

IHP news 780 : Looking back on #WHA77 and a rather important election week

(7 June 2024)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

This week's issue will first of all come back on #WHA77 (and ensuing (155th) WHO Executive Board meeting). Make sure you read **Katri Bertram's related Featured article** below, assessing the 'victory for multilateralism' seen by Tedros & many other global health observers - with the **IHR Amendments deal** reached just before the deadline. On a more worrying note, various analyses pointed to the **danger of creeping "politicization" of global health agendas and issues** (see also Geneva Health Files on this, "[Countries Voted Eight Times in a Politicized World Health Assembly Revealing Geopolitical Fissures](#)"). While I agree that certainly in some areas, this is really dangerous for global health agendas (*and coverage below will point to some of these, eg at the EB meeting*), at the same time **in other areas I think a bit more 'politicization' is still "welcome"**. For example, with respect to the major influence of philanthropic foundations (*Gates Foundation, Wellcome, ... and perhaps soon also the Novo Nordisk foundation?*) in the global health architecture - including on WHO. Heck, last week during a strategic roundtable in Geneva, at some point we noticed John-Arne Røttingen (Wellcome) using the 'we' form, when talking about WHO's agenda (*might have been a slip of the tongue 😊*)! At the very least, we would fancy a lot more scrutinizing of these foundations' own – ahum – 'Replenishment model'. That would, inevitably, lead to more global health attention for global tax justice (as well as companies' 'business models'), long overdue. For some reason, philanthropy's (endlessly "replenished") billions never seem to be questioned.

In other news, **this week brought positive news from various elections in the world** (South-Africa, Mexico, India). Nevertheless, it remains the case that far **too many 'old men'** (here defined as 70+) call the shots in global politics. Listing a few of them here: *Modi (73); Putin (71); Biden & Trump (no discussion needed 😊); Lula (78); Xi Jinping (70); Netanyahu (74); Ramaphosa (71) ...* and the list is no doubt much longer. With some clinging to power more than they should... (*ps: The current crop of EU leaders - hardly a beacon of democracy either nowadays - are a bit of an exception in terms of age and gender*). While we don't want to be ageist (*and more in general empathize with "the elderly male", especially the grumpy specimen as we feel increasingly the impact of age ourselves 😊*); and no doubt a good mix of leaders would also feature a few (ideally, competent & **'The Elders'**-style) 70+ males, at the same time there's no denying that Ellen Johnson et al have a massive point (in a Project Syndicate op-ed), arguing [During This Super Election Year, More Women Are Needed at the Top](#). And we certainly also need a **number of younger leaders**, ideally from various segments in society.

There are many reasons why, but this one certainly applies: there's no way that with mainly 70+ male leaders, steeped as most of them are in 20th century frameworks and ideologies, the world has a chance to deal with the - rapidly deteriorating - poly-crisis (/multiple interlocking crises) that has(/ve) a distinctly 21st-century feel. That does not mean you have to expect everything from the

young generations [either](#). But at the very least, we need a proper mix, a far more inclusive leadership fit for the 21st century. Having said that, this “ballot week” was encouraging. Some of my colleagues even refound a bit of faith in the ‘wisdom of human beings’ 😊! (*I personally wouldn't go that far*)

PS: Speaking of men, we also have a short **2nd Feat article**, by Peter Baker (from **Global Action on Men's Health**)

Enjoy your reading.

Kristof Decoster

Featured Articles

A historic, landmark victory for multilateralism?

[Katri Bertram](#)

If you followed last week's 77th World Health Assembly (WHA) - the WHO's governing body composed of its *194 member states* – through press release headlines, it was a historic success. WHO's Director-General Dr. Tedros closed the week by stating WHA77 had been a “[victory for multilateralism](#)”. “Landmark” resolutions were passed on climate and health, social participation, mental health, and AMR, among others. These decisions took place alongside the launch of a new strategy period (the [14th General Global Programme of Work](#)), which for the first time includes climate as a strategic priority, and [an ambitious investment round](#) (aiming to raise an additional US\$ 7 billion) to ensure WHO is better placed to do its work.

If you were in Geneva or followed negotiations more closely, you could sense an increasing feeling of panic as the week progressed. After member states [failed to reach a consensus on the Pandemic Agreement](#) (the initial timeline of which had arguably set negotiations to “fail”), pressure to at least deliver on international health regulation (IHR) amendments (and agree on a new Pandemic Agreement negotiation deadline) rose with each day. Finally reaching a consensus on these (albeit at the eleventh hour) was a huge relief and deemed “[a critical confidence boost for WHO](#)”, yet also as insufficient to deliver on equity, financing, information sharing, early notification, and compliance.

The pressure to deliver (both legally binding commitments and funding) during WHA77 was immense – for both WHO's leadership and staff and member state representatives negotiating resolutions and agreements. Why? In 2024, [more than 4 billion people are voting for new governments in nearly 80 countries](#) around the world (plus the European Union). A massive shift to the political right (and radical and extreme right) is expected, which tends to go hand-in-hand with less global solidarity, less support for multilateral institutions (and in the case of the US and possible re-election of Trump, removing the US from WHO again), and less official development assistance (ODA) and funds for global and public health. The upcoming US elections, and India's election that was ongoing during WHA, were mentioned multiple times.

Take the case of elections for the *European Parliament* (scheduled for 6-9 June), where over [360 million people](#) are eligible to vote in the EU's 27 member states. European elections affect not only global health policies and budgets in Brussels, but are “essentially [27 national elections](#)”, influencing also [national policy positions and budgets in all EU member states](#). For example, in France, the radical-right National Rally (RN) is most likely to win the election and could put its leader, Marine Le Pen, in pole position for the French presidency in 2027. In Germany, the extreme-right Alternative for Germany (AfD) is polling second and is likely to influence policy positions and the outcome of parliamentary elections in Germany in 2025. As in the US, if extreme or radical right-wing positions are popularised, normalized and elevated through social media platforms such as X, and gain power, this is really bad news for WHO, its ability to shepherd international collaboration and consensus and raise sufficient funds for its important work.

If we don't all “vote like our lives depend on it” in these 2024 elections, this year's WHA may indeed have been the last time headlines will claim “historic, landmark victories for multilateralism”.

Tackling cancer in men: 10 key steps

Peter Baker (Director, Global Action on Men's Health)

Too many men are developing and dying unnecessarily from cancer. The [global incidence rate](#) for all cancers combined is 213 per 100,000 for men, 15% higher than for women. The male mortality rate is 43% higher. The causes include the failure of health promotion strategies to reach men effectively, barriers that make it harder for men to use primary care services, and limited access to cancer screening services and HPV and hepatitis B vaccination programmes. Men's excess cancer burden is also [largely unaddressed in cancer policy](#) at all levels.

[Global Action on Men's Health](#) (GAMH) has partnered with the European Cancer Organisation and the European Association of Urology to develop a [men and cancer action plan for Europe](#). It is now time to go further. That is why GAMH is launching a new report, [Men and Cancer: A Charter for Action](#), on 10 June 2024, the first day of International Men's Health Week. The Charter calls for global action in 10 key areas, including:

- The integration of gender into global and national cancer plans in a way that is inclusive of men.
- The consistent collection and publication of sex-disaggregated data.
- Cancer prevention initiatives that target men explicitly.
- The inclusion of boys and men in vaccination programmes that can prevent cancer.
- Improved male access to colorectal cancer screening and, as soon as possible, screening for prostate, lung and anal cancers too.
- A sustained focus on those men at greatest risk of cancer, including men who are ethnically and racially marginalised, on low incomes, gay/bisexual/transgender or homeless.

Many more male cancer cases are predicted in every continent by 2050. But this is not inevitable - the actions highlighted in GAMH's Charter would, over time, make a significant difference. Cancer in men is an issue that has been neglected for too long. But we can now begin to put that right.

Highlights of the week

Gaza

Emerging Voices: Letter to HSG Board & statement

Via [X](#): **The EV4GH governance board submitted a letter & statement to the HSG Board regarding the ongoing war & genocide in Gaza.** EV Alumni & EV Thematic Working Group (TWG) members have endorsed this initiative to strengthen this stance.

Now we're waiting for the HSG Board. Over to you, Adnan & co!

BMJ News - Gaza: Just one working hospital remains in Rafah, as healthcare worker death toll reaches 500

<https://www.bmj.com/content/385/bmj.q1204>

"..... Médecins Sans Frontières estimated that at least 493 healthcare workers have been killed in Gaza during months of "relentless attacks on healthcare.""

Reuters - Gaza war impact ripples through neighbours' health systems, says WHO

<https://www.reuters.com/world/middle-east/gaza-war-impact-ripples-through-neighbours-health-systems-says-who-2024-06-04/>

"Healthcare systems of neighbouring countries are feeling the strain as thousands of critical patients from the Gaza Strip are evacuated for treatment of complex injuries and ailments, a top WHO official said on Tuesday. "The ripple effect on Egypt, Lebanon, Syria as the immediate neighbours of the OPT (occupied Palestinian territories) is significant," said Hanan Balkhy, the World Health Organization's regional director for the Eastern Mediterranean....."

Lancet Offline – The system is not working

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01158-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01158-9/fulltext)

Discussing, among others, 'Gaza' at the WHA.

"Geneva, the World Health Assembly. Sitting in a corner of the Serpent Cafe at the Palais des Nations, one can observe the collegial diversity of multilateralism..... beneath this veneer of cooperative exchange, there exists a system that is not working—a system, indeed, that is failing, and failing so badly that few can bear to talk about it at all."

Horton concludes: “...**What is the cause of this breakdown of belief in an international community?** There are many possible culprits. Racism. Populism. Nationalism. But I think it was Dr Ghada who identified one especially important root cause: **the loss of our humanity**. The system is failing because our humanity—our compassion towards each other—has been eroded and, in some instances, erased. We are numb to one another's pain. We refuse to see the distress of our neighbour. We turn away from the misery of others. **We seem to be hardly human anymore.**”

154th WHO Executive Board Meeting (3-4 June)

<https://www.who.int/about/accountability/governance/executive-board/155th-session>

The **155th session of the Executive Board took place on 3–4 June 2024**. As a reminder: “The Executive Board is **composed of 34 technically qualified members elected for three-year terms**. The main functions of the Board are to implement the decisions and policies of the Health Assembly, and to advise and generally facilitate its work.”

HPW - WHO Executive Board Votes to Recognize Center for Reproductive Rights But Egypt Promises to ‘Escalate’ Issue to WHA

<https://healthpolicy-watch.news/who-executive-board-votes-to-recognize-center-for-reproductive-health-egypt-promises-to-escalate-issue-to-wha/>

“The World Health Organization (WHO) Executive Board on Tuesday voted to recognize the US-based **Center for Reproductive Rights (CRR)** as a non-state actor “in official relations” with it, in a motion carried by a narrow 17-13 margin, with four abstentions. After multiple rounds of voting, the **final vote was by way of a secret ballot.** “

“The decision to grant WHO recognition to the Center, which supports access to sexual and reproductive health services, including abortion, was a hard-won victory for European, Asian and Latin American countries. **But the victory may be short-lived.** Egypt, backed by a coalition of Middle Eastern and Islamic nations, as well as the 47-member WHO African Group, **pledged to “escalate” the issue to the World Health Assembly (WHA)**, a promise that it reaffirmed shortly after the vote in the WHO governing body, **calling the vote a “politicization” of the global health body....**”

PS: “... **Member states that supported the move by the 34-member governing body noted that other nations are in no way obliged to cooperate with the Center, or with any other non-state actor, which they oppose.** ... They stressed that the **recognition was being extended solely by the WHO Secretariat, which maintains a wide network of official relations with over 200 non-state actors** from civil society, industry federations and professional associations **in line with a Framework for Engagement with Non-State Actors (FENSA)** approved by the World Health Assembly in 2016.” “... **“the national context prevails over WHO engagements with non state actors”**”

PS: “The vote also awarded WHO recognition to a second non-state actor, **Rare Diseases International**, whose candidacy was never opposed by member states.”

PS: “... **Multiple votes are worrisome precedent for WHO governing body:** For the EB members, themselves, the repeated votes, including by secret ballot, was yet another worrisome sign of the growing fracture between WHO member states in Europe, the Americas and Asia, which tend to identify themselves as socially and politically liberal, and developing nations in Africa as well as Russia, and the Middle East – where more conservative worldviews prevail.

The result, most member states agree, is the creeping “politicization” of global health agendas and issues. And while everyone also has a different point of view about what is political, it’s clear that it is leading to fewer decisions by consensus and more by lengthy, and often bitter, rounds of votes.....”

- See also Devex coverage – [WHO board agrees to engage with reproductive rights NGO after split vote](#)

“Poland raised concerns that WHO member states are now using votes as the default means of solving difficult issues, instead of by consensus.”

PS: “WHO said it “considers sexual and reproductive health services as a fundamental pillar to achieving universal health coverage and gender equality,” in a statement sent to Devex. These services include access to contraception, safe abortion services, and much more.”

PS: “... **Global Health Council’s Dunn-Georgiou also warned that taking a vote to give both NGOs FENSA status is “unprecedented” and sets a bad precedent for other nonstate actors wishing to be admitted to official relations with WHO.** She said both the Center for Reproductive Rights and Rare Diseases International met the guidelines set by WHO member states for nonstate actors and were already recommended for approval by the Programme, Budget and Administration Committee of the WHO executive board. “That should have been enough for these two organizations to be granted status as NSAs in official relations. However, we are once again seeing ideology rather than sound public health practice derail what is common practice/process at WHO,” Dunn-Georgiou said. “**We are now faced with the possibility of an additional ‘litmus test’ for those organizations who are seeking to uphold the human rights, including sexual and reproductive health and rights, of all people.**”....”

- Related: HPW - [Proposed WHO Recognition of Center for Reproductive Rights Provokes Storm at WHO Executive Board](#)

Update on Monday evening from the EB meeting. If you want to know more about this bitter debate (optional read).

“A **bitter debate over proposed [WHO recognition of a non-profit center for reproductive health rights](#), erupted in full force at the WHO Executive Board on Monday** – after a tumultuous week of the World Health Assembly where member states largely skirted the increasingly contentious issue of sexual and reproductive health rights. **The proposal by the WHO Secretariat the [US-based Center for Reproductive Rights](#) be designated as a non-state actor in “official relations” with WHO** – drew fierce opposition from member state blocs of the Eastern Mediterranean and African region – with Qatar threatening to escalate the issue and potentially the criteria for admitting non-state actors into official relations to the World Health Assembly if the WHO recognition of official relations with the organization is approved by the EB. Qatar, speaking on behalf of the Eastern Mediterranean

Region, which extends from Tunisia to Afghanistan, **also rejected a compromise proposal by WHO Director General Dr Tedros Adhanom Ghebreyesus to admit the Center on a one-year trial basis** – pitched by the DG as the deadlocked session drew to a close, and postponing a decision until Tuesday.”

PS: **“Some 217 non-state actors**, ranging from non-profits advocacy groups to professional associations of doctors, nurses and other health workers, as well as agro and pharma industry-backed federations, **are currently recognized as being “in official WHO relations.”**”

This “... **Raises broader questions over WHO’s entire process for engaging with NSAs**”: “... The **designation, which allows the NSAs to participate as observers at the WHA, as well as opening a door to WHO technical and working groups, is only granted after a proven track record of collaborations with the global health agency.** The designation is **granted in accordance with a strict criteria, known as the Framework for Engagement with Non-State Actors (FENSA)**, intended to protect the organization from vested interests, especially industry influence..... “

“... **Rejecting WHO’s recommendation would set a dangerous precedent: A large number of European Union member states, as well as the USA, Canada, Australia and a broad non-EU group of member states led by Mexico, expressed concern that the divisive debate could also rip across the entire FENSA process**, painstakingly developed over a number of years by WHA together with legal advisors. **It could make any new organization’s candidacy for the treasured “in official relations” designation, subject to a diverse range of political pressure and influences – rather than technical criteria, they warned.**”

“... PS: **Tedros, speaking before critics of the Center’s recognition, said that WHO member states that WHO’s work needs to “stick to science and evidence.”** And according to that evidence, efforts to repress access to abortion only leads to more maternal and newborn deaths, he said, also citing his own experience as Minister of Health in Ethiopia.....”

WHA77 coverage & analysis (cont’d) (minus IHR amendments & pandemic agreement discussions)

After last week’s 3 IHP updates on #WHA77, we continue here with **compiling WHA77 coverage & analysis, more or less from Friday morning on.**

As for the (important) **IHR amendments & INB discussions**, we refer to the next section.

WHO had some great **daily updates** – which we first briefly list below. Then we provide a brief overview of **coverage & analysis (mostly by HPW), zooming in on some of the agenda items & resolutions.** (*ps: some of these are from earlier in the week, eg last Wednesday*)

We conclude with a **short ‘overall analysis’ section** on WHA77.

WHO - Seventy-seventh World Health Assembly – Daily update: 31 May 2024

<https://www.who.int/news/item/31-05-2024-seventy-seventh-world-health-assembly---daily-update--31-may-2024>

Neat overview of all the action from last Friday. Among others:

Landmark resolution passed on health and climate change ; Countries call for economies centred on health and well-being for all....

On the latter: **“The Seventy-seventh World Health Assembly passed a new resolution supporting countries to restructure their economies to serve the health of people and the planet. The new resolution takes forward the recommendations of the [WHO Council on the Economics of Health for All](#). It highlights that healthy populations and a thriving planet are prerequisites for sustainable development. The resolution sets out a way forward for Member States, international and regional financial institutions, and other stakeholders to better align actions across economic, social and environmental dimensions, with a clear focus on health for all. Through this resolution, the Health Assembly mandated WHO to develop a strategy on economics and financing for health by 2026, to guide countries in advancing this bold new vision of economies built around health and well-being. The strategy will define priority actions, from strengthening national capacities to providing technical support in areas such as improving fiscal policy and engagement with economic associations, international finance institutions, and development banks.”**

Friday also featured: **Member States commit to leveraging sports events for health and well-being;**

Member States express strong support for the continuation of the phased increase of Assessed Contributions (AC) and the Investment Round (IR); Health emergency in Ukraine and the refugee crisis; Member States on road to lasting polio-free world; Independent report on WHO’s work in emergencies ; Global Health and Peace Initiative

And making 2024 a watershed year for worldwide equitable action on antimicrobial resistance

On a **strategic roundtable on Friday re AMR**: “..... The session also marked the Seventy-seventh World Health Assembly **adopting a resolution** to accelerate national and global responses to AMR, which champions a people-centred approach and equitable access to prevention, diagnosis and treatment of infections. The discussion also **considered establishing of an Independent Panel on Evidence for Action against AMR, as well as targets to reduce mortality from AMR and the inappropriate use of antimicrobials**. Other key topics of discussion included: **financing for multisectoral action against AMR, ensuring access to and appropriate use of antimicrobials, country experiences, advocacy and governance priorities, patient stories, and recommendations** by WHO, the Quadripartite (WHO, FAO, UNEP and WOA), and others.”

WHO - Seventy-seventh World Health Assembly – Daily update: 1 June 2024

<https://www.who.int/news/item/01-06-2024-seventy-seventh-world-health-assembly---daily-update--1-june-2024>

“World Health Assembly agreement reached on wide-ranging, decisive package of amendments to improve the International Health Regulations, and sets date for finalizing negotiations on a proposed Pandemic Agreement.” (see the section below for a lot more detail on this)

The day also featured: **Report on health conditions in the occupied Palestinian territory last year; ... Current health conditions in the occupied Palestinian territory, including east Jerusalem ... Aligning the participation of Palestine in the WHO with its participation in the UN ...**

And some info on **a Strategic Roundtable on climate change and health** (moderated by Horton).

“Global health leaders and experts convened for a Strategic Roundtable to address the critical intersection of climate change and health. This Roundtable aligned with WHO's new strategic objectives, reflecting achievements and future challenges in global health and underscored the landmark resolution on health and climate change approved earlier in the week by the Health Assembly. This event, held in anticipation of COP 29 and as part of the World Health Assembly, aimed to bolster momentum and shape the global health architecture for tackling climate change. Keynote speakers emphasized the urgency of the issue and the necessity for collaborative action to mitigate the health impacts of climate change and promote health mitigation policies in other sectors.....”

HPW - Palestine Granted Quasi WHO Member State Status – Without Voting Rights

<https://healthpolicy-watch.news/palestine-granted-quasi-who-member-state-status-without-voting-rights/>

“Palestine moved close to full recognition by WHO on Friday evening- with the broad approval of a World Health Assembly resolution that gives the Ramallah-based Palestinian Authority, which has limited governing authority in parts of the Israeli-occupied West Bank, all the rights of WHO member states – short of the vote. The **resolution, on “aligning Palestine” status in the WHO with its newly elevated status in the UN General Assembly**, was approved Friday by a vote of 101 in favor, five against and 21 abstaining. The vote signified an **important diplomatic victory for the Ramallah, West Bank-based Palestinian National Authority** – which holds the official reins of internationally-recognized Palestinian institutions.

PS: **“ Paradoxically, the vote to enhance Palestine’s status also came on a day which began with the appointment of Israel to a new three-year term at the WHO Executive Board – following its nomination by WHO member states of the European Region.** Despite protests, bitter critics and rival member states in the Health Assembly agreed to go with protocol and let the decision stand. ...”

“... And this all happened in a day at the WHA that was bookended by over 10 hours of debate over two different resolutions, including four competing amendments, on the humanitarian crisis in Gaza. One motion co-**sponsored by a coalition of Algeria, Russia, China, Cuba, Iran,** Egypt and other regional allies, slammed the “wanton destruction” of Gaza’s health and other infrastructure by Israel. But the final version also carried an **Israeli-backed amendment** calling for the Hamas release of some 121 hostages still in captivity, and condemning Hamas militarization of Gazan health facilities.

A second resolution [approved by consensus in December at a special meeting of WHO's 34-member Executive Board](#), including EU countries and the United States, called for a “humanitarian ceasefire”, using more neutral language but without any mention of the hostages. **Both measures ultimately passed with large majorities – but also with a raft of abstentions as well as objections on all sides of the deeply divided WHA member state body.”**

- See also HPW - [WHA Approves Two Resolutions on Gaza Crisis that Slam Israel, Hamas – and Call for Hostage Release](#)

“... Gaza transfixes WHA : If it proved anything, the long-winding debate demonstrated the unique and enduring ability of the Israeli-Palestinian conflict to transfix diplomats, defy solutions and polarize WHO member states more than almost any other conflict in the world – captivating the hearts and minds of countries thousands of miles away from the war’s epicenter. “

PS: “The bitter, 10-hour long debate over Gaza, Palestine and Israel, **followed a mere two hours of attacks and accusations around a new draft resolution over the Ukraine humanitarian and refugee crisis**, with a title referencing [“the Russian Federation’s aggression”](#). “

HPW - WHO Pushes to Revive Stalled Progress on Maternal and Child Health

<https://healthpolicy-watch.news/who-pushes-to-revive-stalled-progress-on-maternal-and-child-health/>

“The World Health Organization’s 77th World Health Assembly passed a resolution on Wednesday calling on countries to bolster maternal and child health by expanding universal healthcare and strengthening primary healthcare, as progress in reducing maternal and child deaths has stagnated globally. The resolution, led by Somalia, commits countries to tackle the leading causes of maternal and child deaths, particularly in the hardest-hit nations...”

PS: “.... **The WHA resolution marks the WHO’s first significant action on maternal mortality in nearly a decade, following the adoption of the Global Strategy for Women’s, Children’s and Adolescents’ Health in 2015.** The resolution emphasizes the need for well-stocked facilities, trained health workers, safe water and sanitation, and comprehensive sexual and reproductive healthcare services.....”

- Related: **Lancet World Report – [Experts welcome WHA resolution on maternal and child health](#)**

“The resolution aims to reinvigorate the sector as the SDG deadline in 2030 approaches. Udani Samarasekera reports.”

WHO - Artificial Intelligence for Health

<https://www.who.int/publications/m/item/artificial-intelligence-for-health>

“Supporting countries to deploy responsible AI technologies to accelerate equitable health for all...”

“... WHO is actively engaged in guiding its Member States by developing guidance on governance, ethical standards and regulations to address emerging opportunities and challenges, mitigate risks, safeguard public health, and foster trust in the use of AI for health. Our mission is to assist countries in deploying AI technologies to deliver people-centered, equitable and sustainable health systems.”

PS: as a reminder, last week a [Strategic Roundtable](#) also took place on AI & health, on Thursday.

Reuters - WHO emergencies team faces funding crunch as health crises multiply

<https://www.reuters.com/business/healthcare-pharmaceuticals/who-emergencies-team-faces-funding-crunch-health-crises-multiply-2024-05-30/>

“ The World Health Organization's emergencies department is facing “existential threats” as multiplying health crises have left it so short of cash that it needed emergency funds to pay staff salaries at the end of last year, an independent report said. It will likely have to ask for funding again to cover salaries up to June, the document, released ahead of the WHO’s annual meeting in Geneva this week, said....”

“In 2023, the department responded to 72 emergencies. They included earthquakes in Turkey and Syria, conflict in Sudan, Ukraine and Gaza, and a large global cholera outbreak. **The report, by an independent oversight committee,** said that countries need to strengthen their own preparedness efforts and the WHO must improve the way it transfers responsibilities to national authorities to cope with the increased demands. It also recommends new guidelines for the WHO's role in managing long-lasting humanitarian emergencies, rather than the acute disease outbreaks that the department also deals with....”

“... Last year, while the WHO's overall budget was “relatively well funded”, the emergencies programme had a “critical” funding gap of \$411 million, or around a third of its entire budget, the report said.”

WHO - Concept Note: Second global conference on air pollution and health: Accelerating action for clean air, clean energy access and climate mitigation

<https://www.who.int/publications/m/item/concept-note--second-global-conference-on-air-pollution-and-health>

“At the strategic roundtable on #climatechange & health, @DrTedros just announced the 2nd @WHO Global Conference on Air pollution & health, to be held in Colombia in March 2025.”

“The Global conference on air pollution and health: Accelerating action for clean air, clean energy access and climate mitigation will highlight policy actions for air pollution and lack of energy access; and catalyse evidence-based, multi-sectoral actions in cities, countries and regions.”

HPW - Gavi Urges Countries to Prioritize Zero-Dose Children at World Health Assembly

<https://healthpolicy-watch.news/gavi-urges-countries-to-prioritize-zero-dose-children-at-world-health-assembly/>

“At the [77th World Health Assembly](#), Gavi, The Vaccine Alliance, urged nations to prioritize vaccinating **“zero-dose” children, particularly those in regions affected by humanitarian crises and complex emergencies. These children have not received any shots, putting them at a higher risk of preventable diseases. “We are **scaling up routine immunization and reaching the estimated 14.3 million zero-dose children worldwide**, recognizing that most polio cases are in subnational areas with the highest proportion of unvaccinated and under-vaccinated children,” Gavi representatives told the assembly....” **“Gavi’s [2021-2025 strategy](#) focuses on reaching zero-dose children and missed communities who have not received any vaccinations. The organization aims to reduce the number of zero-dose children by 25% by 2025 and by 50% by 2030....”****

PS: (via HPW) [re polio](#): **“African member states, having ended the wild poliovirus outbreak, remain uneasy about polio’s persistent status as a public health emergency of international concern.** Gavi noted that “the 47 countries remain concerned by the ongoing transmission of circulatory poliovirus and by the low level of vaccination in areas that are difficult to access.” Vaccine supply problems and financial limitations were partly to blame for the type two poliomyelitis outbreaks....”

“African nations have started transition planning for poliomyelitis and post-certification activities, prioritizing indicators for monitoring and evaluation to uphold program quality. However, unstable health systems, coupled with political and economic challenges, may slow down several countries in the region from assuming complete technical and financial responsibility for all polio eradication functions.....

HPW - Climate Change Threatens Progress Against Malaria, Countries Warn at World Health Assembly

<https://healthpolicy-watch.news/climate-change-threatens-progress-against-malaria-countries-warn-at-world-health-assembly/>

“The fight against malaria is facing a new and urgent challenge as climate change and extreme weather events threaten to undermine decades of progress, according to warnings from several countries at the [77th World Health Assembly](#) this week.....”

Africa CDC - African Health Ministers Commit to Purchasing Locally-Made Vaccines

<https://africacdc.org/news-item/african-health-ministers-commit-to-purchasing-locally-made-vaccines/>

“African health ministers have offered to ensure commitment and support to buy vaccines manufactured in Africa to build a sustainable industry capable of producing vaccines at scale. **The Africa Centres for Disease Control and Prevention (Africa CDC) hosted a High-Level meeting themed “Ministerial Consultations on Local Manufacturing” on the sidelines of the 77th World Health Assembly.**”

“During the ministerial meeting, over 40 ministers of health, representatives from regional economic communities and partners were briefed on the [findings](#) of the vaccine supplier’s landscape analysis Africa CDC produced in partnership with Clinton Health Access Initiative and PATH, formerly the

Program for Appropriate Technology in Health. **Currently, nine commercial-scale production facilities on the continent are prepared for technology transfers, and three manufacturers are set to produce eight vaccines for the African market by 2030.** These eight products require purchasers to remain commercially viable beyond their country's domestic demand..."

"... **The ministers suggested fast-track regulatory harmonization** to push the wide distribution of medicines and to assure quality. There is a need to strengthen national regulatory authorities and domesticate the [AU model law at the national level](#). The AU Summit in 2024 decided the establishment of the **African Pooled Procurement Mechanism (APPM)** as a solution. APPM aims to improve access to quality and affordable health products and promote the localization of manufacturing led by the Africa CDC."

"**During the briefing, the AU Member states pledged to support the continental ambition, avoid competition amongst member states, and strengthen the regional mechanism to ensure the continent can manufacture the vaccines and other health products it needs.** It was reiterated that the African Medicines Agency (AMA) requires member states' collective support to obtain affordable quality medicines...."

Africa CDC - Africa CDC Champions Health Security and Unity at 77th World Health Assembly

<https://africacdc.org/news-item/africa-cdc-champions-health-security-and-unity-at-77th-world-health-assembly/>

Short overview of everything done & advocated for by Africa CDC at WHA77.

Excerpt: "...Regarding the Pandemic Agreement, Africa CDC commends the decision made by Member States to continue negotiations to improve equity, solidarity, and collaboration in responding to future pandemics. Africa CDC remains committed to providing political, strategic, and technical support to the African Group, working collaboratively with international partners to finalize the INB process. At the 77th World Health Assembly, Africa CDC led several significant engagements and launched important initiatives for the continent. These included the signing of an MoU with CEPI for enhanced health security in Africa, the launch of the Africa CDC Mental Health Leadership Programme in partnership with Wellcome Trust, the hosting of high-level ministerial side events on local manufacturing and community health programs in Africa, the roundtable on antimicrobial resistance (AMR). Additionally, Africa CDC extended the Joint Emergency Action Plan to include UNICEF, joining Africa CDC, WHO AFRO and WHO EMRO for better coordination in emergency preparedness and response."

HPW - 'People Need Help, Not Prison': African Nations Unite to Tackle Mental Health

['People Need Help, Not Prison': African Nations Unite To Tackle Mental Health](#)

"... Jean Kaseya spoke at the launch of an African mental health leadership programme to establish a cohort of mental health advocates across the continent, held on the sidelines of the World Health Assembly in Geneva this week. **Supported by Wellcome Trust, the goal of the initiative is to train leaders in the health sector to understand and address mental health "through a public health and human rights lens".** "

“ ... **Mental health is the stepchild of health programmes on the African continent, receiving just 2% of health budgets.** This neglect is reflected in the significantly lower annual outpatient mental health visits in Africa, with only 14 per 100,000 people, compared to the global average of 1,051 per 100,000. The result of this lack of investment is a **vast shortage of mental health workers – 1.4 for every 100,000 people compared to the global average of 9 per 100,000.** “

“... **“Mental health policies in Africa are mostly outdated and poorly implemented,”** Kaseya told the launch, attended by several African health ministers including those from Burkina Faso, Burundi and Cabo Verde. **“This programme will create a cohort of leaders who understand and can advocate for context-specific, evidence-based approaches to mental health in their countries,”** said Wellcome Trust CEO John Arne Røttingen.....”

HPW - Healthy Heart Africa Expands NCD Program to Cover Chronic Kidney Disease

<https://healthpolicy-watch.news/healthy-heart-africa-expands-ncd-program-to-cover-chronic-kidney-disease/>

“On the sidelines of the 77th World Health Assembly last week, **Healthy Heart Africa** announced that it would be expanding its work to tackle the rising burden of non-communicable diseases (NCDs) in Africa. Starting this year, the program – which was launched by AstraZeneca in 2014 initially to address hypertension – will now also support countries in combating chronic kidney disease (CKD) and extend its reach into additional countries in North Africa.....”

WHA77 - IHR amendments deal & pandemic agreement timeline

As some put it, the IHR amendments deal was the ‘Big Prize’ at #WHA77. Comprehensive **Coverage & analysis** below.

Meanwhile, via [Pandemic Action Network](#): **“What comes next?** The [amended IHRs will go back to countries](#), who will decide whether to adopt or opt out, before they [go into effect a year after the WHO notification](#). Meanwhile, the INB will reconvene for a [hybrid meeting in July](#) (date TBC) to decide on modalities....”

HPW - ‘The World Has Won’: New International Regulations to Protect Against Pandemics Finally Approved

<https://healthpolicy-watch.news/the-world-has-won-new-regulations-to-protect-against-pandemics-finally-passed/>

“After two years of intensive negotiations – including long nights this week – **the World Health Assembly (WHA) finally passed amendments to the International Health Regulations (IHR) and committed to completing pandemic agreement talks within a year.** “

“... The amendments **include the definition of a “pandemic emergency”** – the highest level of alarm – that will trigger more effective international collaboration in response to a disease outbreak that may become a pandemic. **“Solidarity and equity on strengthening access to medical products and financing” will be strengthened by a “coordinating financial mechanism”** to help to “equitably address the needs and priorities of developing countries” to prevent, prepare and respond to pandemics... **A States Parties Committee will be set up to facilitate the effective implementation of the amended Regulations, including the creation of National IHR Authorities** to improve coordination of implementation of the Regulations within and among countries.....”

PS: “... **Countries also agreed to extend the mandate of the Intergovernmental Negotiating Body (INB)** established in December 2021, **to finish its work to negotiate a pandemic agreement by the World Health Assembly in 2025, or earlier if possible at a special session of the Health Assembly in 2024.** “There was a clear consensus amongst all member states on the need for a further instrument to help the world better fight a full-blown pandemic,” said Precious Matsoso of South Africa, co-chair of the INB and drafting group.”

WHO - World Health Assembly agreement reached on wide-ranging, decisive package of amendments to improve the International Health Regulations

[WHO;](#)

WHO’s official press statement, with an overview of what the new amendments include.

Introducing a definition of a pandemic emergency ... a commitment to solidarity and equity on strengthening access to medical products and financing establishment of the States Parties Committee to facilitate the effective implementation of the amended Regulations. creation of National IHR Authorities

And for the officially adopted text, see [Strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations \(2005\) Draft resolution proposed by France, Indonesia, Kenya, New Zealand, Saudi Arabia and the United States of America](#) (1 June)

- Related coverage - HPW - [Claps And Cheers After IHR Amendments Are Finally Agreed](#)

“There were claps and cheers from inside Room XXVI of the UN’s Palais des Nations as World Health Organization (WHO) member states finally agreed on amendments to the [International Health Regulations](#) (IHR) after over two years of negotiations.” **Member states submitted over 300 proposed amendments to the Working Group on Amendments to the IHR (WGIHR), chaired by New Zealand’s Bloomfield and Dr Abdullah Asiri of Saudi Arabia.”**

“When parallel negotiations on a new pandemic agreement sailed into heavy water, there was a risk that the IHR amendments might become a casualty in the bargaining process – particularly from African member states pursuing equitable access to health products in the pandemic agreement. They fear that the powerful Western countries pushing for the IHR to be passed – the US, European Union, Japan and the UK – will be less inclined to continue negotiating in good faith on the pandemic agreement once the IHR amendments have been passed. It is much harder for wealthy nations to buy into an agreement that involves compelling pharmaceutical companies to

share their products – and the know-how about to make these – with companies and countries in the global south.....”

GHF - WHO Member States Score a Win on IHR and for Multilateralism, Bag More Time to Conclude Pandemic Agreement [WHA77]

P Patnaik; [WHO Member States Score a Win on IHR and for Multilateralism, Bag More Time to Conclude Pandemic Agreement \[WHA77\]](#)

Great analysis, including on the **significance of this win**. Excerpts:

“... And what a win! This desperate race to conclude was not only against time, but also against a fast-eroding trust in multilateralism, deeply fractured by the pandemic and the subsequent ongoing wars that have redrawn geopolitics. Global health is now illustrative of what multilateralism can achieve, when enabled by great leadership, and persistence by countries.”

“... Member States of WHO secured a desperate win in reaching consensus on the amendments to the International Health Regulations, following more than two years of systematic and intense negotiations, culminating in an astonishing agreement in the final hours of the 77th World Health Assembly. The consensus assumes greater significance in an otherwise difficult meeting of WHO member states this year, that was fraught with several political resolutions laced with rounds of voting among 194 countries. In their statements after the adoption, several countries described the outcome of these negotiations as “momentous”, and as a testimony to multilateralism being alive in Geneva.....”

Among others, Priti Patnaik provides an overview of, and analyses : **“On Operationalising Equity.... Principles:.... Definition of Health Products The compromise on tech transfer language:.... Article 44bis – Coordinating Financial Mechanism..... “**

Quote: **“K M Gopakumar, a legal expert at Third World Network who has tracked and informed these negotiations as a civil society stakeholder, told us, “The IHR amendments is an important development in the history of health emergency regime because it formally recognizes equity and solidarity not only as principles but also operationalises these principles by imposing obligations on WHO and state parties to take measures on equitable access. Further, the amendments establish a financial mechanism for the mobilization of finance. We hope the same spirit would be reflected in the implementation of these amendments...”**

PS: **“the resolution on the IHR links financing arrangements also to a future Pandemic Agreement. “(c) that future instruments on public health emergencies or pandemic prevention, preparedness and response, adopted pursuant to the WHO Constitution, may utilize the Coordinating Financial Mechanism contained in Article 44bis of the amended International Health Regulations (2005) to serve the implementation of such instruments;”....”**

- And on **the significance of this win**:

“ The successful conclusion of this win, will have reverberations not only for the continuing negotiations on the Pandemic Agreement, but also beyond. For stakeholders in global health, long hurting after the pandemic of COVID-19, this is the first serious attempt to fix what went wrong

during the pandemic. Recall the deeply disappointing effort at the World Trade Organization, where power wielded by developed countries scuttled the TRIPS waiver negotiations that failed to address the pandemic. **The amendments to the IHR are symbolic of a first such agreement where developing countries have had their say in the shaping of these rules. It is as if a button has been reset. And the rules of the game could change, for the better.** Negotiators from developing countries see these amendments as “a start”. One said “we got a pinch, and we have to fight hard under the INB to operationalize equity”.....”

PS: Related coverage via **Science News** - [Negotiations on global plan to fight pandemics end without a deal](#) and **Nature News** – [Hope for global pandemic treaty rises — despite missed deadline](#)

Some reactions of the IHR amendments deal & pandemic agreement negotiation extension

- Independent Panel – [Urgent implementation of the amended International Health Regulations can improve outbreak prevention, alert and response including with the new focus on equity and finance](#)

(by Helen Clark and others) “WHO Member States must now maintain the momentum and adopt an effective pandemic agreement as soon as possible.”

“The former Co-Chairs, active members and advisors to The Independent Panel for Pandemic Preparedness and Response applaud WHO Member States on the adoption of amended International Health Regulations (IHRs).....”

“... **Helen Clark:** “The amended regulations define pandemic emergencies; place new emphasis on preparedness; say that WHO should share information even where a country is not collaborating – while encouraging the State Party to accept the WHO’s offer of collaboration; have new language on timely and equitable access to health products; offer more potential for international funding to ensure that countries are prepared and can access health products; and have introduced a new implementation committee.” “

- CEPI Statement: [CEPI statement in response to Pandemic Agreement negotiation extension](#)

Includes: “We reiterate that real-time access to 20% of pandemic vaccines should be a minimum requirement for equitable access.”

CGD (blog) - The Good, Bad, Ugly, and Lame of the New International Health Regulations

V Fan; <https://www.cgdev.org/blog/good-bad-ugly-and-lame-new-international-health-regulations>

Analysis. “The Good: a new label (re ‘pandemic emergency’)... ; The Bad: lack of transparency; The Ugly: vaccine inequity; ... The Lame: facilitation is like kumbaya...”

On the last point: **“WHO shall facilitate... timely and equitable access.”** Facilitation is not a contentious function that we were not sure whether WHO should or should not do. **Facilitation is a kind of kumbaya word; you can’t disagree with it. Of course, WHO should do facilitation!** The problem is not a lack of mandate for facilitation, but rather that the **mandate for enforcement is too weak....”**

HPW - One Health is a ‘One World’ Agenda – Even as Pandemic Negotiators Wrangle Over Inclusion in Accord

<https://healthpolicy-watch.news/one-health-is-a-one-world-agenda-even-as-pandemic-negotiators-wrangle-over-inclusion-in-accord/>

“‘One Health’ is critical to future prevention of outbreaks and pandemics. And wider application of One Health principles should be a common agenda of both the Global North And South – even if negotiators continue to wrangle over its inclusion in the still-unfinished WHO Pandemic Agreement. Those were key messages emerging from a panel hosted by the Global Health Center of the Geneva Graduate Institute last week on the sidelines of the World Health Assembly...”

“...In fact, most recent outbreaks of disease that have hit developing countries harder than developed ones are somehow related to the lack of One Health measures – that need to be addressed, experts assert....”

WHA77: overall analysis

Devex - World Health Assembly special edition: A historic loss and a handful of wins

<https://www.devex.com/news/world-health-assembly-special-edition-a-historic-loss-and-a-handful-of-wins-107723>

“The world failed to reach agreement on a pandemic treaty but did amend the International Health Regulations. Palestine's role was elevated, antimicrobial resistance was in the spotlight, and "freedom lovers" took to the streets.”

Devex - Is the fight against antimicrobial resistance finally gaining traction?

<https://www.devex.com/news/is-the-fight-against-antimicrobial-resistance-finally-gaining-traction-107721>

Focusing on AMR here in particular at WHA77. **“Often considered a neglected issue, antimicrobial resistance played a prominent role in this year's World Health Assembly, in the lead-up to a high-level meeting on the issue in September.”**

Excerpts:

“... The meeting in New York in September will be the second time the UNGA has hosted a high-level meeting on AMR, with the last one taking place in 2016. But the previous meeting missed the mark, Ramanan Laxminarayan, president of the One Health Trust, told Devex. It focused on the development of new drugs — which is a high-income country priority — but didn’t emphasize infection prevention or access to effective antibiotics, which is crucial in low- and middle-income countries. In the lead-up to the UNGA meeting, a [zero draft of the political declaration](#) is circulating among countries and others for their input....”

“There are three things that need to happen at the U.N. high-level event in September to create a “step change” around the global governance of this issue, said Jeremy Knox, head of policy for infectious diseases at Wellcome, during a Devex event on the sidelines of WHA. This includes the creation of targets on antimicrobial resistance, an independent panel, and accountability measures. In the zero draft, there is currently a target of 10% reduction in deaths caused by bacterial antimicrobial resistance and a reduction of at least 30% of antimicrobials used in agri-food systems by 2030. But The Lancet series also calls for an additional target of a 20% reduction in the inappropriate use of human antibiotics to be included. Laxminarayan said the proposed 10-20-30 targets are “impactful, feasible, and measurable.””

- See also HPW – [Global Leaders Appeal for More Resources Ahead of UN meeting on Antimicrobial Resistance](#)

With coverage of the strategic roundtable on AMR in Geneva. Moderated by Peter Piot, and with Jean Kaseya (Africa CDC) among others

Quote: “Kaseya appealed to The Global Fund to expand its mandate from HIV, TB, and malaria to include AMR.”

GHF - Countries Voted Eight Times in a Politicized World Health Assembly Revealing Geopolitical Fissures [WHA77]: Palestinian Suffering looming large
[Countries Voted More Than Eight Times in a Politicized World Health Assembly Revealing Geopolitical Fissures \[WHA77\]](#)

Overall assessment of this WHA.

“When countries vote on contentious issues at international organizations, it reflects not only a lack of consensus, but also the strains in conducting dialogue in a highly polarized world. The recently concluded annual meeting of WHO member states, has been one of the most political World Health Assemblies in recent times with countries voting at least eight times on matters relating to Palestine, Ukraine and on language related to gender. In this story we try to recap key fault-lines between countries on resolutions that were discussed and voted on by countries. “

Devex - Donors learning to align with health priorities of African governments
<https://www.devex.com/news/donors-learning-to-align-with-health-priorities-of-african-governments-107712>

“As donors increasingly recognize the importance of aligning with locally determined priorities, African governments and their partners work to lay out more concrete visions for the future of health care on the continent.”

“The long struggle over who gets to set health priorities in Africa is tipping toward governments, as their investments in domestic health systems appear to be growing and donors increasingly recognize the importance of aligning with locally determined goals. While acknowledging it’s impossible to generalize donor behavior, “I see a trend towards alignment from the big to the small donors,” Dr. Ebere Okereke, chief executive officer of the [Africa Public Health Foundation](#), said during a discussion at the Devex CheckUp @ WHA 77 panel on the sidelines of the World Health Assembly in Geneva. Her organization mobilizes resources for the [Africa Centres for Disease Control and Prevention](#) and the [African Union’s New Public Health Order.....”](#)

GAVI Board meeting (6-7 June)

Stay tuned for the press release – later today.

HPW (Op-ed) - Gavi Needs Urgent Reform to Ensure its Continued Impact

J M Keller & O Levine; <https://healthpolicy-watch.news/gavi-needs-urgent-reform-to-ensure-its-continued-impact/>

One of no doubt more views to come, ahead of the **GAVI replenishment round starting later this month (20 June, in Paris)**. Published at the start of this week.

“**Next month**, Gavi will kick-off a campaign to raise several billion dollars to deliver on its new strategy. The stakes are high: falling short of its target could delay delivery of vaccines to those most in need. But amidst a rapidly changing global landscape, **Gavi’s leadership and board must look inwards and seize the opportunity to reform by adjusting its operational model**, addressing how it delivers vaccines in humanitarian and conflict settings, sustaining the impact of its investments, and aligning with other global health initiatives to respond to country priorities.”

“... As Gavi’s leadership and board finalize a new strategy that will cement its priorities over the next five years, **we urge attention to three areas** to ensure that every child, everywhere, has access to vaccines. “

They are: **Rethink criteria for selecting countries Invest more in vaccine delivery innovation Pilot new financing to ensure country control.....**

G20 – Health Working Group meeting in Salvador (Brazil, 3-6 June)

G20 Joint Finance Health Taskforce meeting & 3rd Health Working Group meeting (Salvador, Brazil) (3-6 June)

Participants met to discuss relevant global health issues to drive international cooperation and coordinated action. Topics include **AI and digital health, SDG financing, climate change, equity and health, AMR, and local and regional production and innovation.**

PS: For a **technical note from the Health Working Group**, see [G20 documents](#). **“Building Resilient Health Systems worldwide is the overarching goal Brazil’s G20 HWG.”** “... the priorities of Brazil's G20 presidency for the Health Working Group have been defined based on **three central narrative axes** that underpin them all: (1) the achievement of the Sustainable Development Goals, with a pronounced focus on Goal 3; (2) the strengthening of national health systems for more inclusivity, peoplecenteredness, resilience, effectiveness, and quality, with an emphasis on primary health care, and with a view to reaching Universal Health Coverage; and (3) the pursuit of health equity.” There are **4 priorities**: 1. Pandemic Prevention, Preparedness, and Response, with a focus on local and regional production of medicines, vaccines, and strategic health supplies; 2. Equity in health; 3. Digital Health, for the expansion of telehealth, integration, and analysis of data from national health systems; 4. Climate Change and Health....”

G20 Health - Digital Health: access to technologies under discussion at G20

<https://www.g20.org/en/news/digital-health-access-to-technologies-under-discussion-at-g20>

“Brazil's Unified Health System is an example of how a country in the Global South contributes to the improvement of universal access and service quality for the population. **The Brazilian G20 Presidency highlights telemedicine, data analysis, and equity in technological advances in health as challenges in the digital age.**”

“With the challenge of promoting equity and resilience in services, **the G20 Health Working Group, chaired by Brasil, highlights the role of digital health, reflecting a global movement towards more dynamic and inclusive healthcare.....**”

UNAIDS Executive Director and Inequality Council urge G20 to back bold network on medicine production and address the social determinants of pandemics

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/june/20240606_g20

“At the G20 preparatory meeting in Brazil, Executive Director of UNAIDS and Under-Secretary-General of the United Nations, Winnie Byanyima, today urged governments to support a new G20 Alliance, proposed by the Brazilian government, to enable life-saving medicines to be produced in every part of the world. Co-Chair of the Global Council on Inequality, AIDS, and Pandemics Sir Michael Marmot also called on G20 delegates to address the social determinants of pandemics, such as education and human rights, as a concrete part of the G20’s pandemic preparedness efforts. The medicines initiative aims to create a global alliance of local and regional manufacturers

of drugs, vaccines and other health technologies and unite a diversified network of local and regional producers to ensure an adequate supply of medicines and technologies for everyone, everywhere....”

“The agenda of the G20 meeting on health is helping to push global health policy towards tackling the systemic inequalities that drive ill-health. UNAIDS is coordinating a **Global Council on Inequality, AIDS and Pandemics that is gathering evidence on how inequalities deepen and prolong pandemics, including HIV and COVID-19. That evidence is being shared with policymakers at the G20 and other international forums. **On Monday, world-renowned expert Sir Michael Marmot gave a keynote address the G20 meeting on the potential of focusing concretely on the social determinants to strengthen pandemic preparedness, predict the severity of future pandemics, and improve the efficacy of responses.**”**

PS: **“Brazil's main proposal for the G20 Health Working Group is to establish the creation of an Alliance for Regional Production and Innovation.** This initiative aims to establish a network that brings together key actors, including countries, academia, private sector, and international organizations, for research and development and production of vaccines, medicines, diagnostics, and strategic supplies to combat diseases with strong social determinants and that mainly affect vulnerable populations, such as dengue, malaria, tuberculosis, Chagas disease, and leprosy. For more information on the **G20 Health Working Group, see the G20 website: <https://www.g20.org/en/tracks/shepa-track/health>”**

More on Global Health Governance

Devex - US national security adviser details White House's development goals

<https://www.devex.com/news/us-national-security-adviser-details-white-house-s-development-goals-107727>

“Jake Sullivan emphasized **tackling humanitarian crises, embracing AI's rise, and partnering with other nations to drive development through debt relief and infrastructure "corridors" connecting regions.**”

“ Sullivan opened a **day-long forum hosted by the [U.S. Global Leadership Coalition](#)**, an organization focused on strengthening American foreign policy....”

PS: **“Sullivan stressed how the Biden administration is trying to ramp up “the architecture of global development” — the international financial institutions and multilateral development banks — so they can better address the root causes of such development challenges, including the debt burden faced by countries across the world. Sullivan cited the [Nairobi-Washington Vision](#), a strategy launched by U.S. President Joe Biden and Kenyan President William Ruto during the latter’s visit to the American capital last week. Through the initiative, the United States will provide some \$250 million to a [World Bank](#) crisis response fund — and later contribute another \$21 billion in Special Drawing Rights, a special reserve currency issued by the [International Monetary Fund](#), in a trust for the world’s poorest countries....”**

UNU Working paper – Global Health Governance and the Challenge of Holding Power to Account

D McCoy, A E Yamin et al ;

https://collections.unu.edu/eserv/UNU:9659/Power_Accountability_Working_Paper_June_24.pdf

Brand new working paper. The paper provides an overview of the intersections between governance, power and accountability across the global health governance system. The paper discusses the issue of power and accountability across the system of GHG, with a particular focus on the lack of accountability of **PPAs (powerful private actors)**.

Was launched at a **webinar on Thursday, "Power and Accountability: Shaping Governance for Global Health Equity"**, marking the launch of UNU-IIGH's new programme of work on Power and Accountability. "In this first of a three-part webinar series, we will explore the term global health governance and **present a definition of good global health governance that incorporates accountability as a core feature.**" Using a 3-layered approach.

Global Health Financing

CGD (blog) - Five Ideas for the Future of Global Health Financing: The Road Not Yet Taken

V Fan & S Gupta; <https://www.cgdev.org/blog/five-ideas-future-global-health-financing-road-not-yet-taken>

One of the must-reads of the week.

"Amidst stagnating levels of development assistance for health, questions about the future of vertical programs such as PEPFAR, lackluster performance on the Sustainable Development Goal for health, and growing calls to address excessive fragmentation in global health, **the global health community is arguably facing an existential crisis. Global health stands at a crossroads, a fork in the road leading to (at least) two paths: one where status quo prevails, continuing the last twenty years' emphasis on vertical or stove-piped models with dominant disease-specific approaches and funding agencies; or an alternative path that embraces horizontal approaches, integration, and systems thinking.**"

"The outlook for the health sector, and the Sustainable Development Goals in general, has been further clouded by [stagnating revenue growth](#) in many low- and lower-middle-income countries. Since a large share of financing for health must come from domestic sources, sluggish revenue growth will likely delay the [envisioned global convergence in key health indicators](#). The incomplete utilization of already budgeted resources in many countries further compounds these challenges. **Together, these facts and the zeitgeist indicate that a new path in global health must be charted. How do we chart a new path forward, one that is freed from fads, déjà vu, and euphemisms? We outline five ideas to advance the global health community forward on health financing....."**

“... To move away from the déjà vu, euphemisms, and disease stove-piping, here are **five ideas** to advance the global health community further: (1) **establish a donor reporting and accountability mechanism on the Lusaka Agenda**; (2) **keep a bull’s eye on domestic government financing for health**; (3) **de-duplicate functions within and across organizations**; (4) **continue to fund an international coordinating body (eg the G20 Joint Finance and Health Taskforce)** ; and (5) **go diagonal on interventions through incremental health benefit packages....”**

Debt

AP – The UN says global public debt hit a record \$97 trillion in 2023. Developing countries are hard hit

<https://apnews.com/article/public-debt-un-trade-development-developing-countries-dd20efa94d0bc493fa41b95f0dd9a46d>

re a new UNCTAD report. **“Global public debt rose to a record \$97 trillion last year, the United Nations reported Tuesday, with developing countries owing roughly one-third of that — crimping their ability to pay for basic government services like health care, education and climate action.”**

“U.N. Trade and Development, formerly known as UNCTAD, said the value of money owed by governments rose by \$5.6 trillion from 2022. In its report entitled “A World of Debt,” the agency said high interest payments are outstripping growth in essential public spending. “Developing countries must not be forced to choose between servicing their debt or serving their people,” the report said. “The international financial architecture must change to ensure a prosperous future for both people and the planet.””

“In the developing world, which is home to 3.3 billion people, 1 in 3 countries spends more on paying interest than on programs in “critical areas for human development” such as health care, education and climate action.”

Devex - African countries urged to look internally to manage debt

<https://www.devex.com/news/african-countries-urged-to-look-internally-to-manage-debt-107716>

“Speakers at the African Development Bank’s 59th annual meeting asked countries to spend efficiently, enact macroeconomic reforms, mobilize domestic revenue, and develop legal and regulatory debt frameworks.”

“ ... Though global financial architecture reforms took center stage, African countries were also urged to look within to manage their debt. ... As of last year, three countries in Africa had defaulted on their debt repayments and close to half of the assessed countries on the continent were at risk of falling into debt distress, where they struggle to make payments on their debts, in part, due to high interest rates. Africa’s debt is 1.9% of the total global debt as of 2023. However, most of this debt is held in foreign currencies exposing it to exchange rate fluctuations. Most African countries also have poor credit ratings, which means it is more expensive to borrow money from capital markets and they face higher interest rates. Speakers at the meetings said that efficient management of debt can help avoid a debt crisis. They asked countries to spend efficiently, enact

macroeconomic reforms, mobilize domestic revenue, and develop legal and regulatory debt frameworks.”

Bridgetown Initiative 3.0, Global Tax Justice & domestic revenue mobilization

Global Policy - Bridgetown Initiative 3.0 released: What’s the news?

<https://www.globalpolicy.org/en/news/2024-06-05/bridgetown-initiative-30-released-whats-news>

Barbados has just rolled out an **updated version, [Bridgetown 3.0](#)**. The goal is still: Reform of the International Financial Architecture (IFA) and mobilise vast amounts of additional finance to fill the gaping holes in both climate and overall development finance.

Check out **what’s new compared to Bridgetown 1.0 and 2.0**. Some changes make sense, others much less.

The Guardian view on taxing billionaires: we need to talk about the super-rich

[Guardian](#):

“G20 countries will discuss proposals to make the world’s wealthiest individuals pay more towards funding public goods. The debate is overdue.”

“.... In July, G20 finance ministers will [discuss](#) new proposals for an annual 2% global tax on the wealth of the world’s 3,000 or so billionaires. According to the French economist **Gabriel Zucman**, the architect of the plan, the wealth tax could raise \$250bn a year – more than the recently established global minimum tax on corporations, and roughly the [cost](#) of the economic damage wrought by extreme weather events in 2023. **Ahead of the G20, the governments of Brazil (which holds the presidency), France, South Africa and Spain have expressed support for Prof Zucman’s idea....”**

“Despite such backing, the path to actually introducing such a tax is likely to be long and tortuous. Watertight criteria for assessing different types of wealth and assets would have to be worked out and, crucially, a way found to deal with non-participating tax jurisdictions. Prof Zucman believes neither of these problems to be insuperable; other sympathetic experts in the field have [reservations](#).”

ODI (Expert Comment) - The problem with tax potential estimates – key considerations to develop sustainable tax systems

K McNabb et al; <https://odi.org/en/insights/the-problem-with-tax-potential-estimates-key-considerations-to-develop-sustainable-tax-systems/>

“The IMF recently unveiled their Global Public Finance Partnership, which reiterated results of a 2023 IMF study, Building Tax Capacity, suggesting that in low income developing countries (LIDCs), a ‘9 percentage-point increase in the tax-to-GDP ratio is feasible’.”

“However, such estimates of tax potential are not a good basis for setting expectations of how much tax a country could raise. Observed trends in tax-to-GDP ratios of low income countries in the last two decades suggest these IMF estimates are unrealistic, at least in the short- to medium-term. They are also of limited policy use as they do not point to the exact tax policy or administration challenges that need addressing.....”

AMR

Nature News - Drug-resistant infections more likely to strike women, says WHO

<https://www.nature.com/articles/d41586-024-01476-9>

“More countries must recognize how gender affects exposure to pathogens, finds a review by the World Health Organization.”

“Women might be more likely to develop drug-resistant infections than men — an under-recognized aspect of the growing threat of antimicrobial resistance, according to a global review led by the World Health Organization (WHO). The report finds that more than 70% of countries do not recognize gender inequalities in national plans to tackle drug-resistant infections.”

“And last month, the WHO added four pathogens to its list of the drug-resistant bacteria it considers to be most dangerous to humans. The list, first published in 2017, helps nations to shape their action plans against antimicrobial resistance (AMR), which is caused by the overuse and misuse of antibiotics that leads to bacteria becoming resistant to the medications through mutations in their DNA.”

“... The gender review suggests that women, particularly those in low-resource settings, might be at a higher risk than men of contracting drug-resistant infections, owing to factors including menstrual-hygiene needs and gendered divisions of labour. The analysis will shape the first-ever WHO report on how policymakers can address gender inequalities in efforts to tackle the global threat, scheduled to be published in July.....”

Guardian - AI used to predict potential new antibiotics in groundbreaking study

<https://www.theguardian.com/society/article/2024/jun/05/ai-antibiotic-resistance>

“Scientists used an algorithm to mine ‘the entirety of the microbial diversity’ on Earth, speeding up antibiotic resistance research.”

“A new study used machine learning to predict potential new antibiotics in the global microbiome, which study authors say marks a significant advance in the use of artificial intelligence in antibiotic resistance research. ... The report, published Wednesday in the journal Cell, details the findings of scientists who used an algorithm to mine the “entirety of the microbial diversity that we have on

earth – or a huge representation of that – and find almost 1m new molecules encoded or hidden within all that microbial dark matter”, said César de la Fuente, an author of the study and professor at the University of Pennsylvania. De la Fuente directs **the Machine Biology Group**, which aims to use computers to accelerate discoveries in biology and medicine.”

Bird flu

NYT – Why the new Human Case of Bird Flu is so alarming

R Bright; <https://www.nytimes.com/2024/06/02/opinion/bird-flu-case-respiratory.html?smid=nytcore-ios-share&referringSource=articleShare>

“...**The third human case of H5N1**, reported on Thursday in a farmworker in Michigan who was experiencing respiratory symptoms, **tells us that the current bird flu situation is at a dangerous inflection point...** ... The **emergence of respiratory symptoms** is disconcerting because it indicates a potential shift in how the virus affects humans. Coughing can spread viruses more easily than eye irritation can...”

And **so far, testing is beyond par also.** “... Despite its importance and repeated calls for its use, serology testing for H5N1 has been virtually non-existent in this outbreak...”

- See also **BMJ Editorial** – [Should we worry about a growing threat from “bird flu”?](#) (by C Dye et al)

“A major human outbreak of H5N1 is plausible, and the risk is high.”

Lancet Editorial - H5N1: international failures and uncomfortable truths

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01184-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01184-X/fulltext)

Linking with the IHR amendments & especially the pandemic agreement discussions in Geneva, among others.

Excerpt: “... The process is not over yet—discussions continue with the hope of securing an agreement by May, 2025. **Until then, the continued absence of a meaningful and effective accord undermines the ability to respond appropriately to international health threats, such as H5N1. Despite COVID-19, most countries are not prepared for a new pandemic.**”

“**Beyond the proximal drivers of outbreaks and potential interventions though, there is a need to confront an uncomfortable truth that the US H5N1 outbreak once again raises. Spillover of zoonoses into human populations stems ultimately from our ways of life and how they shape the human–animal interface. Our diets, our intensive farming practices, our livelihoods, our behaviours, and our cultures. Our exploitation of the natural world and our destruction of the environment.** These issues are tractable through interdisciplinary education, intersectoral collaboration, adequate funding, and integrated policies. **The concept of One Health, although often acknowledged, is rarely prioritised and operationalised. The result is a missed opportunity to not just respond to pandemic threats, but to prevent them altogether.**”

Stat - Finland to offer bird flu vaccine to select groups of people, a possible global first

<https://www.statnews.com/2024/06/05/finland-h5n1-bird-flu-human-vaccine/>

“Finland is preparing to offer vaccines to people at risk of exposure to an avian influenza strain spreading among farmed and wild animals, health officials there said, potentially becoming the first country to take such a step as concerns about the threat the virus poses to people intensify. The vaccine campaign will be limited, with doses set to be available to groups including poultry farmers, veterinarians, scientists who study the virus, and people who work on fur farms housing animals like mink and fox and where there have been outbreaks.....”

- And a link: Stat - [These are the bird flu questions that influenza and animal scientists desperately want answered](#)

“Many of the experts we asked said what’s known about how H5N1 is spreading among cows cannot be the whole story.”

Malaria

Economist - New fronts are opening in the war against malaria

<https://www.economist.com/middle-east-and-africa/2024/05/30/new-fronts-are-opening-in-the-war-against-malaria>

“After years of stalemate, ground-breaking vaccines and better nets are raising hopes.”

Report (Oxford Economic Africa) - The malaria dividend: Why investing in malaria elimination creates returns for all

<https://malarianomore.org.uk/fighting-malaria-offers-global-economic-boost>

“New research commissioned by Malaria No More UK and carried out by Oxford Economics Africa has revealed that by getting back on track to the SDG of cutting malaria by 90% by 2030 could **boost the economies of malaria-endemic countries by an incredible \$142.7 billion.**”

“.... The analysis shows that investing in malaria control and elimination programmes doesn’t just save lives; it’s also economically smart, for malaria-endemic countries and their international partners. This report shows that achieving the target through a 90% reduction in case incidence by 2030 (set out as an indicator for the target) **could significantly boost the Gross Domestic Product (GDP) of malaria-endemic countries by \$142.7 billion (bn) over the 2023 – 2030 period analysed.** This will also have global benefits by increasing international trade by **\$80.7 bn over the same timeline, including direct trade benefits for G7 countries of \$3.9 bn in additional exports.** This underscores the economic benefits of ending malaria, not just for affected endemic countries but for the whole global economy.....”

World No Tobacco Day (31 May)

HPW - Tobacco Industry Targets Youth with Vaping Products, WHO and Watchdog Warn

<https://healthpolicy-watch.news/tobacco-industry-targets-youth-with-vaping-products-who-and-watchdog-warn/>

(see also a previous IHP newsletter) **“The tobacco industry is deliberately targeting children with nicotine products, using targeted marketing to lure the younger generation into smoking while publicly promoting e-cigarettes as a less harmful alternative for smokers, according to a [new report](#) by the World Health Organization (WHO) and STOP, a tobacco industry watchdog. The report, released ahead of [World No-Tobacco Day](#) on May 31, analyzes ways in which tobacco and nicotine companies design products, implement digital marketing campaigns, and shape policy environments to help them addict youth globally.....”**

Link:

- The Conversation – [Smoking in Africa: study of 16 countries shows higher taxes would help young smokers quit or cut down](#) (by S Filby et al)

World Caring Day (7 June)

Lancet Comment - The role of caregivers in mental health and child development policy and practice

Tracey Smythe et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01095-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01095-X/fulltext)

« As the health community reflects on World Caring Day (June 7) and the UK's National Carers Week in June, 2024, it is important to recognise the contribution of families caring for the **240 million children with disabilities worldwide**. These caregivers, including parents, grandparents, siblings, and extended family members, have a crucial role in supporting some of the world's most marginalised children. However, caregivers face considerable challenges, including psychological stress, mental health conditions, financial burdens, stigma, and discrimination, which impact their wellbeing and ability to provide care effectively. Moreover, the responsibilities of caregivers often conflict with other social roles, such as partnerships, parenting, education, and employment. »

« **The difficulties that caregivers face are generally pronounced in low-income and middle-income countries (LMICs)**, given the constrained role of statutory services in providing support, and that children are ten times more likely to be disabled than to die before their fifth birthday. **A fundamental shift is needed in how caregiver support is approached globally, one that acknowledges caregivers' contributions to society, addresses their rights, and recognises their own support needs.....”**

« To scale up peer support groups and networks, health policies and systems must adapt to address the needs of caregivers of children with disabilities. One promising approach involves implementing policy provisions that endorse community-based interventions. For instance, an inclusive early child development programme in Addis Ababa prioritises marginalised families and shows how policy provisions can bolster caregiver support within the broader health-care system in Ethiopia. This programme includes comprehensive home visits by community members known as coaching mothers who also facilitate access to essential services for all children younger than 6 years in Addis Ababa.....”

« Public–private partnerships, as well as collaborations with the third sector and public entities, can contribute to the provision of comprehensive support for caregivers.” “ ... Low spending on mental health and social care services in LMICs by governments and non-governmental organisations constrains caregiver support programme development, especially in poorer, rural areas where needs are also higher. Looking ahead, priority actions for governments to incorporate caregivers of children with disabilities in national systems must include developing and financing of national action plans for early detection of children with disabilities that also provide support for their caregivers, and establishing measurable targets. These key performance indicators are required to monitor and improve policies, financing, advocacy, and services. «

SRHR

KFF Brief - What the Election Could Mean for the Mexico City Policy and U.S. Foreign Aid

[What the Election Could Mean for the Mexico City Policy and U.S. Foreign Aid](#)

“The outcome of the next presidential election will likely have major implications for U.S. global health policy, including whether the Mexico City Policy (MCP) is reinstated and expanded should former president Trump be elected. When last in place during the Trump administration, the MCP required foreign non-governmental organizations (NGOs) to certify that they wouldn't perform or promote abortion as a method of family planning (using funds from any source) as a condition of receiving U.S. global health assistance. In [this analysis](#), KFF explores how a prominent conservative proposal—widely seen as a blueprint for another Trump administration—calls for expanding the MCP beyond foreign NGOs and U.S. global health assistance. The analysis also outlines the potential reach of such a proposal for affected foreign assistance funding, organizations, and sectors....”

Bonn climate (finance) summit (ongoing)

Climate Change news - “Great enabler of climate action” – UN urges Bonn progress on new finance goal

<https://www.climatechangenews.com/2024/06/03/great-enabler-of-climate-action-un-urges-bonn-progress-on-new-finance-goal/>

“UN Climate head Simon Stiell **called on countries to start narrowing down options to strike a deal on post-2025 climate finance by COP29 in November.**” “The head of the United Nations climate arm has **called for governments at mid-year talks in Germany to make “serious progress” towards setting a new climate finance goal for after 2025.**”

Guardian - Global rich must pay more to tackle climate crisis, says architect of Paris deal

https://www.theguardian.com/global-development/article/2024/jun/04/global-rich-pay-more-climate-crisis-architect-paris-deal?CMP=share_btn_url

“Laurence Tubiana, one of experts behind 2015 agreement, calls for taxes or charges on consumption.”

“Rich individuals in all countries must pay more to tackle the climate crisis, whether through taxes or charges on consumption, one of the architects of the Paris agreement has said. There is [a growing consensus](#) on the need for some kind of global wealth tax, with Brazil, which will host the Cop climate summit next year, an enthusiastic supporter. Meanwhile, poor countries are [struggling to raise the estimated \\$1tn \(£785bn\) a year of external finance](#) needed to help them cut emissions and cope with the impacts of the climate crisis.”

“[Another proposal is for a frequent flyer levy](#), as the richest people tend to take far more flights – in any year about half of the people in the UK do not fly, for instance. **Laurence Tubiana, the chief executive of the European Climate Foundation, said a levy could be targeted at business class and first class seats. Other possible sources of revenue include [a carbon tax on international shipping](#), which could raise billions without disrupting global trade, according to [research from the World Bank](#). [Levies on fossil fuels](#) could also play a role.”**

“... Tubiana is co-chair of the International Tax Task Force (ITTF), an initiative spearheaded by the governments of Barbados, France and Kenya, and set up at last year’s UN climate summit, to examine ideas for raising the sums needed..... [Climate finance will be the key focus of this year’s UN climate summit, Cop29, in Azerbaijan. Government representatives were gathering on Monday in Bonn, Germany, where the UN framework convention on climate change secretariat is based, for a fortnight of preliminary talks, where officials will test the waters for some of the key proposals...](#)”

CGD (blog) - Why China is Key for the New Climate Finance Goal

J Beynon; <https://www.cgdev.org/blog/why-china-key-new-climate-finance-goal>

Published over the weekend. « ... **The latest round of UNFCCC climate negotiations begins next week in Bonn. Climate finance—and in particular who should pay—remains a [hotly contested topic](#) as negotiators strive to make progress on the [New Collective Quantified Goal](#) (to replace the current \$100 billion target) by COP29 in November 2024 and on rules for the [Loss and Damage Fund](#) agreed at COP28 in December 2023. “**

“Developing countries continue to insist that developed countries are responsible and regularly cite the [UNFCCC’s](#) emphasis on “common but differentiated responsibilities and respective capabilities” (CBDR-RC). But the world has changed dramatically since the original set of 23 developed country (“Annex II”) climate finance contributors was agreed in 1992. **This blog presents some new findings**

from our fair shares analysis, with a particular focus on China. The key point is that even with reference to CBDR-RC, there remains a powerful argument for non-traditional donors including China to contribute significant shares of climate finance, likely in the 20–30 percent range, with China contributing around 10 percent by 2030.”

Guardian - Debt payments by countries most vulnerable to climate crisis soar

<https://www.theguardian.com/world/article/2024/jun/03/debt-payments-by-countries-most-vulnerable-to-climate-crisis-soar>

“Debt payments by the 50 countries most vulnerable to the climate crisis have doubled since the start of the coronavirus pandemic and now stand at their highest level in more than three decades, campaigners have warned. The **Debt Justice** charity said countries at the highest risk of being affected by global heating were **paying 15.5% of government revenues to external creditors** – up from less than 8% before Covid-19 and 4% at their lowest recent point in 2010. Using data from the [World Bank](#) and the International Monetary Fund, the charity said its **new report showed the urgent need for comprehensive debt relief so that poor countries could invest in measures to tackle the climate crisis.** “

“... For the 50 countries covered in the report, 38% of their external interest payments are to private lenders, 35% to multilateral institutions, 14% to China and 13% to other governments..... **... A 10-day conference focusing on countries’ ability to finance climate action, including through climate finance and unsustainable debt levels, begins in Bonn on Monday...**”

Carbon Brief - Rich countries met \$100bn climate-finance goal by ‘relabelling existing aid’

[Carbon Brief](#);

(from last week) **“Billions of dollars of foreign aid have been reclassified as “climate finance”, thereby helping rich countries to meet a long-overdue target, according to new [analysis](#).** analysis conducted by the [Center for Global Development \(CGD\)](#) and shared with Carbon Brief suggests that around \$27bn of the \$94.2bn annual increase in public climate funds in 2022, compared to figures two decades ago, came from existing development aid..... Specifically, the CGD identified at least \$6.5bn of climate aid within the record 2022 increase that was diverted from other bilateral development aid programmes.....”

Other planetary health news

Guardian - ‘Godfathers of climate chaos’: UN chief calls for global fossil-fuel advertising ban

<https://www.theguardian.com/environment/article/2024/jun/05/antonio-guterres-un-chief-fossil-fuels-advertising>

“António Guterres warns of ‘climate crunch time’ and announces dire new scientific warnings of global heating. Fossil-fuel companies are the “godfathers of climate chaos” and should be banned in every country from advertising akin to restrictions on big tobacco, the secretary-general of the United Nations has said while delivering dire new scientific warnings of global heating....”

“In a major speech in New York on Wednesday, António Guterres called on news and tech media to stop enabling “planetary destruction” by taking fossil-fuel advertising money while warning the world faces “climate crunch time” in its faltering attempts to stem the crisis....”

PS: **“The speech has been timed to act as a key rallying call by a UN leadership concerned that the climate crisis has slipped down the list of priorities for a world racked by war in Ukraine and Gaza, and other economic worries. A meeting of the powerful G7 group of countries will take place in Italy next week, and then November’s Cop29 climate summit, to be held in Azerbaijan, along with a G20 gathering in Brazil....”**

- See also Devex - [UN leader makes unprecedented demand to ban fossil fuel advertising](#)

“ This is the first time a U.N. leader has targeted the advertising industry specifically in the climate arena.”

- And HPW - [World Will Permanently Exceed 1.5°C Tipping Point Before 2030 – At Current Carbon Emissions Rate](#)

“New data from leading climate scientists released today shows the remaining carbon budget to limit long term warning to 1.5 C is now around 200 billion tons – that is the maximum amount of carbon dioxide that the Earth’s atmosphere can take – if we are to have a fighting chance of staying within the limits,” Guterres said, based on predictions by the World Meteorological Organization, European Union climate observatory and others. “And the truth is, we are burning through the budget at reckless speed, spewing out around 40 billion tons of carbon dioxide a year,” he said...”

In his speech, he also appealed to G7 and G20 to fix a broken financial system: **“He called on world leaders, and particularly G20 and G7 leaders that will be meeting in upcoming weeks and months, to commit to ending coal production by 2030 and reduce oil and gas production by 60% – as compared to trillions in fossil fuel subsidies. The world’s leading economies also should: Set up a “high integrity” system for carbon taxes and markets; Relieve the debt burden in developing economies so that investment can flow into green forms of energy; Commit to finally filling the coffers of the Green Energy Fund, with the \$100 billion in funds agreed to in previous Climate Conferences, for developing countries....”**

Global warming accelerating at 'unprecedented' pace, study warns

<https://www.rfi.fr/en/environment/20240605-global-warming-accelerating-at-unprecedented-pace-study-warns>

“Climate change is accelerating at its fastest pace since records began, dozens of scientists warned in a report published on Wednesday. For the past year in particular, the planet has never been so hot. “

“Published in the **journal Earth System Science Data**, the study found that **global warming had increased by 0.26C between 2014 and 2023**. In that same period, average global surface temperatures reached 1.19C above the 1850-1900 pre-industrial benchmark. The year 2023 saw an increase of 1.43C, fuelled by the naturally occurring El Nino weather pattern. ...”

Nature News - Super-fast Microsoft AI is first to predict air pollution for the whole world

<https://www.nature.com/articles/d41586-024-01677-2>

“The model, called **Aurora**, also forecasts global weather for **10 days** — all in less than a minute.”

BMJ - Why digital innovation may not reduce healthcare’s environmental footprint

<https://www.bmj.com/content/385/bmj-2023-078303>

“Digital innovations come with their own environmental cost and should not be seen as a simple fix for healthcare emissions, argue **Gabrielle Samuel and colleagues**.”

Lancet Child & Adolescent Health (Health Policy) - Child health prioritisation in national adaptation policies on climate change: a policy document analysis across 160 countries

K E Zangerl, S Dalglish et al; [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(24\)00084-1/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(24)00084-1/fulltext)

Among the findings: “...Predominant domains among child-specific adaptation measures included education and awareness raising, followed by community engagement and nutrition. No country addressed children's direct needs in the domain of mental health. **National adaptation policies tend towards overly simple conceptualisations of children across four major lenses: age, social role, gender, and agency. Limited inclusion of child-specific measures in national adaptation policies suggests insufficient recognition of and action on children's susceptibility to climate change effects.**”

WHO - Experts warn of serious health impacts from climate change for pregnant women, children, and older people

[WHO](#);

“Pregnant women, newborns, children, adolescents and older people are facing serious health complications due to climate change, according to a new collection of papers published in the **Journal of Global Health**, and yet the specific needs of these groups have been largely neglected in the climate response....” The collection is titled **Climate change across the lifecourse**.

Access to medicines, vaccines & other health technologies

HPW - Portable Molecular Tests Bring Lab-Grade Accuracy to Remote Areas

<https://healthpolicy-watch.news/portable-molecular-tests-bring-lab-grade-accuracy-to-remote-areas/>

“A new generation of portable molecular testing devices unveiled by the global non-profit FIND on Thursday has achieved accuracy levels previously only attainable in lab testing, a potential game-changer for healthcare in regions with limited access to clinics. “

“... [These compact devices](#) can test for multiple diseases using cartridges that analyze tissue, blood, or other bodily fluid samples to detect the presence of molecules characteristic of a particular illness. The devices can perform tests like the polymerase chain reaction (PCR) test, used for diagnosing COVID-19, influenza, HIV, and Ebola.”

“... “With these innovations, it’s not necessarily the patients that need to go to the clinic,” said Sara Fröjdö, Senior Technology Officer at FIND. “It’s testing that goes to the patients.”... While these innovations offer convenience for healthcare systems with a dense network of local facilities, they have the **potential to revolutionize access to lab-quality testing in rural regions. In 2020, nearly 9% of the global population lived more than an hour away from their closest healthcare centre by motorized transport, according to [Nature Medicine](#). ...”**

“... However, the technology still faces hurdles to being truly accessible. Commute time is only one of the many barriers to healthcare access, with others including difficulties in securing transportation and lengthy waiting periods before seeing a doctor. **Affordability remains a key challenge. Test cartridges cost approximately €100, with an additional €5-6 per test. FIND scientists say they are carefully designing cartridges to balance affordability, reliability, and ease of use in remote areas. **Manufacturers must also address cold chain limitations**, which hindered low- and middle-income countries’ access to mRNA vaccines favored by wealthy nations.....”**

Swissinfo - The challenges of decentralising vaccine production to Africa

<https://www.swissinfo.ch/eng/international-geneva/the-challenges-of-decentralising-vaccine-production-to-africa/79227992>

“A new fund launched by Geneva-based vaccine alliance Gavi aims to bring more justice and promote vaccine production in Africa. It’s a good start, **but more needs to be done, say observers.”**

With state of affairs re **GAVI’s new financing instrument, the African Vaccine Manufacturing Accelerator (AVMA)**. **“... The official launch of the AVMA is planned for June 20 in Paris. “**

“The AVMA is a fund endowed with \$1 billion (CHF900 million) over ten years. The money comes from outstanding funds in the Covax initiative.... “Gavi’s goal with the AVMA is to create a market to lower vaccine prices,” ... The AVMA intends to help African manufacturers remain competitive against well-established players such as Johnson & Johnson or Roche, which are able to drive down their prices due to economies of scale. ... **As one of the largest purchasers of vaccines worldwide,**

Gavi is sending a strong signal to the global markets that it supports African vaccine production, Kinder says...”

“... While the AVMA is the international initiative providing most financing to promote local production of vaccines, observers say many issues remain unanswered for African countries to become producers in their own right. “

“... The AVMA programme leaves producers looking for their own funds for much of the product pipeline: from R&D to clinical trials, production and distribution. Els Torreele, a bioengineer and independent researcher at University College London (UCL), says the World Bank and the EIB willingly finance the development of infrastructure, often with loans or investments that have to generate returns. But **development financial institutions are nearly absent when it comes to financing product development or providing grants**. As an example, the South African company Afrigen is currently struggling to obtain funding for the development of an mRNA product pipeline, which included developing a Covid-19 vaccine. The company is at the centre of the initiative coordinated by the WHO to decentralise mRNA production. **To ensure equal opportunities, Torreele also believes that production must not only be local but also be embedded in national and regional health policies. Currently AVMA defines local production as being geographically located in Africa, Torreele says. This means that an international company that produces vaccines in Africa through a subsidiary is eligible for funding.”**

“Furthermore, no money is planned by the AVMA for the acquisition of transfer of technology. This is meant to happen indirectly, for example by an outside competitor investing in the production facilities, such as an Indian manufacturer. This leaves the local manufacturer in a weak position to negotiate. If you want to support technology transfer (TT), you have to finance it directly, Torreele says.....”

HPW - Assistive Technology Report Brings More Transparency to Market

<https://healthpolicy-watch.news/assistive-technology-report-brings-more-transparency-to-market/>

“Only one in five of the people in need of hearing aids and prostheses worldwide can access them, according to a **new report** by ATscale, a global partnership for assistive technologies and the Clinton Health Access Initiative (CHAI).....” “....The **report, issued on the first-ever Day for Assistive Technology**, aims to make assistive technology markets more transparent and easier to navigate for the public sector and producers.”

The People's Medicines Alliance: rebranding of the People's Vaccine Alliance

The People's Vaccine Alliance has a **new name**.

“Many medicines, just like vaccines, are developed with public funding & research. They are the people's medicines. **Our coalition is being renamed the People's Medicines Alliance**, to better reflect the breadth of our work.”

Stat - Gilead to pay \$40 million to settle claims it delayed newer HIV treatment to boost profits

<https://www.statnews.com/pharmalot/2024/06/05/gilead-hiv-aids-taf-tdf-lawsuit-settlement/>

“Gilead Sciences agreed in principle to pay \$40 million to more than 2,600 people living with HIV who claimed the company boosted profits by marketing an HIV drug without disclosing harmful side effects while delaying development of a safer alternative treatment....”

Addressing visual impairment

CGD (blog) - A Neglected Best Buy in Global Health: Addressing Visual Impairment

B Wong & V Fan; <https://www.cgdev.org/blog/neglected-best-buy-global-health-addressing-visual-impairment>

“There are few health conditions that impact as many people as visual impairment. **Some 1.1 billion people, the vast majority in low- and middle-income countries (LMICs), live with uncorrected refractive error, cataracts, and other eye diseases.** A recent [study](#) commissioned by the Seva Foundation is the first to systematically examine the evidence supporting the benefits of eyecare *beyond health*, and conduct return on investment (ROI) calculations. The researchers found a [\\$36 to \\$1 ROI](#) from providing glasses or cataract surgery, comparable to some of the best uses of resources in the development sector. Overall, **there is a compelling case that policy makers should pay more attention to visual impairment: an enormous yet tractable problem with potentially highly cost-effective solutions.....”**

Miscellaneous

UNAIDS - To protect sex workers’ health, protect their human rights

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/june/20240602_sex-workers

“On International Sex Workers’ Day, 2nd June 2024, and every day, UNAIDS stands in solidarity with sex workers in support of their health.....”

Norwegian Refugee’s Council - The world’s most neglected displacement crises 2023: Neglect is the new normal

<https://www.nrc.no/feature/2024/the-worlds-most-neglected-displacement-crises-2023/>

The dire title of the report tells you all you need to know....

And related: UN News - [Acute food insecurity to rise in 18 ‘hunger hotspots’, warn aid agencies](#)

FT - Conflict and climate shocks fuel food poverty crises

[Conflict and climate shocks fuel food poverty crises \(ft.com\)](#)

“More than one in four children under 5 years are suffering severe hunger, says Unicef report.”

“Increased conflict and extreme weather events caused by climate change are intensifying food crises, with more than one in four children facing severe hunger, according to a Unicef report.

Globally, **27 per cent of children under 5 years of age suffered severe food poverty in 2022**, the UN’s child development agency said on Thursday [in its biggest ever study](#) of the issue. ...

More than a third of the 181mn affected children live in south Asia where two in five infants fall below the food poverty line — defined by Unicef as daily consumption of only two of the eight food groups — with countries such as Afghanistan and India particularly hard hit.....”

- See also the Guardian – [One young child in four at risk of ‘irreversible’ harm due to restricted diet, UN report says](#)

“Hunger report highlights harm to growth, brain development and survival prospects, with millions eating only two food groups a day.”

“One young child in four globally has a diet so restricted it is likely to harm their growth, brain development and chances of survival, according to a new report. **Many of the children live in areas that have been designated by the UN as “hunger hotspots”** – including Palestine, Haiti and Mali – where access to food is expected to deteriorate over the coming months.”

“The first report from the UN’s children’s agency, Unicef, to assess the diets of under-fives, found about 181 million from almost 100 countries were consuming, at most, only two food groups on a daily basis – typically milk with a starchy food such as rice, maize or wheat. This meets the criteria for **“severe food poverty”** and means they are “children living on the brink”, said Catherine Russell, Unicef’s executive director.”

PS: “.... **The warning was echoed by the UN’s Food and Agriculture Organization (FAO) and the World Food Programme, which said on Wednesday that 18 “hunger hotspots” were likely to see food insecurity deteriorate further before October.** They urged scaled-up international efforts in those areas.....”

Global health governance & Governance of Health

WHO headquarters organigram

https://cdn.who.int/media/docs/default-source/documents/about-us/who-hq-organigramme.pdf?sfvrsn=6039f0e7_38

Updated as of 15 May 2024.

Devex (Pro) - Inside Melinda French Gates’ \$1 billion 'incredible experiment'

<https://www.devex.com/news/inside-melinda-french-gates-1-billion-incredible-experiment-107714>

(gated) “After breaking from the Gates Foundation, the philanthropist is investing \$1 billion to advance women’s rights — but **this time, Melinda isn’t the one calling the shots.**”

“A **dozen lucky, and likely very pleasantly surprised, individuals** got to experience that adrenaline rush when philanthropist Melinda French Gates — who [recently split from the foundation](#) she co-founded with her her ex-husband Bill Gates — dropped the news that they **would be receiving \$20 million apiece to share with others whose work they find most effective.** The philanthropist’s only ask to those individuals — from former New Zealand Prime Minister Jacinda Ardern to Afghan education activist Shabana Basij-Rasikh — was that **they “direct the money to organizations doing urgent, impactful, and innovative work to improve women’s health and well-being,”** according to French Gates’ philanthropic investment company, [Pivotal Ventures](#). **In addition to those dozen recipients, 16 organizations have been given unrestricted funding to support women and girls worldwide** — a sign that French Gates is embracing a “trust-based” grantmaking approach which the [Gates Foundation](#) has historically [shied away from....](#)”

AP - South Korean president vows to expand mineral ties with Africa and send more development aid

<https://apnews.com/article/korea-africa-minerals-nuclear-e75f8ece90403182d5aad2ad4058e950>

“**South Korea will expand development aid to Africa** and pursue deeper cooperation with the region of 1.3 billion people on critical minerals and technology, President Yoon Suk Yeol said Tuesday as he hosted dozens of African leaders in the inaugural Korea-Africa Summit....”

CGD (blog) - Financing the SDGs: An Emerging Bretton Woods II Model

N Birdsall et al; <https://www.cgdev.org/blog/financing-sdgs-emerging-bretton-woods-ii-model>

“.... **Since 2015, three big shocks**—Covid, with its extensive supply disruptions; the Ukraine war, with further aid diversion and food insecurity in low-income countries; and growing climate damage across the globe—**have driven home the logic of a global social compact in a world of widely shared risks.** But the shocks slowed global growth and stretched domestic budgets to the limit, leaving developing countries without fiscal space to maintain let alone increase social spending at home, and the traditional rich country donors short of the political space to expand aid programs or to negotiate together major capital increases for the multilateral development banks (MDBs)....”

“... **Can a global compact be realized in the new world of deepening and cross-cutting rivalries of a multipolar non-system, with intensifying rivalry between China and the US and between the global “North” and “South”—the once-colonizers and the once-colonized?** There is cause for optimism: **an emerging 21st century Bretton Woods II model.** Eighty years since the first Bretton Woods model was launched, **the more than 100 country members of the International Monetary Fund (IMF) and the major MDBs—North and South—are implementing three breakthroughs in the international funding of social and economic development, and climate adaptation and mitigation, in developing countries.**

“.... First is the “**recycling**” of their unneeded Special Drawing Rights (SDRs) by dozens of countries,.... Second is the **growing support of the rich donor countries for increasing the leverage of the capital of the major MDBs** Third is the **formalization by MDB member countries of “climate” as a twin goal of traditional development lending....**”

“Could these initial steps of cooperation, among the major powers including China and between the **major powers and the global South in the G20, lead to a larger agreement for more robust international funding of social and climate investments? Could they constitute the beginning of a 21st century Bretton Woods II model** shaped much more by emerging market economies than in the past? **The two critical tests of prospects for cooperation in the near term are the IDA replenishment this year and the performance of the MDBs and the IMF in ramping up their financial support in the face of stalled [debt](#) relief efforts and high global interest rates.....”**

Link:

- WHO - [Mr José Luis Castro appointed as WHO Director-General Special Envoy for Chronic Respiratory Diseases](#)

Global health financing

Lancet Regional Health -Future health expenditures and its determinants in Latin America and the Caribbean: a multi-country projection study

Krishna D. Rao et al ; [https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(24\)00108-X/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(24)00108-X/fulltext)

“...Countries in Latin America and the Caribbean (LAC) have experienced important demographic, epidemiological, economic, and policy developments that raise concerns about their ability to afford health expenditures in the future. **This paper forecasts how current health expenditures (CHE) in LAC countries will change over the next 30 years and identifies key drivers of health expenditure growth.....”**

Devex – African Development Fund seeks \$25B replenishment. Is it too ambitious?

<https://www.devex.com/news/african-development-fund-seeks-25b-replenishment-is-it-too-ambitious-107725>

“As the fund prepares for its 2025 replenishment, some are concerned that its ask may be too ambitious at a time when many other funds are seeking replenishment and as many donor countries head to the polls.”

“.... The [African Development Fund](#), the concessional arm of the [African Development Bank](#) which targets vulnerable countries, is headed to its 17th replenishment cycle.... The timing coincides with the replenishments of many other international funds, causing what has been called a **development finance traffic jam**. ... Elections aside, **12 replenishments are scheduled around the same time**. Some of the other funds coming up for replenishment include the Asian Development Fund, the [World Health Organization’s first investment round](#), The World Bank’s [International Development Association](#), [Gavi](#), the [Vaccine Alliance](#), the [Pandemic Fund](#), the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#), and the [Global Partnership for Education](#). Additionally, there are new funds such as the [loss and damage fund](#) to consider.....”

UHC & PHC

BMC Health Services research - Can performance-based financing improve efficiency of health centers in Ethiopia? A Malmquist Productivity Index analysis

Mideksa Adugna et al; <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-11127-4>

“...The study concludes that implementing performance-based financing did not improve productivity levels among healthcare facilities over three years. In fact, productivity decreased among the facilities implementing performance-based financing, while those not implementing it remained stagnant. This shows health facilities that implement performance-based financing tend to utilize more resources for similar outputs, contradicting the anticipated efficiency improvement.”

Pandemic preparedness & response/ Global Health Security

Nature Medicine – The pandemic treaty: a grand global social bargain

L Gostin; <https://www.nature.com/articles/d41591-024-00043-z>

“The treaty is a **grand social bargain** of open sharing of crucial scientific data in real time and equitable allocation of lifesaving medical countermeasures..”

Project Syndicate (and via LinkedIn) - How to Protect the World from the Next Pandemic

W Byanyima & J Stiglitz; <https://www.linkedin.com/pulse/how-protect-world-from-next-pandemic-winnie-byanyima-x8jxe/>

“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.”

Clearly, “**voluntary action is not enough**. The United States and the European Union have recognized this and implemented selective measures to mandate the sharing of technology and knowhow. The pandemic accord needs to take this further, with binding commitments for all countries to share relevant resources and knowledge openly during a pandemic. Without such commitments, the world would not be able to achieve the accord’s objectives. **governments can ensure access to health products only by mandating it.**”

BMJ GH - Assessments of the performance of pandemic preparedness measures must properly account for national income

J Dieleman, T Bollyky, C Murray et al ; <https://gh.bmj.com/content/9/5/e015113>

“More than a dozen studies and reports have assessed the association between COVID-19 health outcomes and the leading country-level metrics of pandemic preparedness: States Parties Annual Report, the Joint External Evaluation and the Global Health Security (GHS) Index. The recent article by Ledesma et al in this journal is the rare exception in finding several correlations between GHS indicators and COVID-19 excess mortality, but it has a critical error—it fails to account properly for gross domestic product per capita. Doing so fundamentally changes the conclusions of the research as nearly all the paper’s significant findings are no longer statistically significant when this problem is addressed....”

“... Critically, when GDP per capita is log-transformed the GHS composite index and 55 of its 56 subindices are no longer associated with lower excess COVID-19 mortality....”

Telegraph - The viral frontier: Nasa told ‘act now’ to tackle pathogens in space

<https://www.telegraph.co.uk/global-health/science-and-disease/nasa-told-act-now-to-tackle-biological-threats-from-space/>

“Forget little green men – it’s not aliens or UFOs that pose the greatest risk, but **biological threats in the cosmos.**”

BMJ GH - Mapping the international health regulations monitoring and evaluation framework: an expert consultation, triangulation crosswalk and quantitative analysis

R Nguni, S Chungong et al ; <https://gh.bmj.com/content/9/6/e013675>

“The International Health Regulations Monitoring and Evaluation Framework (IHRMEF) includes four components regularly conducted by States Parties to measure the current status of International Health Regulations (IHR) 2005 core capacities and provide recommendations for **strengthening these capacities**. However, the four components are conducted independently of one another and have no systematic referral to each other before, during or after each process, despite being largely conducted by the same team, country and support organisations. **This analysis sets out to identify ways in which IHRMEF components could work more synergistically to effectively measure the status of IHR core capacities, taking into account the country’s priority risks.** We developed a **methodology** to allow these independent components to communicate with each other, including expert consultation, a qualitative crosswalk analysis and a country-level quantitative analysis.”

Link:

- Lancet Infectious Diseases – [Sleeper frameworks for Pathogen X: surveillance, risk stratification, and the effectiveness and safety of therapeutic interventions](#)

Planetary health

Lancet Planetary Health – June issue

[https://www.thelancet.com/issue/S2542-5196\(24\)X0007-8](https://www.thelancet.com/issue/S2542-5196(24)X0007-8)

Start with the Editorial – [The burden of knowledge](#)

The Editorial comes back on the slightly **controversial survey among climate scientists in [the Guardian](#) from a few weeks ago**. And concludes: “...Perhaps it is time to **worry less about the 'right framing' and more about the real barriers to action, starting with political will and the linked issue of vested interests.**”

Among the other articles in the issue:

- Comment - [Drowning and disasters: climate change priorities](#)

“The public health impacts of disasters are expected to increase as the climate continues to change. **Drowning is a leading cause of death during floods and cyclones.** Other extreme weather events lead to drowning among fishers, ferry passengers, and migrants, and heatwaves and drought are also associated with increased incidences of drowning. **A growing recognition of the roles of health systems in global policies on climate change, and the establishment of a Loss and Damage Fund necessitate greater action on drowning prevention as a key strategy for climate change adaptation. A public health approach to drowning prevention** offers multiple opportunities to synergistically benefit climate change risk reduction and drowning prevention.....”

- Comment - [Key considerations for research into how climate change affects sexual and reproductive health and rights](#) (by R Sorcher et al, on behalf of the **Sexual and Reproductive Health and Rights and Climate Change Consultation Group**)

“... To advance knowledge, **the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Department of Sexual and Reproductive Health, and Karolinska Institutet conducted an online consultation** on May 4, 2023, with the aim of identifying research priorities regarding how climate change impacts SRHR.....”

Do also check out some of the **review articles** in this issue.

Guardian - Oceans face ‘triple threat’ of extreme heat, oxygen loss and acidification

<https://www.theguardian.com/environment/article/2024/jun/04/extreme-heat-oceans-acidification>

“**Third of world’s ocean surface particularly vulnerable to threats** driven by burning fossil fuel and deforestation, new research finds.”

“The world’s oceans are facing a “triple threat” of extreme heating, a loss of oxygen and acidification, with extreme conditions becoming far more intense in recent decades and placing enormous stress upon the planet’s panoply of marine life, new research has found....” “.... The research, [published in AGU Advances](#), analyzed occurrences of extreme heat, deoxygenation and acidification...”

Guardian - Commonwealth health ministries under pressure amid rise in climate-related illnesses

<https://www.theguardian.com/global-development/article/2024/jun/07/commonwealth-patricia-scotland-climate-crisis-health-threat-insect-diseases-small-island-developing-states>

“Climate change is now the biggest concern facing health ministers in Commonwealth countries, the organisation’s secretary general has warned. Patricia Scotland said it was a “reality today” rather than a problem of the future, with impacts such as heat stress and increases in insect-borne diseases particularly acute in smaller states.....”

Devex- World Bank chief Ajay Banga's one-year climate report card

<https://www.devex.com/news/world-bank-chief-ajay-banga-s-one-year-climate-report-card-107733>

“When Ajay Banga took over the reins at the World Bank last June, he promised to ramp up the multilateral lenders’ work on climate. But a year on, has the president delivered?”

Reuters - Former emerging world finance chiefs call for debt reworks to enable climate spending

<https://www.reuters.com/sustainability/sustainable-finance-reporting/former-emerging-world-finance-chiefs-call-debt-reworks-enable-climate-spending-2024-06-05/>

“A group of prominent former emerging market finance chiefs is pressing global leaders to incorporate external shocks and climate change into debt sustainability calculations, according to a letter published on Wednesday. The signatories, former central bankers and finance ministers mostly from emerging economies from India to Argentina, also called for debt relief to enable struggling emerging economies to meet climate investment targets.....”

Plos Climate (Opinion) - Voices of the absent: The agency of Nature and Future in climate regeneration

Diogo Guedes Vidal et al ;

<https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000420>

“In the face of escalating climate crises and mounting threats to the delicate balance of our socioecological systems, traditional approaches to participation appear increasingly inadequate to address the complexity of the challenges at hand....”

“... This necessitates not only considering the perspectives of vulnerable and marginalized social groups but also **broadening our conceptualization of stakeholders to include representatives from nature itself and future generations**. The crux of our viewpoint lies in the recognition that the interplay between human actions and the natural world transcends temporal, spatial, and species boundaries. Thus, to **devise truly effective strategies for addressing climate change, we must enlarge the circle of climate deliberation to encompass the voices and concerns of all affected parties. ...**” **“Unlike marginalized populations, Future Generations and Nature Representatives face an ontological hurdle—they are often overlooked in deliberative processes**, leading to a failure to acknowledge their agency and consider their interests. **In this opinion paper, we argue the need to enlarge the circle of climate deliberation**. Drawing inspiration from **ongoing initiatives such as the H2020 EC project "Phoenix: The Rise of Citizens Voices for a Greener Europe"** project, we seek to elucidate the **potential for recognizing nature representatives and future generations as stakeholders in shaping climate regeneration.....**”

Climate Policy - Health co-benefits and trade-offs of carbon pricing: a narrative synthesis

S Cueva, A Haines et al ; <https://www.tandfonline.com/doi/full/10.1080/14693062.2024.2356822>

Check out findings.

Nature News - What’s the best way to tackle climate change? An ‘evidence bank’ could help scientists find answers

<https://www.nature.com/articles/d41586-024-01683-4>

“Synthesizing research on which policies are most effective is a key priority in climate science, advocates say.”

“Researchers are developing a bold plan to tackle one of the most urgent challenges in climate science: working out the most effective ways to tackle climate change. If it comes to pass, **researchers and artificial intelligence (AI) would build a bank of evidence syntheses — reviews of a body of science — to reveal how well policies work to cut emissions or help societies adapt to global warming**. “This **‘what works?’ question** is now the central question in climate policy,” says Jan Minx, a climate researcher at the **Mercator Research Institute on Global Commons and Climate Change in Berlin**, who is leading the effort. **A meeting in Berlin next week — the What Works Climate Solutions Summit** — will be the first to bring together specialists in climate, policy and evidence synthesis to discuss the idea.....”

PS: “...**Alan Dangour, who leads the climate and health team at research funder Wellcome in London**, says the effort “couldn’t be more important”. **Dangour wants to build evidence on the impacts of climate change and climate policies on human health** — a priority area for Wellcome....”

And a link :

- **Ecological Economics - [Connected we stand: Lead firm ownership ties in the global petrochemical industry](#)** (by J P Tilsted et al)

« Using oil, gas, and coal to produce platform chemicals on an enormous scale, **the petrochemical industry constitutes a core part of the global energy order**. Given demand growth for petrochemicals, **the sector is set to become increasingly important to fossil fuel interests**. Arguing that internationalised networks help structure the social metabolism and are important for transformative change, **this paper sets out to analyse economic ties in the global petrochemical industry**. In this paper, we conceptualise such relations and explore how they foster alignment on a global scale.”

Covid

Stat - NIH documents show how \$1.6 billion long Covid initiative has failed so far to meet its goals

<https://www.statnews.com/2024/05/31/long-covid-nih-recover-initiative-falls-short-on-causes-treatments/>

“More than three years ago, the National Institutes of Health launched a \$1 billion-plus initiative to find the root causes and potential treatments for [long Covid](#), the chronic disease that has quickly changed the lives of millions of Americans. But a lack of visible progress from the initiative, called RECOVER, has drawn months of criticism from patient advocates, researchers, and lawmakers, including at a Senate hearing last week on the NIH’s budget. “....”

“.... NIH funding contracts obtained by The Sick Times, MuckRock, and STAT News contained clear and avoidable mistakes, according to long Covid experts, including not hiring scientists who had studied post-infectious chronic diseases prior to the pandemic. Experts say some of the RECOVER research has value — in particular, its studies on children — but the long Covid community feels let down, and is asking the government to do more for patients with the \$500 million in new funding allocated this year....”

Stat - Anthony Fauci, facing GOP accusers, says debate on Covid origins has been ‘seriously distorted’

<https://www.statnews.com/2024/06/03/anthony-fauci-congressional-testimony-origin-covid-19-seriously-distorted/>

“Anthony Fauci, the former top U.S. infectious disease official and a longtime foil for congressional Republicans, on Monday came out forcefully against GOP accusations on a host of Covid-related issues, and said debate about the coronavirus’s origin had been “seriously distorted.” “

“Fauci, in one of his most closely watched appearances before a congressional committee, said allegations that he sought to influence scientists’ research about Covid’s origins — so that they would not conclude the virus was the result of a lab leak — were “simply preposterous.” But he also played down accusations that work funded by the National Institutes of Health had led to the emergence of the virus. “One thing I can be sure [about], the viruses that were funded by the NIH bio-genetically could not be the precursor to SARS-CoV-2,” he told the House Select Subcommittee on the Coronavirus Pandemic.”

“Later, he added: **“I don’t think the concept of there being a lab leak is inherently a conspiracy theory. What is conspiracy is the kind of distortion of that particular subject.** Like it was a lab leak and I was parachuted into the CIA like Jason Bourne.” “

- See also **Science News** – [Former NIAID director fends off COVID-19 accusations in pandemic origin probe](#)

“Republicans attacked Anthony Fauci on multiple fronts but Democrats solidly stood behind retired government scientist.”

“... **Fauci pushed back on suggestions that he had any role in writing the now-famous Nature Medicine correspondence, “The proximal origin of SARS-CoV-2,” that argued against the virus being created in a lab.** Although he thinks the evidence supports a natural origin, Fauci testified that “I have always said... I keep an open mind” about the possibility of a lab leak. “

Science News - COVID-19 vaccines should get a fall update, panel concludes

<https://www.science.org/content/article/covid-19-vaccines-should-get-fall-update-panel-concludes>

“**FDA advisers say new shots can target more recent SARS-CoV-2 variants.**”

“... **SARS-CoV-2 keeps evolving, and it’s time for COVID-19 vaccines to again follow suit, advisers to the U.S. Food and Drug Administration (FDA) agreed today.** The panel voted unanimously in favor of **updating the shots to more closely match virus strains now circulating.** Although FDA still needs to greenlight the change, the next iteration of vaccine is likely to match one of two versions of the virus, either JN.1, which emerged in September 2023, or one of its descendants, such as KP.2 (colloquially known as a “FLiRT” variant).....”

NYT – New report underscores the seriousness of long Covid

<https://www.nytimes.com/2024/06/05/health/long-covid-symptoms-recovery.html>

“The National Academies said the condition could involve up to 200 symptoms, make it difficult for people to work and last for months & years.”

- For the **National Academies Report:** [Long-Term Health Effects Stemming from COVID-19 and Implications for the Social Security Administration](#)

Stat - 100,000 models show that not much was learned about stopping the Covid-19 pandemic

Eran Bendavid et al ; <https://www.statnews.com/2024/06/05/100000-models-not-much-was-learned-stopping-covid-19-pandemic/>

“**In the midst of the Covid-19 pandemic, scientists and public health institutions made bold claims about the effectiveness of various policy responses such as closing schools and banning public gatherings.** These claims shaped government responses and had enormous effects on the lives of

billions of people around the world. **Are those claims supported by data?** To answer that question, **we explored whether patterns in the epidemiologic data could support claims made in the scientific literature and by public health institutions about the effectiveness of policy responses to Covid-19.**”

With some key messages from a **new [paper published in Science Advances](#)**.

“..... We studied many hypotheses about Covid-19 policy impacts, without fear or favor. To do this, **we used major sources of global data, including the University of Oxford’s Covid-19 Government Response Tracker and the Johns Hopkins Covid-19 dashboard, on the use of any of 19 government responses in 181 countries in 2020 and 2021, and examined their relationship to four Covid-19 outcomes: cases, infections, deaths, and excess mortality.** We modeled the policy effects in nearly 100,000 different ways, representing nearly 100,000 theories, each a flavor of a question about the effects of government responses to Covid-19.....”

Key message: “... Claims that government responses made Covid-19 worse are not broadly true, and the same goes for claims that government responses were useless or ineffective. Claims that government responses help reduce the burden of Covid-19 are also not true. **What is true is that there is no strong evidence to support claims about the impacts of the policies, one way or the other.....**”

Mpox

Cidrap News - Global mpox activity continues at low level except in DR Congo hot spot

<https://www.cidrap.umn.edu/mpox/global-mpox-activity-continues-low-level-except-dr-congo-hot-spot>

“**Low-level mpox transmission continues across the world, though reported cases continue to decline, underestimating of the true burden of the disease, the World Health Organization (WHO) said in its latest [situation report](#), which covers illness reported in April. ... Regions reporting the most cases were the Americas, followed by Africa and Europe. Most of Africa's cases were reported in the Democratic Republic of the Congo (DRC), which is experiencing an ongoing outbreak due to a novel clade 1 virus.**”

“Overall risk is moderate in countries and neighboring countries where mpox has historically circulated and is also moderate for people in the highest-risk groups, including men who have sex with men and sex workers, the WHO said. However, **the risk is high for the general population in the DRC.....**”

Infectious diseases & NTDs

Science News - A little-known virus on the rise in South America could overwhelm health systems

[A little-known virus on the rise in South America could overwhelm health systems](#)

“Deforestation and climate change may help midges spread **Oropouche virus** far beyond the Amazon Basin.”

“A little-known pathogen named the Oropouche virus is on the move in South America, alarming scientists and public health experts. Brazil has reported 5530 cases so far this year, compared with 836 in all of 2023. Bolivia, Colombia, and Peru have seen upticks as well. Although the virus has traditionally been endemic in the Amazon Basin, it is now sickening people far from the rainforest. In May, Cuba reported its first cases. **The surge has scientists concerned that the virus, transmitted primarily by biting midges, could be the next one to cause a big outbreak in Latin America,** which battled major epidemics of Zika and chikungunya in the past decade and is now in the middle of one of the worst dengue epidemics ever. **Most cases of Oropouche fever are mild, with symptoms such as headache, body pains, nausea, and rash—but the virus can also cause brain inflammation and neurological problems, including vertigo and lethargy. And even a mild epidemic could overwhelm the continent’s health systems.”**

“What worries us most is the expansion of a disease that was practically restricted to the Amazon, which has a very low-density population, **to areas with greater population density,”** says Marcus Lacerda, an infectious disease researcher at the Oswaldo Cruz Foundation (Fiocruz)....

Telegraph - How an NHS doctor could help prevent 100,000 meningitis deaths across Africa each year

<https://www.telegraph.co.uk/global-health/science-and-disease/simple-intervention-could-prevent-100000-meningitis-deaths/>

“The simple intervention in clinical practice – devised by the NHS medic – could cut mortality rates if rolled out widely.”

“...In a trial in Malawi, Tanzania and Cameroon, mortality rates were cut from 50 per cent to 24 per cent over five years with simple shifts in clinical practice. “What we’re showing is a huge reduction in mortality using existing diagnostic tests and medicines,” said Dr **Angela Loyse, a global health expert based at St George’s, University of London, who led the project.** “I think health system strengthening needs to be made more attractive. There’s a different angle here, a different vision....”

“.... An average of 630,000 people in Africa die from HIV-related causes each year, according to the World Health Organization (WHO). Of these deaths, around a third are caused by meningitis. Meningitis is treatable and even preventable, but barriers in diagnosis and training of medical staff means that Aids-patients that have contracted meningitis too often die swiftly after being admitted to hospital.”

“.... Dr Loyse and her team of African researchers designed **the project Dreamm (Driving Reduced Aids-associated Meningo-encephalitis Mortality)** to cut the number of deaths from Aids-related conditions caused by infections. **Dreamm was applied in five public hospitals across Africa with very underdeveloped health systems and poor access to essential tests and medicines...**”

“.... **The Dreamm study looked at a range of HIV-related conditions, but cryptococcal meningitis was the most prevalent, a rare but serious bacterial illness contributing up to 20 percent of HIV-related deaths.** ... Dreamm focused on **two main interventions.**”

FT - Brazil already exceeds worst-case forecast for dengue cases this year

[Brazil already exceeds worst-case forecast for dengue cases this year](#)

“.... **Brazil has surpassed its worst-case forecast for dengue cases this year, registering a record 5.5mn infections as health officials and scientists warn that climate change will fuel the global spread of the mosquito-borne virus.** The surge is being driven by hotter weather and the El Niño warming phenomenon in the Pacific Ocean, which have affected the Latin America’s most populous nation for much of the past year, with health experts warning that higher global temperatures will make dengue epidemics more common. **In January, the health ministry warned the number of dengue cases could, in the most extreme scenario, reach 5mn this year. Its average projection was for 3mn cases.** Multiple states have introduced emergency measures and vaccination programmes.”

Link:

- International Health - [Tropical Data: supporting health ministries worldwide to conduct high-quality trachoma surveys](#)

NCDs

Guardian - ‘There was no other option’: the aid packages feeding diabetes and heart disease in the Pacific islands

<https://www.theguardian.com/global-development/article/2024/may/31/there-was-no-other-option-how-aid-packages-feed-diabetes-and-heart-disease-in-the-pacific-islands>

“**Increasingly frequent natural disasters leave islanders reliant on processed foods for months on end – with deeply concerning knock-on effects to health.**”

Guardian - ‘Enormous potential’: weight-loss drugs cut cancer risk by a fifth, research shows

<https://www.theguardian.com/society/article/2024/jun/04/weight-loss-drugs-cut-cancer-risk-fifth-research-wegovy>

“Experts believe injections such as Wegovy could play a big role in preventing and treating the disease.”

“Weight-loss drugs offer a new weapon in the global fight against cancer, with “enormous potential” to prevent new cases and shrink tumours, doctors said as research showed the jabs can cut the risk of developing the disease by a fifth.... A study presented at the world’s largest cancer conference found patients taking the drugs were 19% less likely to develop 13 obesity-related cancers, including ovarian, liver, colorectal, pancreatic, bowel and breast cancer.....”

Guardian - ‘They wanted her to confess to witchcraft’: ending the chilling effects of dementia stigma in Nigeria

<https://www.theguardian.com/global-development/article/2024/jun/05/they-wanted-her-to-confess-to-witchcraft-ending-the-chilling-effects-dementia-stigma-nigeria>

“Grassroots groups across the country are raising awareness of the condition to dispel myths and prevent people – most of whom are women – being ostracised, attacked and killed.”

Mental health & psycho-social wellbeing

Plos Mental Health (Editorial) - PLOS Mental Health: Elevating the voices of lived experience to combat structural barriers and improve mental health globally

Karli Montague-Cardoso et al ;

<https://journals.plos.org/mentalhealth/article?id=10.1371/journal.pmen.0000053>

New journal, with some of the first articles published now. In this **Introductory Editorial**, you find a short overview of them.

- Link: [Guardian - Internet addiction alters brain chemistry in young people, study finds](#)

“The changes in multiple neural networks can result in further addictive tendencies and negative behaviours, researchers say.” “The [study](#), published in **PLOS Mental Health**, reviewed previous research using functional magnetic resonance imaging (fMRI) to examine how regions of the brain interact in people with internet addiction....”

WB (blog) - Are smartphones a problem for teen mental health in developing countries?

G Demombynes et al ; <https://blogs.worldbank.org/en/investinpeople/Are-smartphones-a-problem-for-teen-mental-health-in-developing-countries>

“.... **Have mobile phones and social media also affected adolescent mental health in countries where the World Bank works?** The short answer is we don’t know for sure. Few developing countries collect data to track mental health trends, but **rough evidence suggests that the anxious**

generation is not just a rich-country problem As a just-published NBER [working paper](#) says, **the vanishing well-being of the young appears to be global**. Given that mental health is at the core of our human capital, we need to work to protect our children from the dangers of smartphones and simultaneously help countries build their systems to prevent and treat mental health.....”

Stat Opinion - Shifting the focus from loneliness to social health

K Killam; <https://www.statnews.com/2024/06/03/loneliness-social-health/>

“... Having spent more than a decade working in this space, including studying solutions for loneliness at the Harvard T.H. Chan School of Public Health and leading programs around connection as a nonprofit founder and strategic partner to organizations like AARP and the Department of Health and Human Services, **I believe it’s time to shift the strategy from reactively responding to loneliness to proactively promoting social health**. By “social health” I do not mean social drivers of health, or the conditions in one’s environment that contribute to well-being. Instead, social health is [an essential pillar of health](#), alongside physical and mental health. Whereas physical health is about the body and mental health is about the mind, **social health is about relationships; it is the dimension of an individual’s overall health and well-being that stems from quality human connections**. [First defined by Robert D. Russell](#) in 1973 and more recently advanced by [other researchers](#), **social health has been overlooked in the health sector and mainstream discourse...**”

Lancet Psychiatry - Incidence of antidepressant discontinuation symptoms: a systematic review and meta-analysis

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(24\)00133-0/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(24)00133-0/fulltext)

Via the **press release**: *“The Lancet Psychiatry: One in six people who stop antidepressants will experience discontinuation symptoms as a direct result, finds most comprehensive study to date.*

“The first meta-analysis on the incidence of antidepressant discontinuation symptoms includes data from over 20,000 patients gathered from 79 randomised controlled trials and observational studies. **Overall, approximately one in three patients reported a discontinuation symptom** but the new study aimed to distinguish between symptoms directly caused by stopping medication, and other 'non-specific' symptoms that may be associated with patients' or practitioners' expectations (the nocebo effect). **Study concludes that one in six to seven patients will experience one or more discontinuation symptoms directly caused by stopping the medication, and one in 35 will likely experience severe symptoms**. Authors highlight that plans to discontinue an antidepressant should be made jointly with patients and doctors, and that patients should be monitored and supported, in particular patients who develop severe symptoms and may be at risk of disengaging from care. “

And coverage via Stat – [Withdrawal symptoms hit one in six patients stopping antidepressants, review finds](#)

“A new systematic review of studies on antidepressant discontinuation published on Tuesday in [The Lancet Psychiatry](#) provides insight into the frequency and gravity of those symptoms. The review, which included 79 studies capturing 21,000 patients, found that about **15% experienced withdrawal symptoms after weaning from antidepressants. In 2 to 3% of the cases, the symptoms were severe.**”

“... It confirms that withdrawal symptoms do happen with clinically relevant frequency, and should be managed with care. But it demonstrated a lower incidence than recent estimates [based on online surveys](#), which generated public alarm when they suggested symptoms may occur in half or more of the patients....”

“... The incidence of withdrawal symptoms varied with the antidepressant. Imipramine, a tricyclic antidepressant, was associated with the highest occurrence of discontinuation symptoms, followed by the selective serotonin and norepinephrine reuptake inhibitors desvenlafaxine and venlafaxine. Selective serotonin reuptake inhibitors fluoxetine and sertraline had the lowest occurrence....”

Social & commercial determinants of health

FT - Nestlé CEO says feeding ageing populations a priority as birth rates fall

<https://www.ft.com/content/ff3053df-344a-4ba7-b1f3-75b07a780b4f>

“World’s largest food group wants to focus on products that boost health of elderly.”

“The chief executive of Nestlé said feeding ageing populations had become a major priority as the world’s largest food company and infant formula pioneer reckons with dwindling birth rates around the globe. Schneider said the company was focused on developing products that directly address the concerns of ageing populations, including maintaining a target weight, preserving muscle mass, avoiding micronutrient deficiencies and controlling blood sugar levels....”

“... The opportunity in providing nutritional products for ageing populations intersects with the opportunity presented by the growing uptake of obesity drugs, he added. Research shows, for example, that people using GLP-1 weight-loss drugs struggle to maintain muscle. Nestlé has responded by launching a line of ready meals — Vital Pursuit — which contain extra protein and fibre, and portioned to suit a GLP-1 user’s appetite....”

Sexual & Reproductive health rights

Global Health Action - Two decades of research capacity strengthening and reciprocal learning on sexual and reproductive health in East Africa – a point of (no) return

Caroline Frisendahl et al;

<https://www.tandfonline.com/doi/full/10.1080/16549716.2024.2353957?src=exp-la>

« On 27th of June 2023, the Swedish government decided to cut funding resources available for developmental research, which has played a fundamental role in the advancement of sexual and reproductive health and rights (SRHR) globally, including abortion care. Withdrawal of this funding not only threatens the fulfilment of the United Nations sustainable development goals (SDGs) – target 3.7 on ensuring universal access to SRHR and target 5 on gender equality – but also jeopardises two decades of research capacity strengthening. In this article, we describe how the partnerships that we have built over the course of two decades have amounted to numerous

publications, doctoral graduates, and important advancements within the field of SRHR in East Africa and beyond....”

TGH - Post-Roe Era Tests Abortion Laws Worldwide

M Ferragamo; <https://www.thinkglobalhealth.org/article/post-roe-era-tests-abortion-laws-worldwide>

“As abortion comes under fire in the United States, some countries have taken a stance toward expanding access.”

Commonwealth Fund (report) – Insights into the U.S. Maternal Mortality Crisis: An International Comparison

<https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>

Comparison with 13 other high-income countries. The US remains the worst.

- Related Guardian coverage - [US maternal mortality rate far higher than in peer nations, report finds](#) “ Alarming disparities persist, particularly between white and Black mothers, according to new report by Commonwealth Fund.”

Access to medicines & health technology

FT - Moderna wins second approval with vaccine targeting RSV infection

<https://www.ft.com/content/886c2e86-e5cc-4ade-9810-20d34b013dad>

“US decision hands biotech group its first regulatory blessing since its blockbuster Covid-19 jab.”

“.... The US Food and Drug Administration approved the vaccine to protect adults aged 60 and over from complications such as lower respiratory tract disease and pneumonia resulting from respiratory syncytial virus, Moderna said on Friday. The decision hands Moderna its second-only product approval to date after its Covid jab, which has generated more than \$40bn in revenue. The mRNA-based vaccine works in the same way as Moderna’s Covid jab, by prompting the immune system to create proteins that battle disease. RSV is only the second illness to have an mRNA vaccine approved for its treatment.”

“.... Moderna’s RSV jab, known as mRESVIA, will face stiff competition from rival shots from GSK and Pfizer, which have had about a year’s head start after gaining FDA approval last year. Moderna’s shot is projected to generate \$4.6bn in worldwide sales over the next five years, compared with \$13.8bn for GSK’s vaccine and \$9.6bn for Pfizer’s over the same period, according to analysts’ consensus estimates. Moderna has also filed for regulatory approval in multiple other territories. Bancel claimed Moderna’s jab has a competitive advantage over rival shots as it is the

only vaccine that comes in a pre-filled syringe, “designed to maximise ease of administration, saving vaccinators’ time and reducing the risk of administrative errors”.....”

Human resources for health

GAVI – How does learning make a difference in global health?

<https://www.gavi.org/vaccineswork/how-does-learning-make-difference-global-health>

“The experiences of health workers suggest that everyday activities – rather than formal training events – provide an abundance of learning opportunities.”

“In advance of #TeachToReach on 20-21 June 2024, The Geneva Learning Foundation asked registrants to share an important learning experience in their professional lives. The responses provide a fascinating insight into the myriad ways in which health workers learn – individually, and as part of teams. Teach to Reach is a massive open peer learning platform that connects over 20,000 frontline health workers from more than 80 countries to share experiences, learn from each other, and co-create solutions to pressing health challenges.....”

Decolonize Global Health

Decolonizing Resilience

https://www.e-ir.info/2024/06/05/decolonising-resilience-rethinking-local-knowledge-opacity-and-coloniality/#google_vignette

By David Chandler. He wrote this short text after attending a workshop on ‘Decolonising Resilience’ in Accra at the University of Ghana last week.

Plos GPH - A multi-step analysis and co-produced principles to support equitable partnership with Liverpool School of Tropical Medicine, 125 years on

Robinson Karuga et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002091>

“We undertook research with partners working with the Liverpool School of Tropical Medicine (LSTM) to inform LSTM’s equitable partnership strategy and co-develop principles for equitable partnerships as an entry point towards broader transformative action on research partnerships....”

Speaking of Medicine - What About Us Inbetweeners? Navigating Identity and Inclusion in Global Health

<https://speakingofmedicine.plos.org/2024/05/31/what-about-us-inbetweeners-navigating-identity-and-inclusion-in-global-health/>

Recommended blog by Rupal Shah-Rohlf.

“... As a woman of colour embodying diverse roles and identities—akin to the creative, sustaining, and transformative energies of female Hindu deities—I find myself awkwardly positioned in global health. Whether in seminars, trainings, or meetings, with my roots spanning Kenya to Gujarat and lived experiences across the UK, Germany, and South Asia, I don’t seem to comfortably fit into dichotomous categories like ‘Global North’ and ‘Global South’. I am not British, Indian, or European enough. The complexities of global identity are personal for me. **Madhukar Pai’s compelling article about double agents in global health struck a chord with me, even though I often feel more like a triple agent.** After hearing Pai’s keynote address at Yale School of Public Health, **I identify more as an ‘Inbetweener’ in global health. This term captures the valuable insights we ‘Inbetweeners’ offer.** “

“... **In this piece, I aim to use my position**—Indian by heritage, British by birth, and a German resident through love—with formal and informal training in the arts and sciences **to explore how those of us caught ‘Inbetween’ various worlds, whether in jobs, research, social identity roles, or physical spaces, can drive transformative change while navigating constant transitions and daily uncertainties that shape our identities.....**

Plos GPH - From barrier to enabler: Transforming language for global health collaboration

Marie Roseline Darnycka Bélizaire, Yap Boum II et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003237>

« In the field of global health, effective collaboration is crucial for implementing inclusive projects that meet stakeholder goals and have a tangible impact on the communities they aim to enhance, ultimately improving quality of life. **Collaboration is at the top of the four C pyramid and is built upon a foundation of trust (Confidence), Communication, understanding (Comprehension), and the collective pursuit of a common goal** (Fig 1). These elements are critical for successful partnerships. **Unfortunately, language disparities can hinder these foundational layers, impacting trust, limiting communication, obstructing understanding, and blocking collaboration.....”**

Miscellaneous

IISD - UN Report Calls for Holistic, Adaptable Policy Approaches to Achieve SDGs

[IISD](#);

“The UN has issued the UN Secretary-General’s report exploring the long-term impacts of current trends on the realization of the SDGs. The report calls for tangible and holistic responses at all levels that prioritize policies aimed at revitalizing inclusive, sustained, and sustainable economic growth while reversing geoeconomic fragmentation.”

“The report underscores that the multiple and interlinked challenges facing the world today affect countries’ capacity to accelerate the achievement of the SDGs, as pledged by world leaders in the political declaration of the 2023 SDG Summit. **The report analyzes five interconnected and**

mutually reinforcing trends with potential long-term impacts on the realization of the 2030 Agenda for Sustainable Development: the impact of geopolitical tensions on the global economy; changing labor markets; rapid technological change; continuing and intensifying adverse impacts of climate change; and the evolving nature of social contracts.”

PS: “... Dated 3 May 2024, the report (E/2024/55) is titled, ‘Long-term impacts of current trends on the realization of the Sustainable Development Goals.’ It will inform the deliberations during the 2024 session of the UN High-level Political Forum on Sustainable Development (HLPF) in July. “

FP2P - Why is inequality so sticky? The political obstacles to a fairer economy

A Sumner; <https://frompoverty.oxfam.org.uk/why-is-inequality-so-sticky-the-political-obstacles-to-a-fairer-economy/>

“Theory tells us that democracies should become more equal. So why are they still so unequal? [Gideon Coolin](#), [Emanuele Sapienza](#), and [Andy Sumner](#) on their new UNDP paper that unpicks the politics of inequality.”

FT - Private equity targets India’s healthcare sector with record investments

<https://www.ft.com/content/335558f1-bdb3-4f38-ab31-2c447a9500c7>

“Increases in doctors’ bills, insurance and ‘lifestyle diseases’ are expected to boost hospital revenues.”

“... Private equity and venture capital investment in India’s health and pharmaceutical sector hit a record of about \$5.5bn in 2023, a 25 per cent jump on the previous year, according to a report published by Bain & Company on Thursday. Global private equity executives from firms including Bain Capital and Blackstone Group, as well as KKR co-founder Henry Kravis, have visited India in recent months, talking up its economic potential and pledging multibillion-dollar acquisitions.....”

Papers & reports

WHO Bulletin – June issue

<https://www.ncbi.nlm.nih.gov/pmc/issues/463492/>

Check out among others the two editorials.

- [Editorial – Global surveillance of emerging SARS-CoV-2 variants](#)

Mahmut Uludağ and colleagues present a database that tracks genetic mutations in SARS-CoV-2. e the **coronavirus disease 2019 (COVID-19) Virus Mutation Tracking platform**.

- Editorial - [Reimagining effective workplace support for health workers](#) (by Jenny JW Liu et al)

“We draw on lessons and insights from employee experience, resilience and organizational psychology, and leverage international perspectives on leadership and staff engagement to **propose four recommendations towards optimal support of the health workforce.....**”

SS&M (Supplement) - Gender, power, and health: Modifiable factors and opportunities for intervention

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/351/suppl/S1>

Start with the **Editorial - [Gender, power, and health: Modifiable factors and opportunities for intervention](#)** (by A Raj et al)

“**This collection offers approaches to reimagine and refine the the research agenda on gender as a determinant of health.** Methodological, conceptual, and practical challenges and opportunities in gender-related research reflect the multiple pathways through which gender influences health. Attending to complex issues of gender and power, and advancing education on gender-related concepts, can improve population health and address health inequities.....”

WHO Bulletin - Health system evaluation: new options, opportunities and limits

K Croke, E Basara & M Kruk; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.289712.pdf?sfvrsn=9584e012_3

One of a number of early online comparative papers in the Bulletin on health systems.

“... **In recent years, innovations in evaluation methods, approach and data have opened new possibilities for health system evaluation.** These innovations include **large-scale randomized health system trials, causal inference methods for better non-randomized inference and new technologies for data collection and analysis, including big data.** These applications, which have emerged from disparate academic disciplines and from practice, may not be fully appreciated by applied health systems researchers.....” This paper already sparked quite some methodological discussion on X.... (from the authors, Seye Abimbola, Joe Kutzin, Lucy Gilson & others)

WHO Bulletin - Analysis of health system characteristics needed before performance assessment

Ruth Waitzberg et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.291760.pdf?sfvrsn=d7e52211_3

“.... **Using a standardized guide or template when describing and assessing how a health system functions can support cross-country comparisons** because the structured nature of a template simplifies the extraction of comparable information. **Several international agencies, including the World Health Organization (WHO), the Organisation for Economic Cooperation and Development (OECD), the United States Agency for International Development, the European Union (EU) and the Commonwealth Fund have developed such templates.** We have reviewed **12 of these templates** (Waitzberg R, Berlin University of Technology, unpublished material, 2024) and believe that **there is much scope for improvement and harmonization...**”

WHO Bulletin - Policy questions as a guide for health systems' performance comparisons

Irene Papanicolas et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.291635.pdf?sfvrsn=c39a4f43_3

« **Researchers and policy-makers have long compared health system performance.** International comparisons raise awareness of health systems' relative strengths and shortcomings, prompting policy debates and informing policy decisions. **Yet determining how these international comparisons can be used to improve health system performance is challenging.** Health systems can differ in many ways, including how they are governed, how they are funded, how they generate and deploy resources, and how they deliver services. While the international health community widely agrees that these functions influence health system performance, understanding of how much they matter, which ones matter most and how they are affected by the context in which they operate remains limited. **To gain relevant and meaningful insights from health systems comparisons that offer lessons for policy, we must agree on how to compare health systems. In this article we argue that doing so requires collecting better, more granular data on a broad range of health system characteristics and using those data to choose the most appropriate health system comparators.....**”

WHO Bulletin - How health systems contribute to societal goals

Rachel Greenley et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.291809.pdf?sfvrsn=2aba041e_3

“**Traditionally, health system performance assessments have focused on evaluating the health system itself, with less concern about the broader impacts of improved population health beyond the sector.** However, in today's interconnected world, health is intricately linked with the environment, sociocultural dynamics, geopolitics and the economy, among others. These interconnections highlight **the need for health system performance assessments to recognize that achieving health goals can also contribute to broader societal objectives, including population well-being, economic development, environmental sustainability and social cohesion....**”

“**... In this article, we conceptualize societal well-being from the perspective of the health system's contribution to it.** We break down well-being into **three societal goals – social cohesion, environmental sustainability and economic development.** The health system contributes to these objectives through actions that primarily serve to achieve its own goals (Fig. 1) such as improving population health, equity, people-centredness or resilience. Therefore, achieving health system goals leads to considerable contributions to societal goals....”

SSM Health Systems - Actioning the Learning Health System: An applied framework for integrating research into health systems

R J Reid, J Lavis et al ; <https://www.sciencedirect.com/science/article/pii/S2949856224000035>

“Health systems across the world experience pervasive gaps in the speed with which high quality evidence is generated, implemented and refined. **A Learning Health System (LHS) approach** that blends research with health care operations is to eliminate or reduce delays. **This paper builds on**

existing LHS frameworks to deepen our practical understanding of the research-health systems operations interface and to provide actionable insights on how to realize a LHS in practice....”

New Journal – The Journal of Global Health Law

<https://www.elgaronline.com/view/journals/jghl/jghl-overview.xml>

Includes an [introduction of the inaugural issue](#).

- Among others, on a paper by Burci, [The COVID-19 pandemic and the development of global health law: managing crises or achieving structural changes?](#) : “ In his contribution, Gian Luca Burci takes the current negotiations at the WHO concerning the revision of the International Health Regulations and the Pandemic Accord as a starting point. In these processes, he sees two narratives in relation to global health law: a ‘crisis narrative’ with a historical focus on protecting colonial states rather than the international community from deadly disease outbreaks; and a ‘counter narrative’, analyzing the root causes of crises, relying on human rights and principles of justice and equity. What is needed, according to Burci, is an approach that can bridge the two narratives functioning as a catalyst of political will and sound public health management.”
- And another one: [‘Someone call a global health lawyer!’: global health law as an emerging community of practice](#)

Health Affairs - Spirituality As A Determinant Of Health: Emerging Policies, Practices, And Systems

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2023.01643>

By K N G Long et al.

Lancet Public Health – June issue

[https://www.thelancet.com/issue/S2468-2667\(24\)X0006-7](https://www.thelancet.com/issue/S2468-2667(24)X0006-7)

Editorial: [Rethinking information ecosystems and infodemics](#)

“.... This month a series of papers in *The Lancet Public Health* and *The Lancet Infectious Diseases* challenge the assumption that infodemic is a new phenomenon, review a century of previous infodemics associated with pandemics (smallpox, cholera, 1918 influenza, and HIV), and offer a framework for managing information ecosystems, beyond infodemics. How to best define, identify, and tackle infodemics?....”

Tweets (via X & Bluesky)

Sophie Harman

“Today Israel was elected to the Executive Board of @WHO. By the WHO's own records there have been 872 attacks on healthcare in Palestine since 7/10

<https://extranet.who.int/ssa/LeftMenu/Index.aspx#:~:text=Definition%3A%20WHO%20defines%20an%20attack,preventive%20health%20services%20during%20emergencies>. And 2 days after MSF published this <https://doctorswithoutborders.ca/strikes-raids-and-incursions-seven-months-of-relentless-attacks-on-healthcare-in-palestine/> A new low for global health & WHO.”

Andrew Harmer

“I find it incredible that Israel was put forward and is now an EB member. I understand the need for "a balanced distribution" but the General Committee must be out of its fucking mind. Does the charge of genocide mean nothing?”

James Love

Re the WHO Board https://apps.who.int/gb/gov/en/composition-of-the-board_en.html

“The link is for the composition of the @WHO Executive Board. 34 countries are represented. Always interesting and significant to see who is on the board. **Both North and South Korea are members.** “

Kamran Abbasi (BMJ editor-in-chief)

“Today, I'm **announcing our new Commission on the Future of Academic Medicine**. This will be a global commission overseen by our regional editorial boards aimed at reviving academic medicine and its role in improving the health and wellbeing outcomes of people and planet @bmj_latest.”

Dr Fafa A Rahman

“A lot of my white global health colleagues are now finally speaking up about Gaza. But I'd like you to ask yourselves: **why so late?** And how you can do better next time when people of colour are being killed by white/global north-predominant/colonial forces. We only progress as humanity when we acknowledge the prejudices and blind spots inside us.”

Tom Bollyky

“Approval of #IHR amendments was met w/well-earned cheers at #WHA77. Critical confidence boost for WHO & int'l cooperation pandemic prep. **But more to do. Amendments fall short on priorities such as info sharing, compliance, financing & unlikely to change use of trade & travel bans.**”

Suerie Moon (thread on X re IHR amendments deal)

“Congratulations to all negotiators and @WHO for reaching consensus on amending IHR #WHA77! IHR amendment is once-in-a-generation change in int'l rules governing disease outbreaks, 1st change in int'l law responding to devastating Covid-19 pandemic. **What's there? What's not?:**”

Key changes (1/2): +equity & solidarity as core principles; +WHO ability to share info early on outbreaks; +for 1st time, provisions to improve access to health products in emergencies and mobilize financing and improve how it is coordinated. **Key changes (2/2):** + accountability for adhering to IHR via Implementation Committee. +transparency re health products; +WHO central role in health emergencies ; +Declaration of pandemic emergency as higher level of alert than previous PHEIC.

“**Still missing (1/2):** -Targeted, comprehensive measures for access to health products. -Detailed provisions on R&D, production, technology transfer, transparency (in draft #PandemicAgreement) - IHR provisions quite general, some only apply during emergencies, not before.” **Still missing (2/2):** - Pathogen access & benefit-sharing (PABS); -One Health; -3 key issues (access, PABS, OneHealth) for #PandemicAgreement negotiations next year.”

And re **Politics:** « ☑**On one hand, concluding IHR can provide momentum, improve trust among countries, and let negotiators focus on #PandemicAgreement (PA); ☑On other hand, countries wanting IHR over PA now breathe easy.** Less pressure to finish PA ; -Big challenge for PA in next year.”

Jamie Uhrig

(re last week's **Lancet World Report on Women in Global Health**)

“It is difficult from reading this news article on @womeninGH to understand the **governance structure of the organisation** with 6,500 members in 50 chapters. But it appears that decisionmaking was centralised so chapter members wielded little power.”

Peter A Singer

“Would now be a **good time to thank @RoopaDhatt for 9 years of leadership and accomplishment in supporting women in global health?** Pls join me in thanking her if you think so. #WHA77.

Kerry Cullinan

“**The anti-@WHO , anti-#PandemicAgreement bus cruising #Geneva is sponsored by far-right Spanish hate group #CitizenGO (Hazte Oír) linked to far-right Vox party & gets \$ from Russian oligarchs.** Today #antivaxxers march thro' #Geneva to spread #disinformation.”

Ellen 't Hoen

“The most depressing sentence of today: **“increasingly contentious issue of sexual and reproductive health rights.”** #EB154.”

Africa CDC

“We are delighted to announce that @AfricaCDC and @Afreximbank have signed a **Memorandum of Understanding to implement the agenda of innovative health financing solutions across Africa**. Together, we aim to strengthen Africa’s #preparedness to #respond to disease threats and #outbreaks and advance development for a healthier future. #PoolProcurement #OneHealth”

Podcasts

Global Health Matters – 50 Years of developing global health leaders

<https://tdr.who.int/global-health-matters-podcast/50-years-of-developing-global-health-leaders>

Start of the 4th season of this podcast. “... Host [Garry Aslanyan](#) speaks with Wilfried Mutombo, the Head of Clinical Operations at the Drugs for Neglected Diseases initiative (DNDi) in the Democratic Republic of the Congo, as well as Yasmine Belkaid, President of the Institut Pasteur in France. As **this episode is produced in celebration of the 50th anniversary of TDR, the Special Programme for Research and Training in Tropical Diseases**, TDR Director John Reeder also joins this episode to reflect on the challenges and future frontiers of capacity development....”