and organizations around me.** The radical, tectonic shifts in the world that remind me increasingly of the 1930s, Nazification, and an oncoming World War, somehow don’t seem to shake and terrify people to the core. **What happens to LGBTQI+ kids in the UK, US, Russia, Uganda, Rwanda, or elsewhere, doesn’t seem to be that relevant.....”**

Devex - What African LGBTQ+ activists need from donors amid anti-gay law surge

<https://www.devex.com/news/what-african-lgbtq-activists-need-from-donors-amid-anti-gay-law-surge-107589>

Insightful read. **“Global LGBTQ+ funding increased to \$576 million according to the 2019-20 Global Resources Report by The Global Philanthropy Project, but only \$184 million was allocated to the global south.”**

“As LGBTQ+ activists in Africa await another legal challenge to an anti-gay law in Uganda and a proposed one in Ghana, Western donors are being urged to increase funding for the movement, develop more effective narratives to support rights in the global south, and to counter Western evangelical influence.....”

MSF - Introduction to LGBTQI+ Inclusive Care

[MSF report](#)

“The LGBTQI+ Inclusion Project at Médecins Sans Frontières (MSF) launched in August 2022 with the goal to reduce barriers to appropriate and dignified healthcare for LGBTQI+ people. Shortly after, the project began contacting organizations serving the LGBTQI+ community with a local scope in or near MSF project areas. **The goal was to understand how these organizations provide the LGBTQI+ community with inclusive healthcare services in varying cultural, political, and security contexts.** The information collected comes directly from people working with the LGBTQI+ community and who are often members of the community themselves. **The results of this interview series are presented to assist and encourage MSF projects working on LGBTQI+ inclusion to take actions that address the many unmet needs of this diverse population.** This report begins with an overview of the organizations interviewed, the services provided and the regional security contexts they work in. It then goes on to address access to care and how local organizations reach LGBTQI+ persons for service provision. Finally, the report delves into the organizations’ key recommendations for LGBTQI+ inclusive care.”

PS: MSF is present in 34 of the 67 countries where LGBTQIA+ people are still being criminalized. Report based on interviews with 15 local NGOs.

Malaria vaccines

FT - Malaria vaccine makers call for more orders to drive down costs

[Malaria vaccine makers call for more orders to drive down costs \(ft.com\)](#)

“Serum Institute of India says it is losing money on each dose it supplies for historic first mass vaccination campaign.”

“Malaria vaccine makers have called on UN children’s agency Unicef and global vaccine alliance Gavi to order more of the jabs in order to drive down their cost and bolster a historic but challenged campaign to combat one of Africa’s most destructive diseases. However, the multilateral organisations have warned that increasing supplies will not solve logistical difficulties faced by the world’s first vaccination campaign against malaria, which was launched in January. “

“...The Serum Institute of India, which is the world’s biggest manufacturer of vaccines and on Monday shipped its first doses of the R21 malaria vaccine developed by the University of Oxford, said it could produce four times as many doses as had been ordered by Unicef and Gavi. “[R21] will make a huge impact in saving children’s lives in Africa,” Adar Poonawalla, Serum’s chief executive, told the Financial Times, but added the company was losing money on every jab and that it needed more orders for it to break even and for the vaccination campaign to succeed. He said Serum was set to provide 100mn doses to sub-Saharan Africa over the next four years, despite having capacity for 100mn jabs per year. Bharat Biotech, a Hyderabad-based vaccine maker that will take over production of British pharmaceutical group GSK’s malaria vaccine from 2028, said it needed more advance orders from Unicef and Gavi in order to build up production.....”

“However, officials and industry leaders said international bodies would continue with their gradual ramp-up of immunisation efforts. Aurélia Nguyen, chief programme officer at Gavi, said all available doses were now being used and the R21 supply would support wider rollout. Asked about the calls for bigger orders, Nguyen said Gavi was trying to strike a balance between moving quickly enough to have a clear health impact while ensuring the vaccine programme was not “poorly implemented or sets countries up for fiscal issues”. Eight countries had received malaria vaccines since the campaign was launched in January, with seven more to receive them this year, Nguyen said.....”

PS: “... The GSK jab costs €9.30 per dose, making it the most expensive vaccine Gavi helps fund, while Serum is providing the R21 vaccine at about \$4 a dose. The WHO thinks both jabs are equally effective and Poonawalla said that while the price Serum charged was currently below its costs, it would fall as production increased.....”

TB vaccines?

Telegraph - TB has reclaimed its place as the world's biggest infectious killer – but are its days numbered?

[TB has reclaimed its place as the world's biggest infectious killer – but are its days numbered? \(telegraph.co.uk\)](https://www.telegraph.co.uk)

“Health experts pin their hopes on long-awaited trials into a new potential vaccine for tuberculosis.”

“..... Researchers in South Africa have begun field trials to test whether the promising new M72/AS01E vaccine candidate, also known simply as M72, is effective in the real world. The trial will take up to five years, but the vaccine’s potential to save millions of lives in the coming decades is already causing excitement among health researchers across the world. That optimism is only tempered by frustration that a lack of funding has so far slowed development despite promising results from earlier phase two trials finished in 2018.....”

PS: **“..... After decades of frustration, health researchers now find themselves in the unusual situation of having a strong pipeline of potential vaccines. As well as the M72 trial, there are several other potential vaccines in earlier trials – and experts say that, even if this shot falls short, the experience of running the trials (and the infrastructure established) should lay the groundwork for better jabs down the line. “The vaccine portfolio has finally matured to the point where we have a reasonable number of what I’ll call shots on goal,” says Dr Mel Spigelman, president and chief executive of the TB Alliance. “Right now the weakest link in the chain is clearly the financial resources – it is not the science, it is not the availability of very interesting leads... we need a funding revolution, so we won’t be sitting here 50 or 100 years from now, lamenting the situation.”...”**

Access to medicines, vaccines & other health technologies

BMJ Opinion - People who need insulin are particularly vulnerable in disasters and conflicts

<https://www.bmj.com/content/385/bmj.q1109>

“Upholding international humanitarian law and ending the weaponisation of aid and medical supplies is critical to protecting the health of people with diabetes during disasters and conflicts, say Alicia J Jenkins and colleagues.”

SA strong-armed by pharma giants over Covid vaccine prices

<https://www.businesslive.co.za/bd/national/health/2024-05-21-sa-was-strong-armed-by-pharma-giants-over-covid-vaccine-prices/>

(gated) **“Government officials pushed back against many of the terms demanded by Covid-19 vaccine manufacturer Pfizer but were ultimately forced to pay a premium and bear the risk of any delays or harm caused by the jabs, according to the latest tranche of documents scrutinised by health activists. The Health Justice Initiative (HJI) on Tuesday released fresh details of SA’s previously secret Covid-19 vaccine deals based on a second set of records provided by the health department to the advocacy group in the wake of a high court ruling in 2023...”**

- See also Daily Maverick: [Documents reveal how Pfizer and Moderna ‘profiteered’ in Covid-19 vaccine negotiations](#)

“Analysts studying the contracts South Africa concluded for the Pfizer vaccine and negotiations with Moderna for the Spikevax vaccine have found many instances of corporate bullying and draconian and one-sided contracts — but also of South African officials standing up and demanding more transparency, the Health Justice Institute said on Tuesday...”

- And via HPW – [Moderna’s Attempt to Get Huge Price for COVID Vaccines from South Africa Highlights Need to ‘Rein in Corporates’ in Pandemics](#)

“Moderna tried to extract a huge price for its COVID-19 vaccine from the South African government at the height of the pandemic, according to the local NGO, Health Justice Initiative (HJI), in revelations made public this week.”

“The US-based pharma company wanted to charge \$42 per vaccine in mid-2021 when vaccines were scarce, reducing this to \$32.30 in the third quarter and \$28.50 by the fourth quarter. In comparison, Pfizer offered its vaccines for \$10 per dose over the same period – which, although less than a quarter of Moderna’s ask, was still higher than the price paid by the European Union. Moderna also expected South Africa to pay to transport the vaccine from its European offices, and demanded broad indemnification clauses and a 15-year confidentiality agreement, according to HJI...”

“... HJI director Fatima Hassan said that their analysis of the negotiation documents, done with the help of the nonprofit consumer advocacy organisation Public Citizen, “reveals a pattern of bullying and attempts to extract one-sided terms, especially by pharma giants Moderna and Pfizer all while they profiteered from a global health emergency”. “What these documents make clear is that corporations can and will exploit the conditions of public health emergencies to coerce governments, particularly those in low-and middle-income countries, into accepting unreasonable agreements on the supply of life-saving medicines,” said Jishian Ravinthiran, a researcher with Public Citizen, addressing a media briefing this week. “International efforts to address future global health emergencies, like the pandemic accord, must include robust provisions and safeguards to rein in these corporate interests and ensure the rapid, equitable supply of vital countermeasures for everyone.””

PS: **“... Voluntary mechanisms fall short:** Prof **Matthew Kavanagh**, director of the Global Health Policy and Politics Initiative at the O’Neill Institute at Georgetown University in the US, said that the South African example was a lesson for those negotiating a pandemic agreement in Geneva at present...”

WIPO Member States Adopt Historic New Treaty on Intellectual Property, Genetic Resources and Associated Traditional Knowledge

https://www.wipo.int/pressroom/en/articles/2024/article_0007.html

(24 May) **“WIPO member states today approved a groundbreaking new Treaty** related to intellectual property (IP), genetic resources and associated traditional knowledge, marking a historic breakthrough that capped decades of negotiations.”

“This is the first WIPO Treaty to address the interface between intellectual property, genetic resources and traditional knowledge and the first WIPO Treaty to include provisions specifically for Indigenous Peoples as well as local communities. The Treaty, once it enters into force with 15 contracting parties, will establish in international law a new disclosure requirement for patent applicants whose inventions are based on genetic resources and/or associated traditional knowledge.....”

Reuters – Moderna wins COVID shot patent case against Pfizer-BioNTech in Europe

<https://www.reuters.com/business/healthcare-pharmaceuticals/moderna-wins-case-patent-dispute-with-pfizer-biontech-over-covid-shot-ft-reports-2024-05-17/>

From end of last week. **“Moderna ([MRNA.O](#)) said on Friday the European Patent Office had upheld the validity of one of the company's key patents,** a win in an ongoing COVID-19 vaccine dispute with Pfizer and BioNTech.....”

- Link: HPW - [WHO Expands List of Trusted Regulatory Agencies to 36, including US FDA and European Medicines Agency](#)

Human Resources for Health

FT - Effects of health worker shortage ripple from poor to rich countries

<https://www.ft.com/content/cd078034-7184-4172-ae72-46880526bf42>

‘There’s a global labour failure through the mismatch in demand and the supply from the education system’

With the view of **Jim Campbell (WHO)**, among others.

“..... Campbell says two mechanisms are driving the global health worker shortage. First, not enough people are training as doctors, nurses and other health workers in higher-income countries, so governments are filling the gap by recruiting from overseas. For example, more than half of the doctors joining the UK’s General Medical Council register since 2018/19 trained outside the UK, according to a Public Health journal paper. **This situation is almost reversed in poorer countries, where more people gain qualifications than there are jobs.** “In some of the lower middle

income economies, high interest rates mean the debt burden [annual payments to service government borrowing] is greater than the budget for health and education combined, which means there's no new money to create jobs, even though graduates are coming through the system," says Campbell. "There's a global labour failure through the mismatch in demand . . . and the supply from the education system." **Lacking job opportunities at home, many health workers go overseas. A WHO report shows that, in the organisation's African Region, 42 per cent of health workers intend to move abroad in the future, looking mostly to the UK, US, Canada, Ireland and Australia.** Yet the region also carries some of the highest levels of disease....."

".... This **migration of health workers surged during the pandemic, according to Dr Matshidiso Moeti, WHO regional director for Africa.** Zimbabwe, Nigeria and Ghana were among the countries that saw significant emigration of health workers.... .. **Moeti notes that there has already been a 70 per cent rise in health workers being trained in Africa since 2018. However, creating jobs for these graduates remains the key hurdle.** According to WHO predictions, **spending on health workforce employment by governments, the private sector and donors needs to increase by 43 per cent to absorb all of the trained health workers in the WHO African Region.** The private sector can play a role, particularly while sovereign budgets remain so squeezed. At least 40 per cent of extra training in the WHO African Region from 2018 to 2022 came from the private sector. Similarly, development spending can help; in Benin, a temporary tranche of development spending has offered a boost to healthcare provision....."

Lancet Comment - Global workforce implications of Dobbs v Jackson Women's Health Organization

J Strasser et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00984-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00984-X/fulltext)

"The Dobbs v Jackson Women's Health Organization Supreme Court decision in 2022 changed the landscape of reproductive health care in the USA. As Claire D Brindis and colleagues explain in their Viewpoints, there are wide-ranging impacts on both the national health-care workforce and society. **This Comment expands on these important Viewpoints to present implications and strategies for the workforce in the USA and globally....."**

Coming up: World No Tobacco Day (31 May)

WHO - [Hooking the next generation: how the tobacco industry captures young customers](#)

"On 23 May, the World Health Organization (WHO) and STOP, a global tobacco industry watchdog, launched "Hooking the next generation," a report highlighting how the tobacco and nicotine industry designs products, implements marketing campaigns and works to shape policy environments to help them addict the world's youth. " "Amongst others, the report discusses the use of tobacco among millions of children aged 13–15 years, as well as the rate of e-cigarette use among adolescents compared to that of adults in many countries. "

"This comes just ahead of [World No Tobacco Day](#) marked on 31 May, where WHO is amplifying the voices of young people who are calling on governments to protect them from being targets of the tobacco and nicotine industry....."

TGH - Big Tobacco Is Being Held More Accountable Around the World

B Gomis; <https://www.thinkglobalhealth.org/article/big-tobacco-being-held-more-accountable-around-world>

“Regulatory regimes beyond public health are targeting Big Tobacco's abuses.”

“... Public health agencies continue the fight against tobacco, including combating tobacco companies' efforts to undermine public health measures. The focus on health, however, has allowed many of the tobacco industry's business and political practices to fly under the radar. That pattern is changing. **Governments are increasingly scrutinizing the industry under regulatory regimes that are not focused on public health.** Over the past two years, investigations have shed light on and punished many questionable, illegal, and criminal activities of tobacco companies. ...”

TGH - Advancing Global Tobacco Control as New Challenges Arise

S Lee; <https://www.thinkglobalhealth.org/article/advancing-global-tobacco-control-new-challenges-arise>

“The **most recent meeting of the Framework Convention on Tobacco Control** confronted persistent problems and new threats.”

“**In February, the tenth COP (COP10) convened in Panama City, Panama, and hosted 142 parties of the FCTC.** The conference marked the FCTC's 20-year milestone and saw the return to face-to-face proceedings after disruptions caused by the COVID-19 pandemic. COP10 was also a turning point for global efforts to combat tobacco use. FCTC parties took action to reduce the environmental impact of tobacco products and update guidelines on tobacco advertising, promotion, and sponsorship. **The conference also revealed, however, that new tobacco products and technologies threaten global tobacco control efforts as the FCTC enters its third decade.** ...”

Planetary health

Guardian - Economic damage from climate change six times worse than thought – report

<https://www.theguardian.com/environment/article/2024/may/17/economic-damage-climate-change-report>

“The economic damage wrought by climate change is six times worse than previously thought, with global heating set to shrink wealth at a rate consistent with the level of financial losses of a continuing permanent war, research has found. A 1C increase in global temperature leads to a 12% decline in world gross domestic product (GDP), the researchers found, a far higher estimate than that of previous analyses. “ ... the [new working paper, yet to be peer-reviewed, states](#) : **A 3C temperature increase will cause “precipitous declines in output, capital and consumption that exceed 50% by 2100” the paper states.** This economic loss is so severe that it is “comparable to the economic damage caused by fighting a war domestically and permanently”, it adds.....”

IJHPM - Can a Wellbeing Economy Save Us?

R Labonté; https://www.ijhpm.com/article_4602.html?utm_source=dlvr.it&utm_medium=twitter

« The COVID-19 pandemic led many countries to consider reforms to their economic policies, in part to better deal with global warming, mass population migration and displacements, and worsening global inequalities. Some health progressive changes have been made, but the world still confronts the contradiction between economic growth and the need to reduce aggregate global consumption. **Wellbeing economies based on valuing human and planetary health have been proposed as a viable option, with more appeal than concepts such as degrowth or postgrowth economics. Some governments are moving in a 'wellbeing economy' direction, but are they moving far and fast enough?** What are the policy actions governments must take, and how will they overcome powerful interests opposed to any economic changes that might challenge their privileges? **The idea of wellbeing economies resonates strongly with most cultures; and therein lies its civil society activist potential.** »

Including this line: “...Plotting some escape routes out of capitalism is the biggest and most urgent challenge facing efforts to put wellbeing economics into substantive practice...”

Guardian - Half of world's mangrove forests are at risk due to human behaviour – study

<https://www.theguardian.com/environment/article/2024/may/23/mangrove-forests-risk-human-coastline-protection-biodiversity-ecosystems-climate-carbon-aoe>

“Half of all the world's mangrove forests are at risk of collapse, according to the first-ever expert assessment of these crucial ecosystems and carbon stores.”

“Human behaviour is the primary cause of their decline, according to the **analysis by the International Union for Conservation of Nature (IUCN)**, with mangroves in southern India, Sri Lanka and the Maldives most at risk. Systems in the South China Sea, central Pacific, and the eastern Coral Triangle around Malaysia, Papua New Guinea and the Philippines were classified as endangered...”

A few reports & other key publications

GAP - 2024 progress report on the Global Action Plan for Healthy Lives and Well-being for All: Aligning for country impact

<https://www.who.int/publications/i/item/9789240094949>

Fifth progress report, just in time for #WHA77. “...This fifth progress report amplifies countries' voices, including their views of development partner alignment and collaborations at country level. **The report notes countries' clear call for greater alignment among development partners around national plans, including through the SDG3 GAP monitoring framework, the 2023 UHC Political Declaration and the 2023 Lusaka Agenda.**”

WHO - New report flags major increase in sexually transmitted infections, amidst challenges in HIV and hepatitis

<https://www.who.int/news/item/21-05-2024-new-report-flags-major-increase-in-sexually-transmitted-infections---amidst-challenges-in-hiv-and-hepatitis>

“Global HIV, viral hepatitis epidemics and sexually transmitted infections (STIs) continue to pose significant public health challenges, causing 2.5 million deaths each year, according to a new WHO report - [Implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, 2022–2030](#).”

“New data show that STIs are increasing in many regions. In 2022, WHO Member States set out an ambitious target of reducing the annual number of adult syphilis infections by ten-fold by 2030, from 7.1 million to 0.71 million. Yet, new syphilis cases among adults aged 15-49 years increased by over 1 million in 2022 reaching 8 million. The highest increases occurred in the Region for the Americas and the African Region. Combined with insufficient decline seen in the reduction of new HIV and viral hepatitis infections, the report flags threats to the attainment of the related targets of the Sustainable Development Goals (SDGs) by 2030.....”

- Coverage via HPW - [Syphilis and Other Sexually Transmitted Infections Still Increasing in Many Regions of the World](#)

“New WHO data show that new infections from HIV/AIDS are not declining fast enough. Also, syphilis along with other sexually transmitted infections (STIs) are increasing in many regions of the world, contrary to the ambitious targets set by the Sustainable Development Goals and WHO member states for ending the epidemics of AIDS, viral hepatitis B and C and sexually transmitted infections by 2030..... “

“... Meanwhile, new HIV infections only declined from 1.5 million in 2020 to 1.3 million in 2022 – an inadequate trajectory to meet SDG target 3.3 to ‘eliminate the epidemic of AIDS’ by 2030. Five key population groups — men who have sex with men, people who inject drugs, sex workers, transgender individuals, and individuals in prisons and other closed settings — still experience significantly higher HIV prevalence rates than the general population. An estimated 55% of new HIV infections occur among these populations and their partners....”

Guardian - Attacks on health workers in conflict zones at highest level ever – report

<https://www.theguardian.com/global-development/article/2024/may/22/attacks-health-war-bombing-looting-hospitals-killing-medics-gaza-sudan-ukraine-humanitarian-law>

“Attacks on health workers, hospitals and clinics in conflict zones jumped 25% last year to their highest level on record, a new report has found. While the increase was largely driven by new wars in Gaza and Sudan, continuing conflicts such as Ukraine and Myanmar also saw such attacks continue “at a relentless pace”, the [Safeguarding Health in Conflict](#) coalition said. “

“Researchers recorded more than 2,500 incidents of “violence against or obstruction of healthcare” in 2023, including the killing or kidnapping of health workers and the bombing, looting and occupation of hospitals. The coalition called for national and international prosecutions

of “war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities and health workers”

World Bank (report) - Water for Shared Prosperity

<https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099051624105021354/p50138117773d00d31858114955019bdfcc>

Last week, the World Bank presented the report **Water for Shared Prosperity**, during the **10th World Water Forum** in Bali, Indonesia. Pretty dire picture....

“...The 10th World Water Forum is an invitation to consider the collective water issues in countries as different as Indonesia and Morocco and to draw parallels among them. But it is also about finding solutions. **This report makes three major contributions.** It (1) provides a conceptual framework to illustrate the relationship between water and shared prosperity; (2) presents new empirical evidence on the drivers, extent and costs of inequalities in water access, as well as disparities in the impacts of climate-related water shocks; and (3) identifies policy responses to improve water access, strengthen climate resilience, and promote shared prosperity on a livable planet.;....”

WHO Environmental and Social Safeguards Framework

<https://www.who.int/publications/m/item/who-environmental-and-social-safeguards-framework>

“... **The World Health Organization (WHO) Environmental and Social Safeguard Framework (ESSF)** is intended to promote universal access to health care, a better quality of care, social fairness and equality while also enhancing resilience to social and environmental shocks and achieving the Sustainable Development Goals (SDGs). It also is intended to avoid, **mitigate and minimize any adverse environmental and social impacts from WHO activities.****The ESSF establishes a set of core principles and safeguard standards prioritizing universal health coverage, social equity, environmental responsibility, and gender equality.** It outlines a clear process for identifying, managing, and mitigating potential environmental, climate and social **risks associated with WHO activities.**”

Miscellaneous

Lancet Editorial – Cyberattacks on health care—a growing threat

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01074-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01074-2/fulltext)

Concluding: “...Cybersecurity incidences in health care are rising and they are not a question of if, but when. **Cybersecurity is not just an IT issue. It is a matter of health.**”

FT - Djibouti looks to genetically engineered mosquitoes to quell urban malaria wave

[Djibouti looks to genetically engineered mosquitoes to quell urban malaria wave \(ft.com\)](https://www.ft.com/content/2024/05/1150086)

“Anopheles stephensi modified so that the biting females die are to be released across the country.”

“ The first batch of genetically engineered non-biting mosquitoes will be released in Djibouti on Thursday in an attempt to stop the spread of an invasive species that threatens to swamp African cities and set back years of progress on tackling malaria. The genetically modified Anopheles stephensi mosquitoes, developed by Oxitec, a US biotechnology company using technology spun out of the UK’s Oxford university, are engineered so that their female progeny die. Only female mosquitoes bite. Similar technology was used in 2022 to combat dengue-carrying mosquitoes in São Paulo, Brazil, where it suppressed 96 per cent of dengue mosquitoes, according to a peer-reviewed journal....”

PS: “... Dr Abdoulilah Ahmed Abdi, health adviser to the president, said the government’s objective was to “urgently reverse malaria transmission in Djibouti, which has spiked over the past decade”. **Djibouti, he said, could act as a blueprint for other nations; stephensi has already spread to countries including Ethiopia and Kenya and as far afield as Lagos, the huge commercial capital of Nigeria on Africa’s west coast.....”**

UN News - Haiti’s health system pushed to breaking point: UNICEF

<https://news.un.org/en/story/2024/05/1150086>

“Haiti’s health system is now “on the verge of collapse” UN Children’s Fund (UNICEF) Representative in Haiti Bruno Maes warned on Wednesday, amidst an alarming decrease in the number of hospitals still functioning in the violence-wracked Caribbean nation.”

Obituary

BMJ - Rhona MacDonald: medical editor and “a voice for those who could not be heard”

R Smith; <https://www.bmj.com/content/385/bmj.g1106>

“On the day she died Rhona MacDonald was working to have aid delivered to Ukraine, writing a letter to organise a medical evacuation from Gaza, and finalising a theme issue for the *Bulletin of the World Health Organization*.....” Do read this obituary about a truly remarkable person and editor.

Global health governance & Governance of Health

FT - Davos forum founder Klaus Schwab to step down

<https://www.ft.com/content/ac82ea30-8739-4cdd-99cf-cd9376c8bdc0>

“Founder turned the World Economic Forum into a must-attend conference and a €500mn business.”

He will be missed (also in my intros 😊).

Devex - EU breaches aid spending guideline in shift to ‘migration management’

[Devex](#);

“The bloc agreed to allocate only 10% of its development budget on curbing unwanted arrivals – but is spending 14%, which is expected to rise.”

- And via a tweet by Kalipso Chalkidou:

“ Fantastic opportunity: my Global Fund post is out! Sad to leave the Global Fund after 3.5 yrs of service + thrilled to be joining the World Health Organization + looking forward to working closely with my successor at the GF on all things health financing.”

Global health financing

Devex Pro - Why are billions being cut from European aid budgets?

<https://www.devex.com/news/why-are-billions-being-cut-from-european-aid-budgets-107647>

(gated) “The 10 most generous donors in the world are all in northern Europe. But in recent times, many have made cuts worth billions. What's going on?”

“Over the last few years, many of the largest donors in Europe have made cuts to their aid budgets. First it was the [United Kingdom](#). Now [Germany](#) and [France](#) have followed suit. [Some of the Nordic countries](#) — traditionally among the most generous of donors — are getting in on the act. Even the European Union is [reallocating money away from aid](#). But what’s going on? Why is this happening? It comes down to a combination of economics, politics, and geography, according to panelists at last week’s Devex Pro event: **Why are European donors slashing their aid budgets? ...**”

“Between a growing budget deficit in Europe, an increase of aid within the region’s own borders, and an outpouring of money going toward military and economic support for Ukraine, even some of Europe’s most generous donors seem to be tightening their purse strings.....”

Cigarette Tax Scorecard (3rd Edition)

J Drope et al ; <https://tobacconomics.org/research/cigarette-tax-scorecard-3rd-edition/>

“The Tobacconomics Cigarette Tax Scorecard (3rd edition) ... assesses the performance of cigarette tax policies in 170 countries. It uses 2022 data from the WHO Global Tobacco Control Reports to score countries on a five-point scale, thus providing policy makers with an actionable assessment. There are four scoring components used: the cigarette price, changes in affordability, the tax share of the price, and the tax structure used. Each country receives a score for each component, in addition to an overall score. **The Scorecard shows that governments have made insufficient progress, and even regressed**, in addressing the world’s leading cause of preventable death, **despite established evidence that the most effective tool—tobacco taxation—would reduce smoking and increase revenues.”**

UHC & PHC

BMJ News - Severe budget cuts in Kenya will plunge country into health crisis, officials warn

<https://www.bmj.com/content/385/bmj.q1154>

“Plans to slash Kenya’s health budget by two thirds in the next financial year will plunge the country into a health crisis and thwart its universal healthcare (UHC) goals, health officials have warned....”

Journal of Surgical Research - Measurements of Impoverishing and Catastrophic Surgical Health Expenditures in Low- and Middle-Income Countries and Reduction Interventions in the Last 30 years, a Systematic Review

<https://www.sciencedirect.com/science/article/abs/pii/S0022480424001902>

by G Klazura et al.

- PS: this week’s **Lancet issue** also features a **number of Letters on Integrated HIV, diabetes, and hypertension care in sub-Saharan Africa** – among others this [author's reply](#).

Pandemic preparedness & response/ Global Health Security

Science News - Companies start work on bird flu vaccines for cows—despite major hurdles

<https://www.science.org/content/article/companies-start-work-bird-flu-vaccines-cows-despite-major-hurdles>

“Market uncertainties, safety rules, and export concerns stand in way of H5N1 shots for cattle.”

Medicines Law & Policy - Continuing to ignore the problem of the know-how gap won't make it go away.

<https://medicineslawandpolicy.org/2024/05/continuing-to-ignore-the-problem-of-the-know-how-gap-wont-make-it-go-away/>

By Ellen 't Hoen.

Lancet Offline – Remembering our successes

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01075-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01075-4/fulltext)

Starting from an anecdote in 1986 re HIV, involving M Thatcher (on the then forthcoming national public education campaign to explain the risks of AIDS).

And concluding: “...At the end of The Ministerial Broadcast, Lord Fowler took part in an audience discussion. He reflected on the inquiry currently taking place into how the four UK Governments responded to COVID-19. He asked why we only seem to have inquiries into failures. “What about an inquiry into what went right?”, he asked. Perhaps if we recalled our successes—and why they were successes—our memories would serve us better when the next crisis comes.”

Planetary health

Guardian - Cop29 at a crossroads in Azerbaijan with focus on climate finance

<https://www.theguardian.com/world/article/2024/may/17/cop29-at-a-crossroads-in-azerbaijan-with-focus-on-climate-finance>

“Fossil-fuel dependent country hopes to provide bridge between wealthy global north and poor south at November gathering.” **Analysis of current state of affairs re the COP preparations for Azerbaijan later this year.**

Tax Justice Network - Financing Africa's Climate Action

M Nsenduluka; <https://taxjustice.net/2024/05/22/financing-africas-climate-action/>

“... To effectively manage climate change's adverse effects, Africa **needs at least \$140 billion annually from 2020 to 2030**. However, in 2020, Africa received only [three per cent of global climate finance](#) to support adaptation and mitigation efforts. **Fixing the international tax system could help plug this gap**. The Tax Justice Network's State of Tax Justice 2023 estimates that [the world loses US\\$480 billion](#) per year to corporate tax abuse and wealth tax evasion. This is nearly five times more than the unmet climate finance commitment. This stark discrepancy is why [Africa is leading the charge](#) for a [UN framework convention on tax](#). ...

“... many civic groups, researchers, and policymakers are **making a concerted effort** to explore the **nexus between tax and the climate crisis**. We are now sharing insights from two roundtables and studies conducted in [Mozambique](#) and [Tanzania](#). Drawing from these collaborative efforts, **we adopted a framework of tax justice principles to direct future advocacy for climate action**. This is known as the ‘**5Rs of tax justice**’, which include:

- raising **revenue**,
- **redistributing** wealth to create a more equal society,
- **repricing** through higher costs to discourage activities that infringe on the rights of others,
- improving **representation** to strengthen the social contract between citizens and their elected officials, and
- supporting **reparations** to address harms from historical injustices and colonial legacies.

The briefing, accompanied by a pocket guide, includes a series of probing questions for each of the principles to enhance collaboration between tax and climate justice movements.”

Guardian - Top oil firms’ climate pledges failing on almost every metric, report finds

<https://www.theguardian.com/us-news/article/2024/may/21/oil-companies-report-fossil-fuels-climate>

“Oil Change International says plans do not stand up to scrutiny and describes US fossil-fuel corporations as ‘the worst of the worst’”.

“... The research and advocacy group [Oil Change International](#) examined climate plans from the **eight largest US and European-based international oil and gas producers** – BP, Chevron, ConocoPhillips, Eni, Equinor, ExxonMobil, Shell and TotalEnergies – **and found none was compatible with limiting global warming to 1.5C above pre-industrial levels....”**

Guardian - The Bezos Earth fund has pumped billions into climate and nature projects. So why are experts uneasy?

<https://www.theguardian.com/environment/article/2024/may/20/jeff-bezos-earth-fund-carbon-offsets-climate-sector-uneasy-aoe>

“Jeff Bezos’s \$10bn climate and biodiversity fund has garnered glittering prizes, but **concerns have been voiced over the influence it can buy – and its interest in carbon offsets.**”

SS&M - Climate vulnerability and child health outcomes in developing countries: Do women’s political empowerment and female education make the difference?

J Kenneck-Massil et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953624004234>

“... Climate vulnerability leads to worse child health outcomes. **WPE and female education mitigate the effects of vulnerability on child health.**”

Plos Climate – Trust in climate science and climate scientists: A narrative review

V Cologna et al; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000400>

Review.

Covid

Politico - Moderna's long Covid plan

[Moderna's long Covid plan - POLITICO](#)

“The pharmaceutical company that became a household name when it developed a Covid-19 vaccine now wants to treat the disease’s lingering effects, which have afflicted tens of millions of people by some estimates. “We see this as an opportunity for Moderna to repeat our leadership and our expertise,” Bishoy Rizkalla, the company’s vice president of long Covid, told Daniel. Even so: Rizkalla said Moderna has no cure in the offing. He said the company is waiting for the science to develop around how the condition works before it begins “active research into solutions.” “For now, Moderna is engaging with patients with long Covid and studying efforts to treat the syndrome — as well as talking with public officials.”

Critical Public Health - Royal Society report: what would a comprehensive evaluation suggest about non-pharmaceutical interventions during COVID-19?

E Paul, V Ridde et al ; <https://www.tandfonline.com/doi/full/10.1080/09581596.2024.2349894?src=>

« ... **A recent report by the Royal Society examined the literature on the effectiveness of non-pharmaceutical interventions (NPIs) aimed at reducing the transmission of SARS-CoV-2 during the COVID-19 pandemic.** It emphatically concluded that they were ‘effective’, which we argue may be misleading to policymakers. **This paper performs a critical analysis of the Royal Society report** and explains what a proper evaluation of NPIs would mean, arguing that theory-based evaluations are required to approach complex issues and nurture democratic debates on societal choices.....”

Mpox

CDC (weekly report) - U.S. Preparedness and Response to Increasing Clade I Mpox Cases in the Democratic Republic of the Congo — United States, 2024

<https://www.cdc.gov/mmwr/volumes/73/wr/mm7319a3.htm>

Via [POLITICO](#) :

The U.S. is helping the Democratic Republic of the Congo stem its mpox outbreak while preparing for potential spread domestically. The Centers for Disease Control and Prevention outlined in a

recent report the steps it's taking as an outbreak in the DRC, where the disease is endemic, forebodes a repeat of the global mpox outbreak of 2022 — but with a deadlier variant.

“... Most cases in the DRC are in children under 15, according to the CDC report. **The vaccines used in the U.S. and elsewhere during the 2022 outbreak haven't yet been licensed in the DRC, but the country's government plans to introduce them.** However, only Japan has approved the vaccine LC16m8 for use in children, while Jynneos, the shot used in the U.S. and Europe, is only approved for adults.”

“**Other factors complicating the response in the DRC are:** — The different groups affected by the outbreak, children in some parts of the country and adults in other parts; — Varied types of transmission: from animals to people, among family members or through sexual contact....”

“**What the U.S. is doing:** Providing funding and technical assistance and sending specialists to the DRC to help with the outbreak response....”

Infectious diseases & NTDs

Conflict & Health - The impact of armed conflicts on HIV treatment outcomes in Sub-Saharan Africa: a systematic review and meta-analysis

<https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-024-00591-8>

Review.

UNAIDS launches inequalities visualization tool

https://www.unaids.org/en/resources/presscentre/featurestories/2024/may/20240520_inequalities-visualization-tool

“Tackling inequalities is how the world will end AIDS, so it is vital to know what type of inequalities exist in each country and how are they affecting the national AIDS responses. That is what a **new UNAIDS inequalities visualization tool** is set out to measure. **The new tool will allow countries, development partners, civil society, academia, and advocates to see and measure the effects that different dimensions of inequalities have on the HIV response....”**

WHO - New research flags the urgent need for research and evidence on the impact of climate change on neglected tropical diseases and malaria

<https://www.who.int/news/item/22-05-2024-new-research-flags-the-urgent-need-for-research-and-evidence-on-the-impact-of-climate-change-on-neglected-tropical-diseases-and-malaria>

“The World Health Organization's (WHO) Task Team on Climate Change, Neglected Tropical Diseases (NTDs) and Malaria, in partnership with Reaching the Last Mile (RLM), has released a **major scoping review published in [Transactions of the Royal Society of Tropical Medicine and Hygiene](#).** The

review of 42 693 articles reveals that there is not yet sufficient understanding of the actual and potential impacts of human-induced changes to climate patterns on malaria and NTDs.....”

Lancet Infectious Diseases (Editorial) – A simplified vaccine for cholera outbreak control

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00301-3/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00301-3/fulltext)

Re **Euvichol-S**, produced by EuBiologicals Co, Ltd. It’s a simplified version of Euvichol-Plus.

- Link: Plos GPH - [An exploration of multi-level factors affecting routine linkage to HIV care in Zambia’s PEPFAR-supported treatment program in the treat all era](#)

AMR

Lancet Infectious Diseases - A bedaquiline, pretomanid, moxifloxacin, and pyrazinamide regimen for drug-susceptible and drug-resistant tuberculosis

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00257-3/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00257-3/fulltext)

Comment linked to a **new study in the Lancet Infectious Diseases** - [Bedaquiline-pretomanid-moxifloxacin-pyrazinamide for drug-sensitive and drug-resistant pulmonary tuberculosis treatment: a phase 2c, open-label, multicentre, partially randomised controlled trial.](#)

Global Public Health - The invisible pandemic of antimicrobial resistance and its possible endings

Carolina Rau Steuernage et al ;

<https://www.tandfonline.com/doi/full/10.1080/17441692.2024.2355318>

« **Antimicrobial resistance (AMR) is often framed as a ‘silent pandemic,’** an invisible crisis unfolding beyond the public gaze. This unseen emergency narrative fuels policy responses aimed at re-establishing human control over antimicrobial use and benefits. **In this commentary, we critique the reduction of AMR to a homogenising framework – a product of long-standing paradigms for disease control and elimination. We argue that AMR stems not merely from microbial exposure to drugs, but also involves broader anthropocentric practices.** We assert that merely extending AMR concerns to encompass environmental factors is insufficient. Instead, **we advocate for a paradigm shift towards a holistic understanding that respects the evolutionary adaptability and survival strategies of microbial life itself.** Consequently, a fundamental re-evaluation of large-scale antibiotic use and production is necessary. **Rather than seeking to control AMR as a pandemic, we propose exploring the inherent complexity and interdependence of AMR issues.** Our proposition advocates for alternative futures that foster collaborations between human and non-human actors, ultimately envisioning a shift in human-microbial relationships towards more integrative health strategies. »

- Link: Global Public Health - [Cycles of antibiotic use and emergent antimicrobial resistance in the South African tuberculosis programme \(1950-2021\): A scoping review and critical reflections on stewardship](#)

NCDs

Nature Reviews Nephrology - Kidney health within the broader non-communicable disease agenda

Slim Slama et al ; https://link.springer.com/article/10.1038/s41581-024-00847-9?utm_source=rct_congratemail&utm_medium=email&utm_campaign=nonoa_20240517&utm_content=10.1038%2Fs41581-024-00847-9

“Kidney disease is strongly linked with cardiovascular diseases, hypertension, diabetes, infections and other health conditions, as well as social determinants of health and climate change. Consequently, **a holistic approach to promote well-being, protect individual health and improve access to quality primary care will support kidney health.**”

International Health -Obesity, beverage consumption and sleep patterns in rural African women in relation to advertising of these beverages

Merling Phaswana et al; <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihae031/7669073?searchresult=1>

“... **The purpose of the present study** was to determine relationships between obesity, physical activity, sleep patterns and beverage consumption among black South African women in a rural village in the Limpopo province.”

Lancet GH (Comment) - Geospatial disparities in breast cancer care in sub-Saharan Africa: time to act

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00180-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00180-3/fulltext)

Comment linked to a **new Lancet GH study** – [Geospatial disparities in survival of patients with breast cancer in sub-Saharan Africa from the African Breast Cancer-Disparities in Outcomes cohort \(ABC-DO\): a prospective cohort study](#)

“... in **The Lancet Global Health**, Joanne Kim and colleagues explored the relationship of the distance from a treatment centre with the outcome of breast cancer treatment in patients from the African Breast Cancer-Disparities in Outcome cohort **across five sub-Saharan African countries....**”

Mental health & psycho-social wellbeing

WB 'Investing in Health' blog - How to promote mental well-being for societies to thrive

P V Marquez et al ; <https://blogs.worldbank.org/en/health/How-to-promote-mental-well-being-for-societies-to-thrive>

Blog related to Mental Health Awareness month (May).

“Mental health is increasingly recognized as a development issue: The World Bank Group, in partnership with other national and international organizations, has been supporting efforts to increase awareness about mental health as a development challenge and the associated [costs of inaction](#).”

“... Given the growing global recognition about the vital role that mental well-being can play in fostering healthy and resilient societies, [here we delve into the interplay between mental health and other societal outcomes, and on policy implications](#).”

FT Special report - Wellbeing

<https://www.ft.com/reports>

“Businesses across the globe are spending billions of dollars on wellbeing initiatives but staff are more stressed than ever; the impact of social unrest; successful companies have happier staff; and the growing burden of financial strain.”

IHP - The rise of the far-right in India and mental health 'left' in the lurch

<https://www.internationalhealthpolicies.org/featured-article/the-rise-of-the-far-right-in-india-and-mental-health-left-in-the-lurch/>

Important Feat article by Malu Mohan & Sapna Mishra.

Social & commercial determinants of health

FT (The Big Read) - 'Deny, denounce, delay': the battle over the risk of ultra-processed foods

[‘Deny, denounce, delay’: the battle over the risk of ultra-processed foods \(ft.com\)](#)

“Despite a growing body of evidence, Big Food is trying to dampen fears about the health effects of industrially formulated substances.”

“... The rising concern about the health impact of UPFs has recast the debate around food and public health, giving rise to books, policy campaigns and academic papers. It also presents the most concrete challenge yet to the business model of the food industry, for whom UPFs are extremely profitable. The industry has responded with a ferocious campaign against regulation. In part it has used the same lobbying playbook as its fight against labelling and taxation of “junk food” high in calories: big spending to influence policymakers. FT analysis of US lobbying data from non-profit Open Secrets found that food and soft drinks-related companies spent \$106mn on lobbying in 2023, almost twice as much as the tobacco and alcohol industries combined. Last year’s spend was 21 per cent higher than in 2020, with the increase driven largely by lobbying relating to food processing as well as sugar.....”

“... In an echo of tactics employed by cigarette companies, the food industry has also attempted to stave off regulation by casting doubt on the research of scientists like Monteiro. “The strategy I see the food industry using is **deny, denounce and delay**,” says Barry Smith, director of the Institute of Philosophy at the University of London, and a consultant for companies on the multisensory experience of food and drink..... “

“... So far the strategy has proved successful. Just a handful of countries, including Belgium, Israel and Brazil, currently refer to UPFs in their dietary guidelines. But as the weight of evidence about UPFs grows, public health experts say the only question now is how, if at all, it is translated into regulation.....”

BMJ (Analysis) - Tackling the excesses of pharmaceutical marketing and promotion

<https://www.bmj.com/content/385/bmj-2023-076797>

“**Ravi Gupta and colleagues** argue that we need to reconsider standards for targeted pharmaceutical marketing to doctors through speaker programmes, consulting programmes, and advisory board positions.”

Sexual & Reproductive health rights

Global Health: Science & Practice (Supplement) - The Challenge Initiative: Lessons on Rapid Scale-Up of Family Planning and Adolescent and Youth Sexual and Reproductive Health Services

https://www.ghsjournal.org/content/12/Supplement_2

“The articles in this supplement showcase **The Challenge Initiative’s strategies and insights for sustainably scaling evidence-based family planning and adolescent and youth sexual and reproductive health interventions** and emphasize the need for multipronged interventions that address the complex web of factors influencing adolescents’ and youth’s access to contraceptive services.”

“...**The Challenge Initiative (TCI)** partnered with local governments in various countries to take proven interventions and strategies to scale with local governments taking the lead by not only

identifying the interventions that were most needed in their context but also committing human and financial resources from the beginning to enhance the likelihood of sustained impact. **Funded by The Bill & Melinda Gates Foundation, Bayer AG, and Comic Relief, TCI covered 106 localities in 10 countries across 4 regions between 2016 and 2021.....”**

BMJ (Editorial) – Unlocking maternal health: labour epidurals and severe morbidity

S Devroe et al ; <https://www.bmj.com/content/385/bmj.q1053>

“A viable protective option for at-risk pregnancies.”

Plos Med - Aetiology of vaginal discharge, urethral discharge, and genital ulcer in sub-Saharan Africa: A systematic review and meta-regression

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004385>

By Julia Michalow et al.

Links:

- **Plos GPH - [Asymptomatic infections with Chlamydia trachomatis, Neisseria gonorrhoeae, and Trichomonas vaginalis among women in low- and middle-income countries: A systematic review and meta-analysis](#)** (By C Fortas et al.)
- **AP - [Trump says he is open to restrictions on contraception before backing away from the statement](#)**

Neonatal and child health

BMJ Editorial - Global child mortality falls to historic low

<https://www.bmj.com/content/385/bmj.q1077>

(see also an IHP newsletter of a few weeks ago) **“Target to end preventable deaths among under 5s is within reach, UN data show.”**

“The 2023 report of the United Nations Interagency Group for Child Mortality Estimation shows a remarkable 51% fall in global mortality for children aged under 5 years between 2000 and 2022, from 76 deaths/1000 live births to 37/1000.1 This is a historic low: millions more children are surviving as low and middle income countries advance towards reducing under 5 mortality to ≤25 deaths/1000 live births by 2030, one of the targets set out in the UN sustainable development goal on good health and wellbeing. The fall is encouraging, but 4.9 million children under 5 years still died in 2022. Although 134 out of 200 countries achieved the under 5 mortality target, the rest, most in sub-Saharan Africa and southern Asia, are still struggling.”

Access to medicines & health technology

GHF - The WIPO Diplomatic Conference on Intellectual Property, Genetic Resources, and Traditional Knowledge, Gets off to a Start in Geneva [GUEST ESSAY]

S Namboodiri; [The WIPO Diplomatic Conference on Intellectual Property, Genetic Resources, and Traditional Knowledge, Gets off to a Start in Geneva \[GUEST ESSAY\] \(substack.com\)](#)

“... an update from the ongoing WIPO Diplomatic Conference on Intellectual Property, Genetic Resources, and Traditional Knowledge (DipCon GRTK, for those in the club). In this edition, we bring you a guest essay on the importance of these deliberations. The author Sreenath Namboodiri, a legal researcher, also presents the historical context of these discussions. “

“... Member states of the World Intellectual Property Organization are negotiating a potential new multilateral treaty that, if adopted by 15 member states, will, for the first time, create an international mandate to disclose the origins of genetic resources and the use of traditional knowledge in any invention that applies for a patent. The diplomatic conference to conclude an international legal instrument relating to Intellectual Property, Genetic Resources and Traditional Knowledge associated with Genetic Resources (IGC) is being convened at the Geneva headquarters of the World Intellectual Property Organization (WIPO) from May 13 to 24, 2024. This conference marks the culmination of over two decades of work by the Intergovernmental Committee on Intellectual Property and Genetic Resources, Traditional Knowledge and Folklore (IGC), established in 2000 as a result of the Colombian proposal reflecting the longstanding demand of developing countries for acknowledgment of the use of their genetic resources (GR) and traditional knowledge (TK). The negotiations aim to conclude a multilateral international treaty, attended by negotiators from 193 WIPO member states and observers from various stakeholder groups, such as indigenous communities, civil society organizations, intergovernmental organizations, and industry representatives.....”

Stat Plus - Bernie Sanders may have reached the limits of his pharma pressure campaign

<https://www.statnews.com/2024/05/20/bernie-sanders-pharma-drug-prices-pressure-campaign/>

(gated) “Bernie Sanders is figuring out just how far bullying drugmakers can take him. For more than a year, Sanders has used his perch atop the Senate health committee to haul the CEOs of pharmaceutical companies that make insulin, vaccines, and more before the panel with progressively more ambitious demands related to their pricing. After a few victories he’s claimed — experts say some credit is deserved, but the full story is a bit more complicated — he’s now progressed to demanding that Novo Nordisk cut its price for its novel, wildly popular diabetes and weight loss drugs.”

“Sanders (I-Vt.) is testing the limits of the powers of a Senate chairman with little hope of advancing his policy agenda legislatively. He’s threatened subpoenas, held a prominent nominee hostage, and initiated investigations to get his way. It’s a sharp departure from the modest, bipartisan ambitions that more disciplined, discreet leaders of the committee have taken in years past, and sets the bar for how much can be accomplished using the full extent of the bully pulpit.....”

Links:

- Global Public Health - [The politics and governance of drug production in public-private partnerships: Brazil's response to hepatitis C](#)

Human resources for health

White House (FACT SHEET): Global Health Worker Initiative (GHWI) Year Two Fact Sheet

<https://www.whitehouse.gov/briefing-room/statements-releases/2024/05/15/fact-sheet-global-health-worker-initiative-ghwi-year-two-fact-sheet/>

“As we celebrate two years since the launch of the Global Health Worker Initiative (GHWI), the United States continues to demonstrate our commitment to global health and to the global health workforce, providing more than \$10.5 billion in global health program funding with Fiscal Year (FY) 2023 funds. Recognizing that strategic and sustained investments in health workers are critical to overcoming the setbacks from COVID-19 and to achieving sustained progress toward the Sustainable Development Goals (SDGs), the United States contributes more than \$1.5 billion annually to support health workers and strengthen the health workforce globally through our bilateral health programs, such as the President’s Emergency Plan for AIDS Relief (PEPFAR), the U.S. President’s Malaria Initiative (PMI), and global health security programs. For the first time in FY24, USAID is receiving \$10 million in new funding to support the GHWI and the President’s 2025 Budget requested \$20 million to build on this important work.....”

People’s Dispatch - On Nurses Day, struggles continue for better conditions amid unfulfilled promises

[On Nurses Day, struggles continue for better conditions amid unfulfilled promises : Peoples Dispatch](#)

Piece published related to International Nurses Day. “.... Ahead of **another International Nurses Day on May 12**, health workers continue to struggle for fair working conditions and safe staffing levels in the sector...”

“..... researchers have suggested that we should reconsider how we speak about staff shortages in healthcare. “There isn’t a nursing shortage,” suggest Karen Lasater and Jane Muir from the University of Pennsylvania. “It’s nurses’ refusal to be part of a system that puts profits before safety.”

HRH - Global estimate of burnout among the public health workforce: a systematic review and meta-analysis

R Nagarajan et al; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-024-00917-w>

Review. “... In our review, **more than one-third of public health workers suffer from burnout**, which adversely affects individuals' mental and physical health.”

Decolonize Global Health

The Transnational Human Rights Review - Taking ‘Third World’ Lives Seriously: Decolonising Global Health Governance to Promote Health Capabilities in the Global South

U Ngwaba; <https://digitalcommons.osgoode.yorku.ca/thr/vol10/iss1/2/>

“... **The rhetoric of “vaccine apartheid” was deployed by WHO Director General** to describe this lack of solidarity by Global North States (particularly in the context of vaccines procurement). **However, this paper argues contrarily that the colonial foundations of the current framework for global health governance, which does not take Third World lives as seriously as those of citizens of the West, has functioned exactly as designed.** This has led to the “othering” of Third World peoples, generating pathologies of suffering and vulnerabilities in their encounter with global health governance frameworks. **Informed by critical Third World Approaches to International Law (TWAIL) this paper makes the case for decolonising existing frameworks for global health governance to promote health capabilities in the Global South.**”

NEJM (Editorial) – A Global Health Data Divide

L Xiaoxuan et al; <https://ai.nejm.org/doi/full/10.1056/Ale2400388>

« **Health data are a valuable resource for driving innovation and research. Unfortunately, the global distribution of health data is uneven and leaves entire continents behind.** Improving the availability of data representing the biggest health needs must be a core priority for fostering a research, development, and innovation ecosystem.”

Miscellaneous

Devex - Welfare schemes influence India elections, but do they aid development?

<https://www.devex.com/news/welfare-schemes-influence-india-elections-but-do-they-aid-development-107629>

“**Handouts are thrown around in an attempt to buy votes, but do they come at the expense of long-term investment in public goods?**”

“... a broader transformation, both in the way that India votes and in the way that it designs welfare policy, according to political scientists. In a model that [some have dubbed “new welfarism,”](#) political parties are increasingly racing to win over voters with welfare handouts, rather than long-term investments in public goods such as health and education.”

“Although welfare schemes to provide a social safety net for India’s poorest were widespread long before Modi came to power in 2014, **there has been an “extraordinary ramping up of [cash and in-kind] transfers” in recent years**, said Neelanjan Sircar, a senior fellow at Indian think tank [Centre for Policy Research](#). **Currently, around 300 schemes deliver benefits to an estimated 950 million citizens across the country.** Sometimes derisively referred to as “revdis,” or sweets, the handouts range from subsidies on electricity and fertilizer to free bus travel, and have even included free laptops.....”

“Electoral campaigns in India are increasingly based on **“building a direct link, a trust bond, between the leader at the top and the citizen,”** said Sircar. **Under this model, “the leader is incentivized to design welfare policy that yields political dividends” by transferring benefits directly into the hands of citizens.....”**

Do read on.

Reuters - Nestle set to sell \$5 pizza, sandwiches for Wegovy, Ozempic users

[Reuters](#);

“Nestle ([NESN.S](#)) will market a new, \$5 line of frozen pizzas and protein-enriched pastas in the United States which it says it designed specifically for people taking drugs such as Wegovy or Ozempic for weight loss. The world's biggest food company, which sells DiGiorno pizza and Stouffer's meals to major grocers, **said it developed the new products with more protein, iron and calcium for people taking the wildly popular appetite-suppressing drugs, called GLP-1 agonists....”**

Papers & reports

SS&M - Defining equity, its determinants, and the foundations of equity science

K M. Plamondon et al; <https://www.sciencedirect.com/science/article/pii/S0277953624003848>

“... In this article, **we make a case for equity science** that reimagines the ways in which we (as researchers, as systems leaders, as teachers and mentors, and as citizens in society) engage in this work. **We offer a definition of equity, its determinants, and the paradigmatic foundations of equity science, including the assumptions, values, and processes., and methods of this science....”**

Health Policy Open - Atlas 2022 of African health Statistics: Key results towards achieving the health-related SDGs targets

Bataliack Serge et al; <https://www.sciencedirect.com/science/article/pii/S2590229624000066>

« Authors analyzed health-related SDGs’ key indicators in the **Atlas 2022 of African Health Statistics. ...”**

Frontiers in Public Health - Editorial: Health promoting settings in the 21st century: new approaches and competencies to address complexity and inequity in an increasingly globalized world

P Delobelle et al ; https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1429788/full?utm_source=Email_to_authors

Editorial of a special issue. “..... The collection of articles in this Research Topic aims to collect and highlight new approaches and competencies to address complexity and inequity in an increasingly globalized world focusing on new developments in **the settings approach** and innovative approaches and ways of working and thinking in settings-based policy, practice, and theory.....”

SS&M - Moral economy and moral capital A new approach to understanding health systems

<https://www.sciencedirect.com/science/article/pii/S0277953624004635>

“**Healthcare systems can be considered moral economies in which moral capital is traded.** The authors identified 15 forms of moral capital in Germany, New Zealand, and the United States. Forms of moral capital include equality, trust, and solidarity, among others. **Moral capital can be a useful tool to reform healthcare systems.**”

BMJ GH – The 12 dimensions of health impacts of war (the 12-D framework): a novel framework to conceptualise impacts of war on social and environmental determinants of health and public health

<https://gh.bmj.com/content/9/5/e014749>

by S Jayasinghe.

International Journal for Equity in Health - Action against inequalities: a synthesis of social justice & equity, diversity, inclusion frameworks

J C Hayvon; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-024-02141-3>

Review.

Blogs & op-eds

The Collective - Author Q&A: When Crowdfunding Overtakes Healthcare

<https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/nora-kenworthy/author-q-a-when-crowdfunding-overtakes-healthcare-.html>

Must-read! “Collective Member Nora Kenworthy is the author of a new book out this week titled, **Crowded Out: The True Costs of Crowdfunding Healthcare** (MIT Press, 2024). The book offers an exploration of the growing phenomenon of crowdfunding for health and medical needs, written for generalist audiences. In it, **Kenworthy explains why crowdfunding has become so popular, what it reflects about the political and economic factors that shape our health systems, and how it is ultimately exacerbating health inequities.**”

Among others, on the concept of ‘moral toxicities’.

HP&P Debated - Unveiling health systems readiness for combating domestic violence: A global perspective

<https://blogs.lshtm.ac.uk/hppdebated/2024/05/21/unveiling-health-systems-readiness-for-combating-domestic-violence-a-global-perspective/>

By M Colombini et al. Blog related to a recent HP&P paper.

“... Our ground-breaking comparative study **[HEalthcare Responding to violence and Abuse \(HERA\) project](#)** delved into the readiness of health systems across low- and middle-income countries (LMICs) to tackle DV (Domestic Violence). **[Health system readiness](#)** essentially focuses on how prepared health systems and institutions are, including providers and potential service recipients, to accept and implement the necessary changes to manage DV services.....”

Speaking of Medicine - Breaking the Mold: Rethinking Global Health Through a Co-Creation Lens

<https://speakingofmedicine.plos.org/2024/05/20/breaking-the-mold-rethinking-global-health-through-a-co-creation-lens/>

By D M Agnello et al.

Tweets (via X & Bluesky)

Devi Sridhar

“We often refer to the process of countries developing infrastructure like water and sanitation systems, healthcare & trains/public transport as ‘development’- what do you call when high-income countries go backwards? Call in the World Bank and WHO?” (re a FT article: Reducing sewage pollution must be UK ‘public health priority’, says senior official <https://on.ft.com/3URaTFH>)

Andrew Harmer

“Not keen on the new phrase "corporate outcomes" to describe WHO’s core technical work. The word 'corporate' appears 40x in the draft 14th GPW (A77/16).”

“Also note that the text describing the threat to health from climate change has been downgraded from "the greatest threat" to "emerging as a major threat" to health this century.”

L Gostin

“Robust equity remains the sticking point on the Pandemic Accord. Major pushback on "voluntary" & “mutually agreed terms” b/c Pharma imposes unjust terms on LMICs. Compulsory licenses in ph emergencies (already agreed under TRIPS) are a better option & could be a landing point.”