IHP news 781: A random “poly-worrying” week

(14 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,

With #WHA77 behind us, it took just one analysis by D Fidler to feel somewhat less enthusiastic about the IHR Amendments deal (aka “victory of multilateralism”), together with some rather concerning election results in the EU. Certainly with difficult pandemic agreement negotiations still coming up (and another, ahum, ‘rather important’ election). While the rise of the far-right is certainly a major worry these days, the key danger in the EU (and many other HICs) remains the ongoing shift to more extreme (and selfish) views among the so called ‘centre-right’. Against that backdrop, I’m far less optimistic about the potential of the G7 Summit in Apulia, Italy (13-15 June) than Winnie Byanyima, who considers the event a ‘poly-opportunity’ (I like the term though). I’m afraid the current Italian leader is very much in sync with the ‘new mood’ on this continent. (no wonder she gets along with Ursula 😊)

In other news this week, we briefly come back on the GAVI Board meeting from last week (by the way, the launch of the GAVI replenishment in Paris later this month will take place against an “interesting” backdrop, as you no doubt have heard - and I’m not hinting at the upcoming Paris Olympics here 😋). But then again, nobody ever said the implosion of neoliberalism (including its neverending ‘trickle down’ & green growth lies) was going to be pretty. But let’s hope not just the far-right (plus the likes of Meloni) will profit from the ashes.

Meanwhile, we found hope in the power and voice of the vote of the everyman (perhaps ‘every person’) in the results of the recently concluded Indian elections. While Modi was sworn in as Prime Minister for a rare third term in office this past weekend, his party did not win by a majority – an unexpected outcome. The election results caught everyone by surprise, with the opposition gaining ground amidst reports of arrests of key opposition figures and freezing of bank accounts, not to mention the country going to polls amidst a heatwave.

And so, the 2024 elections in India have been heralded as one of the most significant since the country’s independence – in particular, the results of the elections which defied expectations and reaffirmed the existence of a functioning democracy. A demonstration and demand, if you will, of the will of people and the opportunity for a fair vote. For now, as the dust settles on the elections, we must wait and see how the new government addresses needs of people and what the next few years hold.

By the way, it’s always interesting to see how sections in this newsletter become more prominent (or fade away) over time. While over the past few years, both the ‘PPPR reform’ and ‘planetary health’ sections got a lot of content (and I don’t think that’ll change any time soon...), lately a ‘Global Health & Conflict/War’ section seems “back from never really having gone in the first place”... And in another dire sign of the times, what do you think of this title of a brand new paper, Sustaining
progress towards UHC amidst a full-scale war: learning from Ukraine ... (in HP&P)? Is this the new ‘Health for All’, rebranded for the year 2024?

In more uplifting news, we already flag here the Launch of the Joint Roadmap for Climate-Health Finance (by Development Banks) (on June 12), and next week’s (2nd) NCDs & mental health Global Financing dialogue, co-hosted by WHO & World Bank. We also pay attention to the second week in Bonn (mostly on climate financing discussions ahead of COP29 in Baku, in autumn). (My own “mental health” was slightly affected when I heard about Elon’s new $56 billion ‘pay deal’. #Sick) Do also check out a must-read Lancet Global Health July issue.

Finally, this week’s Featured article is the third one in our collaborative series with WHO & UNFPA SRHR-UHC. This one will zoom in on last mile distribution of contraceptives in Zambia. As a reminder: “The IHP newsletter will be publishing a selection of stories from the WHO & UNFPA SRHR-UHC Learning by Sharing Portal over the coming months. The stories showcase experiences of implementing policies and programmes relating to sexual and reproductive health and rights and universal health coverage in a range of countries and the lessons learned.”

Enjoy your reading.

The Editorial Team

**Featured Article**

**Bottleneck analysis for the last mile distribution of contraceptives in Zambia**

Joy Walubita, Options Consultancy Services Limited, Zambia

**60 SECOND SUMMARY**

In Zambia, a bottleneck analysis was conducted on contraceptive commodity distribution at the point where clients access the service, which identified gaps that caused frequent stockouts of family planning commodities. Using this information, the Ministry of Health developed an annual action plan for contraceptives to ensure distribution in the last mile. Interventions were rolled out; for example, the addition of vehicles to some provincial medicine hubs. The intervention has also catalysed policy reform – the Ministry is amending the National Drug Policy to address related emerging issues.

**SEXUAL AND REPRODUCTIVE HEALTH CHALLENGE**

Improving access to a range of contraceptive methods is critical to achieving Zambia’s national family planning goals. Zambia’s modern contraceptive prevalence rate (mCPR) is behind the Family Planning 2020 (FP2020) goal of 58%, and there has been limited progress in addressing teenage pregnancies and unmet needs. Sexual and Reproductive Health (SRH) strategies are framed within the National
Vision 2030, which recognizes Universal Health Coverage (UHC) as contributing to socio-economic growth.

The Zambia Reproductive Health Policy (2008), which is currently under review, is one of several policies that support the equitable provision of quality SRH services. However, last mile distribution from the central level warehouse to the service delivery points (SDPs) remains a key challenge in meeting SRH goals and advancing UHC.

**ZAMBIA’S SRH-UHC INTERVENTION**

According to the 2020 Service Delivery Point Reproductive Health Commodity Security Survey, frequent family planning commodity stockouts are reported in Zambia. Conducting a bottleneck analysis for contraceptive commodity distribution to the last mile, i.e., the point where clients access the service is an important accountability mechanism. As part of the United Kingdom (UK) Aid fund, Women Integrated Sexual Health (WISH) Program (2019-2021), the Government of Zambia received support from implementing partners such as Options Consultancy Services to monitor the sexual reproductive and family planning (SRH/FP) budget and track expenditure against SRH commodities.

In January 2021, the Directorate of Public Health at the Ministry of Health in Zambia worked with a core team, including:

- Certified Human Resources Executive (CHRE)
- Clinton Health Access Initiative (CHAI)
- John Snow Inc. (JSI),
- Members of the Accountability Mechanism on SRH/FP in Zambia, and
- Options Consultancy Services
- The Churches Health Association of Zambia (CHAZ),
- The Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM)
- The Planned Parenthood Association of Zambia (PPAZ)
- United Nations Population Fund (UNFPA)
- Zambia Medicines and Medical Supplies Agency (ZAMMSA)

The core team analyzed the flow of contraceptive commodities to SDPs. The core team used the 2020 Reproductive Health Commodity Security Survey and the WISH-led budget monitoring and expenditure tracking tool as reference documents. The comprehensive bottleneck analysis highlighted the gaps that caused frequent stockouts of family planning commodities and led to developing an annual action plan to ensure last mile distribution.

**SRH-UHC OUTCOMES**

**SUCCESS**

The bottleneck analysis provided valuable evidence to the Ministry of Health to address the challenges to the last mile distribution, i.e., to increase coverage of SRH services. The Permanent Secretary commented:

“I am delighted to commend this bottleneck analysis report to relevant stakeholders and am confident that the recommendations will be implemented by the Ministry of Health and its
stakeholders to achieve the desired reproductive health commodity security and ensure provision of quality reproductive health services to our population.”

Intra-governmental and non-governmental stakeholders are now working together to identify and address barriers to improve SRH outcomes - strengthening coordination and accountability between stakeholders.

As a result of the bottleneck analysis, the Ministry of Health has begun to roll out interventions such as providing additional support of three vehicles to three of the seven provincial medicine hubs located in Mansa, Kabompo, and Mpika to increase the efficiency of distribution to the last mile. This means that seven medical hubs can conduct last mile distribution. The Permanent Secretary advised the supply chain technical working group to form sub-committees. The sub-committees’ focus on information systems, storage and distribution, policy and guidelines have since been established. As a result, there is an increased focus on logistics data quality. The Information Systems sub-committee of the supply chain technical working group is working towards integrating service delivery statistics using the Smart Care system with logistics data using the electronic Logistics Management Information Systems.

The above will enable decision-makers to identify how supply chain performance affects service delivery and make a case for further improvements to last mile distribution. The intervention has also catalyzed policy reform. The Ministry of Health is amending the National Drug Policy (1999) to include emerging issues such as supporting the growth of domestic medicine manufacture. The Ministry has identified introducing a mentorship approach for staff on logistics management systems and long-acting contraceptives as priorities.

**CHALLENGES**

One of the challenges of conducting a bottleneck analysis and action plan is the lengthy processes to access service and logistics data and differing work plans and budgeting cycles among government and non-governmental stakeholders.

**LESSONS**

- Conducting a bottleneck analysis of the last mile distribution is an important mechanism of conducting regular supply chain performance reviews of SRH services such as family planning. Importantly, developing an action plan based on identified gaps is important to improve SRH service delivery and coverage. Institutionalization of these mechanisms is crucial for ongoing accountability and SRH service delivery.
- Multi-stakeholder partnerships continue to prove important for identifying SRH-UHC challenges and identifying solutions to address gaps, such as sub-committees tasked with improving information and data quality.
- The in-depth analysis of the last mile distribution has helped strengthen the national supply chain management. Some of the findings will be part of the input to the National Drug Policy review process in Zambia. Policies and legislation provide important strategic direction. There is a need for policies to be updated to provide guidance and reflect on current contextual challenges for SRH and UHC.

**Sources:**
(2) GRZ: Ministry of Health; Family Planning Costed Implementation Plan (2021-2026) (Unpublished draft).
(3) GRZ: Ministry of Health; Zambia Supply Chain Strategy (2019-2021)
(4) GRZ: Ministry of Health; Accountability Mechanism; Options Zambia: Budget Monitoring and Expenditure Tracking Tool (2019/2020).
(5) Ministry of Health; Accountability Mechanism; Options Zambia: Budget Monitoring and Expenditure Tracking Tool (2019/2020).

Highlights of the week

G7 Summit in Apulia, Italy (13-15 June)

Among others, some early news snippets, a ‘primer’ re the agenda (including on global health), and some advocacy.

Euractiv - Italy opposes reference to ‘safe and legal abortion’ in G7 draft communiqué


“Italy has worked to torpedo language on sexual and reproductive rights included in the G7 draft communiqué, Euractiv has learned.”

“... Ahead of Thursday’s summit, the US, Japan, France, and Germany had led efforts to include “safe and legal abortions” in the text but were pushed back by Italy, people with knowledge of the matter said. Last year’s Hiroshima statement called for a full commitment to achieving comprehensive sexual and reproductive health rights for all.....”

Global Health Governance project (primer) – G7 Summit Apulia

Global Governance Project:

The usual primer. With among others:

Global Governance Project - The poly-opportunity

W Byanyima; https://www.globalgovernanceproject.org/the-poly-opportunity/

Winnie Byanyima stresses G7 action on debt, tax and access to technologies can enable health security for all and show the world that multilateralism works.
“…. The health security of us all depends on cooperation for a restructuring of debt, progressive taxation and equitable access to health technologies.”

**G7 performance on health**

[https://www.globalgovernanceproject.org/g7-performance-on-health-6/helene-emorine/](https://www.globalgovernanceproject.org/g7-performance-on-health-6/helene-emorine/)

With among the key messages: “….. commitments made at the seven summits where there were pre-summit health ministerial meetings (2006, 2015, 2016, 2017, 2020, 2021, 2022, 2023) averaged 83% compliance, higher than the 76% average for health commitments made at summits without health ministerials. In 2020 G7 health ministers began meeting multiple times....” (so that seems good practice, having a G7 health ministers pre-meeting).

- I Kickbusch;  **Trust – the basis for health and democracy**

“…. Democracies need healthcare systems and public health institutions that inspire trust. ... Ministers of health, public health institutions and professionals need to consider the establishment of trust as a key public health goal and a central component of pandemic preparedness. Health systems must inspire trust – they are key for the two critical factors for the survival of democracies that Runciman has proposed: dignity and long-term benefits. If the G7 members are serious about democracy, they must urgently address the lack of trust as a risk factor for health. “

- John Kirton’s (upbeat) take on the agenda: [https://www.globalgovernanceproject.org/promising-prospects-for-the-g7s-apulia-summit/john-kirton/](https://www.globalgovernanceproject.org/promising-prospects-for-the-g7s-apulia-summit/john-kirton/). Can’t say I share his optimism on the G7 Club (see intro).

**Think 7 (Policy Brief) - One World, One Health. A Strategic Vision for a Resilient Global Health System**

S Vella et al; [https://think7.org/wp-content/uploads/2024/05/T7it_tf2_pb01.pdf](https://think7.org/wp-content/uploads/2024/05/T7it_tf2_pb01.pdf)

13p. *(recommended read, even if I can’t see this happen in my lifetime : )*)

“This Policy Brief .... outlines a collaborative framework among the G7 nations in collaboration with G20, alongside partnerships with pivotal global health entities such as the Global Fund, WHO, GAVI and Unitaid, aiming to significantly elevate health outcomes across the globe, with a particular focus on bolstering support for low- and middle-income countries. The strategy highlights several critical areas for action, including (1) fortifying the global health infrastructure, (2) enhancing pandemic preparedness through robust funding mechanisms, (3) tackling the growing threat of antimicrobial resistance, (4) promoting local manufacturing of health commodities in Africa to ensure self-reliance, (5) addressing the health implications of climate change, and (6) harnessing the potential of artificial intelligence in healthcare. The vision set forth in this document is to build resilient and adaptive health systems worldwide, capable of addressing current challenges and preparing for future health crises, thereby ensuring a healthier future for all.”
Oxfam - Less than 3% of G7 military spending could help end global hunger and solve Global South debt crisis


Oxfam advocacy ahead of the meeting. “With funds equivalent to just 2.9 percent ($35.7 billion) of their combined annual military spending, Group of Seven (G7) countries could help end world hunger and solve the debt crisis in the Global South, reveals new Oxfam analysis ahead of the G7 Summit in Borgo Egnazia, Italy. Eradicating world hunger in all its forms would require $31.7 billion more from donors, and Oxfam estimates that the G7’s fair share of debt relief efforts for the world’s poorest countries is equivalent to $4 billion, for a total of $35.7 billion....”

“....Oxfam’s analysis also shows that despite G7 countries owing low- and middle-income countries $15 trillion in unpaid aid and funding for climate action, they are demanding that Global South pay $291 million a day in debt repayments and interests..... Oxfam estimates that higher and fairer taxes on millionaires and billionaires in G7 countries could raise over $1 trillion a year. The G7 is home to 1,211 billionaires (about 45 percent of the world’s billionaires) with a combined wealth of $8 trillion. Their wealth has grown in real terms by 74 percent over the past decade. .....”

Devex - Opinion: 3 actions for the G7 on climate migration and informal settlements

Patrick Canagasingham (Habitat for Humanity International)
https://www.devex.com/news/sponsored/opinion-3-actions-for-the-g7-on-climate-migration-and-informal-settlements-107730

“As the G7 leaders meet this week, their words must be accompanied by a commitment to prioritize adequate housing and the upgrading of urban informal settlements, in light of their growing connection to climate migration.

“Slum blind: The overlooked links between climate migration and informal settlements.” Instead, we should be slum-aware.

Civil Society Organizations Launch “Principles for a Fair JETP” Framework Ahead of G7 Leaders Summit


“On Monday, 10 June, a coalition of Civil Society Organizations (CSOs) from South Africa, Indonesia, Vietnam, and Senegal presented the “Principles for a Fair Just Energy Transition Partnership (JETP)” during a virtual press conference launch ahead of the G7 Summit proceedings starting on June 13th. These guiding principles for global just transitions highlight the integral need for accountability, transparency, equity, and other principles in climate finance towards addressing the urgent climate crisis, from the perspective of the Global South communities and civil society in line to receive JETP finance.”
“... Collectively developed by 350africa.org, 350.org Indonesia, Trend Asia, Nu Climate Movement, Enviro Vito, Good Governance Africa, Lumiérê Synergie Développement (LSD) and Action Solidaire International (ASI), through sharing knowledge and experiences, these Global JETP Principles call for **climate justice** and affirm the aspirations of CSOs in recipient countries for enduring climate solutions. .... “

And a few links on more advocacy:

- Global Citizen & other organisations - [This Open Letter Is Calling on the G7 to Urgently Tackle the Climate Crisis, Extreme Poverty, and Global Hunger](#)
- Via Bond (UK network for orgs working in international development) - [G7 leaders urged to take bold action to address global crises](#)

**GAVI Board meeting (end of last week) & other GAVI news**

Gavi Board approves next five year strategy; outlines plans to support access to new vaccines, global health security, and sustainability

[https://www.gavi.org/news/media-room/gavi-board-approves-2030-strategy-new-vaccines-key-decisions-vaccine-sovereignty](https://www.gavi.org/news/media-room/gavi-board-approves-2030-strategy-new-vaccines-key-decisions-vaccine-sovereignty)

Press release from last week Friday, after the GAVI Board meeting.

“The Gavi Board today approved the Vaccine Alliance’s strategy for the five-year period running from 2026 to 2030. **African Vaccine Manufacturing Accelerator** and **Day Zero Financing Facility** parameters were also approved, along with expansion of Gavi’s **portfolio** to include tuberculosis, dengue fever, group B streptococcus, hepatitis-E, and mpox. The **impact of Gavi’s next strategic period**, along with the funding needs to achieve its objectives, will be announced in Paris on 20th June at the “Protecting Our Future: The Global Forum for Vaccine Sovereignty and Innovation”, co-hosted by the African Union, Government of France, and Gavi.”

**GAVI - Five things you need to know about Gavi’s new five-year strategy**


Recommended short read. “The Vaccine Alliance is setting out its most ambitious strategy yet.”

**Lancet World Report - African vaccine manufacturing scheme to boost production**


“Gavi is launching the African Vaccine Manufacturing Accelerator to promote domestic vaccine production. Udani Samarasekera reports.”
“The African Vaccine Manufacturing Accelerator (AVMA), a new US$1 billion innovative financing mechanism designed by Gavi, the Vaccine Alliance, launches on June 20, 2024, and offers manufacturers in Africa financial incentives to produce vaccines at scale. ... In December, 2023, Gavi’s board agreed $1 billion for AVMA over 10 years. The funds come from “unspent COVID-19 balances”, explained Kinder, referring to COVAX, the vaccines pillar of the Access to COVID-19 Tools Accelerator. In total, $1·8 billion was left over from COVAX and is now slated for projects on pandemic prevention, preparedness, and response. “Most of the money was provided to Gavi for that purpose, so it needs to be used for that purpose”, said Kinder. As well as AVMA’s money, around $500 million is going to the First Response Fund for advance purchases of vaccines for low-income countries in the next pandemic and roughly $300 million has gone to The Big Catch-Up campaign, immunising children who missed out on essential vaccines during the pandemic.”

“By co-designing AVMA with the Africa CDC, Gavi hopes to contribute to the African Union’s 2021 goal to locally manufacture 60% of the vaccine doses required on the continent by 2040. ...”

“... To shape the market, Gavi has chosen a subset of priority vaccines from its portfolio to receive higher subsidies. “We’ve highlighted the vaccines that Gavi thinks, over the course of the next 5–10 years, there’ll be a shortage in global markets and strong regional demand in Africa, so it makes sense for the manufacturers” to work on those, Kinder said. Eight priority vaccines have been selected: oral cholera, malaria, measles–rubella, hexavalent, yellow fever, pneumococcal, Ebola, and rotavirus....”

“Gavi is also trying to encourage manufacturing that will prepare Africa for the next pandemic. It has listed two priority vaccine platforms to receive the highest level of AVMA subsidies, those produced either on mRNA or viral vector so-called rapid-response platforms....”

PS: “.... While no cap exists, Gavi would consider AVMA a success if it supported at least four facilities over the course of a decade.....”

Gavi to boost access to life-saving human rabies vaccines in over 50 countries

“Gavi, the Vaccine Alliance, in collaboration with partners, has announced support for human rabies vaccines for post exposure prophylaxis (PEP) as part of routine immunisation. Eligible countries are receiving guidance on how to access these vaccines under Gavi’s cofinancing policy. The first round of applications will be accepted by mid-July 2024. Ninety-five percent of human rabies deaths occur in Africa and Asia, most often in marginalised communities that lack access to care. This development complements ongoing global efforts of the Zero by 30 campaign, led by United Against Rabies Forum including the Food and Agriculture Organization (FAO), the World Health Organisation (WHO), and the World Organisation for Animal Health (WOAH, formerly (OIE), with the goal of eliminating all dog-mediated human rabies deaths by 2030.....”

PS: “In more than 150 countries where dog rabies remains a serious public health problem, stocks of human rabies vaccines in public health systems are often extremely limited, especially in marginalised communities. Where human rabies vaccine is available through private facilities, the cost of PEP can impose a catastrophic financial burden on families and communities....”
Gavi announces launch of preventive Ebola, routine multivalent meningitis, human rabies, and hepatitis B birth dose vaccination programmes


(13 June) “In historic step, preventive Ebola vaccination to become norm in highest-risk countries. Gavi will also support lower-income countries for routine administration of human rabies vaccine for post-exposure prophylaxis, as well as multivalent meningococcal conjugate and hepatitis B birth dose vaccines…..”

PS: “….. The move was made possible by a decision by the World Health Organization’s Strategic Advisory Group of Experts on Immunization (SAGE) last month to officially recommend the use of the two licensed Ebola vaccines for preventive use in populations at high risk of being exposed to Ebola through their duties as frontline care providers and in response to outbreaks. The decision was based on new data on effectiveness, duration of protection and supply availability…..”

- Related: Reuters - High-risk health workers can get routine Ebola vaccine, says Gavi;

“A global stockpile of Ebola vaccines can be used to protect frontline health workers in high-risk countries routinely, rather than just as an emergency measure during outbreaks, international vaccine group Gavi said on Thursday. A stockpile of half-a-million Ebola vaccine doses was established by Gavi and other global health partners in 2019 for use in outbreaks of the haemorrhagic fever… But while highly deadly, outbreaks of Ebola are relatively rare. Around 208,000 doses of the stockpiled Ervebo vaccine, made by Merck, are set to expire this year if unused.”

“Some countries have already had doses shipped to them for preventative campaigns, including Democratic Republic of Congo and Uganda. Now Gavi says it will fund this use routinely for high-risk countries, including transport and vaccination costs, after the World Health Organization last month recommended using Ervebo in this way….”

- And Devex coverage - Gavi announces support for Ebola vaccines in most at risk countries

PS: “…Gavi said the continuation of all Gavi-supported programs after 2025 is contingent on successful fundraising for its next strategic period. Gavi will be launching its investment case for 2026-2030 next week, at a high-level meeting co-hosted by the government of France and the African Union.”

Virtual platform CGD - Shaping the Agenda of Gavi’s New CEO


“An expert series on priorities for Gavi’s future”.

“Gavi’s new CEO, Dr. Sania Nishtar, has taken the helm at a critical time. Gavi is embarking on its new five-year strategy, known as "Gavi 6.0," and preparing to launch its next replenishment campaign. To help shape the new CEO’s agenda, the Center for Global Development has curated a new virtual forum, inviting contributions from experts across governments, civil society
organizations, global health initiatives, humanitarian organizations, industry, and academia. This virtual forum highlights six core themes raised in our interviews with these experts and the key challenges and policy priorities that they see for Dr. Nishtar’s tenure: Eligibility and transition; Country-driven model; Other global health initiatives; New and better partnerships; Vaccine manufacturing and procurement; Upcoming replenishment.”

And a link:

- Africa CDC - Africa CDC committed to supporting the replenishment of Gavi funds in Paris (press release 9 June)

“.... In a show of commitment and support as the continent is the primary beneficiary of Gavi funds, Africa CDC and the African Union and African member states stand ready to fully support the 2024 replenishment event hosted by France in Paris on June 20th. .... This 2024 replenishment meeting will be unique, highlighting Gavi’s support for Africa’s crucial agenda of local manufacturing, as endorsed by African Heads of State under the Africa CDC’s Platform for Harmonized Health Manufacturing in Africa (PHAHM). Indeed, Gavi will unveil a groundbreaking US$1 billion commitment over ten years through a new initiative called the African Vaccine Manufacturing Accelerator (AVMA), aimed at bolstering African health security and sovereignty....”

“Additionally, Africa CDC will spearhead the Lusaka agenda to strengthen national leadership and partner coordination for effective implementation of the One Plan, One Budget, and One M&E Framework.....”

Global Health Governance & Financing

Devex - How a $300M global health partnership will work
https://www.devex.com/news/how-a-300m-global-health-partnership-will-work-107762

“The Gates Foundation, Wellcome, and Novo Nordisk foundation have teamed up to examine the interplay between climate change, malnutrition, and infectious diseases and antimicrobial resistance.”

“It’s a work in progress.” Among others with the view of Dr. Catherine Kyobutungi, executive director of the African Population and Health Research Center.

HPW - Should Global Health Initiatives Have a Termination Date?
https://healthpolicy-watch.news/should-global-health-initiatives-have-a-termination-date/

Coverage of a great session at the Graduate Institute during #WHA77. If you missed it, do read this short report.

“.... several experts on global health finance contend that large non-UN multilateral health organizations like Gavi and Global Fund need to gradually turn more of their functions to countries
– and devolve into less costly, more country-based institutions. The Geneva Graduate Institute hosted a frank conversation on the future of GHIs alongside the 77th World Health Assembly and Gavi and the Global Fund’s soon-to-be-launched “replenishment” campaigns. "GHIs have been accused of fragmenting global health efforts, challenging the authority of the World Health Organization (WHO) and privileging donor and private-sector interests while evading accountability.

"Quote: “Professor Justice Nonvignon, head of Health Economics Unit at Africa CDC and part of the University of Ghana’s Health Economics department. …... Nonvignon proposed sunsetting GHIs by 2030, because they have a “fundamental design flaw” in that they were established with no end date in mind. “We are beginning to see an increase in the desire of our member states [of Africa CDC] to invest money…we need to push countries to take more responsibility.” … African countries must “step up,” through regional groupings such as the African Union, he added. Putting the “onus” on countries themselves will help build global health independence – but countries need to domestically fund their own health efforts, said Mwangangi.”

The Independent Panel for PPR recommends Global Public Investment

“A couple of weeks ago (27 May), the Independent Panel for Pandemic Preparedness and Response (IPPPR) released a statement for the World Health Assembly, urging WHO Member States to dedicate more time to negotiating the pandemic agreement. In it, they call for a global public investment model to augment funding for PPR.”

So the GPI model is further catching on… (we hope).

Institute for Security Studies - Debt relief should be the African Union’s focus at the G20

https://issafrica.org/iss-today/debt-relief-should-be-the-african-union-s-focus-at-the-g20

“To succeed, all six of the AU’s G20 priorities depend on improving the fiscal health of indebted countries.”

“... The AU’s ascension to the G20 has created a pivotal moment for change. All six AU priorities for the coming three years depend on improving African states’ fiscal health. These include: fast-tracking Agenda 2063; advocating for international financial institutions’ reform; enhancing agricultural output; achieving a just energy transition; more trade and investment for rolling out the African Continental Free Trade Area; and improving Africa’s credit rating to boost investment in vaccine manufacturing and pandemic response.”

Development Today - Top donor Norway slashes support to the global health facility GFF


“After eight years of support for the Global Financing Facility (GFF), Norway announces it is cutting NOK 775 million in funding for this year and next. This has been “necessary to balance the budget,” and funds will not be re-channelled to other global health actors, the Foreign Ministry says.”
New resource on NCD Financing


Via the NCD Alliance: “In the lead-up to the Second Global Financing Dialogue on NCDs, the Global Alliance for Tobacco Control (GATC) and the NCD Alliance, developed the report Tracking NCD Funding Flows: Urgent Calls and Global Solutions with the aim of providing an overview of the current international funding flows, as tracked in the OECD Creditor Reporting System. Its detailed examination of financial trends and disparities aims to catalyse a concerted effort towards optimising resource allocation and enhancing public health outcomes. The report offers invaluable insights into existing gaps, critical needs, and opportunities for enhancing NCD investment tracking and transparency. .... “ The report was launched on 13 June.

- For a quick overview of the Findings, see NCD Alliance: More of the right investment needed to address NCD funding gap—report

“A new report finds—unsurprisingly—that current funding for prevention, treatment and management of noncommunicable diseases (NCDs) is grossly inadequate. But simply providing more money via the same channels is not the solution, it points out.”

“Just 1-2% of total development assistance for health (DAH) has been dedicated to NCDs over the past 20-30 years, more than half of it (55.6%) from private funding sources, finds the analysis, Tracking NCD funding flows: Urgent calls and global solutions. From 2018 to 2021 that figure might be as low as 0.8%, adds the report, led by the Global Alliance for Tobacco Control and supported by NCD Alliance.”

PS: “In 2022, the Lancet journal estimated that implementing the most cost-effective packages to address NCDs would cost an extra $18 billion per year over 2023-2030 in LMICs, but that many of them would struggle to raise money domestically and would need international assistance.”

“.... Analysing the Creditor Reporting System of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD), the authors found that direct development financing for NCD programmes rose from 0.06% of total development assistance in 2018 to 0.11% in 2021. That is equivalent to an average of $315 million annually. Meanwhile, funding flows to general health programmes, including infectious disease control, and to population policies/programmes, including reproductive health, made up 68.7% and 30.5% of total health-related development spending, found the report. That equals $105.3 billion and $46.8 billion respectively....”

Check out the four recommendations. “More ODA = NCD prevention; Mobilise resources domestically; More and better data; Countering commercial determinants of health.”

And a somewhat related link:

- NCD Alliance (policy brief) - UN Health4Life Fund: Everybody’s Business - A series on bold actions to close the NCD funding gap

“.... the UN Multi-Partner Trust Fund to Catalyze Country Action on NCDs and Mental Health, or Health4Life Fund (H4LF) was established by WHO, UNICEF, and UNDP in 2021....”
“...the H4LF will pool donor funding to provide “catalytic grants” to LMICs. These grants are intended to mobilize domestic funding, stimulate increased multi-stakeholder and cross-sectoral action, and improve policies and regulations around NCD prevention and control.”

Among the key messages: “Pooled funding mechanisms like the Health4Life Fund (H4LF) present an innovative opportunity to expand fiscal space for NCDs and mental health. The H4LF is country-led, providing a much-needed space for low- and middle-income countries to collaborate, innovate, and drive change in the health and development space.”

Oxfam & partners - Open statement: stop spending development funds on for-profit private healthcare providers


(6 June) “We, the undersigned, are calling for a stop to funding from Development Finance Institutions to private for-profit healthcare providers. Mounting evidence shows that this funding is going to expensive out-of-reach private hospitals and clinics in low- and middle-income countries that are widening healthcare inequalities, exacerbating poverty and gender-based discrimination and violating human rights. Far from advancing progress towards Universal Health Coverage as governments have committed, this form of development finance is undermining it.”

Devex - The foundation bringing in private sector finance to WHO


(gated) “Four years after its launch, the WHO Foundation has funneled $24 million to the World Health Organization. It aims to expand the donor base, reduce the administrative work, and align funding with WHO’s priorities.”

“....Anil Soni, the chief executive officer at the foundation, tells my colleague Sara Jerving that his goal is to engage in more “big bet philanthropy” and impact investing in the coming years, bringing more partners on board to tackle global challenges.”

“WHO has long struggled to secure flexible funding for its operations, which limits the agency’s ability to allocate resources to the most pressing global health priorities. While the private sector isn’t known for bringing in fully flexible funds — that’s the role country membership dues play — the WHO Foundation can work with philanthropic organizations, companies, and corporate foundations that might still want some control over where their money goes but are willing to align their giving with WHO’s activities.”

“The foundation also takes over the often time-consuming role of writing reports and maintaining donor relationships, freeing up WHO’s staff time to get back to the business of responding to global health needs. The agency must write more than 3,000 reports to donors each year.”
TGH - The Amendments to the International Health Regulations Are Not a Breakthrough

D Fidler; https://www.thinkglobalhealth.org/article/amendments-international-health-regulations-are-not-breakthrough

Must-read analysis from end of last week. “The major amendments misdiagnose problems that arose during COVID-19 and create processes that paper over disagreements.”

“The amendments have been hailed as a victory for multilateralism and global health. The amendments identified as the most significant, however, do not constitute game-changing reforms, especially concerning low-income countries' demands for equity and financial assistance, on which the negotiations reached, at best, a truce. Other changes, such as the power to declare a pandemic emergency, do not address problems that COVID-19 exposed or caused, which renders praise for them misplaced. Despite its flawed response to COVID-19, lack of global leadership during the pandemic’s first year, and embrace of vaccine nationalism, the United States emerges as a winner in the amendment process. …”

PS: “What WHO member states preserved in the IHR deserves as much praise as what they amended. …”

HPW - US Agencies Must Collaborate to Tackle One Health Challenges: Global Health Security Coordinator Stephanie Psaki


“Following the release of a revamped US global health security strategy, Health Policy Watch spoke with Stephanie Psaki, the inaugural US Coordinator for Global Health Security and Deputy Senior Director for Global health security and biodefense at the US National Security Council. In the context of the International Negotiating Body’s recent decision to conclude the Pandemic Agreement deliberations, where member states continue to forge a path towards agreement to strengthen pandemic prevention, the US issued its own vision for global health security and expanded its bilateral partnerships with countries across the world. Among the issues of discussion are a proposed new global system for pathogen access and benefits sharing (PABS) of crucial prophylactics like vaccines and treatments, pandemic prevention and One Health, and the financial coordination needed to scale up countries’ capacities to prepare for and respond to pandemics. …”

Among others, the interview zooms in on different criteria for the US to select partner countries for its GHS strategy.

Health Economics Policy & Law - Pandemic preparedness and response: a new mechanism for expanding access to essential countermeasures

N Hassoun, L Gostin et al; Health Economics Policy & Law;
“As the world comes together through the WHO design and consultation process on a new medical counter-measures platform, we propose an enhanced APT-A (Access to Pandemic Tools Accelerator) that builds on the previous architecture but includes two new pillars – one for economic assistance and another to combat structural inequalities for future pandemic preparedness and response. As part of the APT-A, and in light of the Independent Panel on Pandemic Preparation & Response’s call for an enhanced end-to-end platform for access to essential health technologies, we propose a new mechanism that we call the Pandemic Open Technology Access Accelerator (POTAX) that can be implemented through the medical countermeasures platform and the pandemic accord currently under negotiation through the World Health Assembly and supported by the High-Level Meeting review on Pandemic Prevention, Preparedness, and Response at the United Nations. This mechanism will provide (1) conditional financing for new vaccines and other essential health technologies requiring companies to vest licenses in POTAX and pool intellectual property and other data necessary to allow equitable access to the resulting technologies. It will also (2) support collective procurement as well as measures to ensure equitable distribution and uptake of these technologies.”

PS: small comment: anything that ends on -AX sounds slightly suspicious to us after the pandemic : )

Health Policy – The WHO Pandemic Agreement should be more specific about when and how to enable global access to technology

“The article considers synchronicity as a crucial component of health policymaking. An analysis of the Pandemic Agreement draft highlights opportunities and risks. The draft invokes ‘timeliness’ but leaves its definition open to interpretation. Global equity and solidarity can only be achieved through enabling synchronicity.”

Bird flu

Reuters - WHO says risk to public health from avian influenza A (H5N1) remains low

Reuters;

“The head of the World Health Organization (WHO) said on Wednesday that the risk to public health from the avian influenza A (H5N1) virus remained low despite its spread among dairy cattle in the United States.”

“Tedros Adhanom Ghebreyesus, WHO Director-General, said the virus had not shown signs of having acquired the ability to spread easily among humans, with 893 human cases reported since 2003. “That remains the case, which is why at this time, WHO continues to assess the risk to public health as low,” he said.”
HPW - WHO Calls for Intensified Surveillance of Animals as Avian Flu Spreads in US Cattle

https://healthpolicy-watch.news/who-calls-for-intensified-surveillance-of-animals/

“Global surveillance of influenza viruses in animals needs to be intensified to “rapidly detect any changes to the virus that could pose a greater threat to humans”, World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyessus told a media briefing on Wednesday....”

Reuters - EU to secure 40 million avian flu vaccines for 15 countries - officials

Reuters;

“The EU will sign a contract on Tuesday to secure over 40 million doses of a preventative avian flu vaccine for 15 countries with the first shipments heading to Finland, EU officials said on Monday. The deal secures up to 665,000 doses from vaccine manufacturer CSL Seqirus and includes an option for a further 40 million vaccines for a maximum of four years. The vaccines will be jointly procured by the Commission’s emergency health arm HERA and 15 countries in the EU and the European Economic Area. The doses are intended for those most exposed to the virus, such as poultry farm workers and veterinarians. The United States, Canada and Britain are also in the process of securing preventative vaccine doses.”

PS: “The Commission, through HERA, has already secured 111 million doses from GSK and Seqirus of pandemic influenza vaccines, which can be adapted to any prevailing flu strain.....”

Stat - Global health leader critiques ‘ineptitude’ of U.S. response to bird flu outbreak among cows


“Seth Berkley, a longtime and widely respected global health leader, said Thursday that it has been “shocking to watch the ineptitude” of the U.S. response to the avian influenza outbreak among dairy cattle, adding his voice to a chorus of critics. In a presentation in London about vaccine development, Berkley, the former CEO of Gavi, the Vaccine Alliance, raised the issue of H5N1 bird flu when discussing whether the world was ready for another pandemic following its experience with Covid-19....”

“.... in my home country of the United States, it’s been shocking to watch the ineptitude of just doing the surveillance, being able to talk about it, tracking the infections, understanding where we are. Do we have vaccines? Are they the right vaccines? It is really a challenge. So I’m not sure we have learned anything.”....”

Link:

- Stat News - Michigan stands out for its aggressive bird flu response. Will other states follow its lead?
AMR

Cidrap News - GARDP, Bugworks to collaborate on broad-spectrum antibiotic
https://www.cidrap.umn.edu/antimicrobial-stewardship/gardp-bugworks-collaborate-broad-spectrum-antibiotic

“The Global Antibiotic Research & Development Partnership (GARDP) today announced an agreement with Indian pharmaceutical company Bugworks Research Inc. to co-develop a new broad-spectrum antibiotic that targets some of the most difficult-to-treat bacterial pathogens.”

“Under the agreement, GARDP will provide Bugworks up to $20 million in financial and technical support to develop BWC0977, a compound that has demonstrated in vitro activity against World Health Organization critical priority pathogens, including carbapenem-resistant Acinetobacter baumannii and Klebsiella pneumoniae. In return, GARDP will acquire the manufacturing and commercialization rights for BWC0977 in 146 primarily low- and middle-income countries (LMICs).....”

Polio

Science News - Wild poliovirus spreads across Pakistan and Afghanistan
https://www.science.org/content/article/wild-poliovirus-spreads-across-pakistan-and-afghanistan

“Wastewater detections suggest 2024 target of ending all wild virus transmission will be missed.”

“The Global Polio Eradication Initiative (GPEI) has been struggling in Africa with large outbreaks spawned by the polio vaccine itself, which is made of live but weakened poliovirus. But the program at least had the wild virus on the run, driving down the cases it causes in its last strongholds, Pakistan and Afghanistan. Now, GPEI is facing a devastating setback on that front, too..... now, wastewater samples reveal the virus is back in Karachi and around Quetta and Peshawar, likely brought by people from those holdout districts.....”

UHC & PHC

Lancet Global Health (Comment) – Aligning meta-regression analyses of cost-effectiveness evidence to policy makers’ needs
Aligning meta-regression analyses of cost-effectiveness evidence to policy makers' needs (by Cassandra Nemzof)

Comment in the new July issue of the Lancet GH, linked to a new study.
“Striving for Universal Health Coverage (UHC) and the current global economic crisis means that many countries are having to prioritise funding for health. These challenging decisions need to be informed by evidence of what works and what is cost-effective. In *The Lancet Global Health*, Fiona Silke and colleagues report a new meta-regression analysis of cost-effectiveness evidence that will contribute to this effort. In their analysis, Silke and colleagues produced incremental cost-effectiveness ratios (ICERs) for 14 health interventions for HIV/AIDS, tuberculosis, malaria, and syphilis across 128 countries...” (i.e. for Global Fund-eligible countries).

Still many caveats, it appears.


Check out the findings.

**Montreux Collaborative Blog - The hidden toll of arrears on health financing and service delivery**


“Expenditure arrears, while receiving little attention, can be a sizeable form of deficit financing in many countries. This blog outlines the widespread and damaging effects of arrears on health service provision, and the need for greater attention to this issue. Strengthening attention to and management of arrears can enable governments to reduce disruptions in health financing and service delivery.”

**WB ‘Investing in Health’ blog - Hospitals matter: Building a better approach to health for all**


“.... While primary care serves as the bedrock of a robust health care system by supporting prevention, early diagnosis, and ongoing management of common and chronic conditions, hospital-based care plays a pivotal role in ensuring access to acute and operative care, specialized interventions, and advanced treatments, as well as in preparing for and responding to emergencies.”

“.... Hospitals—the services they provide, their infrastructure, expertise, and workforce—must be an integral part of a high-quality health system that addresses the health needs of the population. This requires a systems-based approach, placing primary health care and hospitals together within a broader health system framework. Building on earlier work on hospital governance and [leadership and management capacity](https://www.worldbank.org/en/news/feature/2019/01/25/2019-world-bank-report-on-hospitals-and-health-systems), a new [World Bank report on hospitals and health systems](https://www.worldbank.org/en/research/reports/2019/01/25/2019-world-bank-report-on-hospitals-and-health-systems) spotlights critical factors to jumpstart country-level conversations to facilitate this shift. More specifically, it emphasizes three key principles for building better systems:

- An unrelenting focus on patient-centered continuity of care
Adaptability to climate and other system shocks
A combination of leveraging proven strategies and innovating for the future

It then focuses on entry points for reform—efficiency, quality, and integration—as well as cross-cutting issues including governance, health care innovations, and systems resilience. With its focus on supporting country-based teams, each section includes a series of chapters with a mix of case studies and reviews of relevant elements of reform....”

Human Resources for Health

Lancet Offline – Japan’s hidden secret
R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01213-3/fulltext

“.... it was with some surprise that I listened to Dr Hajime Inoue, an Assistant Minister in Japan’s Ministry of Health, Labour, and Welfare, who was speaking at an event organised by the newly energised Alliance for Health Policy and Systems Research on the margins of this year’s World Health Assembly. He questioned several preconceptions about Japan’s remarkable success story. Japan has some of the best health outcomes in the world, he said. But the country has “weak institutions”. Here was the central paradox of Japan’s health system, Inoue argued. He went further. The country did not need scientists with PhDs to produce practice-changing research. Instead, Japan’s progress in health can be attributed to its public health nurses, who have the combined capacity to deliver care, conduct research, and change practice. Who are these public health nurses?...”

Access to medicines, vaccines & other health technologies

Wemos report - BioNTech Africa: in the region, but also for and by the region?

A case study with recommendations for sustainable regional production of health products.

“The BioNTech mRNA vaccine manufacturing facility in Rwanda contributes to greater access to mRNA vaccines in Africa in the short-term, but it lacks plans and commitments to enhance sovereignty and self-reliance of the continent in access to health products in the long-term. This is the main conclusion from a case study of the BioNTech Africa facility, conducted by four public health NGOs from Africa and Europe. Public funders of future initiatives for regional production must learn from this by attaching conditions to their financing that ensure local ownership of the development and manufacturing of health products. ....”

- Recording of related webinar – see YouTube: https://youtu.be/lVV7wCSo2vE (with also Petro Terblanche)
Devex - Inside CEPI’s efforts to bridge regional vaccine manufacturing efforts
(gated) “The Regionalized Vaccine Manufacturing Collaborative is becoming more formalized with a secretariat hosted by CEPI for at least three years.”

“... now CEPI is taking a stronger role in the effort, which engages public and private partners predominantly across Africa and Latin America. A small, new CEPI-hosted secretariat will consist of up to eight people, with plans to operate for at least three years.”

“The plan is to help support existing regional vaccine manufacturing initiatives, Sara explains, while also working to connect regions so they can share lessons and technical knowledge. Each region has something to offer: Latin America has the more established manufacturers, for instance, while Africa has a more clearly defined road map for regionalizing pharmaceutical production.

The secretariat will also work to encourage political and financial commitments, while helping to supply data and offer advice on how to build sustainable business models and markets.....”

Stat (Opinion) – Obesity drugs pose a big challenge for health care equity

“...Weight loss treatments have the potential to revolutionize health care in rich countries. They are =driving a race among drugmakers for a slice of a market that could exceed $100 billion by 2030. But little thought has apparently been given to helping people in low- and middle-income countries, where obesity rates are soaring despite poor nutrition. Without decisive action to develop fair access plans to these drugs for people living in poorer countries, there is a real danger that a significant medical advance will end up increasing inequality in health care. This is especially true if the rush to fund obesity research and development diverts research and development resources from other important unmet medical needs.”

“... Today, around 70% of all people with overweight or obesity live in low- and middle-income countries, where obesity rates are increasing faster than in rich nations due to lack of access to nutritious foods and increasingly sedentary lifestyles. .... .... Access to Medicine Foundation, the organization I lead, has spent nearly two decades monitoring the pharmaceutical industry’s role in global health and studying the barriers that make medicines unaffordable and unavailable. My colleagues and I have seen a raft of problems where the world’s poor have been left behind, from cancer treatments to Covid-19 vaccines. Today, the warning lights are flashing on weight-loss treatments. .... Companies reaping huge commercial benefits from the new GLP-1 so-called wonder drugs need to take responsibility for the impact of their innovations. Drug manufacturers must include better and earlier access planning to ensure that people in resource-poor countries are not left at the back of the queue.....”

Lancet Global Health with focus on global access to opioids
• Lancet GH Editorial: Balancing global access to opioids
“In this issue of The Lancet Global Health, Yacine Hadjiat and colleagues use data from the International Narcotics Control Board to estimate opioid consumption trends across all African countries. Their findings show a consistently low level of opioid use from 2001–03 to 2019–21, decreasing from 73 (95% CI 69–77) to 55 (32–79) defined daily doses per million inhabitants per day during this timeframe. Notably, Hadjiat and colleagues found that opioid use is strongly tied to country-level income and that French-speaking African countries showed lower opioid use than the rest of the continent, suggesting a need to research cultural, political, and social factors behind these findings. Despite this stagnation in access to opioid medicines, the prevalence of conditions which often require palliative care and pain management has continued to increase in Africa.....”

“..... What can be done? The Lancet Commission recommended the Essential Package—an affordable approach to opioid-based treatments for universal accessibility, in a primary care setting, using off-patent formulations rather than expensive opioids, which might lessen misuse and profit-driven motives. Addressing opiophobia (fear or avoidance of prescribing or using opioids due to misconceptions or misinformation) should include the implementation of comprehensive training programmes for health-care staff. Programmes might involve multidisciplinary teams and include basic palliative care in medical and nursing curricula, also recognising the role of community health workers and caregivers. Furthermore, it is crucial to establish effective legal and regulatory guidelines for the safe management of opioids, ensuring they do not create excessive restrictions and minimising the risk of access to non-medical use of opioid analgesics. Pain management and palliative care are key elements of universal health coverage and a human right. There is an urgent need for joined-up thinking to address both opioid misuse and the underprovision of these essential medications.....”

• For the Lancet GH study: Analysis of opioid analgesics consumption in Africa: a longitudinal study from a 20-year continental perspective (By Y Hadjiat et al )

• Related Lancet GH Comment – Analysis of opioid analgesic consumption in Africa (By E Namisango & K Pettus)

“.... The analysis in the study by Yacine Hadjiat and colleagues of persistently low and stagnant medical consumption trends of opioids in Africa adds to the literature by revealing disparities between anglophone and francophone countries on the continent. Although the study did not identify the cause of these disparities in opioid availability, it does list low resources and inflated prices, inadequate workforce training, awareness of the benefits of opioid therapy, fear of addiction, and sourcing issues as major barriers to “adequate” consumption as defined by the International Narcotics Control Board.....”

• And perhaps also a JAMA Editorial - Costs and Essential Drug Access—The Case of Naloxone (re the US – related to a new JAMA study).

“Persistent gaps in naloxone access illustrate how dysfunction in the pharmaceutical market hampers crisis response. Naloxone is remarkably safe and effective in the reversal of opioid overdose. This cheap, off-patent compound has been the mainstay of overdose prevention efforts by grassroots harm reductionists for more than 2 decades. But as the evidence base supporting scale-up in naloxone distribution has grown, so have barriers to population-level access. Cost is one such barrier. In their timely study published in this issue of JAMA, Chua and colleagues
demonstrate that increases in cost sharing for naloxone prescriptions were associated with significant decreased odds of prescriptions being filled....”

Bonn conference with focus on climate finance (2nd week)

So far, discussions weren’t very successful, it appears.

Climate Home News - Bonn bulletin: Crunch time for climate finance

https://www.climatechangenews.com/2024/06/10/bonn-bulletin-crunch-time-for-climate-finance/

Published on Monday, at the start of this (second) week in Bonn. “Negotiators take on tricky topics in a slimmed-down finance text as UN climate chief calls for country transparency reports to shed light on NDC progress.”

“... With the agenda adopted last Monday, negotiators on the post-2025 finance goal – known as the New Collective Quantified Goal (NCQG) – started exchanging opinions on a 63-page draft text. At this early stage – with the NCQG due to be agreed at COP29 in Baku in November – many countries are keeping suggestions on specific figures close to their chest, particularly as the UN is due to release a needs determination report in October which will offer guidance.....”

2 big discussions so far: (1) “... the Arab Group has put forward a figure of $1.1 trillion a year from 2025 to 2029. Of this, $441 billion should be public grants and the rest should be money mobilised from other sources, including loans offered at rates cheaper than the market. The group, backed on this by the G77+China, has even suggested how developed countries could raise that sum – through a 5% sales tax on developed countries’ fashion, tech and arms companies – plus a financial transaction tax...... (see also below)

“But developed countries insist they can’t stump up all the money and are asking for help. The EU’s negotiator said the NCQG should be a “global effort” while Canada’s said it should come from a “broad set of contributors”. In other words, wealthier and more polluting developing nations like the Gulf nations should also play their part.” “....But developing countries remain, at least publicly, united against these attempts to differentiate between them. They say developed countries have the money – it’s just a question of whether they have the “political will to prioritise climate change”....”

(2) “The other emerging divide is whether to include a sub-target for loss and damage in the NCQG. Developing countries want this but developed countries are opposed.....”

Climate Home News - Bonn bulletin: Fossil fuel transition left homeless


Update from Wednesday morning. “Countries clash over where to negotiate the shift away from dirty energy agreed at COP28, while talks on a new climate finance goal make little progress.”
“….It’s been less than six months since countries struck a historic deal to “transition away from fossil fuels” after bitter fights and sleepless nights at COP28. But, in Bonn right now, discussions on what to do next about the biggest culprit of climate change seem to have largely disappeared from the agenda…."

Climate Change News - Bonn talks on climate finance goal end in stalemate on numbers
https://www.climatechangenews.com/2024/06/11/bonn-talks-on-climate-finance-goal-end-in-stalemate-on-numbers/

Update as of Thursday morning. “Negotiations failed to progress as rich countries refused to discuss a dollar amount for the new goal due to be agreed at COP29.”

- Related - Climate Change News - Developing countries suggest rich nations tax arms, fashion and tech firms for climate. (from end of last week) “At Bonn talks, G77 group floats a 5% sales tax on tech, fashion and defence firms to fund green spending in the Global South.”

Carbon Brief - Interview: China’s position on ‘international climate finance’ ahead of COP29
Carbon Brief;

In case you want to know a bit more about China’s stance in this regard. “…. Carbon Brief has interviewed Li Shuo, head of the China climate hub at the Asia Society Policy Institute (ASPI), on the prospects for China’s climate contribution. Through talking to various climate experts, including Chinese government officials and consultants, Li examines the motives behind China’s current policy and strategy.....”

ODI (Expert Comment) - What is the New Collective Quantified Goal?

“In 2009, developed countries agreed to collectively mobilize $100 billion per year by 2020 for climate action in developing countries. A successor climate finance goal is set to be formalized at COP29 in Baku. The New Collective Quantified Goal (NCQG) is to be set from a floor of $100 billion, taking into account the needs and priorities of developing countries. If done well, the new goal could mitigate some of the issues that underpinned the $100 billion goal, that developed countries failed to meet in 2020 and 2021.”

“…. there are still plenty of elements of the NCQG to settle before the goal is formalized later this year, like: The timeframe of the goal; Its target figure, or ‘quantum’; The structure of the goal; The sources of finance; Tracking and evaluation; Qualitative considerations....”
Other Planetary Health News

Development Banks’ Joint Roadmap for Climate-Health Finance and Action


Was launched on Wednesday. “This Roadmap was prepared by a group of multilateral development banks (MDBs) and public development banks (PDBs), collectively known as the “Development Bank Working Group for Climate-Health Finance....”

“The roadmap outlines a common, strategic approach to urgently raise, prioritize, and drive climate and health commitments to finance a people-centered approach for climate and health action.” Check out what the (6-pronged) joint approach will involve.

And cfr tweet: Development Bank Working Group for Climate-Health Finance will boost investments in: ‘climate-proofing’ health facilities; strengthening surveillance & early warning systems; enhancing access to quality, climate-resilient health services.’

Transcript Keynote Professor Johan Rockström, Berlin Aviation Summit, 4 June 2024


A summary of the latest scientific data and assessments of rising Earth risks. 7 dire pages.

Guardian - Russia’s war with Ukraine accelerating global climate emergency, report shows


“Most comprehensive analysis ever of conflict-driven climate impacts shows emissions greater than those generated by 175 countries in a year.”

“The climate cost of the first two years of Russia’s war on Ukraine was greater than the annual greenhouse gas emissions generated individually by 175 countries, exacerbating the global climate emergency in addition to the mounting death toll and widespread destruction, research reveals. Russia’s invasion has generated at least 175m tonnes of carbon dioxide equivalent (tCO2e), amid a surge in emissions from direct warfare, landscape fires, rerouted flights, forced migration and leaks caused by military attacks on fossil fuel infrastructure – as well as the future carbon cost of reconstruction, according to the most comprehensive analysis ever of conflict-driven climate impacts. .... according to the new report by the Initiative on Greenhouse Gas Accounting of War (IGGAW) – a research collective partly funded by the German and Swedish governments, and the European Climate Foundation – the Russian Federation faces a $32bn (£25bn) climate reparations bill from its first 24 months of war.”
PS: “..... One recent study found that militaries account for almost 5.5% of global greenhouse gas emissions annually – more than the aviation and shipping industries combined. This makes the global military carbon footprint – even without factoring in conflict-related emission surges – larger than that of all countries except the US, China and India.....”

Global Health & conflict/war ( & genocide)

HPW – WHO Urges Global Attention for Sudan
https://healthpolicy-watch.news/who-calls-for-intensified-surveillance-of-animals/

On Wednesday’s mediabriefing by the WHO. Tedros also focused on Gaza in this briefing by the way.

“Tedros also urged the media to ensure that the humanitarian crisis in Sudan, one of the worst in the world, was not forgotten.”

Guardian - Deaths from global conflicts hit 30-year high since 2021, study finds

“Deaths from civil conflicts and battles across the world over the past three years have risen to the highest level in three decades, according to a new report. Research by the Peace Research Institute Oslo (Prio) showed that while the number of battlefield deaths fell compared with the previous two years, since 2021 the overall number of conflict-related deaths, including civilians, has risen to the highest level in 30 years. ..... This increase in battlefield deaths over the past three years has been driven by the civil war in Ethiopia’s Tigray region, the Russian invasion of Ukraine, and the Israeli bombing of Gaza....”

“The research also showed that the scale of global conflict has also substantially increased, with 59 different conflict zones recorded in 34 countries as several states deal with multiple conflicts simultaneously....”

Guardian - ‘Unprecedented scale’ of violations against children in Gaza, West Bank and Israel, UN report says

“More grave violations against children were committed in Gaza, the West Bank and Israel than anywhere else in the world last year, according to a UN report due to be published this week. The report on children and armed conflict, which has been seen by the Guardian, verified more cases of war crimes against children in the occupied territories and Israel than anywhere else, including the Democratic Republic of Congo, Myanmar, Somalia, Nigeria and Sudan.”
“... The annual assessment – due to be presented to the UN general assembly later this week by the secretary general, António Guterres – lists Israel for the first time in an annex of state offenders responsible for violations of children’s rights, triggering outrage from the Israeli government....”

HHR - Drone Attacks on Health in 2023: International Humanitarian Law and the Right to Health


“In May, the Safeguarding Health in Conflict Coalition (SHCC) and Insecurity Insight issued their 2023 report on attacks on health. The report identifies 2,562 incidents of violence against or obstruction of health care in conflicts in 2023, a 25% increase from 2022, and the highest ever since the coalition began reporting on attacks in 2014. The incidents documented—arrests, kidnappings, and killings of health workers, damage to or destruction of health facilities, and targeting of ambulances—occurred in 30 countries or territories, with the most intense violence occurring in conflicts in Gaza, Sudan, Myanmar, Ukraine, and Haiti. Countries in the Sahel region of Africa also experienced ongoing attacks and insecurity.”

“... .... As drones are increasingly used in conflict globally, they are increasingly being used to target health facilities. The 2023 SHCC report documents and describes drone attacks in eight countries: Burkina Faso, Ethiopia, Myanmar, the Occupied Palestinian Territory, Sudan, Syria, Ukraine, and Yemen.....”

PHM - The Palestinian health system targeted by Israel, but crucial part of the resistance against genocide

https://phmovement.org/palestinian-health-system-targetted-israel-crucial-part-resistance-against-genocide

Statement in Solidarity with Palestinian Health Workers in Gaza and the West Bank.

Guardian - Guterres warns humanity on 'knife’s edge' as AI raises nuclear war threat

https://www.theguardian.com/world/article/2024/jun/07/ai-nuclear-war-threat-un-secretary-general

“UN secretary general makes plea for nuclear states to agree on mutual pledge not to be first to use nuclear weapons.”

“The UN secretary general, António Guterres, has warned that the spread of artificial intelligence technology multiplies the threat of nuclear war, and that humanity is now “on a knife’s edge” as dangers to its existence coalesce. Guterres’s warning is due to be shown on a recorded video to be played on Friday morning at the annual meeting of the US Arms Control Association (ACA) in Washington......” “In the video, the secretary general makes his most impassioned plea to date for the nuclear weapons states to take their non-proliferation
obligations seriously, and in particular, agree on a mutual pledge not to be the first to use nuclear weapons.”

Migration & health

Guardian - Conflicts drive number of forcibly displaced people to record high

“ The latest annual assessment from the United Nations high commissioner for refugees (UNHCR) said a sharp rise in the number of people forcibly displaced during 2023 had brought the total to a record high of more than 117 million. Conflicts were largely to blame with many, such as those in Ukraine and Sudan, showing little sign of ending.”

“Widespread violence meant that the 8.8 million people forcibly displaced in 2023 – nearly the same as the UK capital’s population – eclipsed the previous record, set the year before, after a series of year-on-year increases over the past 12 years. In total, 1.5% of the world’s population is now forcibly displaced – nearly double the proportion of a decade ago…..”

Devex - New partner initiative launched to protect refugee children’s health

“As global displacement rates reach historic levels, countries are struggling to meet the health needs of displaced populations. UN Foundation’s Margaret McDonnell explains how a new initiative will strengthen health care access for refugee children.”

“.... the UN Foundation’s Shot@Life and United to Beat Malaria campaigns have joined forces to create Healthy Start for Refugee Children. The initiative aims to strengthen access to quality health care for refugee children in East Africa – specifically, Uganda, South Sudan, and Ethiopia – where the needs are acute yet often overlooked.”

“The goal, said Margaret McDonnell, executive director of United to Beat Malaria, is to ensure at least 1 million additional children will be provided essential health care services, including immunizations, malaria prevention and management, and nutritional support. Further, the initiative will work with the UN Refugee Agency, or UNHCR, to provide support to community health workers and strengthen health systems for refugees and host communities.....”

- Link: Science Editorial - Scientists in exile Also related to World Refugee Day (20 June).
Commercial Determinants of Health

HPW - Tobacco, Junk Food, Fossil Fuel and Alcohol Industries Drive ‘Millions of Deaths’


“Just four industries – tobacco, ultra-processed foods (UPFs), fossil fuels, and alcohol – cause over a third of all deaths globally each year, according to a new report from the World Health Organization’s (WHO) Regional Office for Europe....”

- Related coverage via the Guardian – Tobacco, alcohol, processed foods and fossil fuels ‘kill 2.7m a year in Europe’

“.... World Health Organization report calls on governments to impose tougher regulation of health-harming products.”

“.... The UN health agency’s findings amount to an unprecedented attack on the huge damage major corporations and their products are inflicting on human health. The report describes how “big industry” uses overt and covert methods to boost their profits by delaying and derailing policies to improve population health.... “A small number of transnational corporations ... wield significant power over the political and legal contexts in which they operate, and obstruct public interest regulations which could impact their profit margins,” the WHO said.”

“... Launching the report, Frank Vandenbroucke, the Belgian deputy prime minister, said: “For too long we have considered risk factors as being mostly linked to individual choices. We need to reframe the problem as a systemic problem, where policy has to counter ‘hyper-consumption environments’, restrict marketing, and stop interference in policymaking.”

- See press release WHO Euro - Just four industries cause 2.7 million deaths in the European Region every year.

- Study - Commercial Determinants of Noncommunicable Diseases in the WHO European Region

TGH – Confronting Big Alcohol’s Sponsorship of Pride Parades

P L Turconi (O’Neill institute); https://www.thinkglobalhealth.org/article/confronting-big-alcohols-sponsorship-pride-parades

“This Pride season, it is essential to consider the health impacts of Big Alcohol’s sponsorship of parades.” Informative blog.
Agriculture & human values - The rise of multi-stakeholderism, the power of ultra-processed food corporations, and the implications for global food governance: a network analysis
S Slater et al;  https://link.springer.com/article/10.1007/s10460-024-10593-0

Findings: “.... Executives from a small number of corporations, especially Unilever (n = 20), Nestlé (n = 17), PepsiCo Inc (n = 14), and The Coca-Cola Company (n = 13) held the most board seat positions, indicating centrality to the network. Board seats of these MIs are dominated by executives from transnational corporations (n = 431, or 71.7%), high-income countries (n = 495, or 82.4%), and four countries (United States, Switzerland, United Kingdom, and the Netherlands) (n = 350, or 58.2%) in particular. This study shows that MIs involving the UPF industry privilege the interests of corporations located near exclusively in the Global North, draw legitimacy through affiliations with multi-lateral agencies, civil society groups and research institutions, and represent diverse corporate interests involved in UPF supply chains. Corporate-anchored multi-stakeholderism, as a form of GFG governance, raises challenges for achieving food systems transformation, including the control and reduction of UPFs in human diets.”

Guardian - ‘The big story of the 21st century’: is this the most shocking documentary of the year?
https://www.theguardian.com/film/article/2024/jun/12/the-grab-documentary-review

“Six years in the making, jaw-dropping new film The Grab shows a secret scramble by governments and private firms to buy up global resources.” “The Grab, a riveting new documentary which outlines, with startling clarity, the move by national governments, financial investors and private security forces to snap up food and water resources.”

Cfr tweet Bill McGuire: “....A devastating new film about BIG FOOD and the takeover of global food and water resources by corporations and national governments.”

Some reports & other publications

UN Flagship Report On Disability And Development 2024

“The Report .... provides an updated comprehensive analysis to address the needs of the international community to achieve the Sustainable Development Goals for persons with disabilities. It presents the most recent global analysis based on an unprecedented amount of data, legislation and policies from all countries to understand the socio-economic circumstances of persons with disabilities worldwide and the challenges and barriers they face in their daily lives, including the exacerbated impacts due to the COVID-19 pandemic.”

Among the key findings: “....Six years away from the deadline for the 2030 Agenda, the Disability and Development Report 2024 shows that persons with disabilities are being left behind. Progress for persons with disabilities on 30 per cent of targets of the SDGs is insufficient; on 14 per cent, the
target has been missed or progress has stalled or gone into reverse. These include targets on access to financial resources, health care, water and ICT as well as on building resilience of persons with disabilities during disasters and other emergencies. A mere 5 indicators are on track, i.e., with progress consistent with achieving their respective targets for persons with disabilities by 2030 – these include remarkable progress in education laws on equal access, disaster early warnings in accessible formats, online services for persons with disabilities, government ministries accessible for persons with disabilities and monitoring of bilateral aid dedicated to disability inclusion....”

Global health events

Coming up: MethodsNET Launch Events

Methodsnet:

Stay tuned for “.... three MethodsNET launch events from 30 October to 2 November 2024, at UCLouvain, Louvain La Neuve, Belgium, as we scale up into a global membership-based association....”

“The MethodsNET Conference, Workshops and Community of Practice are dedicated to advancing methodologies across the social, behavioral, and human sciences, encompassing quantitative, qualitative, critical, interpretivist, and mixed-method approaches.....”

Global health governance & Governance of Health

Oxford Review of Economic Policy -The new world order and the Global South

Oliver Stuenkel; https://academic.oup.com/oxrep/article/40/2/396/7691467?login=false

“The shift of power away from the West is often seen as a key element of the crisis of liberal international order. The reluctance by most non-Western powers to side with the West vis-à-vis Russia’s invasion of Ukraine has contributed to the notion that the emerging order will be shaped by a contested system of spheres of influence, geopolitical tensions, and a much smaller common denominator vis-à-vis the normative elements of global order. Yet views across the Global South vis-à-vis the liberal order are far more nuanced, and pointing to non-Western powers as a culprit for the crisis of global order would be simplistic. Indeed, many countries in the Global South tend to be less opposed to the values themselves that undergird liberal order but question the Western-centric ways in which the rules and norms are applied and the in-built hierarchies and inequalities of liberal order. The main challenge of existing structures of global governance thus does not seem to be non-Western countries’ rejection of the underlying rules, but the question of whether today’s system is capable of functioning in a genuinely multipolar order, where power and privilege are less concentrated than in the past....”

Devex - The Netherlands is cutting billions from aid. What happens next?

“The world’s seventh-largest donor is set to slip back, but there is also a plan to cap in-donor refugee costs.”

“A new right-wing coalition agreement, published last month, revealed plans to cut official development assistance, or ODA, by €300 million (around $326 million) in 2025, €500 million in 2026, and €2.4 billion annually from 2027. Last year, the Netherlands was the world’s seventh-biggest donor, both in absolute amounts ($7.4 billion) and as a percentage of gross national income. But the changes would see ODA as a percentage of GNI drop from 0.66% in 2023 to approximately 0.46% in 2027.”

“.... Areas of giving are set to change too. Aid has traditionally focused on food security, water management, sexual and reproductive health and rights, security, and the rule of law. But the new government will now add migration to its list of priorities, with an emphasis on keeping refugees in their regions of origin. Meanwhile, conservative parties have made arguments against continuing to focus on sexual health and rights, concerned about imposing Dutch liberal sexual values on other cultures.....”

Devex - US lawmaker presses USAID chief on health supply chain localization

“A $17 billion suite of global health contracts is a chance for USAID to shift more money and power to local organizations, U.S. Sen. Ben Cardin wrote in a letter to USAID Administrator Samantha Power.”

KFF – Key Global Health Positions and Officials in the U.S. Government

As of 7 June.

Global health financing

Check out a number of WHO policy briefs on long-term care financing (with focus on LMICs).


https://iris.who.int/handle/10665/376277.

https://iris.who.int/handle/10665/376615.

https://iris.who.int/handle/10665/376619.

https://iris.who.int/handle/10665/376911.

https://iris.who.int/handle/10665/376937.

**UHC & PHC**

HP&P - Sustaining progress towards universal health coverage amidst a full-scale war: learning from Ukraine


By J Habicht, J Kutzin et al.

BMJ GH - Understanding the extent of economic evidence usage for informing policy decisions in the context of India’s national health insurance scheme: Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY)

Deepshikha Sharma et al;  https://gh.bmj.com/content/9/6/e015079

“Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) is one of the world’s largest tax-funded insurance schemes. The present study was conducted to understand the decision-making process around the evolution (and revision) of health benefit packages (HBPs) and reimbursement rates within PM-JAY, with a specific focus on assessing the extent of use of economic evidence and role of various stakeholders in shaping these policy decisions.....”
Health Policy - Enforcing the right to health in private health systems through Judicialization what can we learn from the scoping review of the cross-national perspective?


By Evandro Antonio Sbalcheiro Mariot et al.

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

KFF - House Appropriations Committee Approves the FY 2025 State and Foreign Operations (SFOPs) Appropriations Bill


Includes: “..... a provision stating that if the U.S. agrees to the pandemic treaty at the World Health Assembly, none of the global health security funding may be obligated until the treaty is submitted to and approved by the Senate (see the KFF brief on the Pandemic Treaty). “

WHO Bulletin - Pandemic preparedness and health system resilience in 14 European countries

Kaitlyn Hall Radford et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.290509.pdf?sfvrsn=c29a677_3

Aim: “To assess national pandemic preparedness and response plans from a health-system perspective to determine the extent to which implementation strategies that support health-system performance have been included.”

BMJ GH - Urgent support mechanism: saving millions of COVID-19 vaccines from expiry in Africa

M P Fallah et al; https://gh.bmj.com/content/9/6/e015181

“Delivering COVID-19 vaccines with 4–6 weeks shelf life remains one of Africa’s most pressing challenges. The Africa Centres for Disease Control and Prevention (Africa CDC) leadership recognised that COVID-19 vaccines donated to many African countries were at risk of expiry considering the short shelf life on delivery in the Member States and slow vaccine uptake rates. Thus, a streamlined rapid response system, the urgent support mechanism, was developed to assist countries accelerate COVID-19 vaccine uptake. We describe the achievements and lessons learnt during implementation of the urgent support mechanism in eight African countries.....”
Science (News) - House Republicans fault NIH for evasive answers on risky monkeypox virus study

https://www.science.org/content/article/house-republicans-fault-nih-for-evasive-answers-on-risky-monkeypox-virus-study

“Committee report says new rules for gain-of-function studies are inadequate.”

“Republican lawmakers are again raking the National Institutes of Health (NIH) over the coals for lax oversight of potentially dangerous pathogen experiments. In a report today, members of the House Committee on Energy and Commerce accuse NIH of obstructing an investigation of a proposed research project on monkeypox virus at NIH’s National Institute of Allergy and Infectious Diseases (NIAID) and failing to adequately regulate such controversial work.....”

Planetary health

FT - World faces ‘staggering’ oil glut by end of decade, energy watchdog warns

https://www.ft.com/content/cfb97534-b71b-490f-b626-6dc3487f595d

“IEA predicts more than 8mn b/d of excess capacity by 2030 as producers invest in pumping more crude.”

“The world faces a “staggering” surplus of oil equating to millions of barrels a day by the end of the decade, as oil companies increase production, undermining the ability of Opec+ to manage crude prices, the International Energy Agency has warned. While demand is forecast to peak before 2030, continued investment by oil producers, led by the US, would by then result in more than 8mn b/d of spare capacity, the IEA wrote in its annual report on the industry released on Wednesday. This “massive cushion” of extra oil could “upend” the efforts of Opec+ to manage the market and usher in an era of lower prices, the IEA said, adding that the level of spare capacity would be unprecedented outside the coronavirus pandemic. .....”

Guardian - World’s top banks ‘greenwashing their role in destruction of the Amazon’


“Five of the world's biggest banks are “greenwashing” their role in the destruction of the Amazon, according to a report that indicates that their environmental and social guidelines fail to cover more than 70% of the rainforest. The institutions are alleged to have provided billions of dollars of finance to oil and gas companies involved in projects that are impacting the Amazon, destabilising the climate or impinging on the land and livelihoods of Indigenous peoples.....”
Guardian - Harmful gases destroying ozone layer falling faster than expected, study finds


“Scientists say atmospheric levels of damaging gases peaked five years ahead of projections, as substances phased out.”

“International efforts to protect the ozone layer have been a “huge global success”, scientists have said, after revealing that damaging gases in the atmosphere were declining faster than expected. The Montreal protocol, signed in 1987, aimed to phase out ozone-depleting substances found primarily in refrigeration, air conditioning and aerosol sprays. A study has found that atmospheric levels of hydrochlorofluorocarbons (HCFCs), harmful gases responsible for holes in the ozone layer, peaked in 2021 – five years ahead of projections. “

For the study, see Nature Climate Change.

Nature (News) - Far-right gains in European elections: what they mean for climate goals

https://www.nature.com/articles/d41586-024-01742-w

“A shift to the political right in Europe could make it harder to bring in more ambitious green policies, but key net-zero commitments should remain.”

AFP News - Air Pollution Linked To 135 Million Premature Deaths: Study

https://www.barrons.com/news/air-pollution-linked-to-135-million-premature-deaths-study-8a78e92a

“Pollution from man-made emissions and other sources like wildfires have been linked to around 135 million premature deaths worldwide between 1980 and 2020, a Singapore university said Monday. Weather phenomena like El Nino and the Indian Ocean Dipole worsened the effects of these pollutants by intensifying their concentration in the air, Singapore’s Nanyang Technological University (NTU) said, unveiling the results of a study led by its researchers.”

“The tiny particles called particulate matter 2.5, or "PM 2.5", are harmful to human health when inhaled because they are small enough to enter the bloodstream. They come from vehicle and industrial emissions as well as natural sources like fires and dust storms. The fine particulate matter "was associated with approximately 135 million premature deaths globally" from 1980 to 2020, the university said in a statement on the study, published in the journal Environment International.”

“... Asia had the "highest number of premature deaths attributable to PM 2.5 pollution" at more than 98 million people, mostly in China and India, the university said.;...”

PS: "Our findings show that changes in climate patterns can make air pollution worse," said Steve Yim, an associate professor at NTU's Asian School of the Environment, who led the study. "When
certain climate events happen, like El Nino, pollution levels can go up, which means more people might die prematurely because of PM 2.5 pollution,” Yim added.

Global Policy - Climate policy at the International Monetary Fund: No voice for the vulnerable?


“...Our empirical analysis of the representation of 57 self-identifying climate-vulnerable developing countries (the V20) at the IMF and within its Executive Board shows that these countries, speaking for almost a third of the Fund’s membership, command a vote share of merely 5.6%....”

Covid

BMJ GH - Useful or not? The discussion of traditional Chinese medicine to treat COVID-19 on a Chinese social networking site

Di Wang et al; https://gh.bmj.com/content/9/6/e014398

“The use of traditional medicine is a global phenomenon, and the WHO advocated its appropriate integration into modern healthcare systems. However, there is a hot debate about the legitimacy of traditional medicine among the general public. Here, we investigated the debate in the Chinese digital context by analysing 1954 responses related to 100 questions about traditional Chinese medicine (TCM) treatment against COVID-19 on the Zhihu platform. Attitude function theory was applied to understand the reasons underlying public attitudes.... “

“.... Our findings indicate that TCM debate in modern China is not only relevant to medical science and health, but also rooted deeply in cultural ideology, politics and economics. The findings can provide global insights into the development of proactive policies and action plans that will help the integration of traditional medicine into modern healthcare systems.”

Cidrap News - New definition of long COVID aims to offer clarity, direction


“The National Academies of Sciences, Engineering, and Medicine (NASEM), in response to a request from the US federal government, has published a new consensus diagnosis for long COVID.....”

“... The definition, which can be applied to both children and adults, reads: "Long COVID (LC) is an infection-associated chronic condition (IACC) that occurs after SARS-CoV-2 infection and is present for at least 3 months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems." ....”


https://www.nature.com/articles/d41586-024-02010-7
“Study finds that antibodies from people with the debilitating condition trigger similar symptoms in mice.”

**Mpxo**

Reuters - South Africa records first mpxo death after five cases confirmed


“A 37-year-old man has become South Africa’s first recorded death from mpxo after five laboratory-confirmed cases of the viral infection were recorded in the past month, the health minister said on Wednesday.....”

**Infectious diseases & NTDs**

Science News - Oldest malaria cases reveal how humans spread the disease across the globe

[Oldest malaria cases reveal how humans spread the disease across the globe](https://www.science.org/doi/full/10.1126/science.363.6420.766)

“Ancient DNA suggests parasites reached the Americas through colonization.” Re a new study in Nature.

“.... A new study of ancient DNA by Warinner and colleagues changes that. Geneticists and archaeologists identified 36 cases of malaria, from a man who died 5600 years ago in Germany to soldiers buried in Belgium in the early 1700s. The team also found the earliest known case in South America, dated to about 1600 C.E., suggesting European colonists introduced malaria to the New World, with a second variety introduced from Africa along with the trade in enslaved people. ....The results, published today in Nature, suggest ancient people spread malaria around the world long before air travel and automobiles.....”

Bloomberg - Millions in South Africa Grow Old With HIV in Health-Spending Time Bomb


(gated) Via Global Health Now: “For the first time, a generation of people with HIV in South Africa are reaching older age, thanks to ongoing improvements to antiretroviral drugs.” But how will South Africa’s government manage the economic costs of caring for a new aging population—which can also experience premature aging due to the disease and its treatment? .... Doctors and advocates are calling for new programs devoted to older HIV-positive people, or wrapping more primary care services in with regular HIV treatments. “
DNDi - New framework for visceral leishmaniasis elimination launched for Eastern Africa


“A new, comprehensive framework has been launched to guide health authorities, policy makers and other stakeholders towards elimination of visceral leishmaniasis as a public health problem in Eastern Africa. ...”

AMR

FT - Rapid tests take aim at antibiotic-resistant ‘superbugs’

https://www.ft.com/content/67296b18-1de5-40bc-959b-7cf7283a7e76

“Innovation prize targeting urinary tract infections boosts effort to tackle pathogens that develop immunity to drugs.”

- Related: Guardian – Rapid UTI test that cuts detection time to 45 minutes awarded Longitude prize

“The £8m award goes to system that could herald ‘sea change’ in antibiotic use by identifying correct treatment for urinary tract infections within 45 minutes.”

“An £8m prize for a breakthrough in the fight against superbugs has been awarded, after a decade-long search for a winner, to a test that can identify how to treat a urinary tract infection in 45 minutes. The test could herald a “sea change” in antibiotic use, the judges said as they announced the winner of the Longitude prize on antimicrobial resistance (AMR).”

PS: “The Longitude prize was established in 2014 to incentivise a “cost-effective, accurate, rapid, and easy-to-use test for bacterial infections that will allow health professionals worldwide to administer the right antibiotics at the right time”. The winning Sysmex Astrego’s PA-100 AST system is based on technology from Uppsala University in Sweden.....”

FT (Opinion) - Women have a lot on their Petri dish

A Ahuja; https://www.ft.com/content/c1570447-e328-46aa-bc29-68f50262f16c

Also winner of ‘headline of the week’ : )

“A new WHO survey suggests that they are more exposed than men to superbugs “ (see also last week’s IHP News).
“... Zlatina Dobreva and WHO colleagues in Geneva teamed up with researchers from the Global Strategy Lab at Toronto’s York University, to review the scientific literature on AMR for information on sex (defined as biological sex assigned at birth) and gender (reflecting broader social norms, such as caring responsibilities). Their findings, based on 130 papers and bankrolled by the Fleming Fund, come out officially next month but Dobreva offered a recent preview, reported in Nature. The evidence, Dobrev told me, is that “women are at a higher risk of exposure to potentially drug-resistant infections,” not least through childbirth and abortion in settings that might not always be sterile. In many low- and middle-income countries, women and girls tend to fetch water, prepare food and care for others, bringing them more frequently into contact with bacteria like E. coli....”

PS: “While the researchers are confident that, globally, women are more exposed, they do not know whether women suffer more disease as a result, nor whether all countries show the same pattern. A recent European study suggests men have slightly higher rates of drug-resistant infection than women, for unknown reasons, and that age matters. “We need more data,” Dobreva says. The WHO wants demographic detail included as standard when nations send data to the global AMR surveillance system....”

The author concludes: “It is a cliché that women, particularly in the global south, have a lot on their plate. If the WHO report is anything to go by, they also have a lot on their Petri dish.”

NCDs

BMJ Feature - South Africa’s vaping tax—a bold move for public health?

https://www.bmj.com/content/385/bmj.q829

“The introduction of e-cigarette levies will encourage debate on navigating South Africa’s complex terrain of health among its youth, while facilitating smoking cessation more broadly. Yemisi Bokinni reports.”

Stat - Millions fewer people may need statins, a new study suggests. But guidelines have yet to agree


Coverage and analysis of a new paper in JAMA Internal medicine - Atherosclerotic Cardiovascular Disease Risk Estimates Using the Predicting Risk of Cardiovascular Disease Events Equations

“Last fall, the American Heart Association proposed a new risk calculator for heart disease. The model could mean far fewer Americans — as many as 40% less than current calculators say — would be candidates for cholesterol-lowering drugs, according to an analysis published yesterday. The old model, from 2013, was widely criticized as overestimating risk....”
Mental health & psycho-social wellbeing

Lancet World Report - Mental health in emergencies requires “a major rethink”
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01241-8/fulltext

“WHO members have agreed to strengthen mental health support in emergencies, but doing so presents major challenges. John Zarocostas reports. In the face of mounting needs and chronic gaps in funds allocated for mental health and psychosocial support (MHPSS) services, the 77th World Health Assembly (WHA) adopted on May 29, 2024, a landmark resolution to strengthen MHPSS before, during, and after armed conflicts, natural and human-made disasters, and health and other humanitarian crises.....”

“The WHA decision is expected to help push mental health higher on the global health agenda. WHO says the prevalence of mental health conditions in people who have experienced war or other conflict is estimated to be 22.1%.....” “Less than a third of WHO members have integrated MHPSS into emergency response policies. The global target is to have mental health integrated into primary health care by 80% of member states by 2030.....”

FT - Why our brains crave beauty, art and nature
Why our brains crave beauty, art and nature (ft.com)

“Neuroaesthetics suggest that engagement with such phenomena is essential, rather than a ‘nice to have’.”

Social & commercial determinants of health

KFF - The Best Approach to Social Determinants No One Talks About

“When it comes to influencing the social determinants of health, @DrewAltman argues, “income strategies” deployed outside of health care, such as “guaranteed income,” deserve as much attention from health care people as “service strategies”.

- Link: Globalization & Health - The potential impact of the Comprehensive and Progressive Agreement for Prans-Pacific Partnership on Thailand’s hepatitis C treatment program
Sexual & Reproductive health rights

Lancet GH - The drug drought in maternal health: an ongoing predicament
“We developed a comprehensive database of medicines that are used or are being investigated for pre-eclampsia or eclampsia, preterm birth or labour, postpartum haemorrhage, intrauterine growth restriction, and fetal distress and that were in active development between 2000 and 2021. A total of 444 candidates were identified: approximately half of candidates were in active development, two-thirds had been repurposed after initially being used for another condition, and just under half were in preclinical studies. Only 64 candidates were in active late-stage (phase 3) development as of Oct 25, 2021, and given the slow pace of biomedical development, it could take years before any of these products eventually make it to market. A lack of innovation for maternal health medicines persists, and the market continues to fail pregnant individuals. There is a need for collective action from all relevant stakeholders to accelerate investment in the development of new or improved medicines for pregnancy-related conditions.”

Stat - Melinda French Gates, going solo, aims to influence reproductive rights in the U.S.
“…. if the world’s largest private charitable foundation lost a leader, the U.S. gained a new philanthropic powerhouse — one who could dramatically move the needle when it comes to reproductive health and women’s rights in the country. “While I have long focused on improving contraceptive access overseas, in the post-Dobbs era, I now feel compelled to support reproductive rights here at home,” French Gates wrote in a New York Times essay about her philanthropic plans. In the U.S., she has already distributed $200 million in grants to women’s rights and health organizations through Pivotal Ventures, an organization she founded in 2015 to pursue charitable initiatives independently from the Gates Foundation. ....”

“…. Operating outside the confines of the Gates Foundation can help French Gates pursue her priorities with greater impact, opening options that she didn’t have at the foundation. “The Gates Foundation is a bureaucracy, and it’s a very well-established bureaucracy by this point. She will have a lot more freedom to go in a lot of different directions,” said McCarthy. “Her main giving instrument is Pivotal Ventures, which is a limited liability corporation, not a foundation. So she can get involved in political campaigns, she can get directly involved in advocacy,” said McCarthy. In particular, McCarthy expects French Gates to be directly involved in political campaigns and donations, which is not possible for foundations...”

“…. Much like MacKenzie Scott, who explored different funding strategies with the billions she has distributed since her divorce from Jeff Bezos, French Gates is expected to test unusual funding strategies. She’s unlikely, though, to be interested in no-strings-attached support. “Scott’s grantmaking is very different, it’s sort of like ‘drop it on the doorstep in the middle of the night.’ Scott has made it plain that she feels that the real experts are the people working in the nonprofits — which is amazing, but people don’t give big grants that way,” said McCarthy. “But I think Melinda Gates will be much more targeted and really results-focused.....”
Meanwhile, in the US (via Stat): Supreme Court unanimously rejects challenge to mailed abortion pills. “The Supreme Court ruled unanimously Thursday that anti-abortion doctors did not have standing to challenge the Food and Drug Administration's regulation of the abortion pill mifepristone.....” A victory for the Biden administration’s efforts.

See also the Guardian - US supreme court unanimously upholds access to abortion pill mifepristone.

And a few links:

- Lancet GH - Factors associated with skilled birth attendance in 37 low-income and middle-income countries: a secondary analysis of nationally representative, individual-level data (by J Priebe et al)
- Guardian - Anti-malarial drug may help treat polycystic ovary syndrome, study suggests

“Herbal extract artemisinin, used in Chinese medicine, appears to stop excess testosterone production.”

Access to medicines & health technology

FT - Moderna hails successful trial of combined Covid and flu shot
Moderna hails successful trial of combined Covid and flu shot (ft.com)

“Vaccine maker to seek approval for jab as it tries to diversify product pipeline.”

“Moderna’s combined Covid-19 and flu vaccine matched the efficacy of single shots in late-stage trial results published on Monday, opening the door for the mRNA vaccine maker to seek approval for its third product. In a phase 3 trial studying antibody responses in more than 8,000 adults aged 50 and over, Moderna said its combination vaccine proved as effective as its Covid shot administered separately alongside two popular seasonal flu jabs, Fluzone and Fluarix, which were given selectively to different age groups. The combined shot also showed higher efficacy when targeting three specific seasonal flu strains, including H1N1 swine flu. Moderna plans to publish the interim data in a peer-reviewed journal and then submit it for US regulatory approval later this year. Moderna anticipates an approval decision could be handed down by the US Food and Drug Administration as early as next summer, potentially allowing it to launch the first combined Covid and flu shot by the 2025 winter season.....”

GHF - Countries Agree on Vital Disclosure Requirements on Genetic Resources & Traditional Knowledge at WIPO: A Win for Greater Balance in IP Politics [Guest Essay]
In a guest essay, legal researcher S Namboodiri analyses the recently concluded Treaty On Intellectual Property, Genetic Resources And Associated Traditional Knowledge at the World Intellectual Property Organization (WIPO). The analysis doesn’t only look closely at the language agreed by countries, but also at what this treaty holds for the future. The author raises some tough questions, and looks at the implications of the negotiated text critically.

“…. history has been made, not only because it is the first treaty at WIPO in a decade, but also because it serves as an acknowledgement of the lack of inclusivity in the present IP regime. Furthermore, as far as WIPO goes, this was an attestation of the tenets of multilateralism, and underscored the relevance of WIPO in the post-TRIPS era…..”

“While Daren Tang (DG WIPO) is right about the historical importance of this treaty, the instrument itself could have been stronger. In this essay, we look closely at the “disclosure requirement”, and whether it can move the needle on fairness. (The disclosure requirement is an international mandate to disclose the origins of genetic resources and the use of traditional knowledge in any invention that applies for a patent.)....”

The author concludes: “…. while the treaty leaves much to be desired, it is a step in the right direction.”

BMJ (Analysis) - Wider use of tranexamic acid to reduce surgical bleeding could benefit patients and health systems

https://www.bmj.com/content/385/bmj-2024-079444

“Ian Roberts and colleagues call for greater use of this inexpensive generic drug that can improve surgical outcomes, avoid unnecessary blood transfusion, and conserve blood stocks.”

Journal of Pharmaceutical Policy and Practice - Advancing opioid stewardship in low-middle-income countries: challenges and opportunities


“....This commentary describes the potential and multifaceted roles of pharmacists in opioid stewardship in resource-constrained settings and highlights appropriate strategies for promoting responsible opioid utilization.....”

FT - Charities create fund to invest in spinal cord injury companies

https://www.ft.com/content/93234331-688c-4fde-823c-c1a8168011b2

“Launch highlights growth of venture philanthropy to boost search for treatments and cures.”

“Five spinal cord injury charities have joined forces to create an investment vehicle that will support companies developing innovative treatments for people disabled by the condition. New York-based SCI Ventures has started with $27mn in commitments and expects to raise $40mn by the
end of the year. The launch illustrates the growth in venture philanthropy as a way for medical charities to fund the search for treatments and cures by putting money into corporate research, mainly in start-up companies. The fund’s initial investments include two companies, Onward Medical and Augmental, that are developing electronic devices to help paralysed patients communicate and restore mobility. Two others, Axonis Therapeutics and Sania Therapeutics, are pursuing biological approaches to stimulate the growth of new brain and nerve cells through drugs or gene therapy....."

“.... With an estimated 15.4mn people globally living with spinal cord injury, according to the World Health Organisation, and the lifetime healthcare costs of an individual patient in industrialised countries above $1mn, SCI Ventures sees a huge potential market for effective treatments. The fund will reinvest all gains into more companies that aim to cure paralysis. It follows an increasingly popular model for charities to set up venture philanthropy vehicles focused on a particular disease, such as Alzheimer’s Drug Discovery Foundation.”

Journal of Global Health (Viewpoint) - Excessive active pharmaceutical ingredients in substandard and falsified drugs should also raise concerns in low-income countries

EM Maffioli et al; https://jogh.org/2024/jogh-14-03029

With focus on Nigeria here. “.... The empirical evidence mainly focuses on SF medicines with inadequate API, such as lower than required or no API. An exception is a recent literature review that displays the frequency of six reported issues concerning the quality of tested medicines, including an excessive amount of API (12% in 2019). However, we argue that too much API is as much of a concern as less or no API, and we should pay more attention to it....” Read why.

WHO Afro (Analytical factsheet) - Critical call: Strengthening regulation of medical devices and in vitro diagnostics in Africa

https://files.aho.afro.who.int/afahobckpcontainer/production/files/Regional_Factsheet_on_Medical_device_regulation_EN.pdf

8 p. “.... This factsheet provides key information on the regulatory situation for medical devices including In vitro diagnostic in the African Region.”

**Human resources for health**

HPW - Eschewing the ‘Arrive-Teach-Leave’ Approach, Seed Invests in Long-Term Healthworker Training in Africa


“Africa’s health worker shortage is projected to reach more than six million by 2030 – and the weaker the system, the more likely health workers are to leave as poor working conditions erode their morale. ...” “ The non-profit organisation, Seed Global Health works to address this shortage
by investing in long-term training and support for health workers in four countries – **Malawi, Sierra Leone, Uganda, and Zambia** – via partnerships with health ministries. For Seed, long-term means “for as long as our partners will have us”, says **CEO Dr Vanessa Kerry, who is also the World Health Organization’s (WHO) Climate Envoy. .... Seed launched its 2030 strategic plan last week, an ambitious programme that requires the organisation to raise at least $100 million...”

**World Bank (report) - Determinants of Health Worker Performance : A Review of the Evidence**

[https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099060624142563324/p1793261e70e5b0d919cc31d8316454fe3f](https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099060624142563324/p1793261e70e5b0d919cc31d8316454fe3f)

“The report is organized around a conceptual framework that focuses on the drivers of health worker performance in the health administration and in health facilities. ....”

- And a link: AP - [Cameroon or Canada? Poorly paid doctors and nurses are choosing to leave. That’s common in Africa](https://apnews.com/article/af07b5d9a60097b555d7f1640be0428e)

**Decolonize Global Health**

**Nature (book review) - How white supremacy became a global health problem**

[https://www.nature.com/articles/d41586-024-01718-w?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1717775711](https://www.nature.com/articles/d41586-024-01718-w?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1717775711)

“Racism is a systemic issue — one that we have the knowledge and tools to solve. But is there a will?”

Re the book “**Systemic: How Racism Is Making Us Ill** (by Layal Liverpool ) Bloomsbury Circus (2024)”

“... In Systemic, Liverpool portrays racism as a global systemic problem that harms all of us. “

**HPW - Decolonizing Health Research: Perspectives From 50 Years of Practice**

J Reeder; [https://healthpolicy-watch.news/decolonizing-health-research-tdr/](https://healthpolicy-watch.news/decolonizing-health-research-tdr/)

“On the 50th anniversary of TDR, the Special Programme for Research and Training in Tropical Diseases, its director reflects on the programme’s commitment to equitable partnerships, its evolution and lessons learnt “

**Nature Index - Open access is working — but researchers in lower-income countries enjoy fewer benefits**

[https://www.nature.com/articles/d41586-024-01748-4](https://www.nature.com/articles/d41586-024-01748-4)
“Deep-seated aspects of local research systems need to be uprooted to ensure that researchers in low-income countries can harness the advantages of open access.”

**Miscellaneous**

Devex - Platform to transform African agriculture launches at Paris Peace Forum


“A new, high-level forum aims to dissolve the binary between the global north and global south in order to transform African agriculture for an era of climate change. But can it attract the financial investment it needs?”

“A new “high level multi-stakeholder platform” aims to foster dialogue and collaboration between the global north and south in order to unlock the full potential of African agriculture — even at a time of rapid climate change. It’s called the Agricultural Transitions Lab for African Solutions, or ATLAS, and it launched Monday at the spring meetings of the Paris Peace Forum, which was held in Benguerir, Morocco.....”

HPW - Progress on Energy Access Reverses for the First Time in a Decade


“As many as 685 million people were without electricity access in 2022, and 2.1 billion people continued to rely on damaging cooking fuels globally, according to the 2024 Energy Progress Report released this week. Progress on energy access has reversed for the first time in a decade and the world is off course to achieve the Sustainable Development Goal (SDG)-7 for energy by 2030, according to the report, which looked at data for 2022.”

“The number of people without access to electricity has grown by 10 million since 2021. Over 80% of the global population without access to electricity live in sub-Saharan Africa, affecting 570 million people in the region. ... A combination of factors contributed to this including the global energy crisis, inflation, growing debt distress in many low-income countries, and increased geopolitical tensions....”

Devex - Why this activist is piloting the ‘elderly country club’ in Thai temples


“As the global population ages, Thai activist Mechai Viravaidya believes it’s up to local communities to find innovative solutions for eldercare. His foundation is using temples to do just that.”
Papers & reports

Lancet GH – July issue
https://www.thelancet.com/journals/langlo/issue/current

Interesting issue, with plenty of important reads. Some we already covered in above sections. Check out also:

- **Lancet GH Comment - Why are the Sustainable Development Goals failing? Overcoming the paradox of unimplementability** (by Eivind Engebretsen & Trisha Greenhalgh)

Excerpt: “... If we approach the SDGs as fixed goals to be addressed through programmes and plans to be implemented and cascaded at national, regional, and local levels, we create a paradox of unimplementability. Framing an SDG in terms of a plan to be implemented overlooks the reality that conflicts and contradictions are inherent to all complex initiatives. There is never an uncontested shared vision. Rather, there are multiple versions of the problem, multiple perspectives on the solutions, and multiple vested interests. One person’s (or group’s) successful delivery of the plan is another’s painful compromise. Indeed, laying out one plan (singular) necessarily raises some stakeholder perspectives to the status of legitimate voices and renders other perspectives invisible simply because, in the name of coherence, dissenting views are not mentioned. … … Briggs explores the paradox of incommunicability, highlighting the widespread belief that communication breakdowns, such as those between doctors and patients, originate from the inability of some individuals or groups to assimilate “medical, educational, and other rationalities”, leading to their categorisation as poorly behaved or non-compliant patients. Ironically, this perspective itself fosters further incommunicability, resulting in increased disagreements and misunderstandings. Building on Briggs’s concept, we challenge the paradox of unimplementability, which marginalises specific individuals and groups by labelling them as unable to undertake actions in line with contemporary, rational, and liberal ideals. Unimplementability is viewed as a failure of the people expected to carry out the implementation. Instead, we see unimplementability as a potentially productive concept. Rather than assuming that implementation will succeed if people merely follow a predetermined plan, we should view the process as inherently contentious, with such contestation offering opportunities for transformation. Instead of trying to eliminate conflicts over meanings, values, and misunderstandings, these differences should be made explicit and examined to influence and shape—and indeed enhance and enrich—collective progress in the direction of an SDG.”

- **Lancet GH - For and with people: announcing the Lancet Global Health Commission on people-centred care for universal health coverage and a call for commissioner nominations** (by David B Duong et al)

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

- Lancet GH – Global health for rare diseases through primary care (by G Baynam et al)

“Rare diseases affect over 300 million people worldwide and are gaining recognition as a global health priority. Their inclusion in the UN Sustainable Development Goals, the UN Resolution on Addressing the Challenges of Persons Living with a Rare Disease, and the anticipated WHO Global Network for Rare Diseases and WHO Resolution on Rare Diseases, which is yet to be announced, emphasise their significance. People with rare diseases often face unmet health needs, including access to screening, diagnosis, therapy, and comprehensive health care. These challenges highlight the need for awareness and targeted interventions, including comprehensive education, especially in primary care. The majority of rare disease research, clinical services, and health systems are addressed with specialist care. WHO Member States have committed to focusing on primary health care in both universal health coverage and health-related Sustainable Development Goals. Recognising this opportunity, the International Rare Diseases Research Consortium (IRDiRC) assembled a global, multistakeholder task force to identify key barriers and opportunities for empowering primary health-care providers in addressing rare disease challenges.”

SS&M – The Health Disparities Research Industrial Complex
J Ezell et al;

As already flagged in a previous IHP issue. Wonder who might be the ‘Health Disparities Research Industrial Complex’s “Eisenhower”, then 😊.

Check out also related Comments:

Response to “The health disparities research industrial complex” (critical, by D Raudenbush)

Extending the case for a "health disparities research industrial complex": A response to Ezell

The Health Disparities Research Industrial Complex: Remastered (again by Ezell)

BMJ GH - An ancillary care policy in a vaccine trial conducted in a resource-constrained setting: evaluation and policy recommendations
G Lemey et al ; https://gh.bmj.com/content/9/6/e015259
“Clear guidelines to implement ancillary care (AC) in clinical trials conducted in resource-constrained settings are lacking. Here, we evaluate an AC policy developed for a vaccine trial in the Democratic Republic of the Congo and formulate policy recommendations.....”

Health and Human Rights – June issue

https://www.hhrjournal.org/volume-26-issue-1-june-2024/

The June issue has a special section on ‘Commemorating 30 years’ (of the journal).

For an overview of this special section, see the Editorial – Thirty Years of Scholarship and Debate: Advancing the Right to Health

JBI Evidence synthesis - Strategies and indicators to integrate health equity in health service and delivery systems in high-income countries: a scoping review

JBI Evidence synthesis:

Evidence synthesis.

IJHPM - Examining the Contextual Factors Influencing Intersectoral Action for the SDGs: Insights From Canadian Federal Policy Leaders


Check out the findings.

Plos GPH - Relational community engagement within health interventions at varied outcome scales

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003193

by N Redvers et al.

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


By Robert J. Reid, J Lavis et al.
SS&M - Moral economy and moral capital: A new approach to understanding health systems


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

“This research set out to identify forms of moral capital evident in the accounts of health professionals and patients within the distinctive healthcare systems of Germany, New Zealand, and the Unites States. Here, we provide an overview of 15 forms of moral capital that were identified. An important form of moral capital is equality. The global coronavirus pandemic has illuminated inequalities in healthcare systems across the world. We suggest considering moral capital as a useful tool to reform healthcare systems and make the provision of healthcare a more equitable enterprise.....”

Lancet Editorial – Taking persistent physical symptoms seriously
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01242-X/fulltext

“....A Review in this issue acknowledges the outdated and harmful nature of simplistic “either/or” thinking and summarises current understanding of the multifactorial nature of PPS (Persistent Physical Symptoms). An updated, evidence-based conceptual model presents a starting point for developing mechanism-based approaches to managing PPS.”

Blogs & op-eds

BMJ GH (blog) - Navigating Geopolitics and Global Health: Insights from PMAC 2024


“In a world marked by escalating geopolitical tensions and multifaceted crises, the intersection of politics and health emerges as a critical focal point for global discourse. The Prince Mahidol Award Conference (PMAC) in 2024, held in Bangkok, provided a platform for probing the complexities of this intersection and exploring pathways towards equitable global health. At the heart of the discussions lie profound realizations about the interconnectedness of geopolitical dynamics and health outcomes....”

Authors conclude: “.... In conclusion, the discourse at PMAC 2024 underscores the urgency of addressing geopolitical complexities to achieve equitable global health outcomes. By acknowledging the interconnectedness of political, economic, and social factors, the global community can work together to build a healthier and more equitable world for all.”
K Bertram - What my blogs have taught me about the global health sector – and about my own value

https://katribertram.wordpress.com/2024/06/07/what-my-blogs-have-taught-me-about-the-global-health-sector-and-about-my-own-value/

“After an intensive few years of blogging (and consulting), this summer will mark some professional changes for me. In this blog, I look back at what my blogs have taught me about the global health sector – and about my own value.”

Quote: “… ‘To everyone and anyone who needs to read this: yes, you can think. And yes, your thoughts have value. Don’t ever let anyone tell you otherwise.”

Tweets (via X & Bluesky)

Ayoade Alakija

“NOW‼️ About to chair an important @ACTAccelerator meeting where global health leaders & all partners will focus for the first time on H5N1. Will be discussing global preparedness and how to progress R&D and prioritize global access for diagnostics, treatments and vaccines.”

David Clarke (via LinkedIn)

“ Over the next two days in London we are working with experts to do two things: Establish a Lancet Commission to help reduce the burden of health system corruption. Work out how to quantify the cost of corruption at global, regional and countries financial costs and lost opportunities to improve. In the current tough fiscal environment it’s critical to ensure we have more money for health.”

The People’s Medicines Alliance

“From "Vaccine" to "Medicine" – our new focus reflects a broader commitment to tackling diverse healthcare challenges. Let’s work together to ensure access to essential medicines, treatments, and healthcare services for all. #PeoplesMeds.”

Pete Baker (thread on X re meaning of UK Labour manifesto for global health)

https://x.com/peterbaker17/status/1801240030549049751

1. No new money + focus on econ development, security, climate change, not health. .... 2. No return to DFID + focus on British interests & security .... 3. support for multilateralism .... 4. Shift to “genuine respect and partnership” ....