

IHP news 791 : No longer fit for purpose

(30 August 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,

In this week's issue, among others we'll pay attention to [WHO Afro's regional meeting](#) in Brazzaville (26-30 August) (*where a new Regional Director was [nominated](#) to succeed Dr Matshidiso Moeti after her 10-year tenure at the helm*); the new **Mpox emergency** (*an [avoidable](#) one, in the eyes of many [scientists](#) ...*) and **ongoing response**, against the backdrop of **INB(11) negotiations** on the pandemic agreement **about to resume** (*on 9 September*). The newsletter also features some reads on **AMR** with the **UNGA HL-meeting on AMR** coming up later in September, there's also a [Summit of the Future](#) (22-23 Sept) scheduled in New York And a lot more!

But we first come back briefly on what we emphasized in last week's intro: that **it's about time all global health organisations and entities** (*well, bar Big Pharma, I suppose :)*) **help advocating unequivocally for system change – towards a post-capitalist system, more in particular**. The capitalist global economic system is **no longer 'fit for purpose'** in the 21st century, let alone the current [highly financialized](#) 'late capitalist' one. And no, not even "definitely, maybe"!

I do agree that sounds a bit abstract, however. So let me rephrase this a bit.

It's clear global health organisations' leaders are by now well aware of (*and have their mouth full of*) the '**polycrisis**'. However, most still largely see their mandate as focusing on **health for the current generations** (with a maximum time horizon of 10-15 years at most). To some extent, that's understandable. I'd hope, however, that they also start considering the '**Health**' of **future generations**. And then, I'm afraid, the simple question Peter Sands, Sania Nishtar, Mark Suzman, J-A Röttingen et al face is this one: **do you really think your own offspring** (children & grandchildren) **will have a good, healthy life, in a global economic system that is NOT post-capitalist** in say, 20 years from now? Put differently, do you think that '**mitigating market failures**', **advocating for 'resilient health systems'**, '**climate and health**' strategies', '**Health Days at COPs**', ... will suffice to ensure such a healthy life for your own (grand-) children, let alone the many who'll live in far more vulnerable settings and environments?

While I agree all of the above measures & approaches are useful and very necessary, you still get the sense most global health leaders see the climate crisis (and planetary boundary thresholds in general) as (a) '**key challenge(s) in the 21st century**'. Unfortunately, the predicament we face is worse than that, as a recent [Ted speech by Rockström](#) made clear. **This is increasingly a planetary emergency**. Leaders of global health organisations are no doubt whip-smart people, and so I bet they fully understand what J Rockström, T Pogge and others say (eg. Pogge on X re [tipping points](#) : "*No one knows when the gradual worsening of the climate will trigger dramatic and irreversible changes.*").

Yet, most global health leaders still haven't "transformatively" changed their ways, leaving the 'real story' and framing largely to advocates, civil society, progressive think tanks, UN SG Guterres and climate scientists. Maybe some of them truly believe only capitalism can bring salvation 'at scale' – yes, *Suzman, that would be you* 😊. But for all others, at some point, I'm afraid this is rapidly becoming 'culpable neglect'.

So as you high-powered boys & girls get to see global decision makers on a routinely basis at Replenishments, G20 and UN summits, High-level breakfasts, ... please, **start telling it like it is**. Your grandchildren will thank you. And so will many others. The '**Summit of the Future**' seems like a great venue to start 😊!

And no, I don't think 'post-capitalism' will then suddenly magically start to materialize. But I'm convinced that if more leaders start framing things in this way – that we need to get to a post-capitalist global economic system sooner rather than later – that will make a difference.

(PS: And by the way, with post-capitalism, I don't mean 'no market mechanisms'. Also, by no means did I say the global capitalist economic system wasn't nasty and very unfair before, however now we're destroying our own "habitat".)

Enjoy your reading.

Kristof Decoster

Featured Article

Increasing adolescent access to SRHR services using a people-centred approach in Zambia

Kutha Banda (Clinton Health Access Initiative, Zambia, kbanda@clintonhealthaccess.org), **Rabson Zimba** (Clinton Health Access Initiative, Zambia), **Haswell Malombo** (Ministry of Health, Zambia), **Mable Mweemba** (Ministry of Health, Zambia), **Hilda Shakwelele** (Clinton Health Access Initiative, Zambia) & Olatubosun Akinola (Clinton Health Access Initiative, Zambia)

In Zambia, [many](#) adolescents experience poor sexual and reproductive health and rights (SRHR) outcomes, including unintended pregnancy, sexually transmitted infections (STIs) and HIV. [Evidence](#) indicates that 32% of adolescents aged 15–17 years and 60% of those aged 18–19 years are sexually active and only around 12% of female adolescents are using modern contraceptives. The teenage pregnancy rate declined slightly from 31.6% in 1992 to 29.2% in 2018 and is highest in the Southern province of Zambia (42.5%) followed by the Eastern province (39.5%). Teenage pregnancy and other poor health outcomes are higher among adolescents in rural (37%) compared to urban areas (19%). This is a threat to achieving universal health coverage (UHC) particularly for marginalized groups. To help address the multifaceted adolescent SRHR challenges in Zambia, the Ministry of Health (MoH) developed key policy documents, including the [Adolescent Health Strategic Plan 2022–2026](#), which outline several interventions, including providing adolescent friendly services such as provision of contraceptives, and the National Peer Education and Health Care Workers Training Manuals.

The MoH implemented the People at the Centre (PeaCe) health programme in Eastern and Southern provinces of Zambia, with technical support from the Clinton Health Access Initiative and financial support from the Government of Sweden. The programme uses the [WHO Integrated People-Centered Health Services \(IPCHS\) model](#) to improve sexual, reproductive, maternal, newborn, child, adolescent health and nutrition. In 2022, the programme implemented several activities aimed at increasing uptake of SRHR services among adolescents:

- i) Capacity building of peer educators: 1163 adolescents were trained as peer educators between January and December 2022. The training package includes abstinence among adolescents to prevent unintended pregnancies and STIs. For sexually active adolescents, the MoH set up adolescent-friendly spaces in designated health facilities as safe spaces to access SRHR services.
- ii) Training 123 healthcare workers as trainers in peer education to recruit and train peer educators within their facilities - a low-cost measure to address the high attrition of trained peer educators that provide SRHR services to fellow adolescents.
- iii) Adolescent-centred planning and dialogue meetings to involve adolescents in effective delivery of adolescent health (ADH) services were held in 17 districts, with adolescents, parents, community gate keepers. At least 1224 parents, community and religious leaders were reached. Additionally, 33 adolescent-friendly spaces were established, through procurement of items for the spaces.
- iv) Promoting access to quality information and behaviour change communication at community and facility levels through outreach and facility-based engagement models, including adolescent-led social mobilization approaches, such as drama performances, reached a total of 13482 adolescents.

As a result of these interventions, several indicators show improvement in access to SRHR for adolescents.

The percentage of facilities with an adolescent friendly space increased from 37% in 2021 to 46% by the end of 2022. This is attributed to the purchase of assorted items to create the spaces, including television sets, lockable cabinets, tables, chairs, posters, models for demonstrating condom use, footballs, netballs, volleyballs, drums, and other items, including oral contraceptives.

The percentage of facilities with at least one healthcare worker trained in ADH increased from 39% in 2021 to 45% by the end of 2022; additionally, the percentage of facilities with at least two peer educators trained increased from 17% to 24%.

The percentage of adolescents aged 15 –19 years newly accepting family planning increased from 31% in 2021 to 40% in 2022. This is attributed to increased ADH spaces that allowed adolescents to freely interact with fellow adolescents who had been trained as peer educators and receive SRH services without judgement. Additionally, the dialogue meetings created an enabling environment for adolescents to freely access SRH services at health facilities.

Despite training peer educators in ADH, some of the marginalized adolescents in hard-to-reach communities may not have been reached due to challenges with transport at most facilities. To help address this challenge, the programme supported procurement of 630 bicycles for ADH services,

however, this was still insufficient to meet the need. Additionally, ADH services were also integrated in other facility outreach activities where possible to maximize adolescents coming to access other services, such as family planning, antenatal care, and postnatal care.

Continuous engagement and orientation of health facility staff in ADH services through the leadership of District, Provincial and National ADH offices was important to address the frequent transition of staff who champion ADH services.

Consistent supply of family planning commodities in health facilities, preferably adolescent-friendly spaces, is key to reducing teenage pregnancies. Correspondingly, dialogue on negative effects of teenage pregnancies and uptake of family planning among sexually active adolescents is vital to address high teenage pregnancies rates. This can be achieved by having trained health staff and peer educators who can provide quality SRHR services. Using the IPCHS approach and ensuring community participation in provision of ADH services created community ownership. Provision of services free of charge to adolescents is key to achieving UHC, especially in rural provinces.

*This week's featured article is a new story in our **collaboration with the WHO & UNFPA SRHR-UHC Learning by Sharing Portal**. The stories showcase experiences of implementing policies and programmes relating to sexual and reproductive health and rights and UHC in a range of countries and the lessons learned.*

Highlights of the week

A few reads of the week

BMJ - Hope is not passive—it needs action

Jocalyn Clark;

https://www.bmj.com/content/386/bmj.q1837?utm_campaign=usage&utm_content=tbmj_sprout&utm_id=BMJ005&utm_medium=social&utm_source=twitter

Important message – including for the editor of this newsletter, I'm afraid :)

“The dog days of August have given way to a brat summer or a demure summer, depending on your point of view, with Kamala Harris’s spectacular entrance into the US presidential campaign. Even more striking was its **delivery of a healthy dose of hope: hope for unity amid divisive politics and fractured communities in many countries**, including the UK, where hateful far right riots have proved destabilising at a time when global solidarity—like hope—is needed more than ever **Hopefulness isn’t a neutral position**, as the musician Nick Cave said in a recent talk show interview that’s gone viral—it is adversarial. **Unlike cynicism, hope is hard earned and makes demands on us, he said. Hope requires action.**”

“... **In any time of uncertainty and instability, we must hold on to hope. Hope needs action, and it’s all our responsibility to act.**”

Pressenza - Tipping Points – Where Things Stand

R Hunziker: <https://www.pressenza.com/2024/08/tipping-points-where-things-stand/>

See this week's intro. "**Johan Rockström, Potsdam Institute for Climate Research, Germany recently gave a 20-minute TED speech: The Tipping Points of Climate Change.** A summation of what should be categorized as "**one of the most important speeches of 2024**" is included herein...."

Excerpts:

"... It's fair to say that **he views recent abrupt Earth system changes as profoundly disturbing and far beyond the boundaries of what climate science expected.** In fact, climate scientists have never seen such rapid transition of what's normally a slow-moving Earth system now in the wrong direction so rapidly that it's threatening the existence of key ecosystems that make today's life possible. In his words: "**The planet is now in a place where we've underestimated risks. Abrupt changes are occurring way beyond realistic expectations in science....**"

PS: ... "**There are two major risks to the planetary system: 1) buffering capacity 2) crossing tipping points.** And both are moving in the wrong direction much faster than anybody thought possible....."

And: "...We must govern the entire planet...**we have the solutions, i.e., (1) rapid transition away from fossil fuels (2) transitioning to a circular business model (3) transitioning to healthy diets (4) scaling regeneration and restoration of marine systems, forests, and wetlands.** "

Seventy-fourth session of the WHO Regional Committee for Africa (Brazzaville, Republic of Congo, 26-30 August)

<https://www.afro.who.int/about-us/governance/sessions/seventy-fourth-session-who-regional-committee-africa>

Some coverage:

HPW - As Mpox Outbreak Overshadows WHO Africa Conference, Tedros Promises Vaccine Decision 'Within Weeks'

<https://healthpolicy-watch.news/as-mpox-outbreak-overshadows-who-africa-conference/>

Coverage of the **opening day (Monday).** With speeches from **Tedros & M Moeti.**

"The **World Health Organization (WHO) will decide on whether to issue an emergency use listing (EUL) for an mpox vaccine within three weeks after its manufacturer supplied the global body with all the required information last Friday,** Director-General **Dr Tedros Adhanom Ghebreyesus** told the opening of the WHO Africa regional conference on Monday....."

“... Tedros also commended the WHO Africa region for improvements in primary healthcare across the continent, as well as a 50% increase in funding for the WHO provided by member states.....” Tedros also praised the outgoing director, M Moeti.

PS: re Moeti’s address: **“Botswana’s Dr Matshidiso Moeti, the outgoing WHO Africa regional director, told the conference that economic difficulties, which include debt servicing, growing wealth inequalities and conflicts, are slowing down investment in priority health programmes”. Poorer African countries are experiencing “deteriorating conditions below 2019, pre-pandemic levels”, making it “even more difficult to achieve the sustainable development goals health targets”.**
“As a region, we must unite and encourage the rest of the world to join forces against the major threats of the 21st century, especially climate change, the next pandemic and non-communicable diseases,” Moeti urged. Moeti also raised the emigration of African health workers, and called for the implementation of the Africa Health Workforce Investment charter which was launched in May.
“In Uganda, the immigration of doctors increased by 16% in three years, while in Zimbabwe, during the same period, over one in five doctors has left the country in May,” Moeti noted.....”

WHO Afro - African health ministers kick off region’s top health forum

<https://www.afro.who.int/news/african-health-ministers-kick-regions-top-health-forum>

Monday’s **press release WHO Afro**. Short overview of attempted key goals of the meeting.

WHO - Fourteen African countries, key partners unite to provide critical resources for health in WHO’s first-ever Investment Round

<https://www.who.int/news/item/27-08-2024-fourteen-african-countries--key-partners-unite-to-provide-critical-resources-for-health-in-who-s-first-ever-investment-round/>

“In an unprecedented show of unity in support of the World Health Organization, **14 African countries and many partners pledged over US\$ 45 million to the WHO Investment Round**, a three-month-old initiative aimed at generating sustainable financing for the organization at the center of the global health architecture. **The commitments were made during the World Health Organization (WHO) Regional Committee for Africa**, with heads of state and government from across the continent underscoring the importance of investing in global health and ensuring a strong WHO. “

PS: “Many partners joined Members States in making commitments of support to WHO and committing to providing pledges later in the year, including Helmsley Charitable Trust, World Diabetes Foundation, Roche, Kuwait Fund for Arab Economic Development, the Bill & Melinda Gates Foundation, African Development Bank and the WHO Foundation....”

Devex - A career politician from Tanzania is nominated to WHO Africa’s top job

<https://www.devex.com/news/a-career-politician-from-tanzania-is-nominated-to-who-africa-s-top-job-108184>

On Day two, Tuesday. **“Dr. Faustine Ndugulile has served as a member of parliament and former deputy health minister in Tanzania.”** Good overview of his profile & priorities.

- See also HPW - [Tanzanian Outsider Secures Nomination as WHO Africa Director](#)

And some links:

- WHO Afro (report) - [Report of the Regional Director: the Work of the World Health Organization in the African Region, July 2023–June 2024](#)

“This report on the **work of the WHO Secretariat in the African Region during the period July 2023 to June 2024** presents the support provided to Member States in the Region to recover from the COVID-19 pandemic and accelerate progress towards attaining the health-related SDG targets. **The Transformation Agenda, a bold attempt to accelerate reform of the WHO Secretariat in the African Region that was introduced in 2015, was consolidated during the reporting period.** Actions undertaken to strengthen commitment to WHO values and ethical standards, integrate diversity, equity and inclusion (DEI) together with prevention and response to sexual exploitation, abuse and harassment (PRSEAH), strengthen leadership and teamwork, contributed to the successful implementation of health programme priorities described in the report.....”

- WHO Afro - [African health ministers, partners urge equitable access to critical tools to curb cervical cancer threat](#)

“Inequitable access to vaccines and high-performance screening tools is hampering efforts to effectively reduce the growing burden of cervical cancer in the African region, which accounts for the highest rates of new cases and deaths due to the disease....”

Global Health Governance & Financing

BMJ Opinion - The WHO regional director elections must be reformed

K Buse, H Clark et al ; <https://www.bmj.com/content/386/bmj.q1880>

“Robust and transparent election processes are needed in WHO to ensure that leaders are elected based on merit, write **Kent Buse and colleagues.**”

The campaign continues. Update.

Excerpt: **“..... At the WHO executive board meeting earlier this year, the process of taking forward consultations on reforms was delegated to the regions. Global discussions on the topic are not scheduled until the World Health Assembly in May 2025.** Although regional consultations are important, we are **concerned about the direction of travel as there are indications of a desire to maintain the status quo.**”

“In our view, a set of reforms is needed that span all regional offices of the organisation. These reforms should reinforce the One WHO aspiration of a more unified and vertically integrated

organisation across its three levels, and also conform with a set of universal good governance practices and ethical norms, including the set of principles for officials elected to public office. **WHO is heading into the first “investment round” in its history** aiming to fund its core work while increasing the efficiency of receiving and disbursing funding. **This means it is all the more important that donors can be confident in the effective management of all regions and that investments will go to evidence informed priorities and not be allocated on the basis of political favours and debts.”**

African Union, Gavi and Japan unite to bolster health security and universal health coverage in Africa

https://reliefweb.int/report/world/african-union-gavi-and-japan-unite-bolster-health-security-and-universal-health-coverage-africa?utm_medium=social&utm_campaign=shared&utm_source=x.com

“Leaders of Africa, Japan, and Gavi have committed to deepening collaboration to address Africa’s most pressing health priorities. At a thematic event of the 2024 Tokyo International Conference on African Development (TICAD) Ministerial Meeting, the African Union and Gavi convened ministers and leaders to outline how sustainable financing, private sector partnerships and Japanese innovations can support countries achieve the Sustainable Development Goals (SDGs) and the African Union’s Agenda 2063. With increased outbreaks and population growth, protecting communities from vaccine-preventable disease is more critical than ever.”

Nippon - Japan Draws Up International Health Strategy

<https://www.nippon.com/en/news/yji2024082600732/>

“Japan’s health ministry on Monday adopted an international health strategy to develop the country’s medical and nursing care industries. The strategy calls for meeting foreign demand and disseminating Japanese healthcare know-how and medical technology abroad. Under the strategy, a “UHC (Universal Health Coverage) Knowledge Hub” will be established in Japan next year in cooperation with the World Health Organization and the World Bank to train policymakers from the health and finance ministries of low- and middle-income countries....”

New Humanitarian (Analysis) - International aid agencies pay the price for boom and bust

W Worley; <https://www.thenewhumanitarian.org/analysis/2024/08/29/international-aid-agencies-pay-price-boom-and-bust>

“If they were strengthening local actors, they would never have grown so much in the first place.”

CGD (blog) – How Cost-Effective Is Global Health Aid?

V Fan et al; <https://www.cgdev.org/blog/how-cost-effective-global-health-aid>

Blog linked to a new CGD working paper. “ [CGD working paper](#), “The Cost-Effectiveness of Health Aid: An Exploratory Quantitative Analysis” along with Karen Grepin, David Watkins, and Joe Dieleman. “

PS: “ We want to emphasize that **our study is descriptive, not normative.**The **study does make a claim that health aid should always be cost-effective.** ...”

Some of the findings:

“Most health aid is cost-effective “

“...One key finding is that there is **little evidence to suggest that donors are tailoring the cost-effectiveness of the interventions based on the income levels of recipient countries.** The distribution of cost-effective interventions did not significantly differ across low- or middle-income countries. This finding indicates that donors may practice a one-size-fits-all approach rather than tailoring interventions to specific local needs.....”

“The study also found no **correlation between the number of projects from a specific donor and the percentage of a donor’s projects which had cost-effective interventions, suggesting that having more projects does not translate to a greater share of cost-effective interventions.....”**

“We also have a juicy **table (see table 2) that compares donors by the cost-effectiveness of their project portfolios—see below.** The headline message is that **Global Affairs Canada, Spanish Municipalities, USAID, and the Gates Foundation** are the donors with the most projects that have identified more cost-effective interventions....”

- But do check out the **CGD working paper** as well.

[CGD working paper – The Cost-Effectiveness of Health Aid: An Exploratory Quantitative Analysis](#)

“... **In this paper, we examine projects in the Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System, the standard dataset that measures and characterizes development assistance for health, for the years 2019 to 2021, and count the number of projects that refer to interventions from a list of highly cost-effective interventions as defined by the Disease Control Priorities Project, third edition.** This exploratory quantitative analysis indicates that 61% of projects used a key word/phrase of a cost-effective intervention. There were 11.9 interventions mapped per project on average. There is little evidence that donors tailor the set of interventions to country income levels by cost-effectiveness....”

CGD - The Curious Case of No Take-up for Pandemic Preparedness Funding from the IMF’s Resilience and Sustainability Facility

V Fan et al; <https://www.cgdev.org/blog/curious-case-no-take-pandemic-preparedness-funding-imfs-resilience-and-sustainability-facility>

Very cool blog as well. Recommended read. Some excerpts.

“The IMF’s newly instituted Resilience and Sustainability Facility (RSF) has committed \$7.4 billion to 20 low-income and emerging market countries to address challenges arising from climate

change. The RSF was also intended to help countries prepare for pandemics, given the experiences of the COVID-19 pandemic and the economic scars it left behind. Indeed, the resources provided by the RSF come with highly concessional terms, repayable over 20 years with a grace period of 10.5 years. Despite the recent declaration of the mpox public health emergency and recent [release of the global strategic preparedness and response plan calling for \\$135 million to fund the plan](#), none of the 20 countries have sought RSF funding for pandemic preparedness. Donors and nations alike are expressing concern over the lack of resources allocated to the health sector in developing countries. In this piece, we explore possible reasons why countries are not utilizing the RSF for pandemic funding, including revealed preferences, implicit signaling, and interministerial dynamics. We conclude with broader challenges of global health financing architecture and the urgent need for a surge financing mechanism.”

PS: Authors end with some reflections on the **Pandemic Fund** and on **who ‘owns’ surge funding**.

CGD (blog) - Pandemic Financing Demystified: Essential Takeaways from Our New Paper

V Fan et al; <https://www.cgdev.org/blog/pandemic-financing-demystified-essential-takeaways-our-new-paper>

“... The latest [CGD policy paper](#), jointly released as a Disease Control Priorities (DCP) [working paper](#) as part of the forthcoming fourth edition of the [DCP volume on pandemics](#), tackles this question, offering a **detailed exploration of the financial mechanisms that can help us build a more resilient global health infrastructure. ...”**

“This blog aims to provide a concise yet comprehensive summary of the chapter, highlighting a few essential insights and recommendations. **Two key recommendations** emerge. **The first is that preparedness and response are tightly linked to each other. The second**, and perhaps more important recommendation, **is a pandemic surge financing mechanism remains a significant gap in the global aid architecture.....”**

Plos GPH - Financing health in sub-Saharan Africa 1990–2050: Donor dependence and expected domestic health spending

A E Apeageyi, J L Dieleman, J Nonvignon ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003433>

“We analyzed trends in growth in gross domestic product, government health spending, development assistance for health and the prioritization of health in national spending to compare countries within sub-Saharan Africa and globally. **We found that while gross domestic product was projected to increase through 2050 in sub-Saharan Africa, the share of gross domestic product that goes to health spending is only expected to increase moderately.** Our exploration shows that this tepid growth is expected because the percent of overall government spending that is dedicated to health 7.2% (6.3–8.3) compared to average of 12.4% (11.7–13.2) in other regions) is expected to stay low. Even if the amount, of resources provided from donors climbs some, it is not expected to keep pace with growing economies in sub-Saharan Africa and may transition towards other global public health goods. **Critically, development assistance for health provided to sub-Saharan Africa is expected to decrease in some countries, and the expected growth in government health spending might not be enough to cover this expected decline.** Increases in spending with a concordant

prioritization of health and the appropriate health system governance and structural reforms are critical to ensure that people who live in sub-Saharan Africa are not left behind.”

- See also IHME’s press release - [Lackluster prioritization of the health sector in government spending and dwindling donor contributions drive slow growth in health spending in Sub-Saharan Africa](#)

And related tweet: “**This poses a major challenge for achieving health-related SDGs in the region** and highlights the need for prioritizing health funding as a crucial aspect of meeting development goals.”

- And a related TGH blog – [Africa's Health Financing Gap](#) (by A Krugman)

“Donor health funding is declining in sub-Saharan Africa, and domestic spending is not rising to cover the gaps.”

“**Think Global Health spoke with the study's lead author, Dr. Angela Apeagyei**, about what is shaping financing trends and how policymakers can avert reversals of global health gains made in the region.”

Mpox emergency - updates

Two sections again in the HL section – one where we more or less chronologically **list the key news of this week**. In the next section, we then compile **some analysis, advocacy, ...** (*though also in the first section you’ll notice already a fair amount of analysis*)

And for the ones who really can’t get enough of Mpox reads, there’s also an **extra section** further in this newsletter.

Science - Confused about the mpox outbreaks? Here’s what’s spreading, where, and why

K Kupferschmidt; <https://www.science.org/content/article/confused-about-mpox-outbreaks-here-s-what-s-spreading-where-and-why>

From last weekend. “**With three virus variants on the move in different populations, “it keeps getting more complicated by the day”.**”

“...The situation is unusually complex because **it essentially involves three epidemics happening at the same time, each with a different virus variant, in different locations and populations, and with different modes of spread**. *ScienceInsider* talked to mpox researchers to help bring some clarity.”

Reuters - Exclusive: WHO says partners can start talks to buy mpox vaccines before its approval

[Reuters](#);

From last week on Friday. **“The World Health Organization said on Friday its partners such as Gavi and Unicef can start buying mpox vaccines before they are approved by the U.N. health agency, in a bid to get inoculations to Africa faster as the continent battles an escalating outbreak of the virus.”**

“Traditionally, organisations like Gavi, which helps lower-income countries buy vaccines, can only start purchasing shots once they have approval from the WHO. But the rules have been relaxed in this instance to get talks moving, as the WHO's approval is due in a few weeks....”

“Two vaccines, made by Denmark's Bavarian Nordic and Japan's KM Biologics, are already approved by regulators around the world, including the United States and Japan, and have been in widespread use for mpox since 2022. Around 1.2 million people have had Bavarian Nordic's vaccine in the United States alone. The WHO is expected to grant an emergency licence to the shots in September.”

PS: **“...this week, one of the vaccine manufacturers, Bavarian Nordic, [said](#) it needed orders immediately from organisations like Gavi and the WHO to make more shots this year, raising fears that lower-income countries could miss out or be forced to rely once again on precarious donations from high-income countries, as happened during the COVID-19 pandemic.....”**

UN News - WHO seeks \$135 million to defeat mpox

<https://news.un.org/en/story/2024/08/1153511>

Update as of Saturday morning. **“The current mpox outbreak “can be controlled and can be stopped”, the head of the World Health Organization (WHO) emphasized on Friday, announcing an action plan that calls for \$135 million over the next six months. “**

“... The Global Mpox Strategic Preparedness and Response Plan (SRSP) focuses on implementing comprehensive surveillance and response strategies, as well as advancing research and equitable access to medical countermeasures. ...”

“Our initial estimates are that the SPRP requires approximately \$135 million over the next six months for the acute phase of the outbreak. That amount will likely increase as we update the plan in light of growing needs,” Tedros said. ...”

PS: **“Additionally, the Regional Office for Africa, in collaboration with the African Centres for Disease Control (CDC), will jointly spearhead the coordination of mpox response efforts, given that needs on the continents are greatest.....”**

WHO - Global strategic preparedness and response plan launched by WHO to contain mpox outbreak

<https://www.who.int/news/item/26-08-2024-global-strategic-preparedness-and-response-plan-launched-by-who-to-contain-mpox-outbreak/>

(Monday) **“The World Health Organization (WHO) today launched a global [Strategic Preparedness and Response Plan](#) to stop outbreaks of human-to-human transmission of mpox through coordinated global, regional, and national efforts. This follows the declaration of a public health emergency of international concern by the WHO Director-General on 14 August. The plan**

covers the six-month period of September 2024-February 2025, envisioning a US\$135 million funding need for the response by WHO, Member States, partners including Africa Centres for Disease Control and Prevention (Africa CDC), communities, and researchers, among others. A funding appeal for what WHO needs to deliver on the plan will be launched shortly.”

“The plan, which builds on the [temporary recommendations](#) and [standing recommendations](#) issued by the WHO Director-General, focuses on **implementing comprehensive surveillance, prevention, readiness and response strategies; advancing research and equitable access to medical countermeasures like diagnostic tests and vaccines; minimizing animal-to-human transmission; and empowering communities** to actively participate in outbreak prevention and control.”

“**Strategic vaccination efforts will focus on individuals at the highest risk**, including close contacts of recent cases and healthcare workers, to interrupt transmission chains.”

“**At the global-level, the emphasis is on strategic leadership, timely evidence-based guidance, and access to medical countermeasures for the most at-risk groups in affected countries.**”

“**WHO is working with a broad range of international, regional, national and local partners and networks** to enhance coordination across key areas of preparedness, readiness and response. This includes engagement with the **ACT-Accelerator Principals group; the Standing Committee on Health Emergency Prevention, Preparedness and Response; the R&D Blueprint for Epidemics; and the interim Medical Counter Measures Network (i-MCM Net).**”

PS: “The WHO R&D Blueprint, along with Africa CDC, Coalition for Epidemic Preparedness Innovations (CEPI) and National Institute of Allergy and Infectious Diseases, will **host a virtual scientific conference on 29-30 August 2024** to align mpox research with outbreak control goals...”

- Coverage via [Stat: WHO launches plan to stanch mpox transmission and says the virus can be stopped](#)

Tedros explicitly said ‘**the virus can be stopped**’. And “The WHO plan aims to improve fair access to vaccines, particularly in African countries.”

- And also via [Cidrap News](#) :

“**First vaccine priority: interrupt transmission chains:** The response plan said **strategic vaccine efforts have a goal of interrupting transmission chains and will focus on people at greatest risk**, including close contacts of recent cases and healthcare workers.....”

WHO appeal: mpox public health emergency 2024

<https://www.who.int/publications/m/item/who-appeal--mpox-public-health-emergency-2024>

Published on Tuesday. “**WHO needs US\$ 87.4 million over 6 months, from September 2024 to February 2025**, to work with countries, partners and other stakeholders to stop and contain the current outbreak of mpox. This money will be used by WHO to implement critical activities outlined in the [global strategic preparedness and response plan \(SPRP\)](#) released the day before, on 26 August 2024. ...”

“Note: The SPRP mentioned a need for US\$ 135 million; this is the estimated budget for international support to national mpox responses, across partners and stakeholders, and includes US\$ 87.4 million for WHO to implement the SPRP.”

Cidrap News - Africa’s mpox cases continue steady rise

<https://www.cidrap.umn.edu/mpox/africa-s-mpox-cases-continue-steady-rise-first-vaccine-doses-arrive-nigeria>

“About 4,000 more mpox cases were reported in Africa last week, mostly from the Democratic Republic of the Congo (DRC), the head of Africa Centres for Disease Control and Prevention (Africa CDC) said yesterday.... ..”

“At a [telebriefing](#) yesterday, Africa CDC Director-General Jean Kaseya, MD, MPH, said the outbreak is increasing, with 22,863 cases reported since the first of the year, up about 4,000 from the previous week. Deaths rose by 81 last week, putting the region’s fatality count at 622. Kaseya said cases are still increasing, but officials know that surveillance is still weak and that the case counts likely underestimate the disease burden. He also said officials know there is a data quality issue and said Africa CDC is deploying 72 epidemiologists to affected countries to get a better idea of where and how mpox is spreading....”

Reuters - Congo asked Japan for 2 mln mpox vaccine doses, health officials say

[Reuters](#)

“Democratic Republic of Congo's government has asked Japan to donate at least 2 million doses of mpox vaccine, a senior official at Africa's top public health body and a Congolese official said on Tuesday. Japan's government said [last week](#) that Congo had requested mpox vaccine shots, but did not say how many. Ngashi Ngongo from the Africa Centres for Disease Control and Prevention (Africa CDC) told a briefing that the health agency understood that talks with Japan were "quite advanced" and Congo wanted the vaccine to protect children....”

Reuters - Spain to donate 500,000 mpox vaccine doses to combat outbreak in Africa

[Reuters](#);

“ Spain will donate 500,000 doses of the mpox vaccine, or 20% of its stockpile, to combat an outbreak of the disease in Africa, the Health Ministry said in a statement on Tuesday. It added that the country had urged the European Commission to propose that all EU member states donate 20% of their respective stock of the vaccine.”

““It makes no sense to stockpile vaccines where there is no problem, and now is the time to prove it," the ministry said. Spain's donation consists of 100,000 vials, enough to provide 500,000 doses....”

HPW - Japan Poised to Donate the Only Mpox Vaccine Licensed for Children to DRC

<https://healthpolicy-watch.news/japan-poised-to-donate-the-only-mpox-vaccine-licensed-for-children-to-drc/>

“The government of Japan is preparing to send donations of mpox vaccines to the Democratic Republic of Congo (DRC), the epicentre of the global outbreak, according to the Africa Centre for Disease Control and Prevention (Africa CDC). The Japan-based KM Biologics makes LC16, the only mpox vaccine currently licensed for children. This is essential for Africa as around 45% of cases in the DRC and 43% in neighbouring Burundi are children under 10....”

“...Vaccine donations are also underway from the European Union (215,000 doses), the US (15,000) and Gavi (5,000), and the first vaccines expected to land on the continent next week, Africa CDC Director-General Dr Jean Kaseya told a media briefing on Tuesday. ...”

PS: **“Bavarian Nordic’s Jynneos (also called MVA-BN), is the other vaccine expected. This is not yet licensed for use in children but the company said it had recently submitted clinical data to the European Medicines Agency “to potentially support the use of the mpox vaccine in adolescents (12–17-year-olds)”. Bavarian Nordic confirmed that it was working on tech transfer to enable African manufacturers to make the vaccine, which Kaseya told the briefing would involve the end process of “fit and finish”.”**

PS: **“The African Union has made \$10 million available to address the outbreak, and this is being used to prepare countries to receive and distribute the vaccines and improve surveillance, said Kaseya....”**

TGH - Mpox Vaccine Tracker: Millions Pledged, Millions to Still Be Delivered

<https://www.thinkglobalhealth.org/article/mpox-vaccine-tracker-millions-pledged-millions-still-be-delivered>

“A weekly updated tracker for vaccine donations announced in response to the mpox Clade I outbreak.”

“... Based on official government statements and media reports, Think Global Health has identified the countries and companies that have pledged vaccine doses to Africa. A database with sources is linked here and will be updated weekly on Tuesday.”

Public Citizen - Letter Urging Gavi, UNICEF to Negotiate Fair Price of Mpox Vaccines

<https://www.citizen.org/article/letter-urging-gavi-unicef-to-negotiate-fair-price-of-mpox-vaccines/>

“... Gavi’s readiness to use its newly approved First Response Fund (FRF), which totals \$500 million, is commendable. However, we are concerned about how Gavi and UNICEF will manage the procurement process, particularly the transparency of contract negotiations and the price that Gavi will pay for vaccines purchased with public funds....”

“As Gavi and UNICEF prepare to purchase Bavarian Nordic mpox vaccines, the estimated price of \$50-75 per dose remains prohibitively expensive, particularly for low- and middle-income

countries (LMICs). With a two-dose regimen required, this high price would mean that Gavi's \$500 million FRF (First Response Fund) could immunize only about 3.3 million people if fully allocated to vaccine procurement alone, which is far short of the Africa CDC's estimate of at least 10 million doses (5 million people) needed across the continent. **Moreover, the high price may deplete FRF resources designed to last seven years and be available for future emergencies...."**

Read what Public Citizen suggests instead.

UN News - Nigeria becomes first in Africa to receive mpox vaccines: WHO

<https://news.un.org/en/story/2024/08/1153676>

Update on Wednesday. **"Nigeria received 10,000 doses of mpox vaccines on Tuesday, becoming the first African country to obtain vaccines** aimed at combating the spread of the new strain of mpox virus. **The United States government has donated the Jynneos (MVA) vaccine to Nigeria,** and it is set to be distributed in five of the country's states where the most mpox cases have been detected...."

PS: "...**WHO's Africa office** says "serious gaps in mpox vaccine access" remain in Africa. The organization is working with countries and manufacturers to increase access to the needed vaccines. Further, **WHO is collaborating with partners including the UN Children's Fund (UNICEF) and others to "enable donations from countries with existing stockpiles."** The partners are also developing a "donation scheme" to ensure the limited vaccines are used in areas where it is most needed...."

- See also [HPW – Nigeria's Preparedness Enables it to Get First Mpox Vaccine Donations](#)

"Nigeria, accounting for just 1% of Africa's confirmed mpox cases, has become the first African country to receive a vaccine shipment outside a clinical trial. ... Leading up to the vaccine delivery, Dr Jean Kaseya, Director-General of the Africa CDC, confirmed that **Nigeria was one of the two African countries to have issued regulatory approval for the vaccine's introduction.** Nigeria's preparedness, marked by a robust vaccination plan, ensured its place at the forefront of receiving these doses...."

Reuters - Why mpox vaccines are only just arriving in Africa after two years

[Reuters;](#)

With a more analytical view, from early this week. **"The first 10,000 mpox vaccines are finally due to arrive next week in Africa,** where a dangerous new strain of the virus - which has afflicted people there for decades - has caused global alarm. **The slow arrival of the shots – which have already been made available in more than 70 countries outside Africa - showed that lessons learned from the COVID-19 pandemic about global healthcare inequities have been slow to bring change, half a dozen public health officials and scientists said."**

"Among the hurdles: It took the World Health Organization (WHO) until this month to start officially the process needed to give poor countries easy access to large quantities of vaccine via international agencies. That could have begun years ago, several of the officials and scientists told Reuters. The long wait for WHO approval for international agencies to buy and distribute the

vaccine has **forced individual African governments and the continent's public health agency - the Africa Centres for Disease Control and Prevention (CDC) – to instead request donations of shots from rich countries.** That cumbersome process can collapse, as it has before, if donors feel they should keep the vaccine to protect their own people.” **“The first 10,000 vaccines on their way to Africa - made by Bavarian Nordic – were donated by the United States, not provided by the U.N. system.”**

PS: **“...The Geneva-based U.N. health agency said on Friday it did not have sufficient data during the last mpox emergency in 2022 to start an approval process for the vaccine, and it has been working with manufacturers since then to see if the available data warranted an approval....”**

PS: **“... In Congo, the country's administration is another part of the problem.** Grappling with conflict and multiple competing disease outbreaks, its government has yet to ask Gavi officially for vaccine supplies and took months to talk to donor governments. Its medicines regulator only approved the two main vaccines in June. Neither Congo's health ministry nor **Japan's, which is working to donate large amounts of KM Biologics vaccines,** responded to requests for comment for this story.....”

“...Europe's pandemic preparedness agency said by email its 215,000 doses will not arrive [in Congo] before September at the earliest. Bavarian Nordic and Congo are still discussing pre-shipment requirements necessary to ensure proper storage and handling, said a spokesperson for USAID. The vaccines have to be kept at -20C, for example. “

“...Adding to those questions, scientists have not yet agreed what groups should be vaccinated first, although a likely strategy is ring vaccination, where contacts of known cases are prioritised....

PS: **“... Some global health experts say the WHO and others should have focused earlier on improving access to mpox vaccines as well as tests for the disease and treatments.** "The processes [at WHO for vaccines] and funding for diagnostics for mpox should have started a few years ago," said **Ayoade Alakija,** who co-chairs a global health partnership aiming to make the mpox response more egalitarian. She said her comment was not a critique of the WHO, which can only prioritise what its member states want. "It is a matter of what the world considers to be a priority, and [that is not] diseases that primarily affect black and brown people.....”

- See also the NYT – [Why Mpox vaccines aren't flowing to Africans in desperate need](#) (by S Nolen, from last weekend)

“Drugmakers have supplies ready to ship that are necessary to stop a potential pandemic. But WHO regulations have slowed access.’ “ Rather critical view of WHO. Excerpts below:

“... So where are the shots? They are trapped in a byzantine drug regulatory process at the World Health Organization....”

“... the WHO asked vaccine manufacturers only this month to submit the information needed for the mpox shots to receive an emergency licence – the WHO's accelerated approval for medical products. It urged countries to donate shots until the process was completed in September....”

“Three years after the last worldwide mpox outbreak, the W.H.O. still has neither officially approved the vaccines — although the United States and Europe have — nor has it issued an emergency use license that would speed access. One of these two approvals is necessary for UNICEF and Gavi, the organization that helps facilitate immunizations in developing nations, to buy and distribute mpox vaccines in low-income countries like Congo....”

“The W.H.O. says that, until this extraordinary measure [i.e. a PHEIC] , it had been bound by the rules: It has not had the data it requires to do a full review for approval of Jynneos, and the emergency license process can be carried out only after a public health emergency of international concern (known as a P.H.E.I.C.) has been declared, which just occurred. But Bavarian Nordic first met with the W.H.O. in August 2022 to discuss Jynneos, and submitted a dossier of information on the vaccine in May 2023, according to Mr. Chaplin [CEO Bavarian Nordic]. That dossier contained the research that led to approval years ago from the European Medicines Agency, as well as data from studies carried out once the vaccine was deployed during the 2022 mpox outbreak. More than 1.2 million people in the United States received at least one dose of the vaccine at that time, and studies showed it provided a high level of protection against mpox. Yet the W.H.O. did not open formal consideration of that research until last week. Deusdedit Mubangizi, the W.H.O.’s director of health product policy and standards, said that the organization’s group of experts would meet the week of Sept. 16 to consider the submitted data, and could issue a license as early as that week if they were satisfied....”

PS: **“This year, as case numbers grew in Congo, the W.H.O. decided to trigger the emergency license process even as it declared a global emergency. “We immediately got in touch with manufacturers and told them to submit a formal application,” Mr. Mubangizi said...”**

PS: **“... Some experts now wonder why Gavi should wait for W.H.O. approval of vaccines at all. “That would not be a complicated thing for the Gavi board to change, if they wanted to move faster in an emergency,” said a U.S. global health official who was not authorized to speak publicly about the matter....”**

FT - Mpox surveillance must be improved to tackle Africa surge, expert warns

[Mpox surveillance must be improved to tackle Africa surge, expert warns \(ft.com\)](#)

“Infectious disease professor Dimie Ogoina says cases are probably being under-reported.”

“A Nigerian professor who alerted the world to the re-emergence of mpox in his home country has warned that experts are working “blind” on the viral disease’s latest surge in Africa because of a lack of adequate surveillance systems. Dimie Ogoina, chair of the World Health Organization’s emergency committee of independent experts on mpox, said case numbers in an outbreak that has officially infected more than 17,000 people were likely to be underestimates because of a shortage of rapid diagnostic tests and inadequate data collection.”

“.... Ogoina said there was too much reliance on “evidence from the global north. [But] genetics and responses in immune systems are different”, adding: “If we don’t know our gaps [in health coverage] and our contexts, natural history, transmission dynamics, we’re working blind.” “

PS: “.... **On Friday, Brussels called on EU governments to donate more mpox vaccines to Africa. EU health commissioner Stella Kyriakides requested that health ministers across the bloc signal their “intention to donate mpox vaccines and therapeutics and the volumes available for donation” by the end of August.** The EU has said it will send 215,000 vaccines made by Denmark’s Bavarian Nordic and bought through its joint procurement scheme to Africa-CDC by early September. **Ogoina said vaccines would be “beneficial” but trials would need to be conducted in Africa to test their efficacy and how long they offered protection.** “We need to invest in understanding these vaccines in the African setting,” he said.”

Reuters - New mpox strain is changing fast; African scientists are ‘working blindly’ to respond

<https://www.reuters.com/business/healthcare-pharmaceuticals/new-mpox-strain-is-changing-fast-african-scientists-are-working-blindly-respond-2024-08-27/>

Some excerpts:

“Scientists studying the new mpox strain that has spread out of Democratic Republic of Congo say the virus is changing faster than expected and often in areas where experts lack the funding and equipment to properly track it. That means there are multiple unknowns about the virus itself, its severity and how it is transmitting, complicating the response, half a dozen scientists in Africa, Europe and the United States told Reuters.”

“.... “I worry that in Africa, we are working blindly,” said Dr. Dimie Ogoina, an infectious diseases expert at Niger Delta University Hospital in Nigeria who chairs the WHO’s mpox emergency committee. ... “We don’t understand our outbreak very well, and if we don’t understand our outbreak very well we will have difficulty addressing the problem in terms of transmission dynamics, the severity of the disease, risk factors of the disease,” Ogoina said. **“And I worry about the fact that the virus seems to be mutating and producing new strains.”** He said it took clade IIb in Nigeria five years or more to evolve enough for sustained spread among humans, sparking the 2022 global outbreak. Clade Ib has done the same thing in less than a year....”

“....Genetic sequencing of clade Ib infections, which the WHO estimates emerged mid-September 2023, show they carry a mutation known as APOBEC3, a signature of adaptation in humans. The virus that causes mpox has typically been fairly stable and slow to mutate, but APOBEC-driven mutations can accelerate viral evolution, said Dr. Miguel Paredes, who is studying the evolution of mpox and other viruses at Fred Hutchinson Cancer Center in Seattle. “All the human-to-human cases of mpox have this APOBEC signature of mutations, which means that it’s mutating a little bit more rapidly than we would expect,” he said....”

PS: **“....The mutated versions, clade Ib and IIb, can now essentially be considered a sexually transmitted disease, said Dr. Salim Abdool Karim, a South African epidemiologist and chair of the Africa CDC’s mpox advisory committee. Most of the mutated clade Ib cases are among adults, driven at first by an epidemic among female sex workers in South Kivu, Congo. The virus also can spread through close contact with an infected person,** which is likely how clusters of children have been infected with clade Ib, particularly in Burundi and in eastern Congo’s displacement camps, where crowded living conditions may be contributing. Children, pregnant women and people with weakened immune systems may be at greater risk of serious mpox disease and death, according to the WHO....”

UN News - Africa: Refugees and displaced face heightened threat from mpox outbreak

<https://news.un.org/en/story/2024/08/1153636>

“The UN refugee agency (UNHCR) warned on Tuesday that the mpox outbreak could have devastating effects on refugees and displaced families in the Democratic Republic of the Congo (DRC) and other affected African countries if urgent support is not forthcoming.”

WHO urges rapid access to mpox diagnostic tests, invites manufacturers to emergency review

<https://www.who.int/news/item/29-08-2024-who-urges-rapid-access-to-mpox-diagnostic-tests--invites-manufacturers-to-emergency-review>

“WHO has asked manufacturers of mpox in vitro diagnostics (IVDs) [to submit an expression of interest for Emergency Use Listing \(EUL\)](#). WHO has been in ongoing discussions with manufacturers about the need for effective diagnostics, particularly in low-income settings. **The request for EUL expressions of interest by manufacturers is the latest development in these discussions....”**

“...Since 2022, WHO has delivered around 150 000 diagnostic tests for mpox globally, of which over a quarter have gone to countries in the African Region. In the coming weeks, WHO will deliver another 30 000 tests to African countries....”

Mpox emergency - analysis, advocacy, ...

Devex - Mpox is a ‘milestone’ outbreak for Africa

<https://www.devex.com/news/mpox-is-a-milestone-outbreak-for-africa-108173>

“This is a historic outbreak for the African continent in a lot of ways.”

“The response to the mpox outbreak in Africa is a first in many ways — and represents a new method of confronting health emergencies for the continent. It’s the first time the [Africa Centres for Disease Control and Prevention](#) declared a continental health emergency and created a continental incident management team. And it’s the first time Africa will have one collective plan and budget for a health response....”

“... The mpox outbreak is a **pivotal moment for Africa CDC to further solidify its leading role on the continent, with its new structure and greater autonomy...”**

“... Experts say Africa CDC’s [declaration on Aug. 13](#) — which was followed by WHO declaring it a public health emergency of international concern, or PHEIC, one day later — **has been crucial in elevating the importance of the mpox outbreak. This includes prompting conversations around vaccine access and the local manufacturing of vaccines.... **And there’s hope this time around that****

these declarations will adequately serve the African continent — unlike the last mpox PHEIC, Gitahi (Amref) said....”

“... This outbreak is also a new chapter in Africa CDC and WHO’s relationship in other ways. The two traditionally have had overlaps that resulted, at times, in inefficiencies, wasted time and resources, conflicting messages, and confusion. In 2023, the [two organizations committed to working more cooperatively through a Joint Emergency Preparedness and Response Action Plan](#). It aims to leverage the strengths of the two organizations and avoid unnecessary overlap. **And so this outbreak will serve as a testing ground for how effectively these coordination changes have been implemented.** The **first continental incident management team for a health emergency was recently created for mpox** and is composed of groups including WHO, Africa CDC, UNICEF, [Médecins Sans Frontières](#), the [World Food Programme](#), the [International Organization for Migration](#), and the [International Federation of Red Cross and Red Crescent Societies](#), Kaseya said.”

PS: “WHO said the initial six months of the response is expected to cost [\\$135 million](#) across all international partners — but **it’s currently underfunded**. Africa CDC, on the other hand, has said it **needs an estimated [\\$245 million](#)** and has received less than 10% of that — about \$20 million, Reuters reports.”

Lancet World Report - Mpox puts Gavi's new pandemic fund to the test

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01775-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01775-6/fulltext)

“Gavi's US\$2.5 billion Day Zero Financing Facility aims to avoid delays in acquiring vaccines for new pandemics. Ann Danaiya Usher reports.”

“Gavi, the Vaccine Alliance, has a new US\$2.5 billion Day Zero Financing Facility that aims to provide the organisation with upfront liquidity to purchase vaccines in the event of a global pandemic. The facility is the first proof of concept of a new collaboration among development finance institutions (DFIs) seeking ways to collaborate on providing pandemic surge financing for medical countermeasures....”

“With WHO's designation of mpox as a public health emergency of international concern (PHEIC) on Aug 13, 2024, the Gavi fund is already being put to the test. In a sobering echo of 2020, affected countries once again lack access to vaccines and diagnostics and [Africa CDC](#) has appealed to global partners to “stand with us in this critical hour” **2 weeks into the PHEIC, Gavi has not yet drawn on its new Day Zero Fund for the mpox emergency but is reportedly in discussion with WHO, Africa CDC, countries, and donors.**”

PS: “... At the UN General Assembly next month, nine DFIs—seven representing countries of the G7 plus the European Investment Bank and the International Finance Corporation—plan to sign a memorandum of understanding for an MCM Surge Financing Initiative. It aims to lay the foundation for a first-of-its-kind architecture for DFI collaboration on innovative pandemic financing so that time is not lost waiting for donor pledges to materialise. Although several options are being discussed, **next in line after the Gavi facility could be a day zero fund for diagnostics.....”**

“... In the discussions between DFIs and global health agencies the option that is furthest along is a **liquidity or bridge financing mechanism for diagnostics**. Like the Gavi Day Zero Fund, DFI loans would fill the time gap between donor pledges and actual disbursements. **It is not obvious which entity might manage such a fund...**”

PS: “... **With over 70% of global production capacity of diagnostics concentrated in just three countries—China, South Korea, and the USA—she said, surge financing is not sufficient to solve the access issue.** In discussions with the DFIs, FIND has therefore proposed finding ways to provide working capital to manufacturers in other parts of the world to boost preparedness....”

HPW - The Global Response to Mpox: A Feeling of Déjà Vu?

J M Keller & J Guzman; <https://healthpolicy-watch.news/the-global-response-to-mpox-a-feeling-of-deja-vu/>

Must-read analysis. “With the number of new mpox cases continuing to rise, and many more potentially undetected, African countries affected by the latest outbreak are racing to mobilize funds and urgently deploy medical countermeasures, including vaccines. But **as the current epidemic unfolds, there is an undeniable feeling of déjà vu. Global efforts are falling short of what is needed to mount an urgent, well-coordinated response to curtail the crisis.** The world learned several lessons from COVID-19. But barring some areas of incremental progress, these lessons have yet to be translated into concrete actions....”

“Below we look at the global response to the latest mpox outbreak to date, **zooming in on three specific dimensions that pose the key challenges.** These include: the **dynamics of the emergency declarations issued by WHO and African Centres for Disease Control and Prevention (Africa CDC); the incremental progress of surge financing; and the slow and fragmented start to procurement and delivery of medical countermeasures.**”

Bloomberg - Missed Warnings, \$100 Vaccines and Red Tape — Why Mpox Was an Avoidable Emergency

[Bloomberg;](#)

“**Scientists talk of lost opportunities and a lack of funding that have contributed to the spread of the deadly virus.** “ Some excerpts:

“... **Despite the availability of an effective vaccine — which costs about \$100 a shot — and countries like the US having stockpiled millions of doses, Congo has yet to receive any. WHO delays in authorizing vaccines** have prevented shots from reaching needy countries as quickly as they could have, say critics....”

“... **African leaders, including South Africa’s President Cyril Ramaphosa, have said the continent was ignored during the previous mpox emergency, which focused on deploying vaccines to stem the spread in the US and Europe.** This time, the WHO’s declaration “must be different and correct the unfair treatment from the previous one,” Ramaphosa said in a statement on Aug. 17. “Vaccines and therapeutics were developed and made available primarily to Western countries, with little support extended to Africa.” ...”

“... The **WHO has said that in the two years since the last outbreak “there hasn’t been a single penny of donor money invested at a global level for controlling mpox.”**”

PS: “... Earlier this year, Rimoin and colleagues used **mathematical modeling to gauge what effect a vaccination program would have in Congo**. In a **study released in March**, they predicted 14,500 mpox cases and 700 deaths would occur within a year if no vaccine was deployed. They also found that immunizing 80% of children aged 15 years or under — almost half the population — across all provinces where the mpox virus is continuously present, would reduce cases and deaths by around 58%. The number of reported cases in Congo has already outstripped the prediction. **Rimoin and her team estimated it would require 40.7 million doses to be successful. That’s four times more than what Africa CDC estimates it needs for the continent right now**. Kamba, the Congo health minister, highlighted the expense of the vaccines when he said that the **country would need just 3.5 million doses to stop the outbreak.....”**

FT (Editorial) - The disappointing international response to mpox

<https://www.ft.com/content/c4fa937d-8a1c-47eb-997f-5ef860ca7460>

“Wealthy world must help Africa prevent a potential regional health catastrophe.” Fairly gloomy editorial from the FT (as of Thursday). It’s early days, though.

Telegraph - Poor sanitation and supply shortages fuel child mpox deaths in DRC

<https://www.telegraph.co.uk/global-health/science-and-disease/poor-sanitation-and-supply-shortages-fuel-child-mpox-deaths/>

“As a serious outbreak plagues the Democratic Republic of Congo, a **lack of soap and antibiotics is turning infections into death sentences.**”

Nature News - Mpox is spreading rapidly. Here are the questions researchers are racing to answer

<https://www.nature.com/articles/d41586-024-02793-9>

“Nature talks with infectious disease specialists about whether vaccines will curb this outbreak and more.” Interesting analysis – with 4 questions in particular.

PS: “Researchers lament that public-health organizations didn’t provide vaccines and other resources as soon as the clade I outbreak was identified, especially given lessons learned from the **2022 global mpox outbreak**. “The opportunity was there a couple months ago to cut this transmission chain, but resources weren’t available,” Liesenborghs says. “Now it will be more challenging to tackle this outbreak, and the population at risk is much broader.” “

Lancet Letter - The health of migrants at the intersection of mpox and HIV

A E Bassey et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01753-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01753-7/fulltext)

« ...It is recognised that **mpox poses a credible threat, especially as it intersects with HIV, with both diseases disproportionately affecting vulnerable groups such as men who have sex with men and**

sex workers. However, it can be contended that migrant populations, such as those fleeing conflict, refugees, asylum seekers, people who are internally displaced, and undocumented migrants face critical, yet unique risks, and might be overlooked in the global response.”

« In the current situation where **mpox and HIV converge to create a so-called syndemic effect**—with each disease worsening the effects of the other—decisive action is imperative. Governments, policy makers, health-care professionals, decision makers, and other key stakeholders must prioritise the experiences of migrant populations, and value their inputs in coproducing sustainable solutions. »

Human Rights Watch - A Rights-Based Global Response to Mpox Emergency in Africa

A K Ahmed (Special advisor Right to Health); <https://www.hrw.org/news/2024/08/23/rights-based-global-response-mpox-emergency-africa>

“Global Solidarity Needed to **Ensure Equitable Access to Treatments**, Prevent Further Spread.”

“..... **Human Rights Watch has previously warned that some actors exploit public health crises to marginalize vulnerable groups and stressed the need to place human rights at the center of any response.** As the current mpox outbreak continues, it is **essential that human rights principles are applied to this public health challenge.** Ensuring all people, regardless of geographic location or socioeconomic status, have access to necessary healthcare resources is not only a legal and moral imperative, but a critical component in controlling the spread of this and future infectious diseases.....”

AMR

TWN - Health: No consensus yet on Political Declaration on AMR for UN General Assembly

<https://www.twn.my/title2/health.info/2024/hi240802.htm>

“**Financing commitments and technology sharing to combat antimicrobial resistance are among issues that key developed countries have objected to, breaking potential consensus in a political declaration to be adopted** in September at a High-level meeting of the United Nations General Assembly....”

“The **9 August 2024 version of the draft political declaration on AMR was put out by the co-facilitators of the negotiation process under the “silence procedure”** that is an increasingly common decision-making process to wrap up difficult inter-governmental negotiations at the UN....”

“...TWN has learned that **G77 and China, Canada, Australia, New Zealand, the European Union (EU), Mexico, Switzerland, Ukraine, and the United States (US) broke the silence** on the draft political declaration and the co-facilitators are planning to table another version this week....” Read why they did so.

Devex - Opinion: The world's response to antibiotic resistance is still too weak

O Cars, M Gyansa-Lutterodt, S Peterson; <https://www.devex.com/news/opinion-the-world-s-response-to-antibiotic-resistance-is-still-too-weak-108154>

“Antibiotic resistance is a global leading cause of death — but the world's response is still too weak and narrow.”

“... When governments convene again at a high-level meeting on antimicrobial resistance, or AMR, during the U.N. General Assembly in September to take stock of the problem and make new commitments, it should be an urgent priority to bring the global AMR governance system together in a way that can address the insufficient attention it is getting. The following are some very tangible ways the international community can act to come together in the wake of the upcoming U.N. General Assembly....”

“... At the national level, countries should commit to put in place a strong focal point for implementation of the national action plan on AMR....”

“... At the global level, leveraging a whole-of-U.N. response will be key and strategic. [An analysis](#) of the roles, responsibilities and remit of U.N. organizations developed for the IACG-AMR already in 2019 showed there is “enormous potential and willingness ... across the UN system to take on the AMR challenge. There is significant capacity, expertise, and knowledge in the UN family and among its key partners.” Today, three U.N. organizations — the World Health Organization, [Food and Agriculture Organization](#), and the [U.N. Environment Programme](#) — together with the [World Organisation for Animal Health](#) are the technical, normative, and standard setting agencies supporting the global response across their respective mandates, known as the **Quadripartite. However, given the negative and worrisome impact of antibiotic resistance on the sustainable development and Agenda 2030, it is evident that many other U.N. agencies such as [U.N. Development Programme](#), [UNICEF](#), [UNESCO](#), the [World Bank](#), [U.N. Population Fund](#), to name a few, could be requested to contribute far more to the global response to AMR.”**

“This requires making it a transversal priority issue. The standing Quadripartite Joint Secretariat could be formalized as the central coordinating mechanism with adequate resources and mandated to develop a collaboration framework in which all relevant U.N agencies contribute to the global efforts to tackle AMR by developing and implementing coordinated actions....”

Globalization & Health - 1-10-100: Unifying goals to mobilize global action on antimicrobial resistance

Susan Rogers Van Katwyk, S Hoffman et al;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-024-01070-8>

“... The Bellagio Group for Accelerating AMR Action met in April 2024 to develop the ambitious but achievable 1–10-100 unifying goals to galvanize global policy change and investments for antimicrobial resistance mitigation: 1 Health; 10 million lives saved; and 100% sustainable access to effective antimicrobials....”

“... The 1–10-100 unifying goals propose to unite the world through a One Health approach to safeguard human health, animal welfare, agrifood systems, and the environment from the emergence and spread of drug-resistant microbes and infections; save over 10 million lives by 2040

through concerted efforts to prevent and appropriately treat infections while preserving the vital systems and services that depend on sustained antimicrobial effectiveness; and commit to ensuring that antimicrobials are available and affordable for all, used prudently, and secured for the future through innovation. **Compared to existing technical targets, these unifying goals offer advantages of focusing on prevention, encouraging multisectoral action and collaboration, promoting health equity, recognizing the need for innovation, and integrating with Sustainable Development Goals....”**

More on PPPR

WHO - Information document on the legal architecture of the proposal for the WHO Pandemic Agreement

https://apps.who.int/gb/inb/pdf_files/inb11/A_inb11_INF1-en.pdf

(28 August).

Related: WHO - [Information document on complementarity and coherence between the amended International Health Regulations \(2005\) adopted by the Seventy-seventh World Health Assembly, and the proposal for the WHO Pandemic Agreement](#) (29 August)

Science News - New, scientist-run virus database vows to be transparently run and simple to use

<https://www.science.org/content/article/new-scientist-run-virus-database-vows-be-transparently-run-and-simple-use>

“Pathoplexus is starting with sequences for Ebola strains and two other risky viruses.”

“... Called [Pathoplexus](#), the **database launched this week at first will focus on the Sudan and Zaire strains of Ebola virus, as well as Crimean-Congo hemorrhagic fever virus and West Nile virus**. Like similar databases, it hopes to help communities derail outbreaks before they grow, and, if that fails, better respond to epidemics and pandemics. ...”

“... But Pathoplexus aims to stand apart in other ways—especially compared with the Global Initiative on Sharing All Influenza Data (GISAID) database, which has become a central repository of sequences for the viruses that cause COVID-19, influenza, mpox, pneumonia, chikungunya, dengue, and Zika. **GISAID has been harshly criticized for concealing its finances and governance**, and several scientists have complained about its founder, [erstwhile businessman Peter Bogner](#), and his representatives [reprimanding them](#) for how they use the database and even cutting off access during disputes. **Pathoplexus will be run by an executive board of sequencing scientists from five continents....”**

Stat – Biden administration’s \$3.2 billion antiviral pandemic plan is fizzling out

<https://www.statnews.com/2024/08/26/nih-antiviral-medications-drug-discovery-program-for-pandemics-loses-funding/>

(gated) **“An ambitious effort to develop antiviral medications is seen to be at risk of becoming “half a bridge to nowhere.””**

“After Covid, the Biden administration was determined not to be caught off guard again. **In June 2021, it announced the Antiviral Program for Pandemics, which would spread \$3.2 billion across several government divisions and dozens of academic labs.** The idea was to create a “durable structure,” as Anthony Fauci said that month, to prepare for any more pandemic threats. **But that structure was never built.** Read the story from STAT’s Jason Mast on how a grand plan and \$577 million spent by taxpayers **may ultimately result in just a few papers and a couple interesting molecules....”**

Global tax justice & debt

GHF - UN Tax Convention: A Structural Transformation for Financing Health
[Guest Essay]

J Curtain & A Yamin; [Geneva Health Files](#);

“... In today’s edition, **experts from Partners in Health, discuss the recent breakthrough towards an international tax treaty at the UN,** that could eventually plug the leaks in public finances, contributing to much needed resources for a range of needs, including health goals....”

Some excerpts & quotes:

“A recent historic vote at the United Nations has set the terms for the first-ever global treaty on tax. The treaty, known as **the UN Framework Convention on International Tax Cooperation (UNTC),** represents a structural transformation that has the potential to deliver significant financing and increase health and social equity. **August 16th, marked a significant milestone in the struggle for financing the world’s health and social goals.”**

“According to the 2024 Financing for Sustainable Development Report (FSDR 2024), between USD 2.5 trillion and USD 4 trillion annually will be needed to achieve the SDGs, while according to Development Initiatives, **an additional US\$307–416 billion per year by 2030 is necessary just to achieve SDG 3 on “Ensuring Healthy Lives and Well-being.”**

“... **3.3 billion people now live in countries that spend more on interest payments on their sovereign debt than on education or health (see image below)....”** “There are 46 countries where interest payments on debt exceed health spending. Budgets for health, education, and other social services are cut because payments to creditors take precedence. **When countries are being systematically shackled with debt, it makes the SDG mantra of “leave no one behind” seem like a cruel joke. ...”**

“... Nonetheless, as economist Ndongo Samba Sylla points out, even the cancellation of the Global South’s entire external debt stock does not get to the root of the problem, which is a global system of extraction and appropriation....”

The authors conclude: “....This call to health activists and advocates to join the struggle is an essential one, and **we now have that essential instrument to converge on: the UN Framework Convention on International Tax Cooperation**. It’s imperative that the global health community comes to understand the interconnected struggles for health equity and economic justice and joins the movement for using the UNTC to drive fair financing of health and other social goods.”

Reuters - Mpox to add to sub-Saharan Africa's fiscal pressures, rating agency Fitch warns

[Reuters:](#)

“A rapid spread of the mpox virus in sub-Saharan Africa could add to the fiscal pressures many countries in the region are already experiencing, ratings agency Fitch said on Wednesday...”

Guardian - ‘Huge benefits’ in greater debt relief for lower income countries, study finds

<https://www.theguardian.com/world/article/2024/aug/25/huge-benefits-in-greater-debt-relief-for-lower-income-countries-study-finds>

“Exclusive: Levels of education and sanitation predicted to massively improve if creditors reduced payments.”

“Reducing the debt payments made by poor countries to more sustainable levels could help 5 million more children attend school and provide access to clean drinking water to 17 million people, according to research.”

“A study by academics at the universities of St Andrews and Leicester said there would be “huge benefits” – including saving the lives of 60,000 children and mothers – from slashing the size of repayments. With external debt payments running at their highest level in three decades, the findings of the study were seized upon by campaigners urging creditors to offer more generous terms to low-income countries.”

“The report looked at 39 countries where debt payments average more than 22% of government revenue and a wider group of 88 countries where debt payments average more than 15% of government income. It found that, if debt relief reduced payments for the group of 39 countries to 14% of government revenue, 16 million people could gain access to basic sanitation, 7 million could access clean drinking water, 2 million children could attend school and more than 30,000 children and mothers could survive the threat to life of extreme poverty. If external debt payments for the wider group of 88 countries were cut to 5% of government revenue, the study said 33 million people could gain access to basic sanitation, 17 million could access clean drinking water, 5 million children could attend school and more than 60,000 children and mothers could survive....”

Polio in Gaza

More or less chronologically, since end of last week:

FT - UN confirms first Gaza polio case in 25 years

<https://www.ft.com/content/3174f177-7d42-4197-b468-8f879422e20e>

From end of last week. **“Aid agencies rush to set up vaccination campaign in devastated Palestinian territory.”**

“The UN has confirmed the first case of polio in Gaza for 25 years, with the disease paralysing a 10-month-old baby, senior UN officials have said. Philippe Lazzarini, head of the UN agency for Palestinian refugees (UNRWA), said the **World Health Organization had confirmed the case.** In a post on X on Friday he warned that polio would not “make the distinction between Palestinian and Israeli children”. ...”

- See also UN News - [Gaza: First polio case confirmed in war-shattered enclave](#)

“... Tedros said that given the high risk of poliovirus spread in Gaza and the region, **the Palestinian health authorities together with the WHO and the UN Children’s Fund, UNICEF, “are working to implement two rounds of polio vaccination in the coming weeks to halt transmission”.** The UN agency for Palestine refugees, [UNRWA](#), added that its medical teams will support the delivery of vaccines to its clinics and mobile health teams, in partnership with WHO and UNICEF....”

UN News - Polio vaccines arrive in Gaza in boost to vaccination campaign: UNICEF

<https://news.un.org/en/story/2024/08/1153576>

“The UN Children’s Fund (UNICEF) announced on Monday the arrival of 1.2 million doses of vital polio vaccines in Gaza, amid urgent calls for humanitarian pauses to reach hundreds of thousands of at-risk children. More than 640,000 children are targeted to receive the polio type two (nOPV) vaccines, UNICEF said in a post on X....”

Guardian - Gaza polio vaccine rollout hindered by Israeli evacuation orders, says UN

<https://www.theguardian.com/world/article/2024/aug/27/gaza-polio-vaccine-rollout-hindered-by-israeli-evacuation-orders-says-un>

“The UN has said its ability to function in Gaza is being crippled by a flurry of Israeli evacuation orders, forcing Palestinians into ever smaller and more remote areas, days before a critical effort to contain a polio outbreak.”

UN News - UN upholds safety and efficacy of Gaza polio vaccine

<https://news.un.org/en/story/2024/08/1153641>

“The United Nations has upheld the safety of the polio vaccine that will be administered to more than half a million Palestinian children during an inoculation campaign in Gaza. ”

“During his daily media briefing from New York on Tuesday, UN Spokesperson Stéphane Dujarric noted that there had been misinformation surrounding the vaccine. Several news stories have appeared online in Israel and the United States, quoting two Israeli scientists falsely asserting that the polio vaccine due to be used in Gaza is “experimental” and a danger to citizens in both Palestine and Israel. ...”

HPW - UN Agencies Call for Humanitarian Pauses to Roll out Gaza Polio Vaccinations

<https://healthpolicy-watch.news/un-agencies-call-for-humanitarian-pauses-to-roll-out-gaza-polio-vaccinations/>

“Despite the Israeli military’s orders to evacuate the humanitarian hub in central Gaza, UN agencies are determined to continue with the planned polio vaccination campaign as the 1.2 million doses reached the Gaza Strip on Monday.”

“... To reach the intended vaccination target and gain better population immunity, UN officials have appealed for at least two humanitarian pauses of seven days to deliver the vaccine doses. The temporary ceasefire is necessary to ensure a cold chain of the vaccines, but also to guarantee the safety of patients reaching healthcare points and the right timing of the second dose....”

UN News - Security Council debates Gaza as WHO announces polio pauses for lifesaving vaccination campaign

<https://news.un.org/en/story/2024/08/1153746>

From Thursday evening. **“The UN Security Council is due to meet at 3pm local time in New York on the continuing crisis in Gaza and the occupied West Bank. Just ahead of the meeting, the World Health Organization (WHO) said agreement had been reached with Israel to allow a mass polio vaccination campaign to get underway through a series of humanitarian pauses to begin on Sunday.”**

- See also HPW - [Gaza Polio Vaccine Campaign to Begin Sunday – Israel Agrees to Three-Day Humanitarian Pause](#)

PS: **“....To reach the intended vaccination target and gain better population immunity, WHO and other UN agencies had appealed for at least two humanitarian pauses of seven days to deliver the vaccine doses....”**

- And the Guardian - [WHO says Israel and Hamas have agreed pauses in Gaza fighting to allow polio vaccinations](#)

And a link:

- Telegraph - [Polio could spread across Middle East if Gaza truce talks fail, WHO warns](#)

“The risk of this virus spreading into Israel, into the West Bank and into surrounding countries like Lebanon, Syria, Egypt and Jordan is high. So we need to act fast,” said **Dr Hamid Jafari, the director of the WHO’s polio eradication programme in the eastern Mediterranean....”**

Access to vaccines, medicines and other health technologies

Devex Invested: What Joseph Stiglitz told the Gates Foundation

<https://www.devex.com/news/devex-invested-what-joseph-stiglitz-told-the-gates-foundation-108167>

“What Joseph Stiglitz had to say to the Gates Foundation about intellectual property.”

“Nobel Prize winner and former [World Bank](#) chief economist Joseph Stiglitz gave a [public talk](#) earlier this month on “Tax, Justice and the Good Society,” so of course we asked him about the role of the Gates Foundation and its tax-deductible philanthropy in tackling modern ills.

“The fundamental question of the decisions about what kind of society we have **should be collectively decided and not delegated to a foundation**,” he said. “Their voice is very strong. The [Gates Foundation](#) has been very good in getting health care to developing countries and emerging markets, but there are a lot of disagreements about the best way of doing that. And should you let one person make those critical decisions?” ...”

“COVID-19 shone a spotlight on the Gates Foundation’s influence over global health, with a [lengthy 2022 investigation by WELT and POLITICO](#) pointing to **the foundation’s role in resisting intellectual property waivers** as a means of tackling the pandemic. **Stiglitz told the Melbourne audience of his well-known enthusiasm for a one-off monetary prize — rather than patents — as a way of rewarding innovation.** “I talked to the Gates Foundation about it, and they weren’t interested,” Stiglitz said. “Why? Well, you know, intellectual property is part of their mentality. So I thought, here’s this irony: All the money that comes from the abuse of intellectual property in technology is being transferred to an abuse of intellectual property in pharmaceuticals. But you could have gotten so much more **leverage if they had created a more competitive market in pharmaceuticals.**”

“We asked the Gates Foundation for its reaction to Stiglitz’s comments, and they directed us to a [statement](#) on their website outlining the foundation’s view on intellectual property.”

Reuters - India's Bharat Biotech to launch oral cholera vaccine amid global shortage

<https://www.reuters.com/business/healthcare-pharmaceuticals/indias-bharat-biotech-says-oral-cholera-vaccine-phase-3-trials-proves-safety-2024-08-27/>

“India’s Bharat Biotech said on Tuesday its oral cholera vaccine cleared a late-stage trial and that it plans a global launch, aiming to make up to 200 million doses a year amid an expanding outbreak of the disease and treatment shortages. India’s drug regulator has approved the vaccine, called

Hillchol, and **Bharat Biotech will apply for the World Health Organization's pre-qualification to supply to major buyers like the U.N. children's agency UNICEF**, the company said. Bharat Biotech's vaccine will **compete with South Korea's EuBiologics Co, which is the only WHO-approved producer of cholera vaccines....**

"Our intention is to first help the African continent where the situation is worse. And if any African country wants to procure the drug substance from us and do the final manufacturing there, we're also open to it," the company told Reuters. **Bharat Biotech will start production from its Hyderabad facility with an annual capacity of 45 million doses, and is awaiting a key approval for another facility to ramp-up production to 200 million doses...."**

Uniting Efforts (report): Planning for access during research and development: Policies, practices and opportunities to ensure health technologies are available to those that need them most

<https://www.unitingeffortsforshealth.org/new-uniting-efforts-report-planning-for-access-during-research-and-development>

"A new report commissioned by Uniting Efforts for Innovation Access and Delivery, a partnership of the Government of Japan, the United Nations Development Programme-led Access and Delivery Partnership, and the Global Health Innovative Technology Fund...."

"This report explores the current discussions and issues around planning for equitable access to health technologies during the research and development (R&D) process. It documents the policies, practices and perspectives of global health funders, innovators and other key stakeholders...."

"The findings reveal that while all stakeholders consulted agree that this is an area of interest and an opportunity to better ensure access, not all consider this part of their mandate or have explicit, consistent definitions of 'access.' Funders and innovators are increasingly considering developing access policies, but specifically ensuring that they start upstream during the R&D process isn't as common. Among funders and innovators that do have access policies and/or practices during R&D, the levels of detail, activity and transparency varied. The report goes on to note that across all stakeholders, there are both potential opportunities as well as potential appetite to continue to improve planning for access during R&D for health technologies."

Guardian - 'I wasn't sure I'd make it': how a new mother's brush with TB could mean better treatment for pregnant women

<https://www.theguardian.com/global-development/article/2024/aug/28/drug-resistant-tuberculosis-pregnant-women-trials-data-drugs-south-africa-discrimination>

"Fewer than 1.5% of drugs trials between 1960 and 2013 included expectant women. Now, campaigners and doctors are aiming to change that."

"In May, the World [Health](#) Organization's first working group on TB during pregnancy held its inaugural meeting.... ... Meanwhile, **results of the first TB trials to include pregnant women from the start** – the [Beat-TB](#) trial conducted in South Africa, which the [WHO lists](#) as one of 30 countries with the highest burdens of the disease – **are being assessed...."**

WHO and International Paralympic Committee team up to highlight power of assistive technology at Paris 2024 Paralympics

https://hq_who_departmentofcommunications.cmail19.com/t/d-e-ekrlluy-ikudkhlul-m/

“The World Health Organization (WHO) and International Paralympic Committee (IPC) are joining forces to highlight the transformative impact of assistive technology on sports during the Paris 2024 Paralympic Games. The **"Equipped for equity"** campaign emphasizes the crucial role of assistive technology for Paralympic athletes to **advocate for concerted global action to improve access to these essential health products...**”

Commercial Determinants of Health

Lancet Public Health (Viewpoint) - Financialisation: a 21st century commercial determinant of health equity

Sharon Friel et al ; <https://www.sciencedirect.com/science/article/pii/S2468266724001877>

“... **The aim of this Viewpoint** is to expand the understanding of the commercial determinants of health to explicitly include the financial system and present key plausible pathways via which the financialisation of advanced economies influences public health and **planetary health equity (PHE)**. The global public health community must pay close attention to these key commercial determinants of health. “

The Examination – As drinking habits shift, global alcohol industry fights to stay ahead

Ted Alcorn; [The Examination](#);

“Alcohol companies are targeting new markets and dodging regulation worldwide while excess drinking causes millions of deaths each year.”

“Alcorn interviewed public health experts and combed through company reports to **understand how the industry is fighting regulations on alcohol while growing its customer base** among women and in burgeoning economies across Asia and Africa...”

- And via the **World Health Summit's (August) Newsletter**:

Ilona Kickbusch – Paying a high price for pandemics of a different kind

“One worrisome disease outbreak seems to follow on the other: ongoing COVID infections, H5N1, dengue and now mpox. And in the Global North the fear of importing diseases and viruses is emerging again. But, **very little concern is raised about the export of disease from the Global North to the Global South, where the burden of disease related to obesity, diabetes, substance use disorders is already high and growing.** The proportion of premature deaths in the African Region – between 30 and 70 years – stands at 63.6 percent, which is higher than the global average of 41.8

(2019). The easy way out is to blame “lifestyles” – the necessary one is to look at the impact of commercial determinants of health, especially in relation to international investments in commodities, such as food. In the next four years the soft drinks market in Africa is projected to grow by nearly 17% - this means a market volume of 160 Bill USD. The increase in obesity is seen by WHO as a “ticking time bomb”. **As the African economies grow international commercial actors and interests will aim to increase their influence – on people (how they eat, what they drink) and on politicians (how they regulate, who they tax). A strong Global South voice in the upcoming UN/HLM on NCDs will be critical.** Lacking global agreements – for example on sugar taxes - the **burden of regulation lies with each of the African countries** – as does the heavy burden of preventable disease.”

Planetary Health

Devex - Here’s what African negotiators want from COP 29 climate negotiations

<https://www.devex.com/news/here-s-what-african-negotiators-want-from-cop-29-climate-negotiations-108159>

“As the world prepares for the critical COP 29 climate negotiations, African experts and negotiators are laying the groundwork for a unified continental position.”

“In a key preparatory meeting in Nairobi earlier this month, the African Group of Negotiators on Climate Change hammered out their priorities for the 29th United Nations Climate Change Conference, or COP 29, ranging from securing a substantial increase in climate finance to ensuring adaptation and loss and damage receive equal footing with mitigation efforts. The UNFCCC Africa Group of Negotiators meeting, which brought together experts and negotiators from across the continent from **Aug. 12-16**, will culminate in the development of Africa's official position paper for COP 29.....”

- See also [Reuters - African governments looking to COP summit for higher climate financing share](#)

“African countries want to use this year's U.N. COP meetings to secure a much bigger share of global climate financing, their representatives said at a meeting in Kenya on Thursday, to help deal with the increased threats from climate change.”

“African negotiators have drawn up a list of strategies which will be presented to a pre-COP 29, or Conference of the Parties, preparatory meeting of African ministers of environment in Ivory Coast next month. The 54-nation continent has been attracting more funds for climate mitigation and adaptation projects in recent years, but **it still gets less than 1% of the global climate financing on an annual basis**, government officials said. "One percent for Africa in terms of financing is a joke," Alice Wahome, Kenya's minister for housing and urban development, said at the meeting.”

“The 1% is of the global climate financing estimated at just over \$100 billion, while Africa requires investments of up to \$1.3 trillion, officials said, without providing a time frame for by when the amount is needed....”

“Limited access to external funding is forcing many governments on the continent to allocate parts of their budgets to climate adaptation measures, said Raila Odinga, a Kenyan politician who is vying to become the head of the African Union Commission at an election set for next year. Such extra expenditure comes at a time when many African economies are already struggling with debt, said Ali Mohamed, the co-chair of the African group of climate negotiators. One way of increasing Africa’s share of climate cash is to boost access to existing global funds set up for the purpose, Mohamed said, such as the Green Climate Fund and the Global Adaptation Fund....”

Guardian - ‘These ideas are incredibly popular’: what is degrowth and can it save the planet?

<https://www.theguardian.com/environment/article/2024/aug/27/what-is-degrowth-can-it-save-planet>

Update on the post-growth movement, in North but also – increasingly – in the South?

Excerpt:

“While the degrowth movement has gained a foothold among economists and ecologists in the global north, there has been a degree of scepticism among academics and activists in the global south. Many thought the idea was all well and good for developed economies, which already had the capacity to meet the basic needs of their populations. In developing countries, they argued, the picture was different, with development and growth still required after centuries of exploitation. But according to Morena Hanbury Lemos, an ecological economist from Brazil, that has been slowly changing. Lemos, who is at the Autonomous University of Barcelona, says initially the movement was “very much focused on – and quite insular about” the consequences of growth for Europe and the global north, but that the seeds of a more global outlook were present even then. “The foundations of anti-imperialism were always there but thanks to the work of many people they have really come to the fore in the last decade ... and that means it has attracted more and more interest from those in the global south.” She says many post-growth advocates now recognise two things: first, that a new form of sustainable non-destructive growth is still required in many areas of the global south to meet people’s basic needs and, second, that expansion in the global north has always been based on the destructive exploitation of people and resources, particularly in the global south.”

““We have been using the slogan recently ‘degrowth in the north and delinking in the south’,” she says. “Delinking in the south means moving away from this relationship of dependency, where economies in the global south are subordinated to the interest of economies in the global north, where they must do whatever capital requires.” ...”

“But there are other big questions facing the idea of a post-growth economics....”

Telegraph - Cutting pollution worldwide could add two years to average person’s life, says study

<https://www.telegraph.co.uk/global-health/climate-and-people/cutting-pollution-may-add-two-years-to-average-persons-life/>

“Fine particulate matter – or PM2.5 – remains the ‘world’s greatest external risk to human health’, according to the Air Quality Life Index.”

“Pollution caused by fine particulate matter, known as PM2.5, includes a variety of chemicals and materials that can get deep into the lungs and even into the bloodstream. It **remains the “world’s greatest external risk to human health,”** according to the authors of the **Air Quality Life Index (AQLI) study, conducted by the Energy Policy Institute (EPIC) at the University of Chicago** and published on Wednesday....”

“The EPIC researchers who analysed the data from 2022 conclude that **meeting World Health Organisation (WHO) guidelines on particulate matter would save a combined 14.9 billion life-years globally, or 1.9 per person....”**

PS: “... **South Asia remains the world’s most polluted region,** with residents breathing air that is almost 8.5 times more polluted than what the WHO has deemed safe...”

Miscellaneous

The Collective Blog - Digital rights advocacy: A new political determinant of health?

M Davis; <https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/meg-davis/digital-rights-advocacy-a-new-political-determinan.html>

“If digital technologies are a determinant of health, what determines digital access, inclusion and security in the future? Collective member Meg Davis reflects. “

“... Looking at the history of the global HIV response, I argue that civil society mobilization, if it scales up, could become a future political determinant of health in the digital age....”

G20 - Under discussion at the G20, global housing crisis calls for urgent solutions

<https://www.g20.org/en/news/under-discussion-at-the-g20-global-housing-crisis-calls-for-urgent-solutions>

“With 100 million homeless people and billions living in substandard conditions around the world, the housing crisis is now at the forefront of global discussions at the G20. The debate "Production and management of data on the homeless population" received contributions from Brasil, the United States, France, and Canada, emphasizing the urgency of finding solutions to the situation.”

Global health governance & Governance of Health

Book (2nd edition) – Global Health Governance

<https://www.routledge.com/Global-Health-Governance/Harman-Papamichail/p/book/9781138560369>

By S Harman et al.

Global Policy Watch - Unpacking the Pact for the Future: Analyses and Takeaways from Rev.1 & Rev.2

<https://www.globalpolicywatch.org/blog/2024/08/24/unpacking-the-pact-for-the-future-analyses-and-takeaways-from-rev-1-rev-2/>

“**The Summit of the Future (SOTF)** will take place on **22-23 September 2024 at UNHQ in New York** and has been envisaged as a pivotal moment to reinvigorate the multilateral system and redress the inequities within global governance at large. **The Summit’s outcome document, the Pact for the Future, contains a myriad of proposals aimed at addressing issues that present and future generations face, organized across five key tracks:** Chapter 1. Sustainable development and financing for development; Chapter 2. International peace and security; Chapter 3. Science technology and innovation; Chapter 4. Youth and future generations; and Chapter 5. Global governance.”

PS: “....The “**Unpacking the Pact for the Future**” series analyses the changes in language made between Rev.1 and Rev.2 to assess the state of the Pact as it is now and what should be done in Rev. 3 to raise the ambition of the Pact, thus working to ensure that Member States capitalize on this once in a generation moment at the Summit of the Future. “

- Related: [Global Policy Watch - Security Council reform is high on the agenda of the Summit of the Future \(SOTF\)](#)

“The [Pact for the Future](#) (PFTF), the proposed outcome of the Summit of the Future, addresses **Security Council reform** in Chapter 5 on global governance....”

- PS: Version of the **Pact of the Future as of 27 August:** <https://www.un.org/sites/un2.un.org/files/sotf-pact-for-the-future-rev.3.pdf> (check especially action 57)

Foreign Policy (Excerpt) - The World Bank Is Failing and Needs a Restart

Paul Collier ; https://foreignpolicy.com/2024/08/24/world-bank-development-aid-global-poverty-africa/?tpcc=recirc_latest062921

(gated) “**Global poverty and income divergence are set to rise again**—a brutal indictment of the institution’s work.”

Nature Medicine - A united call for gender equity in global health leadership

C Mougalian, R Dhatt et al; <https://www.nature.com/articles/s41591-024-03192-3>

“...We call on policymakers and other health system actors to take urgent action to achieve equity in health leadership and we **suggest some immediate actions** to achieve this. ...”

Devex Pro - Why is localization surging in some countries and stalling in others?

<https://www.devex.com/news/why-is-localization-surging-in-some-countries-and-stalling-in-others-108111>

(gated) (focus on USAID) “The latest **country-by-country figures** illustrate a **spotty, scattered set of trends.**”

For some more detail, see [Devex Newswire](#): “Why is Kenya such a superstar on localization while Ghana struggles?”

“A **stronger civil society ecosystem** or decades of USAID engagement seem to help lay the **groundwork for localization**. A country might also have a **higher proportion of health programming, a thematic area that for years has prioritized working with local organizations**. Those factors may explain why, for example, **Kenya is such a standout**, with the mission directing more than half of its funds toward local groups last year....”

“**On the flip side, USAID’s South Sudan mission channeled just 5% of its funding to local groups, while the figure in Syria was — year over year — a big fat zero. Conflict explains some of these stats**, as does the fact that the **missions are likely focusing on humanitarian assistance, which historically has funneled tiny amounts of money toward local groups....**”

“**Where localization on the development side goes back 10 years or so, localization on the humanitarian side inside USAID is only beginning now,**” says Justin Fugle of [Plan International](#).

“... **“Individual personnel, particularly at the leadership level, can have a great impact,”** says Marin Belhoussein of [Oxfam America](#). “A lot depends on who those staff are and what they’re interested in doing.” ...”

KFF Tracker: U.S. Global Health Programs by Country and Region

<https://www.kff.org/global-health-policy/fact-sheet/kff-tracker-u-s-global-health-programs-by-country-and-region/>

Resource.

“**The U.S. supports global health programs in almost 80 countries, with additional countries reached through its regional efforts and contributions to multilateral organizations.** In each partner country, U.S. programs often operate in multiple program or health areas, which may include: the President’s Emergency Plan for AIDS Relief (PEPFAR), Tuberculosis (TB), the President’s Malaria Initiative (PMI), Neglected Tropical Diseases (NTDs), Family Planning and Reproductive

Health (FP/RH), Maternal and Child Health (MCH), Nutrition, and Global Health Security. **This tracker provides an overview of U.S. bilateral global health programs by country and region...**"

Lancet Regional Health Europe - Europe needs to urgently implement an outward looking Global Health Strategy

Astrid Berner-Rodoreda; Till Bärnighausen et al;

[https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762\(24\)00213-8/fulltext](https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(24)00213-8/fulltext)

"... What can one expect for Global Health after the June 2024 election when the European Parliament (EP) became home to three Eurosceptic populist groups? The degree to which nationalist positions may affect the work of the European Commission's agenda and the relevance populist governments will accord to health issues is not entirely clear at this stage. **It is likely that Global Health**, defined as "address [ing] complex health problems across national boundaries and improve [ing] health for all" **may not have the same priority as before.** We mainly see health issues featured in the political manifestos of Greens, Conservative, Socialist Democrat, Left and to some extent Liberal groups with varying degrees of a global dimension - populist parties seem silent on the issue."

"... Relevant lessons from COVID-19 for future pandemics are enshrined in the EU Global Health Strategy, the implementation of which may now be threatened through the shift to the populist right in the new composition of the EP. More than ever, we need an outward looking European Health Union. As representatives of European health research institutes, **we call on the EP to form strong majorities for a bold implementation of the EU Global Health Strategy that pursues access to health care and commodities for all people worldwide."**

Global Policy - Issue congruence in international organizations: A study of World Bank spending

<https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.13413>

By M Heinzl et al.

Devex - Belgian development chief says aid is 'not charity' as possible cut looms

<https://www.devex.com/news/belgian-development-chief-says-aid-is-not-charity-as-possible-cut-looms-108175>

"Spending offers "a direct return on investment in terms of jobs, but also contracts for Belgian companies," Jean Van Wetter wrote. ... The head of the Belgian federal development agency Enabel has defended the country's development spending as an exercise partly in self-interest after reports that a new governing coalition could make cuts to foreign aid..."

PS: **"... Should the cuts go ahead they would follow a spate of major European donors slashing aid budgets of late, including the Netherlands, Sweden, France, Germany, and the European Union itself. That bodes badly for what the Center for Global Development has called a "traffic jam" of upcoming replenishments for initiatives** such as the International Development Association, GAVI, the Vaccine Alliance, and the Global Fund to fight AIDS, Tuberculosis and Malaria, through to 2025."

Devex - 20 years of MCC: How big dreams faced tough realities

<https://www.devex.com/news/20-years-of-mcc-how-big-dreams-faced-tough-realities-108162>

(gated) “At its beginnings as an upstart U.S. aid agency, **the Millennium Challenge Corporation sought to create a new model of development funding. It’s invested more than \$17 billion** but has never lived up to its founders’ lofty aims.”

ODI (Expert Comment) - Why donors must finance feminist movements

<https://odi.org/en/insights/why-donors-must-finance-feminist-movements/>

By E Tant et al.

“In a context of low and **falling Official Development Assistance (ODA) on gender equality**, feminist grassroots movements and women’s rights organisations continue to be **systemically underfunded in comparison to other gender equality actors**. This means that feminist movements are largely excluded from accessing development funding, currently receiving less than 1% of global ODA. As a result, **in 2022, funds for feminist movements and women’s organisations amounted to just \$453 million of ODA out of a total of \$204 billion for the year**. With regards to philanthropic funding, only **8% of all private philanthropy** for development targeted gender, while Black feminist movements only receive somewhere between **0.1% and 0.35%** of annual grant dollars from foundations.....”

Geneva Global Health Hub - Welcome to Alessandra Tisi New G2H2 Executive Secretary

<https://g2h2.org/posts/alessandratisi/>

She’s replacing **Thomas Schwarz** (who’s retiring).

Global health financing

Global Policy Forum - End of the Addis Ababa era: UN meeting takes stock of nearly a decade in development finance

B Ellmers; [Global Policy](#);

Well worth a read. It’s not a rosy picture, the past decade in terms of development finance.

“From 22 to 26 June 2024, the international community gathered in Addis Ababa for the first session of the Preparatory Committee (PrepCom) for the UN's Fourth International Conference on Financing for Development (FfD4). The well-attended meeting took place against the backdrop that time is running out to close the financing gap for the SDGs. At the same time, high debt levels in many developing countries are making it increasingly difficult to find suitable financing instruments. ...”

And a link:

- Wemos - [GFF mid-term evaluation: key recommendations for alignment, coordination and health financing](#)

UHC & PHC

BMJ Analysis - Are alternative payment models the answer to the failures of pay-for-performance?

<https://www.bmj.com/content/386/bmj-2023-077941>

“Irene Papanicolas and colleagues consider the potential of alternatives to quality-based pay-for-performance systems and the remaining challenges.”

“Over the past two decades most healthcare systems have modified the way they pay providers to attach financial incentives directly to quality of care. **This type of payment, often referred to as pay for performance, gained momentum in the early 2000s**, following several studies highlighting concerns about the quality and safety of healthcare systems. **However, the evidence suggests they have been largely ineffective in improving quality. In response, health payers in various countries have introduced alternative payment models** that encourage more effective, efficient, and integrated healthcare. **We examine the early evidence on these alternative models and consider what they can realistically achieve.....”**

Key messages: “Many health systems have experimented with pay-for-performance models but evidence shows they have been ineffective; Alternative payment models offer the opportunity to learn from the flaws of earlier models and encourage more effective, efficient, and integrated healthcare; **Some of the same challenges remain, such as accounting for differential risk factors and incorporating new payment models into existing organisational structures**; Attaching payment to value can be used to align incentives towards healthcare goals, but the ability of these models to produce cost savings and meaningful improvements in outcomes is likely to be limited.”

HP&P - Stakeholder Perspectives on the Governance and Accountability of Nigeria’s Basic Healthcare Provision Fund

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czae082/7741194>

By Mary I Adeoye, Felix A Obi et al.

Pandemic preparedness & response/ Global Health Security

CEPI partners with Afrigen to speed up mRNA vaccine development and access

<https://cepi.net/cepi-partners-afrigen-speed-mrna-vaccine-development-and-access>

“Scientists in South Africa will investigate whether synthetic DNA could act as an alternative to traditional plasmid DNA required for mRNA vaccines—potentially making the initial phase of the vaccine development process up to three times faster. In a US\$2.05 million CEPI-funded project, researchers at [Afrigen Biologics](#), a South African biotech company that is home to the [mRNA Technology Transfer Programme](#), will explore whether optimised synthetic DNA can help to reduce mRNA vaccine development timelines for emergency use in the event of a disease outbreak. The CEPI-Afrigen partnership supports the 100 Days Mission—a goal embraced by leaders of the G7 and G20 to reduce vaccine development timelines to a little over three months in response to a pandemic threat...”

Nature Medicine - Health and economic impacts of Lassa vaccination campaigns in West Africa

D R M Smith et al; <https://www.nature.com/articles/s41591-024-03232-y>

“Deploying a safe and effective Lassa vaccine across 15 countries of West Africa could save nearly 3,300 lives over 10 years and avert up to \$128 million in societal costs.”

And a link:

- [IAVI – First-ever Phase 2 Lassa vaccine clinical trial now fully active across West Africa](#)

BMJ Opinion - We need a global framework for promoting safe handling of high consequence pathogens

E A Karlsson et al ; <https://www.bmj.com/content/386/bmj.q1855>

« Universal and comprehensive measures must be implemented with global oversight to mitigate the risks associated with handling potentially dangerous microbes. »

Planetary health

Devex - Deadly issue of air pollution needs attention — and money, experts warn

https://www.devex.com/news/deadly-issue-of-air-pollution-needs-attention-and-money-experts-warn-108163?utm_source=twitter&utm_medium=social&utm_campaign=devex_social_icons

“Experts ask why the issue of air pollution, so interconnected to global health and climate change, remains so underfunded.”

“... A first-of-its-kind fund providing grants for air pollution monitors in countries with low air quality data has been set up by a research institute with a \$1.5 million philanthropic gift. While the news has been welcomed, some question where the government investment is for such a significant health and climate issue. **The EPIC Air Quality Fund was launched last month by the Energy Policy Institute at the University of Chicago, or EPIC, with a \$1.5 million grant from U.S.-based social enterprise Open Philanthropy.** It aims to fund local groups and organizations to install air quality monitors and provide communities with open data on air pollution that can then be used to push for high-level action to improve air quality....”

UN News - Mozambique makes great strides towards Early Warnings for All

<https://news.un.org/en/story/2024/08/1153456>

“Mozambique is playing a leading role in a UN-led global initiative to ensure that all people on the planet are protected against weather-related hazards through early warning systems, the World Meteorological Organization (WMO) said on Thursday. ‘

‘At a ministerial-level ceremony in the capital, Maputo, President Filipe Jacinto Nyusi launched an ambitious national roadmap to achieve **Early Warnings for All** by the end of 2027. The initiative, also known as **EW4All**, was **first announced by UN Secretary-General António Guterres in March 2022**, with the goal of achieving universal coverage within a five-year deadline....”

Science News - Hot days or heat waves? Researchers debate how to count deaths from heat

<https://www.science.org/content/article/hot-days-or-heat-waves-researchers-debate-how-count-deaths-heat>

“Focusing on temperature extremes can galvanize policy changes but risks undercounting.”

“Some argue the best way to understand the impact of heat is to track how death rates vary with fluctuations in temperature, as the European studies did. But others say a truer measure is to rely on officially declared heat waves and count excess deaths—those above the expected number—each day.”

“The two kinds of studies “provide answers to different questions, looking at different exposure metrics,” says environmental epidemiologist Jaime Madrigano of Johns Hopkins University. Seeing how deaths vary with temperature captures the health effects of gradual warming, whereas focusing on heat waves highlights the consequences of extreme cases.”

“The dispute isn’t just academic. Heat waves grab headlines and the attention of policymakers, spurring them to adopt heat warning systems that urge people to stay indoors or take other precautions. But some scientists note that just examining heat waves omits the deaths that occur beyond what’s considered extreme....”

WP - New study suggests climate change will make hail bigger and more costly - The Washington Post

<https://www.washingtonpost.com/weather/2024/08/25/new-study-suggests-climate-change-will-make-hail-bigger-more-costly/>

Cfr a study in the journal [npj Climate and Atmospheric science](#).

And a link:

- [Plos Climate – Integration of urban climate research within the global climate change discourse](#)

Covid

Eurekaalert - Discovery of how blood clots harm brain and body in COVID-19 points to new therapy

<https://www.eurekaalert.org/news-releases/1055902?s=09>

On an important new study. “Scientists at Gladstone Institutes, along with collaborators, have solved the mystery of unusual blood clotting and inflammation in COVID-19—and identified a promising therapeutic strategy.”

“In a study that reshapes what we know about COVID-19 and its most perplexing symptoms, scientists have discovered that the blood coagulation protein fibrin causes the unusual clotting and inflammation that have become hallmarks of the disease, while also suppressing the body’s ability to clear the virus. Importantly, the team also identified a new antibody therapy to combat all of these deleterious effects. [Published in Nature](#), the study by Gladstone Institutes and collaborators overturns the prevailing theory that blood clotting is merely a consequence of inflammation in COVID-19.....”

Lab Leak Mania

Paul Offit; <https://pauloffit.substack.com/p/lab-leak-mania>

From June but well worth a read. “Why did the New York Times publish an op-ed supporting the lab leak theory?”

“On June 3, 2024, the *New York Times* published an op-ed titled, “Why the Pandemic Probably Started in a Lab, in 5 Key Points by Alina Chan, a molecular biologist at the Broad Institute in Boston. (<https://www.nytimes.com/interactive/2024/06/03/opinion/covid-lab-leak.html>)”

In this blog, **Paul Offit answers these points, one by one.**

Guardian - Communicate risks of not getting Covid vaccine to boost uptake, study suggests

<https://www.theguardian.com/society/article/2024/aug/28/communication-covid-vaccine-uptake-research>

“Focus on potential harms from staying unvaccinated found to be more effective than messaging on job’s benefits.”

“Policymakers who want to encourage the uptake of Covid vaccines should focus on communicating the risks of not having such jobs, research suggests. **Researchers in China say they have found the approach**, known as a **loss frame strategy**, is more persuasive in boosting people’s willingness to get vaccinated than focusing on the benefits either to the individual themselves or to others....”

Cfr a paper in the [Journal of Public Health](#).

Cidrap News - Report details COVID-related healthcare worker attacks, injuries, deaths around the world

<https://www.cidrap.umn.edu/covid-19/report-details-covid-related-healthcare-worker-attacks-injuries-deaths-around-world>

“During the first 3 years of the pandemic, at least 255 healthcare workers (HCWs) around the world were attacked, 18 were killed, 147 were injured, and 86 facilities were damaged, finds a report published last week in Health Security. Led by researchers in the Netherlands, the study extracted **data on global COVID-related attacks against HCWs from the Safeguarding Health in Conflict Coalition database** from January 2020 to January 2023....”

Mpox

NEJM (Perspective) - The Mpox Global Health Emergency — A Time for Solidarity and Equity

Lawrence O. Gostin et al; <https://www.nejm.org/doi/full/10.1056/NEJMp2410395>

« The PHEIC sets in motion binding legal obligations for international cooperation and rapid reporting of data, compliance with any relevant temporary recommendations from the WHO, and mobilization of funding for diagnostics, surveillance, and medical countermeasures. The PHECS empowers Africa CDC to coordinate the continental response. **Since this is the first time that regional and international emergency declarations have been in effect concurrently, it is vital to harmonize the global mpox response and give full support to African countries and public health officials leading the response in their communities....”**

“... Priorities for an effective global response should include major investments in health systems, including diagnostics, surveillance, and the health workforce; risk communication encouraging culturally appropriate behavior changes; equitable access to lifesaving countermeasures; and sustained financing and action in the region....”

Stat Op-ed- To stop mpox from becoming the next pandemic, we must address global vaccine inequities

W R Matias (Harvard Medical school); <https://www.statnews.com/2024/08/27/mpox-vaccines-stockpiles-equity-mva-bn-bavarian-nordic/>

With focus on what the US should do.

Excerpts:

“...During the Clade II epidemic, wealthy nations effectively used the MVA-BN vaccine, produced by Bavarian Nordic. **Now the WHO has urged increased production and requested donations from countries with stockpiles, but progress has been slow.** The U.S. recently pledged 50,000 vaccines — a fraction of the 7 million it aimed to stockpile by mid-2023. The European Commission and Bavarian Nordic pledged over 215,000 doses. **These donations fall far short of the 10 million doses Africa CDC estimates are necessary.**”

“**Production scale-up has also been disappointing.** Bavarian Nordic informed Africa CDC it could supply up to 2 million doses in 2024 and manufacture up to 10 million doses by the end of 2025 if there are firm purchase requests. **These efforts are limited by the vaccine’s prohibitive price: approximately \$200 per course. That steep cost is why mpox vaccines never reached Africa after the 2022 outbreak, and it remains unclear how vaccine procurement will be funded now....**”

“**But producing and procuring vaccines is only the first step. Funds are needed to deploy them in the challenging settings where mpox is spreading.** Jean Kaseya, director-general of Africa CDC, estimates an effective continent-wide response will require \$4 billion. The U.S. has announced just \$55 million in emergency health assistance for mpox response in the region....”

“**To prevent this outbreak from becoming a pandemic and to foster global health equity, the United States must lead in addressing this crisis.** Here’s how: **The U.S. should commit to sharing at least 50% of its mpox vaccine stockpile with affected African nations within six months.** This should be straightforward, as the U.S. recently confirmed a \$156.8 million contract with Bavarian Nordic, ensuring our stockpiles are replenished as we share. **Additionally, the federal government should allocate \$200 million in the next federal budget to expedite vaccine procurement and delivery as well as mpox response initiatives in endemic regions.** This supports the preparedness and response plan the World Health Organization unveiled Monday....”

The Conversation - Mpox: African countries have beaten disease outbreaks before – here’s what it takes

O Tomori; <https://theconversation.com/mpox-african-countries-have-beaten-disease-outbreaks-before-heres-what-it-takes-237238>

“In this interview, **Oyewale Tomori, a professor of virology, explains why the declaration of mpox as a global public health emergency is connected with the failure of African governments to properly fund disease surveillance activities** and create an environment for their deeply experienced health workers to function. He also sheds light on what it takes to stop a disease outbreak....”

Lancet Infectious Diseases (Letter) - Mpox—is there a more dangerous new clade?

Christian Hoffmann; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00564-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00564-4/fulltext)

Concluding: **“In summary, no valid statement can currently be made as to whether there is any clinical difference between mpox clades.** Although mpox is undeniably a serious threat with increasing case numbers in some African countries, authors should be cautious about use of escalating statements about the severity or distinct transmission patterns of the disease. **More robust epidemiological data is needed to determine potential differences between clades, in particular also about the newly detected clade Ib.”**

Euractiv - Congo turns to Belgian pharma company for mpox rapid antigen tests

<https://www.euractiv.com/section/health-consumers/news/congo-turns-to-belgian-pharma-company-for-mpox-rapid-antigen-tests/>

“The Democratic Republic of Congo has ordered one million rapid antigen tests from the Belgian pharmaceutical company Contipharma.”

Infectious diseases & NTDs

HPW - Sudan Battling New Cholera Outbreak at 60 Cases per Day, WHO Reveals

<https://healthpolicy-watch.news/sudan-battling-new-cholera-outbreak-at-60-cases-per-day-who-reveals/>

“United Nations officials are expressing concern that a new cholera outbreak in conflict-ridden Sudan, declared 10 days ago, could widen dramatically in the wake of increased rainfall and flooding. Some 658 cases of cholera have been reported since 12 August, with 28 deaths, the World Health Organization (WHO) revealed in its [latest situation report](#), published Friday. ...”

Nature News - Mysterious Oropouche virus is spreading: what you should know

<https://www.nature.com/articles/d41586-024-02746-2>

“The virus is endemic to the Amazon but is now spreading outside the region — and has been linked to human deaths for the first time.”

Nature Medicine - A community engagement framework to accelerate the uptake of malaria vaccines in Africa

N Dereje, J Kaseya et al; <https://www.nature.com/articles/s41591-024-03193-2>

Some excerpts: “... A **pooled analysis of RTS,S/AS01 uptake in low-and-middle-income countries (LMICs) revealed a high uptake rate of 95.3%. However, vaccine uptake varied according to socio-demographic factors and the communities’ perception of the vaccine.** In some African communities, there are claims that the malaria vaccine causes infertility, and some communities mistrust government and pharmaceutical companies. The high uptake rate for RTS,S/AS01 **was before the COVID-19 pandemic, prior to widespread vaccine conspiracies and misinformation, so current uptake may be lower. Vaccine hesitancy is expected to be much higher now and so robust community engagement is needed to address concerns about the quality and safety of vaccines and counteract vaccine conspiracies and misinformation.** The successful rollout and scaling-up of R21/Matrix-M vaccination **requires an urgent, integrated and comprehensive community engagement and communication framework....”**

“...Strategies must be designed to increase vaccine uptake. **Socio-cultural dynamics and perspectives vary among communities of diverse African populations and require targeted contextualized messaging and local community engagement approaches to tackle vaccine hesitancy, misinformation and conspiracies. The implementors of the malaria vaccine program should critically seek the engagement of local non-governmental organizations, faith-based organizations and community representatives.** These community-level organizations must be the entry point for introducing and rolling out the malaria vaccine in their community. **This approach to engaging local stakeholders has been demonstrated in the efforts to accelerate the administration of COVID-19 vaccines in Africa through the ‘Saving Lives and Livelihoods’ initiative by the Africa Centres for Disease Control and Prevention (Africa CDC), which has contributed to the 51.8% vaccination coverage in Africa in 2023.”**

PS: “In some African countries, particularly in rural communities, severe malaria is perceived as a disease related to witchcraft or evil spirits, which leads community members to seek traditional or religious rituals. In some rural parts of Africa, there is a belief that malaria cannot be prevented and controlled. This shows the need to explore the community’s perception of vaccines **via local social behavioral research to design tailored interventions.** National and international funders must provide support for this research.....”

Our World in Data - New polio vaccines are key to preventing outbreaks and achieving eradication

S Dattani; <https://ourworldindata.org/new-polio-vaccines-are-key-to-preventing-outbreaks-and-achieving-eradication>

“To reach the goal of polio eradication, we can use new vaccines to contain outbreaks and improve testing, outbreak responses, and sanitation.”

Devex - The long road to a malaria vaccine that’s safe during pregnancy

<https://www.devex.com/news/the-long-road-to-a-malaria-vaccine-that-s-safe-during-pregnancy-108178>

See also last week’s IHP news. “The vaccine showed 49% to 57% efficacy among women who became pregnant after vaccination during a two-year trial period, providing “hope” for women who want to have a safe pregnancy from malaria.”

AMR

Cidrap News - Efforts to reduce antimicrobial resistance in low-resource nations are lagging, survey suggests

<https://www.cidrap.umn.edu/antimicrobial-stewardship/efforts-reduce-antimicrobial-resistance-low-resource-nations-are-lagging>

“A **survey** of public health experts from low- and middle-income countries (LMICs) highlights significant gaps in implementation and enforcement of policies aimed at mitigating antimicrobial resistance (AMR), researchers reported late last week in *BMC Public Health*.”

“The Global Survey of Experts on Antimicrobial Resistance (GSEAR), developed by researchers with the Swiss Tropical and Public Health Institute and University of Basel, was sent to public health experts in 138 LMICs to assess their countries' efforts to address AMR. The main areas covered by the survey were existence of AMR national action plans (NAPs), policies and interventions to restrict the sale and consumption of antibiotics, current antibiotic use, antibiotic prescribing practices, collection and reporting of surveillance data, and AMR awareness....”

Lancet Microbe - WHO global research priorities for antimicrobial resistance in human health

[https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(24\)00134-4/fulltext#%20](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(24)00134-4/fulltext#%20)

Review. “The WHO research agenda for antimicrobial resistance (AMR) in human health has identified 40 research priorities to be addressed by the year 2030. These priorities focus on bacterial and fungal pathogens of crucial importance in addressing AMR, including drug-resistant pathogens causing tuberculosis. These research priorities encompass the entire people-centred journey, covering prevention, diagnosis, and treatment of antimicrobial-resistant infections, in addition to addressing the overarching knowledge gaps in AMR epidemiology, burden and drivers, policies and regulations, and awareness and education. “

JAMA - Why the Rise of This Drug-Resistant Fungus Is Raising International Concern

<https://jamanetwork.com/journals/jama/fullarticle/2822935>

“This Medical News article discusses **terbinafine-resistant tinea, or ringworm**, caused by the recently identified **fungal species** *Trichophyton indotineae*.”

NCDs

Devex Newswire - Tracking diet quality

<https://www.devex.com/news/devex-newswire-what-kamala-harris-means-for-foreign-aid-108166>

“A coalition of governments, NGOs, and U.N. agencies is advocating for a new way to measure global progress toward the pretty unattainable goal of eliminating hunger by 2030. While healthy diets are essential, right now there is no way to assess whether populations have access to the diverse foods needed for essential nutrients.’

‘... There are **13 existing indicators for SDG 2, but none capture the quality of food consumed....** ... In April, a group of countries, supported by major global organizations, proposed adding a **Minimum Dietary Diversity, or MDD, indicator** to the SDG framework. It **would track the percentage of women and children consuming food from a sufficient number of food groups**, providing crucial data to guide policy and improve food systems.”

“Around 100 countries already measure MDD, yet 138 countries have populations that can’t afford a healthy diet — a situation worsened by global crises. Advocates argue that the new indicator would hold governments accountable, highlight challenges, and push for necessary policy changes. The proposal is currently under review, with a final decision expected at the U.N. Statistical Commission’s next comprehensive review in 2025.”

Lancet GH (Comment) - Addressing global micronutrient inadequacies: enhancing global data representation

C Lassale; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00338-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00338-3/fulltext)

Comment linked to a new study in the Lancet GH – [Global estimation of dietary micronutrient inadequacies: a modelling analysis.](#)

“In *The Lancet Global Health*, Simone Passarelli and colleagues make a remarkable contribution to the global nutrition literature by providing the first comprehensive estimates of inadequate micronutrient intakes using dietary intake data. By using individual dietary intake surveys, household surveys, and national food supplies compiled through the **Global Dietary Database (GDD)** initiative, Passarelli and colleagues provide a clearer picture of the global malnutrition burden. ...”

“... The analysis reveals that more than 5 billion people globally do not consume enough iodine, vitamin E, and calcium, and more than 4 billion people have inadequate iron, riboflavin, folate, and vitamin C intake. Additionally, differences in micronutrient inadequacies between sexes are considerable, with females being more likely than males to have inadequate intakes of iodine, vitamin B12, iron, selenium, calcium, riboflavin, vitamin E, and folate. The results highlight the widespread nature of insufficient micronutrient intake and emphasise the need for targeted public health interventions to address these gaps, particularly in regions with high inadequacy rates....”

Lancet Comment - *The Lancet*-JACC collaboration: advancing cardiovascular health

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01700-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01700-8/fulltext)

“... The new collaboration between *The Lancet* and the *Journal of the American College of Cardiology (JACC)*, announced on May 9, 2024, underscores a joint commitment from both journals to advance global cardiovascular health for all. The motivation was to create synergy among

leading journals to elevate cardiovascular health, providing a premier platform for publishing and disseminating top-tier research and clinical insights.....”

HPW - Hong Kong and London Ranked Top for Tackling Heart Health

<https://healthpolicy-watch.news/hong-kong-and-london-ranked-top-for-tackling-heart-health/>

“Hong Kong and London topped the list of 50 cities ranked for their efforts to prevent and address cardiovascular diseases – while Kathmandu and Cairo languished at the bottom. The **City Heartbeat Index** is a first-of-its-kind initiative of the **World Heart Federation (WHF)**, a Geneva-based non-profit that works on cardiovascular disease (CVD) prevention....”

“The index evaluated cities using 44 indicators including social determinants of health such as poverty, environmental factors such as air quality, and health risks like hypertension, access to health services and health policies.....”

“However, critical data is missing to evaluate cities. Few cities have data on food security (42%), cholesterol (22%) or transfat consumption (14%) – key risk factors for CVD....”

HP&P - A realist evaluation of the implementation of a national tobacco control program and policy in India

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czae081/7741195>

By Pragati B Hebbar et al.

Mental health & psycho-social wellbeing

BMJ Editorial - Poor mental health among Nigeria’s displaced young people

O J Otorokpa et al ; <https://www.bmj.com/content/386/bmj-2024-081458>

“Targeted interventions are urgently required to deal with this growing crisis.”

Social & commercial determinants of health

Plos GPH - Commercial determinants of mental ill health: An umbrella review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003605>

By Kate Dun-Campbell et al.

FT – Obesity as a business model: the food industry’s double agenda

<https://www.ftm.eu/articles/obesity-as-a-business-model>

“... Multinationals such as Danone and Nestlé are profiting from the manufacture of ultra-processed foods while simultaneously investing in products to counter their effects, such as weight-loss drugs and medical food for diabetics.”

Global Public Health - An examination of sugar-sweetened beverage tax regulations in six jurisdictions: Applying a social justice perspective to beverage taxation and exemptions

Natalie D. Riedige et al ;

<https://www.tandfonline.com/doi/full/10.1080/17441692.2024.2394806?src=#abstract>

“.... The **purpose of this study** was to review regulations regarding sugar-sweetened beverage (SSB) taxation and describe taxation/exemption of various beverage categories. **We reviewed SSB taxation regulations from Mexico, the United Kingdom, Berkeley, Philadelphia, San Francisco and South Africa**”

SS&M - Artificial Intelligence and the Politics of Avoidance in Global Health

Leah Shipton et al; <https://www.sciencedirect.com/science/article/pii/S0277953624007287>

“AI engages in ‘**politics of avoidance**’ by avoiding root causes of health inequities. AI continues and disrupts global health legacies of technological intervention. **AI debates often focus on downstream, rather than upstream, determinants of health.** Research and practice should protect health equity and rights in the context of AI.”

Sexual & Reproductive health rights

The Lancet: Managing early stages of abortion care at home after 12 weeks of pregnancy is safe and reduces time spent in hospital, study finds

New Lancet Study - [First dose of misoprostol administration at home or in hospital for medical abortion between 12–22 gestational weeks in Sweden \(PRIMA\): a multicentre, open-label, randomised controlled trial](#)

Cfr the press release:

“A randomised controlled trial of 435 women having a medical abortion after 12 weeks of pregnancy found 71% of patients who took the first dose of misoprostol at home spent fewer than 9 hours in hospital, compared to 46% of patients who took the first dose of misoprostol at hospital. There was no difference in safety outcomes observed between the two groups, however, of the women who took the first dose of misoprostol at home, 1% (2/220) completed the abortion before admission to hospital. In a survey after the abortion, more participants in the home group (78%) said they preferred their allocated treatment compared with the hospital group (49%). The

authors say the option of taking the first dose of misoprostol at home would give women having abortions after 12 weeks greater autonomy and reduce the need for overnight hospital stays. “

- Related Lancet Comment - [Expanding access, reducing burdens, and improving person-centred care in abortion](#)

“Access to safe abortion care after 12 weeks of pregnancy is an essential component of ensuring all people's right to bodily autonomy. Although globally most abortions occur during the first 12 weeks of pregnancy, people need abortions later in pregnancy for many reasons, including delayed discovery of the pregnancy, new information that arises about the pregnancy, changing life or health circumstances, and compounding barriers that delay access to care. **Strategies to increase access to abortion later in pregnancy are especially crucial in settings where laws and other barriers prevent people from accessing abortion care in a timely manner.....”**

SSM Health Systems - Hidden in plain sight: validating theory on how health systems enable the persistence of women's mistreatment in childbirth through a case in Tanzania

<https://www.sciencedirect.com/science/article/pii/S2949856224000199>

By K Ramsey, M Kruk et al.

Plos Med - Antenatal care quality and detection of risk among pregnant women: An observational study in Ethiopia, India, Kenya, and South Africa

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004446>

by C Arsenault, M Kruk et al.

SS&M – Decomposition of the wealth gradient in maternal healthcare quality in low- and middle-income countries

<https://www.sciencedirect.com/science/article/abs/pii/S0277953624007275>

By G Shapira et al.

And a few links:

- Harvard International Review - [New Horizons in Women's Health: Insights from PMNCH's Executive Director Rajat Khosla](#)
- BMJ Public Health - [Climate change and sexual and reproductive health and rights research in low-income and middle-income countries: a scoping review](#)

Neonatal and child health

Lancet Global Health (Comment) - RSV burden and prevention in children in LMICs

A MacNeill et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00289-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00289-4/fulltext)

Comment linked to a new study in the Lancet GH – [Respiratory syncytial virus infection among children younger than 2 years admitted to a paediatric intensive care unit with extended severe acute respiratory infection in ten Gavi-eligible countries: the RSV GOLD—ICU Network study](#)

Adolescent Health

BMJ News – Condom use in adolescents has fallen notably since 2014, warns WHO

https://www.bmj.com/content/386/bmj.q1884?utm_campaign=usage&utm_content=tbmj_sprout&utm_id=BMJ005&utm_medium=social&utm_source=twitter

Focus on Europe (and Canada). “The World Health Organization has urged governments to tackle a sharp decline in condom use among adolescents that is increasing their risk of sexually transmitted infections (STIs) and unintended pregnancies. From 2014 to 2022 the proportion of sexually active adolescents who reported having used a condom the last time they had intercourse fell from 70% to 61% among boys and from 63% to 57% among girls, found a report by WHO...”

Access to medicines & health technology

Daily Maverick - Case against pharmaceutical company dropped after legal pressure sees price of generic ‘miracle’ medicine reduced

<https://www.dailymaverick.co.za/article/2024-08-21-case-against-pharmaceutical-company-dropped-after-legal-pressure-sees-price-of-generic-miracle-medicine-reduced/>

“Last year a South African woman took a multibillion-dollar US pharmaceutical company to court with the aim of securing access to life-changing cystic fibrosis medicines. That case has now been dropped following a reduction in the price charged for the medicines in South Africa.....”

Stat - Continuous glucose monitoring for the masses is here. Are we ready for it?

<https://www.statnews.com/2024/08/26/continuous-glucose-monitoring-over-the-counter-cgm/>

“Dexcom and Abbott will soon start selling glucose monitoring devices without a prescription.”

- Related: Plos One - [Development of a target product profile for new glucose self-monitoring technologies for use in low- and middle-income countries](#)

FT - Nature-rich nations push for biodata payout

<https://www.ft.com/content/f93938da-353f-474b-ae1e-1e2645e26886>

“Plans emanating from UN and start-ups would compensate nations for genetic data from their ecosystems.”

“... Now, the UN is working on a fund to pay stewards of biodiversity — notably communities in lower-income countries — for discoveries made with genetic data from their ecosystems. The mechanism was established in 2022 as part of the Conference of Parties to the UN Convention on Biological Diversity, a sister process to the climate “COP” initiative. But the question of how it will be governed and funded will be on the table at the October COP16 summit in Cali, Colombia. If such a fund comes to fruition — a big “if” — it could raise billions for biodiversity goals. The sectors that depend on this genetic data — notably, pharmaceuticals, biotech and agribusiness — generate revenues exceeding \$1tn annually, and African countries plan to push for these sectors to contribute 1 per cent of all global retail sales to the fund, according to Bloomberg....”

“... Bringing new urgency to the debate: scientists expect the rise of artificial intelligence to supercharge demand for biodata. AI could launch a new era for the life sciences, with wide-ranging applications in therapeutics, diagnostics and industrial technology. And just as the chatbot ChatGPT was trained on reams of text, AI models will need to be trained on vast quantities of biodata sourced from the world’s plants, animals and microbes....”

- See also the Guardian - [Who wins from nature’s genetic bounty? The billions at stake in a global ‘biopiracy’ battle](#)

“As multinationals and researchers harvest rare organisms around the world, anger is rising in the global south over the unpaid use of lucrative genetic codes found on their land.”

FT - From Covid to cancer: BioNTech and Moderna’s bet on personal vaccines

<https://www.ft.com/content/efff95f4-e7c4-4a3c-bccd-f449fecac27e>

‘Pandemic winners face hurdles as they seek to bring their groundbreaking technology to oncology’.

Human resources for health

HP&P - The changing context of Postings and Transfer with subsequent postings: A frontline perspective from India

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czae085/7740918>

By Bhaskar Purohit & Peter S Hill.

Decolonize Global Health

Global Public Health - Global health photography behind the façade of empowerment and decolonisation

Arsenii Alenichev, Koen Peeters Grietens et al;

<https://www.tandfonline.com/doi/full/10.1080/17441692.2024.2394811>

“Global health photography has historically been commissioned and, therefore, dominated by the gaze of Western photographers on assignments in the Global South. This is changing as part of international calls to decolonise global health and stimulate ‘empowerment’, spawning a growing initiative to hire local photographers. **This article, based on interviews with global health photographers, reflects on this paradigm shift. It highlights how behind the laudable aim of ‘empowerment’ of local global health photography there is a simultaneous exploitation of precarious photographer labour and the emergence of ‘glocal’ photography elites.** The paper argues that empowerment of local photographers can become a euphemism for reducing image production costs and maintaining control over the image content, while extending the scope of mainstream global health visual culture without challenging it. Finally, the article amplifies the growing concern that uncritical engagement with institutionalised empowerment becomes a warrant for the reproduction of local inequalities behind the fashionable façade of cooperation and care.”

Plos GPH - Epistemicide, health systems, and planetary health: Re-centering Indigenous knowledge systems

N Redvers et al.

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003634>

“... One of the consequences of the attempted epistemicide of Indigenous knowledge systems through colonization has been the forced disconnection between health systems and Nature. Reversing the lingering colonial epistemicide of the ecological knowledge base of Indigenous health systems are vital for the healing of individuals, communities, and the planet.”

Devex - Opinion: Efforts to decolonize development must include local languages

Translation Glossary Project; <https://www.devex.com/news/opinion-efforts-to-decolonize-development-must-include-local-languages-108143>

“There are creative ways to bridge the language gap in development projects — and this is vital to decolonizing global development. “

“... what are practical ways in which organizations can meaningfully engage with local languages? The Translation Glossary Project provides one way forward. It offers a new participatory method that can be used with communities to establish translations of terms with local resonance.

Importantly, the method is designed not just to elicit translations of development jargon, but also translations of local terms that are central to people's visions of development...."

Miscellaneous

Devex - Faith leaders protest 'Green Revolution' ahead of African food systems summit

<https://www.devex.com/news/faith-leaders-protest-green-revolution-ahead-of-african-food-systems-summit-108172>

"Ahead of a major African agriculture conference, faith-based and civil society groups are calling on donors such as the Gates Foundation to pay for their role in allegedly damaging the continent's food systems."

"African faith leaders, backed by civil society and farmer groups, **are demanding "reparations" from donors to Africa's Green Revolution** for their role in allegedly damaging the continent's food systems through industrial agriculture."

"... In an [open letter](#) published this week, they say that donors should amend past mistakes by **supporting agroecology**, a system of sustainable farming that works with nature to produce food in ways that benefit the environment. **Africa's Green Revolution** is the push to ensure food security by transforming agriculture and raising yields, often through extensive use of synthetic chemicals and fertilizers. **The letter also asks major agriculture funders, particularly the [Gates Foundation](#), to support Africa's agroecology movement, which they claim can lead to a more sustainable, inclusive, and equitable food system...."**

"...The faith and farmer groups' letter comes ahead of next week's Africa Food Systems Forum, the continent's largest agriculture conference, which is expected to draw some 3,000 heads of state, ministers, business leaders, and global development experts in Kigali, Rwanda.... **The annual event was formerly known as the Africa Green Revolution Forum, and it is hosted by AGRA, which [rebranded in 2022](#) after being known since 2006 as the Alliance for a Green Revolution in Africa. The Gates Foundation is one of AGRA's biggest funders, along with the United States and United Kingdom governments...."**

PS: this article also has AGRA's response (to Devex).

Nature News - What accelerates brain ageing? This AI 'brain clock' points to answers

<https://www.nature.com/articles/d41586-024-02770-2>

"Exposure to air pollution and living in a country with high socioeconomic inequality are linked to a bigger gap between brain age and chronological age."

“A newly devised ‘brain clock’ can determine whether [a person’s brain is ageing faster](#) than their [chronological age](#) would suggest. **Brains age faster in women, [countries with more inequality](#) and Latin American countries**, the clock indicates....”

Cfr a new **article in Nature Medicine**.

Economist – The poisonous global politics of water

<https://www.economist.com/international/2024/08/26/the-poisonous-global-politics-of-water>

“Polarisation makes it harder to adapt to climate change.”

Papers & reports

One Health - Who coined the term “One Health”? Cooperation amid the siloization

Christina Pettan-Brewer et al;

<https://www.sciencedirect.com/science/article/pii/S2352771424000041>

« **This short communication is an effort to describe and elucidate the trajectory of the modern historical concept of “One Health.”** It is dedicated to the many integrated approaches of health closely related to One Health, while also recognizing the contribution and origination of One Health perspectives/notions from those that have led the way and spearheaded this movement while considering Indigenous cultures across the world. The effects of synergies of those involved in building these integrative approaches are potentially bigger and better lasting than the sum of the individual players... **In this commentary, we aim to appropriately and accurately describe how the current use of “One Health” came to be and who were the main players.**”

IJHPM - Why Systems Thinking is Needed to Center Trust in Health Policy and Systems; Comment on “Placing Trust at the Heart of Health Policy and Systems”

https://www.ijhpm.com/article_4646.html

By D T Finegood et al.

Tweets (via X & Bluesky)

Matthew Kavanagh

“**My position remains that this MPox emergency was avoidable. Evidence since at least last December.** So either the pandemic preparedness efforts failed or pandemic preparedness is only for the whiter/richer countries. TBD?”