

# IHP news 779 : Friday update on #WHA77

( 31 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,

As I wasn't in Geneva this week, I will refrain from any 'Grand Reflections' (*ugh*) on **this year's 77<sup>th</sup> World Health Assembly**, even if I did watch some sessions, strategic roundtables & side events virtually. So I'll just refer to the people who actually were there, whether **colleagues from Geneva Health Files, HPW, Devex, PHM watchers**, ... in the newsletter below, the third update this week. They've done a brilliant job in terms of coverage, analysis (and advocacy). Do read today's issue together with **#WHA77 updates from Monday evening & Wednesday morning** (see [IHP newsletter](#)). Especially the PPPR discussions (re pandemic agreement & IHR amendments) have been a bit of a 'moving target', unsurprisingly. Let's see what happens on that front, by tomorrow.

In the **Featured articles** section, we also have a short (and encouraging) **take on #WHA77 from Fulbert Adjimehossou** (communication officer of CERRHUD (Benin), and part of the MMI delegation this year). And in a long interview, **Katri Bertram** also reflected on #WHA77, see [here](#) (*gloomy but accurate helicopter view, I'd say*). Quote: *"... our sector loves progress. We're less good with acknowledging stagnation and regression."*

Ending this intro with perhaps one #WHA77 session I'd like to single out: **Replenish or Perish: the way forward for Global Health Partnerships**, a (hybrid) side event organized at the Graduate institute on Wednesday, ahead of a new round of replenishment for Gavi (soon) and the Global Fund. Frank discussion, with many insights and also a few surprising statements (*at least for me*). If you missed it, do watch the recording (*should be [available soon!](#)*).

PS: check out also our other Feat article of the week, by **Alyssa van Eyndhoven**, who comes back on the **Clean Cooking in Africa Summit** from a few weeks ago.

Enjoy your reading.

Kristof Decoster

## Featured Articles

### WHA77: Amidst rising pressure, a surge of hope and responsibility

**Fulbert Adjimehossou** (Communications officer/ CERRHUD)

Although it's difficult to compare for me, the 77th World Health Assembly (WHA77) has a unique character. It is driven by a kind of pressure, gentle but eloquent. This pressure, aside from the declarations of civil society and frantic social media activity of many actors present in Geneva, can be seen and felt in the gestures, the looks, and the exchanges (both formal and informal) during the sessions, side events and other activities.

As a representative of the Center for Research in Human Reproduction and Demography (CERRHUD, Benin), and a member of the Medicus Mundi International Network (MMI) delegation, I decided to take a slightly different view of WHA77. I wanted to take the pulse through silent observation. It was a way to understand the people, their expectations, to listen to them about their priorities, their impatience, and their satisfactions. This proved to be useful, in addition to participating in other activities.

One of the first occasions was on Sunday morning. The mobilization on site for the annual 'Walk the Talk' kick-off did not only display many happy reunions. In this blue wave, I also perceived a common desire among participants of all ages to see "#HealthForAll" become a reality. A thirst for convergence emanated from the participants, who sought to eliminate barriers to health for all. We know that from one region to another, from one context to another, emergencies are not the same, yet they require everyone's attention.

The gentle but eloquent pressure was also felt on the faces present at the opening of WHA77. I saw concerned faces in a world under increasing pressure of diseases, climate change and wars. It was clear that there was a strong desire to leave Geneva with something concrete.

And so yes, WHA77 must deliver something concrete in terms of prevention, preparedness, and response to pandemics. Even if it has been clear over the past few years (including this WHA week), that negotiations on both IHR amendments and even more, a pandemic agreement, have not exactly been a smooth ride. Both instruments seem essential, though, to ensure better preparedness and an effective and equitable response to future pandemics.

Even if they materialize, though, agreements alone are not enough to create change. To continue to be the guardian of scientific rigor in health matters and be effective in assisting and guiding countries on the actions to be implemented, WHO needs sufficient resources. In a context of rapidly escalating climate worries, pandemic threats, and increasingly turbulent geopolitics, even more so.

As mentioned by dr Tedros himself, WHO has less room for maneuver with less flexible, sometimes uncertain, and restricted funding. Investment is needed to protect our health. WHA77 is under pressure to initiate a cycle of sustainable investment capable of helping prevent diseases, expand access to healthcare, and coordinate the global response to a growing number of health

emergencies caused by war, epidemics, and natural disasters. So let's hope the Investment Round will pay off.

Time is of the essence, and WHA77 must help shape the future of global health. Yes, it's a story of pressure. But it's also a story of hope and responsibility.

## Energy Poverty and Gender Inequality: A few considerations after the first Clean Cooking in Africa Summit

By **Alyssa van Eyndhoven** (Master of Public Health, Lund University)

*When Sunda goes to prepare dinner for her family, she first goes to a nearby bush to forage for wood or animal dung to use as cooking fuel. After hours pass, she decides she has enough, so she walks home and begins building a fire in the cooking pit. She asks her son to go to the community spicket to collect water to boil for today's meal and for drinking water. By the time she's getting the water boiling and is preparing food, the kitchen is filled with smoke. Sunda knows smoke is not good for her, but she needs to make a meal for her hungry family, so she coughs it away knowing she'll soon step out of the smoke to get fresh air. Years later she begins suffering from chronic bronchitis. Her community doctor later tells her the smoke and air pollution from these dirty cooking fuels was to blame.*

As is clear from the above short story, by fulfilling her household duties in an energy poor environment, Sunda's health has been damaged. Sadly, this is the case for many women and girls, particularly in Africa and across the Global South where energy poverty is rampant and women carry the responsibility for cooking (and other household duties) according to traditional gender norms.

Worldwide, [2.3 billion people](#) are using highly polluting cooking methods because they lack access to clean cooking facilities. Around half of them come from Africa: according to the International Energy Agency (IEA), [four out of five](#) Africans still cook over open fires and traditional stoves. In 2022 alone, [3.2 million deaths](#) worldwide were attributable to this household air pollution. As many African women remain at home to cook and fulfill household duties, they account for over [60% of the deaths](#) from household air pollution.

So let's be clear: African women, who are 'in the line of fire' (*pun intended*) on this issue, must be involved in the development of a clean cooking and energy solution for all.

### The 1<sup>st</sup> Clean Cooking in Africa Summit

For the first time, some these concerns were addressed at the [Clean Cooking in Africa Summit](#) held in Paris on May 14<sup>th</sup> this year. Hosted by the IEA, this summit aimed to develop a roadmap for 'delivering universal clean cooking in Africa' by joining government leaders with development, energy, and financial institutions from around the world to discuss and design a plan. While community development and 'universal access to affordable, reliable and sustainable energy' seemed to be the ultimate objectives, gender equality was also raised as a key consideration.

Members of the summit agreed that women must be involved in these efforts to safeguard a gender-just energy transition throughout.

But let's first zoom in a bit on what energy poverty for (too) many African women implies. [Energy poverty](#) is 'a household's lack of access to essential energy services that underpin a decent standard of living and health'. Energy poor individuals do not have access, or have limited use of electricity and other forms of energy. Consequently, in these households tasks are much more mentally and physically demanding. In most of these settings, holding onto traditional gender roles is essential to the functioning of the family. For women and girls, household duties like cooking thus take priority. Energy poverty has far reaching consequences on women and girls, including in the long term: because they largely have to focus on the needs of the household, their agency to pursue educational or career opportunities is limited. The effects of energy poverty are thus not only disproportionately harming women's health, energy poverty is also perpetuating gender inequalities and further entrenching gender norms into these environments.

However, women themselves may be what is needed to stop this vicious cycle of energy poverty: by improving education and employment opportunities for women and giving them the agency to participate in society, their contributions can [promote economic and societal development](#) (as has been proven time and time again).

Women may thus be the key to reducing energy poverty and increasing access to sustainable energy sources. Which is why it was a shame that African women only represented [17% of stakeholders](#) at this initial summit in Paris - even if African women's voices are being championed in this initiative.

Also, while everybody at the summit agreed on the need to wean African households off traditional dirty fuels such as charcoal, kerosene and firewood, there was [less agreement on efforts to switch them to fossil fuel gas \(certainly among activists\)](#). Cleaner, more sustainable, and affordable sources of fuel are plentiful in Africa, however. It seems powerful investors may have swayed opinions...

On a more positive note, the summit culminated with the formulation of the [Clean Cooking Declaration](#) signed by public and private stakeholders from around the world. In it, they mobilized an initial [\\$2.2 billion](#) for this energy transition program and access to clean sustainable and affordable cooking in Africa. Still [falling short](#) of the \$4 billion a year needed for the rest of this decade, but a good start nevertheless.

In short, this international summit has set in motion an actionable plan to a problem that has been pondered for decades now. Although the current momentum is promising, for the time being the plan doesn't go far enough in terms of commitments to protect the environment, climate health, and gender equality.

A lot more will be needed to truly end energy poverty for women in Africa. So let's put them in the lead.

# Highlights of the week

## WHA77 Coverage & analysis (continued)

Continuing more or less from Wednesday morning. Not always chronologically, though. Some of the items below also refer to WHO daily updates.

PS: As before, for the INB (pandemic agreement)/IHR Amendments discussion we refer to the next (related) WHA77 section.

But before doing so, we also want to flag the PHM daily briefings & policy brief:

- Eg Daily briefing: **Day Two (28 May)**: <https://phmovement.org/sites/default/files/2024-05/2.%20Tuesday%2028%20May%20%28EN%29.pdf> **Day Three (29 May)** <https://phmovement.org/sites/default/files/2024-05/3.%20Wednesday%2029%20May%20%28ENG%29.pdf> (the latter with a lot on Gaza)
- Certainly also recommended - [WHA77 Policy Brief](#) (6 pager) “PHM WHA77 Policy brief used at the Assembly to advocate PHM's position on: The International Negotiating Body to draft and Negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. **Climate Change, Pollution and Health; Economics and Health for All.** “

Not mincing words – on all three issues.

### WHO - Seventy-seventh World Health Assembly – Daily update: 29 May 2024

<https://www.who.int/news/item/29-05-2024-seventy-seventh-world-health-assembly---daily-update--29-may-2024>

Very good overview of this day at WHA77.

The day featured among others: “... **First-ever resolution on social participation for primary health care approved.**”

*“Member States have agreed on a resolution on social participation in national health planning and implementation, which paves the way for people, communities, and civil society to have a stronger voice in influencing the decisions that affect their health and well-being. .... The resolution aims to tackle health inequities and the erosion of trust in health systems, which is crucial in the face of the unprecedented challenges the world is facing such as climate change, conflicts, and pandemic threats. .... Growing evidence shows the transformative potential of social participation to foster trust in health systems, advance equity and align healthcare with people’s lived experiences. Two-way dialogues between government and the people they serve can lead to health policies, strategies and services that are more responsive to people’s needs, particularly those in vulnerable and marginalized situations. The new resolution recognizes this potential. Its implementation will involve*

*regular and sustained national participatory mechanisms, such as dialogues or consultations and policies that reflect the recommendations generated from these participatory processes. “*

The day also featured: **New strategy [is] to be developed on emergency, critical and operative care; Countries agree to integrate mental health and psychosocial support in emergency response; WHA 77 delegates and partners participated in a special [high-level event commemorating the 50th anniversary of the Expanded Programme on Immunization \(EPI\)](#). ...**

**And a strategic roundtable: Leaders highlight health as a vital investment in economies**

As it's rather important (more or less the **relaunch of the Mazzucato et al report**), we provide the info here in full:

*“At a strategic roundtable, delegates from Member States, partners and experts from health and financial sectors, put forth bold new ideas and initiatives, positioning health as a shared responsibility and investment of all sectors and the central goal of economies. Progress towards universal health coverage (UHC) has been hampered by insufficient public financing to fund national health plans. Governments, investment banks and other actors are now initiating innovative solutions, not only to bridge short-term gaps, but also to ensure sustainability in health financing.*

*Thomas Östros, Vice-President of the European Investment Bank, said that a Health Impact Investment Platform has been established to enable multilateral development banks to coordinate an approach to catalytically invest in primary health care in low- and middle-income countries. Professor Mariana Mazzucato, Chair of the WHO Council on the Economics of Health for All, reiterated that conditions impacting health and well-being are influenced by economic and social factors. Dr Akmaral Alnazarova, Minister of Healthcare, Kazakhstan, shared that an international coalition for UHC is planned, emphasizing the need for reorientation of health systems towards a fully financed primary health care approach to achieve UHC. Dr Githinji Gitahi, Group Chief Executive Officer of Amref Health Africa, highlighted that steps are being taken to better align health systems financing by global health initiatives, such as GAVI, the Vaccine Alliance, and the Global Fund, with national priorities, advancing the aims of the ‘Lusaka agenda’. Japan’s Health Vice Minister and Chief Medical Officer, Dr Masami Sakoi, announced that the Japanese Government will work with WHO and World Bank to establish a new UHC Knowledge Hub in Tokyo in 2025 to help countries strengthen coordination between health and finance sectors. “*

**WHO - Seventy-seventh World Health Assembly – Daily update: 30 May 2024**

<https://www.who.int/news/item/30-05-2024-seventy-seventh-world-health-assembly---daily-update--30-may-2024>

Featuring among others:

**Delegates approve groundbreaking new agreement on transplantation; .... New global action plan for infection prevention and control agreed; .... Countries commit to recover lost progress in maternal, newborn and child survival; .... New resolution on antimicrobial resistance to mobilize action .....**

Also some info on a **strategic roundtable on AI**:

**“Leaders discuss how artificial intelligence is transforming health :** Today’s Strategic Roundtable considered opportunities, risks, and governance in harnessing artificial intelligence (AI) to improve the quality of health care, while upholding principles of justice, equity, inclusion, safety, privacy, transparency and accountability. .... **The discussion highlighted the importance of putting people and the public interest front and centre when using AI for health..... Next steps will be taken in the areas of: a renewed Global Strategy on Digital Health and AI (2026-2030); operationalizing the Global Initiative on AI for Health (GI-AI4H);** and the distribution of responsibilities across stakeholders, including: resource mobilization to support WHO and Member States in building consensus, developing guidance, and providing technical support on leveraging AI responsibly to strengthen health systems....”

Finally: “.... **Member States today commended the Director-General and the WHO Secretariat for the progress made in addressing sexual misconduct and endorsed recommendations** on the prevention and response to sexual misconduct in the Director-General’s Report A77/4 on two key issues to further improve this work....”

### **HPW - Israel Wins WHA Approval of Hostage Reference in Draft Decision on Health in Occupied Palestinian Territories**

<https://healthpolicy-watch.news/breaking-israel-wins-wha-approval-of-hostage-reference-in-draft-decision-on-health-in-occupied-palestinian-territories/>

**“Israel scored a tactical victory Wednesday evening when World Health Organization (WHO) member states agreed in a vote of 50-44 to amend a draft decision denouncing the health situation in the Occupied Palestinian Territories, with a reference calling for the release of some 125 Israeli hostages still held by Hamas.** Another 83 member states were absent or abstained from the politically-charged vote. **The original draft WHA decision was led by Algeria and supported by some 35 member states,** including Russia, Egypt, Colombia, Cuba, Venezuela, and Iran. The decision denounces “acts of violence,” the “use of starvation of civilians” and the “wanton destruction of health facilities” – and calls upon the “occupying power” to fulfill its obligations under international law,” including replenishment of medical supplies, safe passage of fuel and health supplies and additional humanitarian assistance. ....”

PS: **“A second draft resolution on Gaza, to be considered tomorrow, has much wider WHA support and is likely to be adopted by consensus.** It makes a call on “all parties to fully comply with their obligations” under the 1949 Geneva conventions, and ensure “unimpeded, safe, and unobstructed” passage for medical personnel.” **That resolution, which was the focus of a special session of WHO’s Executive Board on 10 December, was approved by consensus,** including with support from the United States, Israel’s closest ally, in what was then a first such vote in the UN system. **That draft resolution to be considered Thursday, makes no direct mention of either the Israeli hostages or Palestinian prisoners held by Israel. ...”**

### **UN News - Gaza medics struggling in face of ‘overwhelming disaster’ as vital supplies run low: WHO**

<https://news.un.org/en/story/2024/05/1150346>

**“Vital medical supplies are fast running out in Gaza’s remaining hospitals, the UN health agency warned on Wednesday,** amid reports of continuing Israeli bombing and hostilities in the enclave. “

““We have distributed an enormous amount of essential medical supplies, but it's not enough. I mean, this is such an overwhelming disaster, it's not enough,” said Dr. Rik Peeperkorn, the UN World Health Organization (WHO) representative in Palestine. Speaking in Geneva on the sidelines of the World Health Assembly, the senior WHO official echoed widespread international condemnation of the Israeli airstrike at a camp for displaced people at Tal as-Sultan northwest of Rafah, that left scores dead on Sunday.....”

PS: “Amid the ongoing destruction caused by nearly eight months of war in Gaza that began in response to Hamas-led terror attacks in southern Israel, **the WHO official stressed the need to support the future reconstruction of Gaza’s largely destroyed health system to help the region recover and support a sustainable peace.** “

- Related: PHM – [Urgent Call to Declare Gaza a Famine-Stricken Area](#)

## HPW - WHO Calls for Increased Investment in Universal Health Coverage Amid Funding Challenges

<https://healthpolicy-watch.news/who-calls-for-increased-investment-in-universal-health-coverage-amid-funding-challenges/>

Coverage of Wednesday’s Strategic Roundtable (see also above, WHO daily update 29 May): **“The World Health Organization (WHO) has urged stakeholders in the health sector to collaborate in reorienting health systems towards a primary healthcare approach**, a key priority in helping more people access universal health coverage (UHC). The organization has also **called on countries to increase domestic spending on health** and for banks to fund climate and health projects. **Speaking at a roundtable discussion** during the ongoing World Health Assembly in Geneva on Wednesday, **WHO Director-General Dr Tedros Adhanom Ghebreyesus emphasized that investments in health and UHC should be seen as an investment in healthy, productive, and resilient societies....”**

PS: **“...Finance remains a crucial challenge to scaling up UHC, especially for low- and middle-income countries with limited capacity. The WHO is pushing for more domestic public financing as the most sustainable solution and urges countries to prioritize spending on healthcare through a multi-sectoral approach.** “There isn’t a financing gap. There is just money that is not moving towards the right things. There’s plenty of money out there,” said **Mariana Mazzucato**, Chair of WHO’s Council on the Economics of Health for All....”

PS: **“...Multilateral development banks, meanwhile, are slowly beginning to prioritize climate and health projects.** The **European Investment Bank**, which serves all 27 European Union member countries, no longer funds fossil fuels and is expanding its investments in health systems. The **World Bank** currently has \$35 billion invested in health system financing across 100 countries and plans to expand into new geographical areas....”

## HPW - New Climate and Health Resolution Wins Strong Support from WHO Member States

<https://healthpolicy-watch.news/new-climate-and-health-resolution-garners-strong-support-from-who-member-states/>

**“WHO member states approved the [first resolution on climate and health](#) to come before the World Health Assembly in 16 years .... Whereas the last resolution adopted by the WHA in 2008 focused mostly on health sector “adaptation” to climate change, **the new resolution carves out a much broader and more proactive role for member states and their health sectors in efforts to shape future trends as well as respond to the inevitable....”****

PS: **“The words “fossil fuels” or even “clean energy” don’t appear in the text** – something civil society groups such as the World Heart Federation and some member states, including The Netherlands, which co-sponsored the resolution along with Peru, lamented. “

PS: **“...Prior to it’s approval, the draft climate and health resolution also was the focus of a back door struggle on its references to gender-related language, also led by Russia and other socially conservative states. To reach consensus, references to “gender responsive/sensitive’ climate action and health systems” were removed from the final draft.** That was in response to critics who said the words could imply recognition of LGBTQI groups – whose activities are banned and even criminalized in many countries around the world. The final draft saw just one single reference to “action on climate change and health that is more integrated, coherent and advances gender equality, in line with Sustainable Development Goals.” Even so, the Russian Federation disassociated it from that reference, as well, after the draft was approved, saying that terms like gender in/equalities “does not enjoy agreement.” Retorted **Belgium, on behalf of the European Union: “We are rolling back on many years of substantial progress on human rights and gender,** reducing our ability to mitigate climate change and of WHO to lead effective programs on the ground.” “

**Devex - Health workers have a ‘duty’ to demand fossil fuel phaseout, experts say**

<https://www.devex.com/news/health-workers-have-a-duty-to-demand-fossil-fuel-phaseout-experts-say-107696>

**“Panelists at a session during the Devex CheckUp @ WHA 77 event welcomed a resolution on climate and health at the World Health Assembly but deplored the absence of any mention of fossil fuels.”**

**“A resolution on climate and health being put forward at the World Health Assembly in Geneva this week sends a clear message to health ministers and professionals that they have “a duty to take action” on climate change,** panelists said at a Devex event on the sideline of the meeting. **However, the [draft document](#) fails to mention the need to phase out fossil fuels, “which is fundamental for health,”** said Marina Romanello, executive director of the **Lancet Countdown: Tracking Progress on Health and Climate Change**, a research collaboration of almost 100 academic centers headquartered at [University College London](#)’s Institute for Global Health....”

**“... The resolution, which is not legally binding, is expected to be adopted at the end of the week. It was proposed by the Netherlands and Peru with support from an international coalition including Barbados, Fiji, Kenya, Monaco, the United Arab Emirates, and the United Kingdom.....”**

## HPW - Climate Health Research Blind Spots Threaten WHO's Climate Agenda, Experts Warn

<https://healthpolicy-watch.news/climate-health-research-blind-spots-threaten-whos-climate-agenda-experts-warn/>

**“The World Health Organization has made climate change its [top priority](#) in its four-year work plan adopted at the World Health Assembly this week, but **significant gaps in climate health research could hinder the UN health body's efforts, experts warned at the Geneva Health Forum on Wednesday.**”**

**“Current research on the effects of climate change on health is heavily skewed towards the global north and China, while countries most vulnerable to climate change, such as [Small Island Developing States](#), remain understudied. Additionally, most studies focus on the direct health effects of climate phenomena, overlooking the impact on non-communicable diseases (NCDs), which are the primary drivers of the global disease burden. “Most of the research has been focused on temperature-related health risks and hazards followed by infectious diseases,” said Dr Ming Yang, Senior Editor at Nature Medicine. “There's been very little research when it comes to other health outcomes like NCDs, maternal and child health, mental health, the impact of climate change on healthcare systems, extreme weather events and on diets and food security.””**

**“... Ahead of the World Health Assembly, the WHO noted that published research on climate and health has too often focused on “low-disease burden countries with high access to quality healthcare”, while the world's poorest nations, most at risk for climate disasters [according](#) to the IPCC, have seen little research quantifying the health effects of climate change.”**

**“... The disparity in climate health research becomes even more pronounced when examining climate adaptation versus mitigation. A recent WHO review found that a mere 34% of malaria and NTD studies addressed mitigation strategies, while only 5% explored adaptation methods....”**

As for the **WHO budget**... : “... The WHO's [GPW-14 plan](#), which sets climate and health as its centrepiece while funding the UN health body's global activities from emergency response to a full range of health issues, brings the financial scope of the climate challenge into perspective. With a target budget of \$11.1 billion, the WHO has secured only \$4 billion and plans to raise the rest at a late 2024 fundraiser. **“Clearly climate change is the most important crisis,” said Maria Neira Director of the Public Health, Environment and Social Determinants of Health Department at the WHO, “Now, what's next?”**”

## HPW - Community Involvement Is Key to Global Battle Against NCDs

[Community Involvement Is Key To Global Battle Against NCDs](#)

**“Just six countries in the world are on track to meet global targets to reduce non-communicable diseases (NCDs), particularly cardiovascular disease (CVD), cancer, chronic respiratory diseases and diabetes. At the World Health Assembly (WHA) this week, every country – rich and poor – lamented their struggles to contain rising NCDs, which now cause three-quarters of global deaths.”**

**“Progress has been made since the last UN High-Level Meeting on NCDs seven years ago, sector leaders said at [a sideline meeting](#) organised by the NCD Alliance and the World Heart Federation on**

Thursday. **But with current global NCD targets set to expire in 16 months when the next UN High-Level Meeting on NCDs will be held in New York, the world is “badly off track,”** said Dr Bruce Aylward, **World Health Organization (WHO) Assistant Director-General on Universal Health Coverage.** ... “Four and a half billion people don’t have access to basic services, and two billion people are suffering financial hardship when they try to access life-saving services. This is a catastrophe,” said Aylward. **“We can’t solve the NCD problem without financial protection. “**

**“... In just seven years, the global NCD agenda has seen significant expansion, said Katie Dain, CEO of the NCD Alliance.** The definition now firmly includes mental health and neurological conditions, and air pollution is recognized as a key risk factor. WHO’s Mikkelsen added that the links between climate change and NCDs are also now recognized. **Governments are starting to see addressing NCDs as an investment rather than purely an expenditure, with growing country-level leadership and involvement of people living with NCDs,** Dain noted....” “... “Next year’s NCD High-Level Meeting needs to represent a massive step change, with a significant focus on ground-level action and implementation, where the biggest gap is,” Dain said. **Community health system involvement is a timely topic, as the WHA adopted a “social participation” resolution this week....”**

### **Devex – Opinion: It’s time to put the global megatrend of aging on the agenda**

<https://www.devex.com/news/sponsored/opinion-it-s-time-to-put-the-global-megatrend-of-aging-on-the-agenda-106520>

Sponsored viewpoint. Nevertheless, not wrong. And also mentioned in various sessions at WHA77.

**“To curb inequalities in healthy aging, AARP urges global institutions to apply an aging lens in their activities and investments.”**

PS: **AARP** is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age.

## **WHA77 re pandemic agreement & IHR amendments**

The saga continues... **We pick up the discussion & analysis here from Tuesday evening/Wednesday morning on.**

As a **reminder:** **“ Member states agreed to create a drafting group ... to reconcile their differences on how to continue, and how long to extend, the (pandemic) treaty negotiations. The same group is also responsible for resolving outstanding issues in proposed IHR amendments. They are expected to present their report to the World Health Assembly on Friday....”**

### **GHF – Crunch Time: Countries Determined to Adopt Amendments to the IHR, Divided on the Way Ahead to Conclude Pandemic Agreement [WHA77]**

P Patnaik; <https://genevahealthfiles.substack.com/p/wha-ih-adooption-inb-extension-may-2024-geneva>

## Analysis as of Wednesday morning.

“In a unified voice, WHO member states struck a determined note to continue making efforts to improve Pandemic Prevention Preparedness Response at the ongoing 77th World Health Assembly, even as the steady drumbeat of misinformation on a Pandemic Agreement rises to a feverish pitch. **Most countries are keen to build momentum by adopting the IHR this week if they are able to reach consensus on the amendments on several pending areas. Countries are keen on taking the time to conclude the negotiations for a new Pandemic Agreement.** These indications emerged in numerous statements made by scores of countries during a discussion at the World Health Assembly yesterday on May 28th.”

“**The United States, among others, made significant interventions on both these processes that would likely determine how these would unfold in the coming days.** The U.S. was categorical in stating that it was not in favor of setting up a fund for the IHR, and on the Pandemic Agreement, indicated that it would prefer to resume negotiations on all articles. ....”

“**Countries also decided to set up a single drafting group this week to discuss, and negotiate, in order to come to an agreement on the amendments to the IHR, and on defining a way forward to conclude the negotiations for the Pandemic Agreement.** Starting May 29th, countries will meet in a drafting mode to hash out these issues in order to come to a decision in the next 48 hours, before the conclusion of the Assembly on June 1.”

“.... In this story we analyse country positions and also share excerpts of their statements to show how they stack up across both these negotiating tracks.....”

“A number of countries are in favor of concluding IHR negotiations this week... Others are in favour of linking both the outcomes on INB and IHR..... “

And few quotes & excerpts:

PS: “With the U.S. declaring that it is not in favour of establishing an additional new fund for financing in the IHR, much will depend on developing countries particularly in the Africa Group on how they deal with this redline.....”

PS: “Many countries recognize the difficulties in these two track negotiations and are keen on wrapping up the IHR negotiations this week, if only to be fully focused on the Pandemic Agreement negotiations in the future.....”

## Guardian coverage – Global pandemic treaty could be more than a year away after deadline missed

<https://www.theguardian.com/global-development/article/2024/may/29/global-pandemic-treaty-could-be-more-than-a-year-away-after-deadline-missed>

(coverage on state of affairs as of Wednesday morning) Including: “.... During a debate, **some countries – including many African nations – urged efforts to conclude the treaty negotiation process before the end of 2024, in order not to lose momentum.** Others, including the US, EU and

Caribbean countries such as Jamaica, **called for at least another year so that thorny issues could be properly addressed....”**

## **HPW - US Optimistic About Pandemic Treaty Talks, But Timeline Remains Uncertain**

[US Optimistic About Pandemic Treaty Talks, But Timeline Remains Uncertain](#)

**“The United States believes a “good deal” is within reach on the pandemic agreement, with parties “close to consensus,” Secretary of Health and Human Services (HHS) Xavier Becerra told reporters at the US Mission in Geneva on Wednesday. ....** Despite some disagreements, Becerra said, “the contours of the agreement are in place,” expressing optimism that countries would leave this week’s World Health Assembly (WHA) with “something” to show that the World Health Organization (WHO) is ready for the next pandemic.....”

**“.... However, US Ambassador Pamela Hamamoto cautioned WHA delegates on Tuesday that the pandemic agreement might take one or two years to conclude, citing “fundamental differences” on “complex technical issues that require extensive deliberation and carefully crafted workable solutions.” ....”**

**“... The 47 African member states of the WHO are pushing for the pandemic agreement to be concluded and presented to a special WHA by year’s end. The upcoming US presidential election on November 5 could impact the negotiations, particularly given the high level of disinformation surrounding the pandemic agreement in the US. Should Donald Trump win the US election, his administration is likely to scupper the pandemic agreement – and possibly pull out of the WHO altogether. .... .... The US is also pushing hard for the amendments to the International Health Regulations (IHR) to be adopted this week. The IHR governs countries’ conduct during “public health emergencies of international concern”.”**

**“...PS: Some African countries have linked their support for the IHR amendments this week to their timetable for the pandemic agreement. But this position is not monolithic. Botswana, for example, supports the IHR’s adoption this week.”**

## **Geneva Solutions - States push to finalise global health rules while parking pandemic treaty talks**

<https://genevasolutions.news/global-health/states-push-to-finalise-global-health-rules-while-parking-pandemic-treaty-talks>

(29 May) Also a neat update on the various positions (as of Wednesday evening). **“As countries resign to postpone gridlocked pandemic treaty talks, some believe a consolation prize can come this week in the form of revised international health regulations.”**

## **Devex - Africa CDC holds out hope for a pandemic treaty**

<https://www.devex.com/news/africa-cdc-holds-out-hope-for-a-pandemic-treaty-107708>

**“Dr. Jean Kaseya says treaty talks should continue. He also spoke about his growing agency, and defended his leadership of it.” So, still optimistic that a deal will happen by year’s end.**

A few quotes:

“... “Yesterday, you saw the **South African ambassador, on behalf of all African countries, making the statement saying we want to finalize this agreement by the end of 2024. This is our position,**” said Kaseya, whose agency [served as an adviser](#) to the African bloc of negotiators. “Africa needs this pandemic agreement. The world needs this pandemic agreement.” .... Africa also needs self-sufficiency to weather the next inevitable pandemic, which is why Kaseya says **local access to health care is another challenge**. Although Africa is home to roughly 18% of the world’s population, “we are carrying 23% of the global disease burden,” Kaseya said, noting also that **just 3% of the global health workforce resides in Africa and that the continent only accounts for 1% of total health expenditure in the world**. “This is a major issue. ... It’s one of many issues Africa CDC is taking on as the young agency increases its autonomy and clout across the continent. Manufacturing is so important....”

### **I Kickbusch (in World Health Summit’s newsletter) - Pandemic Governance in Action**

<https://www.worldhealthsummit.org/newsletter-05/2024.html>

Short analysis. **“The World Health Assembly is in full swing as I write this.** Major decisions on the Pandemic Treaty and the International Health Regulations are still outstanding. It seems that ending the present round of the intergovernmental negotiating body (INB) has now led to constructive negotiations on the process of going forward together. **There has been too much noise about a “failure” of the WHO, as an accord will not be signed at this WHA. I argue that there are lots of similarities with the declaration of “failure” after the Copenhagen climate negotiations at COP 15 in 2009 – yet this COP set a path that then led to the Paris agreements at COP 21 in 2015.** This is what we also see in Geneva – countries do not want to drop the accord; they want more time to negotiate it. And they need a break to reflect.”

**“The last two years have set the key parameters on equity and introduced a central principle that was not part of pandemic discussions before COVID-19.** The Global Preparedness Monitoring Board (GPMB) has underlined this with a new statement. Constructive discussions on access and benefit sharing have begun and at country and regional level the work on production sites and technology sharing is moving forward. Pandemics challenge us, they change our world and the way we work, each pandemic is different, and it will not be useful to have an agreement that focuses only on solving the last pandemic. **I hope negotiators will learn from climate negotiations to create a COP process that allows countries to regularly revisit what is needed to resolve the major challenges that pandemics bring.** COVID-19 was not the last pandemic. To be better prepared we need to bridge divides – geopolitical and between stakeholders.”

### **Devex - The holdouts on negotiating amendments to the IHR at WHA77**

<https://www.devex.com/news/the-holdouts-on-negotiating-amendments-to-the-ih-77-107709>

(analysis as of Thursday 30 May) “There are hopes that the 77th World Health Assembly will be able to conclude amendments to the International Health Regulations by week's end. But **bones of contention remain.**”

“**Countries are back at the negotiating table to hash out the details on the way forward for the pandemic treaty and to finalize amendments to the International Health Regulations, after failing to reach a consensus on either draft last week.** The World Health Assembly, the ultimate decision-making body of the World Health Organization, agreed on Tuesday to create one drafting group to handle both sets of negotiations. It's expected that the outcome will be presented before the WHA this Friday. But there's a lot of uncertainty where that will lead. **Countries are divided on how to proceed with treaty negotiations when they resume, and how long to extend them. Some countries, such as the United States, want to extend the timeline to at least one year, while African countries want to conclude the negotiations in a special session of the WHA before the end of 2024. There are hopes, particularly from some high-income countries, that WHA could conclude amendments to the IHR by the end of this week — the rationale being that just a few unresolved issues remain, and that finishing the job this week might help countries focus on the treaty negotiations in the coming months.**”

“... **But the few remaining issues in the IHR amendments are also highly contentious.** They include the **creation of a new fund** — which some low- and middle-income countries are pushing for but that others, including the U.S. and some European nations, don't support. **Some also believe the IHR amendments cannot be concluded ahead of the treaty....**”

With the **view of L Gostin.** “Gostin, who was part of the IHR review committee, said **countries should agree on the amendments they've already reached consensus on, at least in principle, in the text — and then “make a rigorous, good faith effort to come to agreement on the 20% that [they] don't agree on now.”**”

“... **But several countries appear adamant that nothing is agreed until everything is agreed.**”

## TWN – WHO: Drafting group starts negotiations on IHR amendments

<https://www.twn.my/title2/health.info/2024/hi240518.htm>

(30 May) “**A drafting group of the ongoing World Health Assembly (WHA) has started negotiations on the pending amendment proposals to the International Health Regulations (IHR) 2005.** The drafting is largely focused on Article 13 on equitable access to relevant health products, Article 44 on collaboration, assistance and financing, and Article 54 on a committee for the effective implementation of IHR 2005....”

“**Several developing country negotiators embraced the idea of finalising amendments to IHR 2005....**”

“...Despite widespread support for the negotiations there is no guarantee that the negotiations would lead to the successful conclusion of the amendment process. **Three major issues are yet to find a solution. These are technology transfer, finance and the governance mechanism....**”

## WHA 77 Miscellaneous

### HPW – The Power of Partnerships in Advancing Global Health

<https://healthpolicy-watch.news/the-power-of-partnerships-in-advancing-global-health/>

**“Partnerships between industry, multilateral organizations, and other stakeholders are essential to overcoming challenges and improving access to innovations.** This was the **key message at an International Federation of Pharmaceutical Manufacturers (IFPMA) event** on Tuesday evening, held on the sidelines of the World Health Assembly in Geneva. The gathering **brought together representatives from the World Health Organization (WHO), Gavi, government officials, and industry leaders** to discuss how these partnerships can be enhanced to deliver meaningful impact for people and healthcare systems worldwide.”

**“The event featured an interview with David Reddy, the newly appointed Director-General of IFPMA and former CEO of Medicines for Malaria Ventures who took over from Thomas Cueni in April.** IFPMA, the global pharmaceutical trade organization, works with the WHO and other UN bodies, representing over 90 companies and associations, including industry giants like Johnson & Johnson, Novartis, Pfizer, Eli Lilly and AstraZeneca.....”

Do read about his views (among others, on how the industry and WHO agree on 80 % and differ on 20 % (he was quoting Mike Ryan); and the coming monoclonal antibody revolution.

**Gavi’s Sania Nishtar** was also there, arguing that **“Partnerships are crucial as health budgets tighten.”**

### HPW – Cardiometabolic Diseases Threaten Life Expectancy Gains, Even in Young Countries

<https://healthpolicy-watch.news/cardiometabolic-diseases-threaten-life-expectancy-gains-even-in-young-countries/>

**“Cardiometabolic diseases, a group of non-communicable diseases (NCDs) including cardiovascular disease, stroke, diabetes, and non-alcoholic fatty liver disease, are on the rise globally, threatening life expectancy gains and burdening vulnerable economies with excess healthcare costs.”**

**“These diseases already contribute to over 30% of global deaths each year.** With **one billion people** now living with obesity, projections suggest that by 2035, 50% of the world’s population will be affected, leading to premature deaths and a growing economic burden. **“Non-communicable diseases are only going in one direction. They are increasing,”** Dr Christopher Tufton, Jamaican Minister of Health, remarked **at a World Heart Federation (WHF) and World Obesity Federation (WOF) event in Geneva on Monday.....”**

Links:

- HPW - [Cabo Verde Minister of Health: 5 Steps to Eliminate Malaria](#)

# Global Health Governance

## Lancet World Report - Uproar over Women in Global Health leadership changes

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01125-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01125-5/fulltext)

**“The firing of co-founder and Executive Director Roopa Dhatt has prompted outrage from members. By Udani Samarasekera.**

**“Members of the non-governmental organisation (NGO) Women in Global Health (WGH) have expressed anger and dismay after the firing of its co-founder and Executive Director Roopa Dhatt by the WGH board. In a letter to the WGH board sent on May 20 and seen by *The Lancet*, 44 regional and pipeline chapters of WGH expressed their “profound disbelief and grave concerns” over Dhatt's removal and the events that have followed, which “have broken our confidence and trust with the Board and global leadership team”. On May 27, the WGH movement released a public statement of no confidence in the leadership of the two remaining men on the WGH board and demanded their resignation.....”**

Must-read. With a number of views – by Ann Keeling, I Kickbusch, Jocalyn Clark & many others.

## BMJ Opinion –New WHO guidance can support transparent and informed engagement with the private sector

<https://www.bmj.com/content/385/bmj.q1177>

**“WHO efforts to provide guidance to countries to better assess and inform public sector engagement with the commercial sector are critical to prevent and control non-communicable diseases, yet much remains to be done to protect the health of people and the planet, argue Kent Buse and Monika Arora.”**

Quote: **“....To support implementation, we encourage WHO to provide technical assistance to national and local governments.** This should be focused on ensuring that credible and effective governance processes are in place and that public health is safeguarded from social, economic, and environmental harms arising from business practices, products, or services. We urge WHO to enhance knowledge exchange to support collective action on prevention and control of non-communicable diseases by developing and disseminating country specific examples of how the guidance can be applied in different contexts.....”

PS: the new WHO Guidance will be published soon.

## Pivotal - Melinda French Gates Announces \$1B Commitment to Advance Women's Power Globally

<https://www.pivotalventures.org/articles/melinda-french-gates-announces-1billion-commitment-to-advance-women-globally>

**“Melinda French Gates announced that as the first step in the next chapter of her philanthropy she is committing an additional \$1 billion through 2026 to advance women’s power globally.”**

Among others, with a list of organisations and 10 people who will get \$20 million to spend.

See also NYT (op-ed by Melinda herself (28 May)) – [Melinda French Gates: The Enemies of Progress Play Offense. I Want to Help Even the Match.](#)

Excerpt: **“... I’m also experimenting with novel tactics to bring a wider range of perspectives into philanthropy. Recently, I offered 12 people whose work I admire their own \$20 million grant-making fund to distribute as he or she sees fit.** That group — which includes the former prime minister of New Zealand, Jacinda Ardern, the athlete and maternal-health advocate Allyson Felix, and an Afghan champion of girls’ education, Shabana Basij-Rasikh — represents a wide range of expertise and experience. I’m eager to see the landscape of funding opportunities through their eyes, and the results their approaches unlock.”

**“In the fall, I will introduce a \$250 million initiative focused on improving the mental and physical health of women and girls globally. By issuing an open call to grass-roots organizations beyond the reach of major funders, I hope to lift up groups with personal connections to the issues they work on. People on the front lines should get the attention and investment they deserve, including from me....”**

And coverage/background via VOA - [Melinda French Gates to donate \\$1 billion to support women's rights](#)

**“It's the second billion-dollar commitment French Gates has personally made in the past five years. In 2019, she pledged over 10 years to expand women's power and influence.”**

“... French Gates also pledged to give 12 individuals \$20 million each to distribute to nonprofit organizations of their choice before the end of 2026. Those funds will be managed by the National Philanthropic Trust, one of the largest public charities that offers donor-advised funds, a spokesperson for Pivotal Ventures said. ... .. In total, French Gates announced \$690 million in commitments out of the promised \$1 billion, which also include an "open call" for applications that the organization Lever for Change will administer this fall. French Gates said \$250 million will be awarded to fund organizations working to improve women's mental and physical health globally.”

**“Pivotal Ventures said it has committed \$875 million of the \$1 billion that French Gates pledged in 2019 to a mixture of venture and philanthropic funding.”**

## **CEPI and Gavi extend partnership to target future disease outbreaks**

<https://cepi.net/cepi-and-gavi-extend-partnership-target-future-disease-outbreaks>

Signed on the sidelines of WHA77. **“The Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi, the Vaccine Alliance (Gavi), two co-leads of COVAX, the multilateral mechanism that accelerated equitable access to COVID-19 vaccines globally, have expanded their partnership to enhance the rapid development, deployment and access to vaccines against other deadly disease threats with outbreak potential.**

The **signed Memorandum of Understanding** will facilitate faster sharing of global health and vaccine information between the two organisations to better prepare for and respond to future epidemics. The goal is to use CEPI and Gavi's respective areas of expertise to accelerate equitable access to outbreak vaccines for populations most in need, regardless of their ability to pay..."

- And via [POLITICO](#) – as already mentioned earlier this week, re **the Pandemic Fund's funding shortfall**:

**"More than 100 countries have requested \$4.5 billion** to boost disease surveillance, laboratories and the health care workforce after the fund recently offered \$500 million in grants, said Priya Basu, the Pandemic Fund's executive head. **The fund aims to raise another \$2 billion at an event in late October in Rio de Janeiro....."** "American and European officials hope other countries and financing institutions will start contributing."

## Bird flu

### FT - US close to deal to bankroll Moderna bird flu vaccine trial

<https://www.ft.com/content/fad59eb1-2f34-47eb-b938-49ed12f12c45>

**"The US government is nearing an agreement to bankroll a late-stage trial of Moderna's mRNA pandemic bird flu vaccine, hoping to bolster its pandemic jab stockpile as an H5N1 outbreak spreads** through egg farms and among cattle herds. **The federal funding from the government's Biomedical Advanced Research and Development Authority, known as BarDA, could come as early as next month,** according to people close to the discussions. It is **expected to total several tens of millions of dollars, and could be accompanied by a commitment to procure doses if the phase-three trials are successful,** they said. **Talks between the government and Pfizer over supporting the development of its mRNA vaccine targeting the H5 family of viruses are also ongoing."**

**".... The possibility of contributing to the US pandemic vaccine stockpile also represents a commercial opportunity for the mRNA vaccine makers, whose market valuations have fallen significantly from pandemic highs.** Moderna's share price is up nearly 37 per cent since the start of April. Moderna has completed dosing of a mid-stage trial of its H5 pandemic flu vaccine, with interim data expected soon. Pfizer said in a statement on Wednesday that it "would be prepared to deploy the company's capabilities to develop a vaccine for strategic stockpiles", confirming that it had launched a phase-one trial for a pandemic flu vaccine last December. **Applications for BarDA grant funding for an mRNA-based pandemic flu vaccine closed in December last year, according to a project proposal seen by the Financial Times. But the bird flu outbreak has increased the urgency of talks, with federal officials acknowledging that the speed with which mRNA vaccines were designed and deployed during the Covid-19 pandemic showed their value compared with more traditional vaccine technology.** The jabs from GSK, Sanofi and CSL Seqirus, which make up the US government's existing pandemic vaccine portfolio, provide immunity to the current strain of bird flu, according to laboratory testing, but rely on a more time-intensive manufacturing process using egg- and cell-based cultures."

- See also the Telegraph - [US poised to invest millions in mRNA bird flu vaccine amid H5N1 scare](#)

**“Senior officials at the World Health Organization (WHO) in Geneva welcomed the news,** amid fears the H5N1 outbreak, which has killed millions of animals in the last two years, could yet spread to humans. **Jeremy Farrar**, chief scientist at the WHO, said investing in mRNA jabs for H5N1 was “an important step forward”, while **Maria Van Kerkhove**, head of the emerging diseases and zoonosis unit, said it demonstrated “active pandemic preparedness” on the part of the Americans.....”

### **Stat - A third U.S. farm worker infected with bird flu is the first to experience respiratory symptoms**

<https://www.statnews.com/2024/05/30/bird-flu-third-case-human-infection-caused-respiratory-symptoms/>

“In a new bird flu case tied to the dairy cow outbreak, a Michigan worker developed flu-like respiratory symptoms.”

## **AMR**

### **Cidrap News - Quadripartite recommends boosting fight against antimicrobial resistance**

<https://www.cidrap.umn.edu/antimicrobial-stewardship/quadripartite-recommends-boosting-fight-against-antimicrobial-resistance>

“The organizations collectively known as **the Quadripartite today released a set of recommendations and priorities to be considered at the upcoming United Nations (UN) High-level Meeting (HLM) on Antimicrobial Resistance (AMR).** The group, which comprises the World Health Organization, the World Organization for Animal Health, the UN Food and Agriculture Organization, and the UN Environment Programme, is the latest to make recommendations ahead of the September meeting, which will conclude with a political declaration that will guide global efforts to address AMR. **The Quadripartite said that, while the 2016 UN HLM on AMR was a "landmark" in global commitment to tackle AMR, the progress made since then has been insufficient, and greater urgency is needed.**”

“In a policy brief, **the Quadripartite makes five recommendations** for UN member states to consider including in the political declaration....”

### **Cidrap News - New partnership aims to improve antibiotic access in low-resource nations**

<https://www.cidrap.umn.edu/antimicrobial-stewardship/new-partnership-aims-improve-antibiotic-access-low-resource-nations>

“**A partnership that could help expand access to new antibiotics in low- and middle-income countries (LMICs) was announced yesterday.** The agreement between the **Global Antibiotic Research and Development Partnership (GARDP) and the Stop TB Partnership's Global Drug Facility (GDF)** aims to address one of the critical issues that has emerged in the fight against

antimicrobial resistance (AMR): Many of the low-resource countries that are being hit hardest by increasingly drug-resistant infections have limited or no access to the small number of new antibiotics that could treat those infections. And even when those drugs are available in those countries, they're largely unaffordable.”

**“GARDP and GDF officials say that by pooling procurement of antibiotics in the GARDP portfolio and using the platform that GDF has developed to get tuberculosis (TB) drugs and diagnostics to millions of TB patients, the partnership is taking a step toward building a globally coordinated system for getting new antibiotics to the countries where most of the deaths from drug-resistant pathogens are occurring....”**

- Link: Lancet Perspective - [Ramanan Laxminarayan: seeking sustainable access to antibiotics](#)

(related to the **new Lancet series on ‘Sustainable access to antibiotics’** – see last week’s IHP issue; was also officially launched at #WHA77 this week)

“Antimicrobial resistance (AMR) “has an image problem”, says Ramanan Laxminarayan, Founder and President of the One Health Trust, an independent research organisation headquartered in Washington, DC, USA. AMR has either been thought of as “a very difficult problem that's very hard to solve” or as “this is a vertical or disease issue, just like HIV, malaria, TB, or any other condition”, he explains. “But those views may be mistaken”, says economist and epidemiologist Laxminarayan. Now, **with a new Lancet Series, he and his coauthors are aiming to change the debate. “The main thing we're trying to do is reframe this issue as one of sustainable access to effective antibiotics”**, he says. “It's about people having access to antibiotics that really work when they need them. And that requires thinking about resistance, access, stewardship, and how we use antibiotics. And it also involves thinking about ways in which we can prevent infection, so that we don't have to have antibiotics, and we don't have to worry about AMR in the first place” ....”

## Long Covid

### Nature Medicine - Three-year outcomes of post-acute sequelae of COVID-19

M Cai, E Topol et al ; <https://www.nature.com/articles/s41591-024-02987-8>

« .... Altogether, our findings show reduction of risks over time, but the burden of mortality and health loss remains in the third year among hospitalized individuals.”

## UHC

### Lancet GH - For and with people: announcing the *Lancet Global Health Commission on people-centred care for universal health coverage and a call for commissioner nominations*

D B Duong et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00216-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00216-X/fulltext)

“...Building on the bold notion put forth by the *Lancet Global Health* Commission on high quality health systems that health systems are “for people”, we assert that to effectively, efficiently, and equitably serve the global community in the lead up to 2030 and through the post-Sustainable Development Goal era, health systems must be for and with people. **To actualise this sentiment, we announce the *Lancet Global Health* Commission on people-centred care for Universal Health Coverage.** This Commission aims to support the implementation of people-centred care to achieve sustainable universal health coverage and health equity, fill gaps in evidence-based guidance, and identify best practices and novel approaches. It will differ from previous efforts both by what and how knowledge will be produced, consciously adopting the commitment to people-centred care from inception to dissemination. **Specifically, the Commission's research and governance will be grounded in participatory principles and practices, using community-engaged methods and shared governance models.....”**

Apparently, **“For the post-sustainable development goal era. “... : “As the world approaches the deadline for achieving the Sustainable Development Goals, health inequities continue to widen between and within countries, new challenges such as climate change emerge, and Universal Health Coverage still seems a distant aspiration for many communities. **People-centred care represents a powerful ideological shift to address these challenges....”****

## **BMJ GH - Reconciling devolution with health financing and public financial management: challenges and policy options for the health sector**

N Ravishankar, J Kutzin et al; <https://gh.bmj.com/content/9/5/e015216>

**“The interplay between devolution, health financing and public financial management processes in health—or the lack of coherence between them—can have profound implications for a country’s progress towards universal health coverage. This paper explores this relationship in seven Asian and African countries (Burkina Faso, Kenya, Mozambique, Nigeria, Uganda, Indonesia and the Philippines), highlighting challenges and suggesting policy solutions. ....”**

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

### **Reuters - BioNTech gets \$145 mln funding for African vaccine plants**

[Reuters:](#)

**“COVID-19 vaccine maker BioNTech has secured up to \$145 million in funding from a global coalition against infectious diseases to build a production network in Africa for shots based on cutting-edge messenger-RNA (mRNA) technology.”**

**“BioNTech and the Coalition for Epidemic Preparedness Innovations (CEPI) said in a joint statement on Wednesday that the financial support was part of an expanded partnership as the German biotech firm builds an mRNA vaccine factory site in Rwanda's capital Kigali. A future African network could produce affordable vaccines to fight malaria, mpox, tuberculosis or other health threats, they added..... “BioNTech and CEPI intend to work jointly to rapidly respond to outbreaks on the African continent **caused by known viral threats, or an as-yet-unknown pathogen with epidemic or pandemic potential,**” they said. **The funds pledged by CEPI come on top of up to \$90****

million that the coalition granted BioNTech in September to support the development of mpox vaccine candidates.”

## Guardian - Celebrities join campaigners in call for cheaper version of ‘gamechanger’ HIV drug for poorer countries

[Guardian](#);

“Letter urges US company Gilead Sciences to ‘shape history’ by providing fair access.”

“Former world leaders, celebrities and a Nobel prize-winning scientist who helped discover HIV have written to a leading pharmaceutical company to urge it to make a “gamechanger” HIV medicine available to people living outside wealthy countries. The US company Gilead Sciences has been urged to “shape history” by avoiding a repeat of the “horror and shame” of the early years of the Aids pandemic, when 12 million lives were lost in poorer parts of the world after effective drugs became available, because the medicines were not affordable. **Gilead’s drug, Lenacapavir, can treat HIV when given as two injections a year.** Ongoing trials are expected to show it is also an effective prevention drug....”

“It is currently only available in a handful of wealthy countries and has a list price of \$42,250 (£33,170) in the US for the first year of treatment, and \$39,000 for subsequent years. The company’s patent will not run out for almost two decades.”

“In a [letter](#), campaigners said the drug “could be a real gamechanger worldwide for the people most excluded from high-quality healthcare” and “help end Aids as a public health threat by 2030 – but only if all who would benefit from it can access it”. .... It urges the company to ensure access for people in low and middle-income countries who either have, or are at risk of, HIV, at the same time as the drug becomes available in high-income countries.”

“This could be achieved by licensing generic versions through the **Unitaid-backed Medicines Patent Pool**, which the company has done in the past for treatments for HIV/Aids and Hepatitis C, although only for low, rather than middle-income countries....”

## Cidrap News - Bavarian Nordic, CEPI announce plan to advance mpox vaccine for African children

<https://www.cidrap.umn.edu/mpox/bavarian-nordic-cepi-announce-plan-advance-mpox-vaccine-african-children>

“ **Bavarian Nordic and the Coalition for Epidemic Preparedness Innovations (CEPI) yesterday announced a partnership to advance the development of Bavarian Nordic's mpox vaccine for children in Africa.** CEPI has awarded \$6.5 million to support phase 2 clinical trials of the MVA-BN nonreplicating vaccine in children ages 2 to 12 as compared to adults. The study will enroll 460 people in endemic regions who don't have a history of mpox illness or vaccination. Participants will receive two doses of the vaccine. **The study is expected to launch this year in one or more African countries....”**

**“CEPI said the new partnership dovetails with a plan by African countries to coordinate efforts in to battle the virus, which was announced in April. Richard Hatchett, MD, CEPI's chief executive officer, said **children suffer disproportionately from mpox**, a concerning and neglected disease that has spread rapidly in recent years....”**

## Telegraph - How therapeutics could thwart our response to the next pandemic

<https://www.telegraph.co.uk/global-health/science-and-disease/antivirals-therapeutics-vaccines-covid-19-pandemic-response/>

**“A more equitable funding split between vaccines and antivirals may have reduced the Covid death toll by four million, experts say.”**

“Four years on from the pandemic, in the global north, vaccines remain the jewel in the crown of the Covid-19 response. Yet **for some pandemic scientists, there was a missing piece in our outbreak efforts: therapeutics**. While £71bn (or 95 per cent) of public funding was funneled into developing vaccines in 2021, only £3.6bn was spent investing in drugs like antivirals. **Had this split been more equitable, with antivirals like Paxlovid or Molnupiravir available in June 2020 – the same time vaccines were approved – “four million lives could have been saved.”**”

“So says Prof Sharon Lewin, director of **the Cumming Global Centre for Pandemic Therapeutics (CGCPT) in Melbourne**. At the World Health Organization’s (WHO) 77th World Health Assembly (WHA) in Geneva this week, she is among those **extolling the key advantages of therapeutics over jabs: that they’re faster-acting (offering protection immediately, rather than a few weeks later), come in pill form, which makes both storage and rollout simpler, and only need to be given only to those infected, rather than the entirety of the at-risk population**. The problem with Covid therapeutics is that “they came too late, and they weren’t fantastic” ....”

“Prof **Michel Kazatchkine**, special advisor to the WHO Regional Office for Europe, agrees that there was “disappointment” around the drugs that were developed in Covid’s wake, which “very soon appeared ineffective to some of the mutations that occurred, particularly when the Delta strain switched to Omicron.” When it comes to thwarting the next pandemic, in Lewin’s view, “we really need to think about how we can make them better, [and] make them faster.” ....”

And a link:

- Lancet Letter - [Nigeria rolls out novel meningitis vaccine](#)

## World No Tobacco Day (31 May) & Commercial Determinants of Health

**Lancet Comment – Protecting future generations from commercially driven health harms: lessons from tobacco control**

A B Gilmore et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01128-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01128-0/fulltext)

« .... As preparations begin for the 2025 High-level Meeting on NCDs, how best to address these commercially driven health harms needs to be top of the agenda. The considerable progress made in reducing tobacco use globally suggests crucial lessons from tobacco control can inform this agenda, particularly given that such progress contrasts with escalating rates of obesity and alcohol use, rising global temperatures, and alarming evidence that implementation of NCD policies is going backwards in areas involving health-harming industries....”

« **World No Tobacco Day, celebrated on May 31, 2024, provides a timely opportunity to draw such lessons. Two are key.** First, progress in tobacco control has been underpinned by a deliberate focus on the tobacco industry as an object of public health inquiry and action. .... The second lesson is that such protection from industry influence is insufficient to secure long-term advances. The enormous gains made in tobacco control are now under threat: long-standing declines in global cigarette sales and smoking prevalence—both globally and in every world region—have stalled, and policy implementation has slowed. This is because the tobacco industry, concerned by the threat to its profits, is fighting back....”

« .... **How can the global NCD community apply these lessons?** First, they must recognise, just as for tobacco, there is an inherent conflict between the interests of ultra-processed food, alcohol, fossil fuel, and other unhealthy commodity industries and public health. Consequently, implementing the equivalent of WHO FCTC Article 5.3 in these areas is an essential first step to progress. .... Second, the stalling of tobacco control shows that governments must move well beyond these initial measures to address the system problems that are simultaneously driving ill health and making it harder to develop and implement effective solutions to it. **The 2023 Lancet Series on the CDOH was instrumental in outlining these problems and ways to address them.** A few of the recommendations from this Series are worth highlighting....”

And they conclude: « **The theme of this year's World No Tobacco Day is protecting children from the tobacco industry.** Only once governments have tackled these systems drivers underpinning the CDOH can we say that we have achieved that. Our ability to do so came a step closer when WHO established a programme on the CDOH in 2023. ... Surely the 42 million deaths each year from NCDs, the 19 million deaths from just four commercial products, and the climate crisis are sufficient to warrant urgent collective action? **The children of the world will be watching as leaders gather at the High-level Meeting on NCDs in 2025: will they put the interests of the many, including future generations, above corporate profits and the rapidly growing wealth and interests of the few? “**

## Some reports

### Policy Cures Research – The impact of Global Health R&D

<https://impact.policycuresresearch.org/>

Report: <https://d110xtih22jhy.cloudfront.net/Digital%20Impact%20Report%20FINAL-1.pdf>

“Investment in research to tackle neglected diseases has fallen since the pandemic. **And yet the success of global health R&D over the past 20 years is a resounding one. In breakthrough work, we analyse the impact of global health R&D, showing the return on investment in health and economic terms for the first time.** We look at the gamechangers over the last two decades and

model the future returns of health innovations which transform the health and economic outlook for vulnerable populations.”

Check out findings. Among others: “...**40.7 million lives will have been saved between 2000 and 2040.**” At least if: “....Launched products have already saved over 8 million lives across the globe. With the continued scale up and introduction of innovations, more than 32 million additional lives will be saved by 2040.”

And – I’m sure the Gates Foundation will be pleased – “**an improvement in health worth a staggering \$49.4 trillion between 2000 and 2040.**” (via averted DALYs)

Which brings them to: “....**Every dollar spent on neglected disease R&D and developing life-saving products returns \$405 in wider societal and economic gain.**”

## Planetary Health

### Science (Policy Forum) – No new fossil fuel projects: The norm we need

F Green et al ; <https://www.science.org/doi/10.1126/science.adn6533>

“**A social-moral norm against new fossil fuel projects** has strong potential to contribute to achieving global climate goals.”

“...The normative case for ultimately phasing out fossil fuels is strong, and in some cases, it is feasible to phase out projects before the end of their economic life. However, **the movement should focus on a more feasible, yet crucial, step on the road to fossil fuel phaseout:** stopping fossil fuel expansion. **Proponents of ambitious climate action should direct policy and advocacy efforts toward building a global “No New Fossil” norm,** encompassing exploration for and development of new fossil fuel extraction sites, and permitting and construction of new, large-scale fossil fuel–consuming infrastructure.”

Doubt it goes far enough, though.

- See also the Guardian - [No need for countries to issue new oil, gas or coal licences, study finds](#)

“**Researchers say world has enough fossil fuel projects planned to meet demand forecasts to 2050 if net zero is reached.**” The world has enough fossil fuel projects planned to meet global energy demand forecasts to 2050 and governments should stop issuing new oil, gas and coal licences, according to a **large study aimed at political leaders.** If governments deliver the changes promised in order to keep the world from breaching its climate targets no new fossil fuel projects will be needed, **researchers at University College London and the International Institute for Sustainable Development (IISD)** said on Thursday.”

“The data offered what they said was “a rigorous scientific basis” for global governments to ban new fossil fuel projects and begin a managed decline of the fossil fuel industry, while encouraging investment in clean energy alternatives. By establishing a “clear and immediate demand” political

leaders would be able to set a new norm around the future of fossil fuels, against which the industry could be held “immediately accountable”, the researchers said.”

**Published in the journal Science.**

### **Climate Change News - Rich nations meet \$100bn climate finance goal – two years late**

<https://www.climatechangenews.com/2024/05/29/rich-nations-meet-100bn-climate-finance-goal-two-years-late/>

“Developed countries gave nearly \$116 billion in climate finance in 2022, but **experts and campaigners questioned how the target was met.**” **Cfr new OECD data.**

## **Miscellaneous**

### **The Elders - The Elders warn that failures of political leadership risk collapse of international order**

<https://theelders.org/news/elders-warn-failures-political-leadership-risk-collapse-international-order>

“**At the conclusion of their board meeting in São Paulo**, The Elders today call on world leaders to uphold international law and prioritise multilateral cooperation to build a better world for current and future generations.”

### **Berlin Summit Declaration: Winning back the people**

<https://newforum.org/en/the-berlin-summit-declaration-winning-back-the-people/>

**In liberal democracies**, that is.

See the **press release** - [World Leading experts call for urgent action against rising popular distrust](#)

“**In a joint appeal, more than 50 renowned academics are calling for a new, cause-oriented economic policy. Governments should counter the loss of confidence in liberal democracies with an active industrial policy, a reduction in inequality and better-managed globalization.**”

“**.... Supporters include** renowned experts such as Harvard professor Dani Rodrik, Mariana Mazzucato from University College London, Columbia economist Adam Tooze, New York inequality expert Branko Milanovic, Thomas Piketty, former IMF chief economist Olivier Blanchard, Jens Südekum from Heinrich Heine University in Düsseldorf, Isabella Weber from the University of Amherst in Massachusetts and sustainability expert Maja Göpel.....”

“... What is needed now is a new political consensus that addresses the deep drivers of people's distrust instead of merely focusing on the symptoms, or falling into the trap of populists who pretend to have simple answers.....”

## IISD - UN Secretary-General's Report Assesses Progress Made on SDGs Since 2015

<https://sdg.iisd.org/news/un-secretary-generals-report-assesses-progress-made-on-sdgs-since-2015/>

“The report underscores that “governments remain united behind the 2030 Agenda,” and highlights progress that is being made in a number of areas. Yet, **only 15% of the SDG targets are on track to be achieved, 49% show minimal or moderate progress, and 36% of the targets show signs of stagnation or regression.** The report identifies **critical steps needed to “deliver transformative progress between now and 2030”.**”

“The UN has released the UN Secretary-General's annual report on SDG progress. The report updates on progress made since 2015 against the global SDG indicator framework. It will inform discussions during the **July 2024 session of the UN High-level Political Forum on Sustainable Development (HLPF).** .... The report finds that **while the early years of SDG implementation saw “slow but steady” progress, since 2019, “severe global headwinds,”** including the COVID-19 pandemic, conflicts, geopolitical tensions, and climate change, **have left the SDGs in peril,** with the world's most vulnerable people “bearing the brunt.””

“... To “**deliver transformative progress between now and 2030,**” the report underscores the need to: **(1)** Ensure peace; **(2)** Unlock greater financing and fiscal space for developing countries and secure a more equitable, representative, and effective international financial system; and **(3)** Unlock transformative progress across the Goals by doubling down on key transitions around energy, food, digital connectivity, social protection and decent jobs, education, and the triple planetary crisis of climate change, biodiversity loss, and pollution.”

## UNAIDS - UNAIDS stands with LGBTQ+ communities worldwide as PRIDE celebrations get underway

[https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/may/20240529\\_pride](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/may/20240529_pride)

“As LGBTQ+ communities and allies take to the streets to mark **PRIDE month,** UNAIDS is speaking out in solidarity, rejecting the criminalization, discrimination and stigmatization of LGBTQ+ people and insisting on respect for all.....”

## Guardian – Revealed: how a US far-right group is influencing anti-gay policies in Africa

<https://www.theguardian.com/world/article/2024/may/30/us-far-right-group-influencing-anti-gay-policy-africa>

“A long-standing US anti-pornography campaigning group has advised, promoted and endorsed anti-LGBTQ+ activists and politicians in Uganda, including a governing party member who endorsed

anti-LGBTQ+ laws by saying gays “should be castrated”, and a virulently homophobic founder of a “militaristic” Christian boys camp. **The revelations about Washington DC-based National Center on Sexual Exploitation (NCOSE) and its spin-offs and affiliates** – based on documents, audio and video recordings and open-source materials – raise questions about its recent disavowals of its history of anti-LGBTQ+ positions, and its role in Uganda’s passage last year of laws on homosexuality which are among the most punitive and restrictive in the world.....”

## HSG - Request for Proposals to host the Ninth Global Symposium on Health Systems Research in 2026

<https://healthsystemsglobal.org/news/request-for-proposals-to-host-the-ninth-global-symposium-on-health-systems-research-in-2026/>

Deadline: 1 August 2024.

## Global health governance & Governance of Health

### Lancet World Report - Calls for a focus on health risks in EU election

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01126-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01126-7/fulltext)

“New members of the European Parliament should “defend health in receiving the political priority that it deserves”, experts say. By Udani Samarasekera.”

Among others, with **Martin McKee’s take**.

## UHC & PHC

### Global Health Research & Policy - Leaving no one behind in armed conflict-affected settings of Africa: is universal health coverage a possibility or mirage?

Olushayo Oluseun Olu et al ; <https://ghrp.biomedcentral.com/articles/10.1186/s41256-024-00360-3>

« **The world is off track six years to the 2030 deadline for attaining the sustainable development goals and universal health coverage. This is particularly evident in Africa’s armed conflict-affected and humanitarian settings**, where pervasively weak health systems, extreme poverty and inequitable access to the social dimensions and other determinants of health continue to pose significant challenges to universal health coverage. **In this article, we review the key issues and main barriers to universal health coverage in such settings.** While our review shows that the current health service delivery and financing models in Africa’s armed conflict-affected settings provide some opportunities to leapfrog progress, others are threats which could hinder the attainment of universal health coverage. **We propose four key approaches focused on addressing the barriers to the three pillars of universal health coverage, strengthening public disaster risk management, bridging the humanitarian-development divide, and using health as an enabler of peace and sustainable development as panacea to addressing the universal health coverage**

**challenge in these settings.** The principles of health system strengthening, primary health care, equity, the right to health, and gender mainstreaming should underscore the implementation of these approaches. «

## **Pandemic preparedness & response/ Global Health Security**

**Telegraph - H5N1 virus in latest human case has mutated, officials say**

[Bird flu outbreak: H5N1 virus in latest human case has mutated, officials say](#)

“The slight evolution in the virus is associated with ‘adaptation to mammalian hosts’, according to the Centre for Disease Control.”

**Project Syndicate - How to Protect the World from the Next Pandemic**

W Byanyima & J Stiglitz; [Project Syndicate](#);

“The pillars of effective pandemic prevention, preparedness, and response are well-known: relevant knowledge and technology must be shared openly, and vaccines, tests, and treatments must be produced widely. **A global pandemic accord can ensure that these conditions are met next time – but only if it has teeth.**”

**Guardian - Nigeria to host first Lassa fever treatment trials for 40 years**

<https://www.theguardian.com/global-development/article/2024/may/30/nigeria-to-host-first-lassa-fever-treatment-trials-for-40-years>

“The viral disease kills 5,000 people a year in west Africa, and has been described as an epidemic threat to global health.”

“The trials will begin in September at the Federal Medical Centre, Owo (FMCO), in Ondo state, which has high rates of the rodent-carried virus. It is the first work on a new treatment since ribavirin was approved for use in 1986. The drug’s efficacy has recently been questioned.....”

“....Lassa fever is designated an **epidemic threat** to global health and a priority for research by the **World Health Organization**. Between [300,000 and 500,000 cases](#) are recorded annually in west Africa. The fatality rate is about 1%, but that [rises to 15%](#) among people hospitalised with severe cases.....”

# Planetary health

## Nature News- Chance of heatwaves in India rising with climate change

[https://www.nature.com/articles/d41586-024-01577-5?utm\\_medium=Social&utm\\_campaign=nature&utm\\_source=Twitter#Echobox=1716986839](https://www.nature.com/articles/d41586-024-01577-5?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1716986839)

“Not only are these extreme events increasing in frequency, they are lasting longer and becoming hotter, too.”

“India is sweating through a heatwave, with thermometers in some parts of the capital recording more than 52 °C. This is the third year in a row of lethally high temperatures in April and May for the country, and climate change is increasing the likelihood of such weather extremes.....”

## Guardian - The ugly truth behind ChatGPT: AI is guzzling resources at planet-eating rates

Mariana Mazzucato; <https://www.theguardian.com/commentisfree/article/2024/may/30/ugly-truth-ai-chatgpt-guzzling-resources-environment>

“Big tech is playing its part in reaching net zero targets, but its vast new datacentres are run at huge cost to the environment.”

“.... Ultimately, despite the unprecedented wave of innovation since the 1990s, we have consistently overlooked the repercussions of these advances on the climate crisis. As climate scientists anticipate that global heating will exceed the 1.5C target, it’s time we approach today’s grand challenges systemically, so that the solution to one problem does not exacerbate another....”

## Guardian - Corporations invested in carbon offsets that were ‘likely junk’, analysis says

<https://www.theguardian.com/environment/article/2024/may/30/corporate-carbon-offsets-credits>

“Analysis of the carbon offset projects used by top corporations including Delta, Gucci and ExxonMobil raises concerns around their emission cuts claims”

“Some of the world’s most profitable – and most polluting corporations – have invested in carbon offset projects that have fundamental failings and are “probably junk”, suggesting industry claims about greenhouse gas reductions were likely overblown, according to new analysis. Delta, Gucci, Volkswagen, ExxonMobil, Disney, easyJet, and Nestlé are among the major corporations to have purchased millions of carbon credits from climate friendly projects that are “likely junk” or worthless when it comes to offsetting their greenhouse gas emissions, according to a classification system developed by Corporate Accountability, a non-profit, transnational corporate watchdog.”

“Some of these companies no longer use CO2 offsets amid mounting evidence that carbon trading do not lead to the claimed emissions cuts – and in some cases may even cause environmental and

social harms. However, **the multibillion-dollar voluntary carbon trading industry is still championed by many corporations including oil and gas majors, airlines, automakers, tourism, fast-food and beverage brands, fashion houses, banks, and tech firms as the bedrock of climate action** – a way of claiming to reduce their greenhouse gas footprint while continuing to rely on fossil fuels and unsustainable supply chains. Yet, **for 33 of the top 50 corporate buyers, more than a third of their entire offsets portfolio is “likely junk”** – suggesting at least some claims about carbon neutrality and emission reductions have been exaggerated according to the analysis.....”

## Infectious diseases & NTDs

Reuters - Dengue cases in Americas surpass last year's record high, WHO says

[Reuters](#):

“Dengue cases have substantially increased in the Americas this year, the World Health Organization (WHO) said on Thursday, which indicates the mosquito-borne viral illness remains a high-risk threat to public health.”

“The UN agency said the number of cases in the Americas exceeded 7 million by the end of April, already surpassing the annual high of 4.6 million in 2023. In comparison, over 7.6 million dengue cases and about 3,000 deaths were reported globally during the same period....”

Cidrap News - WHO launches dengue dashboard as global threat remains high

<https://www.cidrap.umn.edu/dengue/who-launches-dengue-dashboard-global-threat-remains-high>

“...To strengthen global tracking, the WHO has launched a **new dashboard**. So far, it has data from 103 countries. All regions except Europe have reported locally acquired cases this year. ...” **The dashboard checks global hotspots.**

## AMR

Nature (News) - ‘Smart’ antibiotic can kill deadly bacteria while sparing the microbiome

<https://www.nature.com/articles/d41586-024-01566-8>

“Compound called lolamicin targets a group of harmful microbes but does not disturb those that live peacefully in the gut.”

“ Pathogens classified as [Gram-negative bacteria](#) are often hardy, virulent and quick to evolve [resistance to antibiotics](#). Only a few drugs can knock them out, and these also destroy [beneficial gut bacteria](#). Now **scientists have developed an antibiotic that kills pathogenic Gram-negative bacteria — even those resistant to many other drugs — without [impairing the gut microbiome](#)**. So far, it has been studied only in mice, but if the compound works in humans, “it could

help us dramatically”, says Sebastian Hiller, a structural biologist at the University of Basel in Switzerland who was not involved in the research. However, there is a caveat, he says: the compound’s usefulness “depends on whether bacteria will develop resistance to it in the long run”.

The study appeared in *Nature* this week.

## NCDs

### **Plos GPH - WHO framework on meaningful engagement: A transformational approach to integrate lived experience in the noncommunicable disease and mental health agenda**

Jack Fisher et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002312>

**“Working alongside lived experience communities and other relevant stakeholders, we have established and co-created a set of principles, enablers and actions for operationalizing meaningful engagement, related to dignity and respect, power and equity, inclusivity and intersectionality, commitment and transparency, and institutionalization and contextualization. People with lived experience have a right to be equitably included in all levels of policy-setting, design and implementation of programs, and to have a central role in reforming and reorienting the structures and systems intended to address the complex multifactorial challenges that they face. WHO is committed to leveraging its role in global health to further operationalize meaningful engagement within WHO and its Member States....”**

## Mental health & psycho-social wellbeing

### **Lancet Psychiatry - Worldwide incidence of suicides in prison: a systematic review with meta-regression analyses**

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(24\)00134-2/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(24)00134-2/fulltext)

By A P Mundt et al.

## Social & commercial determinants of health

### **International Journal of Social Determinants of Health and Health Services - The Social Determinants of Health Industry: Two Years On**

Zachary N. Goldberg et al; <https://journals.sagepub.com/doi/abs/10.1177/27551938241257041>

**Focus on the US. “.... The objective of this article was to review the same collection of SDOH Industry companies previously evaluated by Goldberg and Nash, 2021....”**

“Social determinants of health (SDOH) have been insufficiently addressed by payers and providers despite increased prioritization at the national level. This led to the development of a separate, for-profit “SDOH industry” found to have a valuation of \$18.5 billion (all dollar amounts in U.S. dollars) with \$2.4 billion in funding as of July 2021. The purpose of this article is to determine the growth of the industry from 2021 to 2023 and provide a multifaceted explanation for this development. The authors conducted an analysis of 57 SDOH industry companies using a third-party market research platform. Over the previous two-year period, 10 out of 57 (18%) companies were acquired, and the industry gained an additional \$1.1 billion (46% increase) in funding and \$13.7 billion (74% increase) in valuation. **The authors propose four contributing factors to explain the nature of this industry's evolution.** They include developments in national health care policy favoring SDOH, standardization of SDOH information as actionable claims data, multi-source investment in SDOH, and improved methods of industry intervention measurement. “

### BMJ Editorial – Protecting BMJ journals’ content from tobacco industry influence

<https://www.bmj.com/content/385/bmj.q1169>

“Our updated policy expands restrictions on authors’ links to industry.”

- Related: **BMJ Feature - [Tobacco funded research: how even journals with bans find it hard to stem the tide of publications](#)**

“Tobacco companies are investing billions in pharmaceutical and medical products. These ties complicate the ongoing efforts of researchers, scientific organisations, and journals to distance themselves from the industry, find **Irene van den Berg, Mathilde de Jeu, and Hristio Boytchev.**”

## Sexual & Reproductive health rights

### WB (blog) - 10 years of Menstrual Hygiene Day: Together for a #PeriodFriendlyWorld

<https://blogs.worldbank.org/en/water/10-years-of-menstrual-hygiene-day--together-for-a--periodfriendl>

By **S Khumar Jha** et al. “**This year marks the 10th anniversary of Menstrual Hygiene Day** and presents the perfect opportunity to look back, take stock and reflect on what needs to change to make a Period Friendly World a reality.....”

### IHP - Championing Change: How Political Action Can Transform Menstrual Health in India

Karan Babbar; <https://www.internationalhealthpolicies.org/featured-article/championing-change-how-political-action-can-transform-menstrual-health-in-india/>

Advocating for more political attention on this issue in the ongoing Indian elections and by Indian politicians/political parties in general.

## Neonatal and child health

Nature News - A myopia epidemic is sweeping the globe. Here's how to stop it

[https://www.nature.com/articles/d41586-024-01518-2?utm\\_medium=Social&utm\\_campaign=nature&utm\\_source=Twitter#Echobox=1716977499](https://www.nature.com/articles/d41586-024-01518-2?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1716977499)

“Time spent outdoors is the best defence against rising rates of short-sightedness, but scientists are searching for other ways to reverse the troubling trend.”

## Access to medicines & health technology

FT - Merck signs \$3bn deal for Kate Bingham-backed eye disease biotech

<https://www.ft.com/content/3e672f07-35ee-4ece-a8f6-88a52cbc9752>

“US group hopes EyeBio will refill its pipeline with treatments targeting causes of blindness.”

“US pharmaceutical group Merck has agreed to buy EyeBio, a start-up backed by UK venture capitalist Kate Bingham, for up to \$3bn, as the maker of the world's best-selling drug seeks to replenish its pipeline of treatments. The deal for EyeBio, whose drugs under development treat common eye diseases, will come in the form of a \$1.3bn upfront payment with a further \$1.7bn dependent on certain milestones being achieved, Bingham and EyeBio chief executive David Guyer told the Financial Times. **Bingham, who led the UK government's vaccine task force during the coronavirus pandemic, said EyeBio's lead drug “could revolutionise the treatment of patients with diabetic macular oedema and age-related macular disease, which are the major forms of blindness in the western world”. The drug, restoret, is in early-stage trials.** For Merck, restoret would help boost its pipeline as it prepares for a projected fall in sales by 2029 as **its blockbuster cancer drug Keytruda comes off patent.** Bingham said the drug had the potential to generate several billion dollars in peak sales.....”

TGH - A First Step to Fairer Drug Prices for Young Americans

A Krugman; <https://www.thinkglobalhealth.org/article/first-step-fairer-drug-prices-young-americans>

“U.S drugs have been historically more expensive, but the **Inflation Reduction Act signals a shift toward fairer prices.**”

FT - Treatments emerge for rare ‘catastrophic’ bone growth disease

<https://www.science.org/content/article/treatments-emerge-rare-catastrophic-bone-growth-disease>

“Five drugs are now approved or in trials for genetic condition that triggers misplaced bone growth.”

## Science News – Compound interest

**[Quantum computers could soon speed the development of novel materials, catalysts, and drugs](#)**

“Practical uses for quantum computers are emerging in chemistry, promising to speed the development of materials, catalysts, and drugs.”

“... In the near term, quantum computing could have its biggest impact in drug development. Today, developing a new drug takes an average of 12 years and costs more than \$2 billion. Drug companies are looking for any advantage they can get in finding the next blockbuster, Edwards says. Already, Roche, Pfizer, Merck, Biogen, and other industry giants have formed early partnerships with quantum computing companies, hoping the new technology will accelerate discover...”

## Miscellaneous

### **The New Humanitarian - Gaza demands a new kind of humanitarian action**

Y Asi ; <https://www.thenewhumanitarian.org/opinion/2024/05/30/gaza-demands-new-kind-humanitarian-action>

“Aid will not fix Gaza. We need a new definition of humanitarianism that addresses the underlying causes of suffering: occupation and impunity.”

### **BMJ - Medical tourism facilitators walk a tightrope between ethics and business**

<https://www.bmj.com/content/385/bmj.q664>

“A new market of intermediary fixers for medical tourists say that they can lower the risks associated with seeking treatment overseas. Charu Bahri asks what these facilitators do—and who oversees them?” **Focus on India.**

## Papers & reports

### **A few Lancet letters on India’s health data**

<https://www.thelancet.com/journals/lancet/onlinefirst>

In response to a **previous Lancet Editorial on India’s elections.**

### **Conflict & Health -Five recommendations to advance implementation science for humanitarian settings: the next frontier of humanitarian research**

<https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-024-00597-2>

By Kathryn Falb et al.

## **International Journal of Social Determinants of health and Health Services (Editorial) - Social Mechanisms, Labour Markets and the Politics of Health**

Joan Benach and Carles Muntaner;

<https://journals.sagepub.com/doi/full/10.1177/27551938241257182>

**Introduction to this issue.** “The articles in this issue can be grouped under several thematic clusters, focusing primarily on health inequalities, the social and economic impacts of health policies, and the influence of political environments on health outcomes.....”

PS: “Among others: **Closing this issue is a review of David Sanders’ book “The Struggle for Health”.** **This review, written by David McCoy,** underscores the importance of Sanders’ work in terms of promoting a critical, decolonial approach to Global Health, and understanding global health inequalities as a political – rather than a biomedical – issue. McCoy emphasises the continued relevance of Sanders’ book for students and practitioners of Global Health in the current socio-political context of globalisation, neoliberalism, widening inequalities and increased social polarization.”

## **WB ‘Investing in Health’ blog - How Are Governments Integrating Behavioral Science in Public Health?**

Z Afif et al ; <https://blogs.worldbank.org/en/health/How-Are-Governments-Integrating-Behavioral-Science-in-Public-Health>

« The recently released joint WHO and World Bank report, [Behavioral Science Around the World report, third volume](#), highlights how governments are integrating behavioral science to address public health. The report—which includes insights from 26 countries and shows how they tackle health challenges—**identifies three models of integration....”**

Model 1. Countries with units embedded in health ministries.... Model 2. Countries with units outside health ministries. .... Model 3. Countries where behaviorally informed work in health is done with third-party support.”

## **Science Editorial – Bridging two views of autism**

<https://www.science.org/doi/10.1126/science.adq6625>

Recommended read.

Link:

- Health Research Policy & Systems - [Explore the practice and barriers of collaborative health policy and system research-priority setting exercise in Ethiopia](#)

## Tweets (via X & Bluesky)

### Clare Wenham

**“A working group established to reflect on the work of two other working groups (WGIHR/INB) and decide whether to create more working groups (PABs, financing). It’s almost like MS want to waste time on modalities so they don’t have to deal with the big stuff.”**

### Katri Bertram

On press release WHO [WHO Member States agree way forward to conclude Pandemic Agreement](#)

**“Press release bingo language is to state in a headline that there’s “an agreement on the way forward” when that means “there’s an agreement to try to agree later on the way forward””**

### M Kavanagh

**“Talking to delegates it strikes me how many LMICs are \*only\* interested in the #PandemicTreaty if it solves the access to medical countermeasures problem. For real. HIC negotiators either seem to not understand this or they just don’t care. Institutionalist thinking 🤔”**

### Pam Das

(on the Grad Institute side event, ‘Replenish or Perish’ (re the future of GHIs)

**“@NordstrmAnders v.concerned about multiple replenishments, will result in efficiency & impact losses. #GHIs not paying attention to epidemiology & latest #GBD. Need to go beyond DAH. WHO should convene co-ordination between these partnerships, NOT in supply business & finance!**

**“@KStoreng states #GAVI @gavi was invited at least 6 times to participate in this panel. No response 😞. Researchers, CSOs, journalists struggle to get frank responses from GHIs @NordstrmAnders gives several examples of GHIs & their boards not disclosing budget transparency.**

### Ann Keeling

**“25% @womeninGH global team fired/resigned since 7 May hostile takeover. @mecaskey hand WGH Board Chair now to a woman. Women will save the movement they built #NotMyChair”**

### Friederike Röder

Related to G7 Communiqué [Stresa-Communique-25-May-2024.pdf \(g7italy.it\)](#)

**“Who would have thought this would be possible in such short time? Full #G7 support (incl DE& US ) for taxing the ultra-rich (aka 3k billionaires). Now they need to walk the talk at #G20, while also making progress on other taxes (IMO levy, taskforce on taxes) for dev & climate.”**

**Gavin Yamey**

**“One way to take the pulse of global health is from side conversations over coffee at the World Health Assembly; A dominant fear I heard this week: in MANY nations, the anti-vaxx, anti-LGBT & anti-family planning movements are intertwined—we ignore this confluence at our peril.”**