

# IHP news 803 : Saturday issue from Nagasaki

( 16 November 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,

We start this week's issue with a **short notification**: as part of the IHP team is in Nagasaki for the moment - *in the past few days for the 2024 EV venture, while on Monday the 8<sup>th</sup> Global [HSR symposium](#) kicks off* - we hope you understand your weekly IHP newsletter arrives on Saturday this week. We also schedule one for **next Saturday (23 November)**, if all goes well. After the Nagasaki symposium we intend to take a short break but stay tuned for a **catch-up issue** when back in Belgium, somewhere **around 7-8 December**.

Without much further ado, let's get then into some the main highlights of this week in global health – see the 'Highlights section' (*which we should perhaps rename 'Highlights & Lowlights' section, the way things are going on the planet...*). As you'll notice, there's a lot going on in the world of global & planetary health – with some good, but far more bad and ugly.

Speaking of the latter, last week half of the Americans voted for Trump, with at least many of the MAGA fans among these voters apparently believing in an "adult version of Santa Clause". Santa promised in his victory speech once again to make America (and "good" Americans) "safer, better, richer, stronger" etc. Turns out Santa - although slightly demented already - has a rather nasty streak, as even MAGA fans are about to find out. And so, like most of you, we noticed that Trump has started to 'Make America Great Again' in the past few days, albeit the post-truth way. We bet Putin and other Xi's are shivering already.

Having said that, **COPs** were already in "post-truth land" for a while, as they're preferably organized in petrostates these days, with [fossil fuel-linked lobbyists now outnumbering delegations of almost every country](#). But at last, criticism of this sorry practice is [gaining momentum](#). Not a day too soon.

Enjoy your reading.

Kristof Decoster

## Highlights of the week

### Upcoming G20 Leaders summit in Brazil (18-19 Nov)

Some great pre-analysis below.

**The G20 Summit has defined its agenda; the focus will be on social inclusion, global reform, and sustainability**

<https://www.g20.org/en/news/the-g20-summit-has-defined-its-agenda-the-focus-will-be-on-social-inclusion-global-reform-and-sustainability>

**“Ambassador Mauricio Lyrio, sherpa of Brasil at the G20, presented the details of the G20 Leaders' Summit, which will take place on November 18 and 19, 2024, in Rio de Janeiro. The event will be the global focus of discussions on social inclusion, global governance reform, and energy transitions.”**

**“ The opening ceremony of the Summit, on November 18, will feature the launch of the Global Alliance Against Hunger and Poverty, a Brazilian initiative aimed at mobilizing countries and international organizations to accelerate efforts in the fight against hunger and poverty by 2030.**

**...In the afternoon, the focus of the discussion—which will be restricted to heads of state—will be the global governance reform, a central theme in Brasil's G20 presidency. The proposal is to discuss how to modernize the main international institutions, such as the United Nations, the International Monetary Fund, the World Bank, and the World Trade Organization, so that they reflect contemporary realities and promote fairer and more efficient governance. “...”**

**PS: “President Lula will attend the closing of the G20 Social Summit on November 16, with the participation of the President of South Africa, Cyril Ramaphosa. ...” “....The G20 Social, coordinated by the General Secretariat of the Presidency (SGPR), is an unprecedented initiative created by Brasil's G20 presidency. The goal is to increase the presence of social and non-governmental participants in the discussions for decisions to be made at the G20 Leaders' Summit, which will address three key axes that Brasil's government has chosen: the fight against hunger, poverty, and inequality; sustainability, climate change, and just transition; and global governance reform....”**

**Lancet World Report - Brazil-led G20 to target hunger, poverty, and inequities**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02516-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02516-9/fulltext)

**“The G20 Leaders’ Summit in Rio de Janeiro on Nov 18–19 will address global health, but uncertainty over multilateralism under a new US President looms large. John Zarocostas reports. “**

**Devex - The G20 Summit is here. How is Brazil trying to reshape global development?**

<https://www.devex.com/news/the-g20-summit-is-here-how-is-brazil-trying-to-reshape-global-development-108753>

**Must-read in-depth analysis of the agenda points.** “As leaders from the world's largest economies descend on Rio de Janeiro, here's what we'll be watching.”

“Despite the heavy hitters, all eyes are on Brazil, the nation steering the G20 agenda. On the first day of Brazil’s G20 presidency, the country’s leader — Luiz Inácio Lula da Silva — set [the priorities for his country’s presidency](#): **fighting hunger and poverty, responding to the climate crisis, and reforming global financial institutions.** But with the summit occurring just two weeks after the U.S. elected Trump into power, **many are wondering how much of what’s decided will stick.** For several years, the presidency of the G20 has moved from one emerging market to another — from Indonesia to India, from India to Brazil, and after this month, from Brazil to South Africa. **But in 2026, the G20 presidency will move back to the U.S. — and there is a risk that progress on things like inequality, food insecurity, and taxes on the ultrarich could be lost.....”**

PS: “.... **this year, the main summit is following the first-ever G20 Social Summit**, a multiday convening for civil society organizations, think tanks, businesses, and others to discuss the main pillars of this year’s G20: hunger and inequality, climate change and sustainability, and global governance reform.”

- And a link: [G20 Brasil innovates by promoting the first Social Summit in the group's history](#)

This was the purpose foreseen for the Social Summit: “**On November 14, the G20 Social Summit** begins, making history with its unprecedented nature and for bringing global leaders closer to realities that may have been overlooked in G20 debates in recent years. .... Different voices and perspectives are preparing to contribute to the debates of the world's largest economies. Next week, **the G20 Social Summit will realize the unprecedented initiative of Brasil's presidency to ensure that citizens from all over the world can submit proposals with potential solutions to the global polycrisis. Whether it's tackling climate change, just ecological transition, combating inequalities, or structural changes in global governance, at G20 Brasil, people will be able to present priorities based on their own territories.**”

## Trump 2.0 & global/planetary (ill-) health

Below some related reads & early analysis.

### HPW - Four Key Areas Where ‘Anti-Globalist’ Trump Threatens Global Health

<https://healthpolicy-watch.news/four-key-areas-where-anti-globalist-trump-threatens-global-health/>

“US President-elect Donald Trump railed against “globalists” during his election campaign, and his victory will have serious ramifications for global health – particularly for **action against climate change, (undermining) scientific institutions and regulatory bodies, United Nations agencies and sexual and reproductive health.**”

## Science – More mortality, more illness - ‘More mortality, more illness’: Global health community braces for impact of U.S. election

<https://www.science.org/content/article/more-mortality-more-illness-global-health-community-braces-impact-u-s-election>

**“Scientists worry Trump will leave WHO and make deep cuts in programs that aim to control diseases worldwide.”** With quotes from Ilona Kickbusch & others.

## Lancet Editorial - Trump, health, science, and the next 4 years

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02518-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02518-2/fulltext)

**“Donald Trump's decisive re-election as US President on Nov 5 puts many aspects of health and science in a deeply concerning position.** Although there is broader alarm about his openly authoritarian intentions, his **imminent return to the White House has left much of the health community in particular feeling dread and uncertainty about what comes next in the USA and globally....”**

Excerpt: **“...The global health community must now face the prospect of weakened or withdrawn US leadership.** Both Gavi and The Global Fund to Fight AIDS, Tuberculosis and Malaria are undergoing replenishments in the next 12 months, and the USA has historically been a leading donor to both. WHO is also in the midst of an investment round and must fear that Trump will once again sever ties, as he did during the COVID-19 pandemic. Climate change experts have already voiced alarm over Trump's election as COP29 gets underway in Azerbaijan. Multilateralism is stronger for the USA's involvement, and every effort must be made to make clear the need for global cooperation to address global issues. But **the international community has to consider alternatives and will wonder about the reliability of the USA as a partner for long-term agreements—other countries are now under pressure for even greater commitment and collaboration.”**

The Editorial concludes: **“... This is a time for more science, not less, and for the value of science to be defended and promoted.....”**

## Stat - Trump taps RFK Jr. to run HHS, nominating vaccine skeptic for nation's top health role

<https://www.statnews.com/2024/11/14/trump-to-nominate-rfk-jr-hhs-secretary-health-care-maha/>

Chances are you already know this (shocking news) by now : ) **“RFK Jr.'s nomination could face scrutiny in the Senate.”**

**“RFK Jr.'s 'Make America Healthy Again' agenda** focuses on overhauling health care and food regulators and combating chronic disease.”

- See also HPW - [RFK Jr Nominated as Top US Health Official](#)
- The Guardian – [RFK Jr could have disastrous global impact on public health, experts fear](#)

**“Concerns anti-vaccine pick for US health secretary could pursue ‘anti-science positions’ on life-saving interventions.”**

“...On other issues, experts are waiting for more detail on Kennedy’s plans. He has pledged to tackle chronic diseases and address the issue of overly processed foods. Leadership in those areas could be welcome in a world where diabetes rates have doubled in the past three decades. **Many global health activists said they would agree with Kennedy that big pharma has questions to answer, but that companies should not be falsely accused of making vaccines that harm people; rather, they should be asked why so much of the world does not have access to affordable medicines.”**

- Telegraph – [Global health chiefs welcome RFK’s attack on junk food as ‘poison’ and the need for more exercise](#)

**“With obesity rates soaring, many experts have been lobbying for better regulation of the US ‘industrial food complex’ for years.”**

“....Promises by Donald Trump’s controversial new pick for America’s health chief to tackle spiralling rates of obesity, diabetes and other chronic conditions have been welcomed by global health chiefs. **A senior World Health Organization source told the Telegraph that beyond his views on vaccines, there was common ground with his proposed war on expanding waistlines and unhealthy lifestyles.”**

- Science insider - [How much power do Trump and Kennedy have to reshape health agencies?](#)

**“Georgetown University’s Lawrence Gostin weighs in on what the new administration can—and can’t—do to at FDA, CDC, and NIH.”**

See also Stat – [With GOP control of Congress, Trump has broad power to reshape health care](#)

**“A number of major issues are potentially at stake, including subsidies for Affordable Care Act plans, Medicaid funding, access to telehealth, how Medicare pays doctors, drug middlemen reforms, and China’s rise in biotechnology. Republicans also want to restructure federal agencies, including the FDA, the NIH, and the CDC. Altogether, the next few months — and years — are set to bring sweeping changes to U.S. public health as we know it.”**

**Washington Examiner - Trump and Republican Senate victory spell ruin for WHO pandemic accord**

[https://www.washingtonexaminer.com/policy/healthcare/3224382/trump-republican-senate-spell-ruin-who-pandemic-accords/#google\\_vignette](https://www.washingtonexaminer.com/policy/healthcare/3224382/trump-republican-senate-spell-ruin-who-pandemic-accords/#google_vignette)

**“The election of President-elect Donald Trump and a Republican Senate victory could be the nail in the coffin for the WHO’s pandemic accord.”**

With the view of **Jen Kates (KFF)**.

## Politico - The UN braces for Trump

<https://www.politico.com/newsletters/future-pulse/2024/11/15/the-un-braces-for-trump-00189778>

**“The United Nations agency charged with improving reproductive and maternal health worldwide is bracing to lose its top government donor once President-elect Donald Trump returns to the White House next year.”**

**“The U.N. Population Fund — better known as UNFPA — has seen its funding cut by Republican presidents since 1986, and it expects Trump will do so again when he takes office on Jan. 20. But its top representative in Washington hopes Trump will at least leave the door open for collaboration with U.S. agencies such as the State Department and the U.S. Agency for International Development because they all share the same goals.**

## Devex - ‘We can work with him’: Aid advocates react to Trump’s Rubio pick

<https://www.devex.com/news/we-can-work-with-him-aid-advocates-react-to-trump-s-rubio-pick-108752>

**“U.S. President-elect Donald Trump chose Sen. Marco Rubio to be the next secretary of state. Here's a look at his record on foreign aid issues.”**

**“U.S. President-elect Donald Trump’s pick of Sen. Marco Rubio to be his secretary of state has somewhat reassured U.S. development advocates that the incoming administration will not be entirely hostile to foreign assistance.”**

PS: “His main priority? **Keeping aid tightly connected to U.S. security, especially in countering influences like China and Russia.** In a 2017 speech, Rubio explained his stance: U.S. global engagement and foreign aid are “critical” because if the U.S. steps back, adversarial powers like China, Russia, North Korea, and Iran could step in, leading to a less stable, more dangerous world....”

- And via Devex, from last week, on [“Trump and Africa 2.0”](#) :

**“With Donald Trump set to begin a second term as U.S. president, [Africa Centres for Disease Control and Prevention](#) Director-General Jean Kaseya is eager to reshape U.S.-Africa health ties. He’s ready to visit Washington to push for a “strategic and coordinated approach based on the plan that we have in Africa” .... He wants to move away from the project-by-project approach, he says. Kaseya is also pressing the U.S. to follow through on President Joe Biden’s \$500 million pledge for responding to mpox, fearing delays in the response will unfairly fall on Africa. Trust needs to be rebuilt, he emphasizes, warning that if those promised funds don’t materialize it could create a major issue between the U.S. and Africa....**

# INB12 (re pandemic agreement – Geneva, 4-15 November)

State of affairs and analysis of the past INB round.

## HPW - No Pandemic Agreement by December as Negotiators Need 'More Time'

<https://healthpolicy-watch.news/no-pandemic-agreement-by-december-as-negotiators-need-more-time/>

Somewhat disappointing news from Monday: **“The pandemic agreement will not be adopted at a special World Health Assembly (WHA) next month as countries still need “more time” to conclude the complex talks.** Co-chairs of the World Health Organization’s (WHO) Intergovernmental Negotiating Body (INB) Ambassador Anne-Claire Amprou and Precious Matsoso broke this news at a media briefing on Monday evening....”

“The INB is midway through its 12th meeting after 21 months of negotiations. While some member states and stakeholders have cautioned against sacrificing content for haste, **the Africa Group in particular was keen for an early adoption of the agreement.** .... “Today, member states agreed we need to conclude the agreement as soon as possible and continue negotiations into 2025 with the goal of concluding the agreement by the next WHA scheduled in May 2025, so we are moving in the right direction with a strong political commitment by member states.”

Also with **some reactions to the news.** Including a disappointed Nina Schwalbe.

- Related: [Devex](#)

“co-chair Precious Matsoso said **negotiators will meet again in December for a stocktake.** ... “

“When asked about the implications of the U.S. election on the negotiations, the two co-chairs referred questions to Steve Solomon, the [World Health Organization](#)’s principal legal officer, who in a nutshell said **the WHO Secretariat is not in a position to comment.....”**

- Summary also via Politico – [state of affairs: What’s a pandemic pact without the US?](#)

## GHF - Slippery Slope: Geopolitics and the Pandemic Agreement Negotiations

P Patnaik; [Geneva Health Files](#);

**Analysis** from earlier this week, **focusing on the geopolitics.** Some excerpts:

**“Time has a curious impact on high pressured negotiations, as does geopolitics.** While time is an insufficient trigger to conclude negotiations, **geopolitics could be a trigger in the coming months.** In their wisdom, last week countries decided to take more time to conclude these negotiations in 2025 as per current mandate. We discuss the potential consequences of this decision. ... **Geopolitics will inevitably have deep implications on global health negotiations in Geneva. Just how deep is still too early to say. But it is beginning to worry negotiators more than it already has.** “

**“...Late last week, WHO member states decided against holding a special session of the World Health Assembly in December in order to adopt a new Pandemic Agreement.** Countries were of the view that there wasn’t sufficient consensus, with many areas are yet to be agreed upon. But a special session in the months preceding the May 2025 deadline is also not ruled out, sources close to the process say. **The next formal session of the INB is scheduled to be in early December between the 2nd-6th where a stocktake would decide on the future steps in the negotiations....”**

**“...The outcome of the American election last week, that saw Donald Trump being voted back in a decisive fashion, also made its presence felt in the discussions this week.** There was some speculation in recent days that the result of the election (although expected given the sheer statistical possibility) would guide the hands of the countries for an early conclusion of these negotiation. But the fact that countries are a fair distance away from full consensus prevented them from calling a special session even though swiftly moving geopolitics will shape these discussions more than they would like..... **Many believe that a full consensus on the Pandemic Agreement, is now a mirage, given the expectation that the U.S. administration led by Donald Trump would very likely not ratify such an agreement.”**

**“...It appears, the most decisive impact on the dynamics of these negotiations will be felt within the G7 countries.** Already discounting the participation of the U.S., some fear their overall bargaining position may weaken in these negotiations, coinciding at a time when emerging economies big and small, are rearing to expand their influence both political and commercial, in these negotiations. Already, large group of developing countries, notably from the Africa Group have, so far, held on to the their positions for the last three years now...”

**“...Come January 2025, when U.S. President-Elect Donald Trump assumes office, and potentially declares a retreat from internationalism, and flies the flag of America First, negotiators are worried about the immediate consequences on these negotiations.** “There could be **two possibilities.** One would be that the Americans would hold up the entire negotiations process by withdrawing from it and attacking it. The second would be that they would continue to be a part of the negotiations, but would show extreme inflexibility, effectively holding up consensus,” a senior official from a developed country told us this week. In both circumstances, the result could be emboldening other right wing governments to withdraw from the negotiating process....”

**“...It appears that the conclusion of the Pandemic Treaty negotiations, have also come to assume greater importance in the context of harsh geopolitical realities. “A failure of these negotiations, would be a gift to politicians like Trump who are not in favor of multilateralism,”** a developed country negotiator said. .... **So while geopolitics exerts a pressure in a particular direction, there could be unintended consequences for the negotiations itself. It could be a decisive trigger to conclude these negotiations sooner than later. .... At stake is the credibility of WHO as an institution that can pull together a treaty-making process for Pandemic Prevention Preparedness and Response, that could potential reset how global health has been governed so far.”**

## **HPW - Pandemic Agreement Makes Progress But Still Plenty of Sticky Details to Address**

<https://healthpolicy-watch.news/pandemic-agreement-makes-progress-but-still-plenty-of-sticky-details/>

**Update from this morning, after the conclusion of INB12.**



**“The latest draft of the World Health Organization’s (WHO) pandemic agreement is awash with green highlights – an indication that countries have reached consensus on much of the text. ...”**

**“During the past two weeks of the 12th meeting of the INB, progress has been made on research and development(Article 9), local production(Article 10) and regulatory systems strengthening (Article 14). “**

Some of the **remaining sticking points**: “...But Article 4 on prevention, which details countries’ pandemic prevention and surveillance obligations, is mostly highlighted in yellow. This means that countries have broad agreement on the text but much of the detail is not agreed. .... Sticking points also remain on technology transfer (Article 11), the PABS system (Article 12), the global supply chain and logistic (GSCL) system (Article 13) and sustainable financing (Article 20). ... However, the most tangible offering of the agreement is back on the table although not yet agreed: that 20% of vaccines, therapeutics and diagnostics produced to combat that pathogen during a pandemic will be allocated to the WHO for distribution with 10% given free and the remaining amount on yet-to-be determined terms.”

## **GHF - Countries Soldier On To Negotiate Pandemic Agreement, Make Slow But Sure Progress**

[Geneva Health Files](#);

Priti Patnaik had a somewhat similar message, in **her update from Friday**. “ In this edition, **we discuss about half a dozen key provisions in the draft Pandemic Agreement. We bring you an update on how they have progressed over the last two weeks during the negotiations at WHO.**”

**“Countries made slow but sure progress across a range of provisions in the draft Pandemic Agreement, even as they continue to wrestle with the toughest provisions continue to lack consensus. .... In this story we look at the progress made in some of the key provisions, and also discuss the areas of contention in the language of the draft Pandemic Agreement. This analysis is based on the draft text dated November 14, 2024.”**

**“Diplomatic sources are of the view that geopolitical considerations will have an impact on the way these negotiations will unfold over the coming months. “**

Patnaik discusses more in detail changes re Prevention; Sustainable production; Technology Transfer; **Pathogen Access and Benefits Sharing**.

On the latter: “.... **Several negotiators were of the view that the discussion on Article 12 during the latest meeting, has progressed more than it ever has over few months.** While expectations from the provision continue to defer, there is greater understanding on what each side wants from the proposed system, negotiators said. The fate of Article 12, the success countries will achieve with this provision hangs on overall commitments under Article 4 on prevention and any potential annex on the same, as mentioned above. To put it simplistically, having access to a designated percentage of real-time access to medical products is the lowest common denominator of expectations from PABS for most developing countries. But there are more asks from a PABS system, including licensing arrangements, and other kinds of benefit-sharing arrangements. On the matter of percentages, the draft text has the 20% figure, although the UK, Switzerland, among others have variously expressed

resistance to committing to a fixed number. There have been efforts to reduce this figure to 5% or 10%, sources said. Countries generally, seem to agree on 10% of real-time production to be donated to the PABS system, with the remaining 10% to be priced more flexibly. There is no agreement whether it should be at-cost, not-for-profit, or “equity tiered pricing”. The difficulty on agreeing on the cost, is essentially the sheer non-transparency on costs – a much-wider fight – beyond the PABS mechanism. Developing countries fear that industry could inflate the prices for this 10% and transfer the costs. Developing countries prefer not-for-profit pricing, since experience suggests that tiered pricing does not ensure appropriate pricing for low- and middle-income countries.”

GHF also discusses the state of affairs re Supply Chain; Regulatory Strengthening; Financing; Use of Terms (**“There appears to be reluctance in adopting agreed language from the IHR into the Pandemic Agreement”** )...

Her conclusion: “.... **The biggest and the most difficult issues remain on the table: Prevention, Tech Transfer, PABS and Financing.** These are crucial in not only reaching consensus but to also change prevailing status quo on Pandemic Preparedness Prevention Response. **Countries and stakeholders are also discussing and second guessing the implications of a Trump presidency on the conclusion of these negotiations. ....”**

### **TWN – Developed Countries attempt to sideline WHO’s role in PABS system**

Sangeeta Shashikant; <https://www.twn.my/title2/health.info/2024/hi241101.htm>

From earlier this week (14 Nov) “.... Negotiations on the Pathogen Access and Benefit Sharing (PABS) system made little progress during the first week of negotiations as developed countries continued to insist on unacceptable text, **including text that calls into question WHO’s role in the administration of the PABS system.** Discussions on PABS is only one among several other outstanding issues, where limited progress was achieved in bridging divergences between developed and developing countries. Several other differences also persisted during the negotiations. The European Union supported by other developed countries (except the US) insisted on maintaining references to “other benefits” in the PABS text. Developed countries also continued to insist on much lower commitments from manufacturers to set aside product allocation to WHO during pandemic emergencies, and opposed text requiring manufacturers to enter into legally binding contracts with WHO when accessing PABS Materials and Sequence Information....”

## **More on Global Health Governance**

### **Lancet - Mexico Summit 20 years on—gains and challenges**

Tikki Pang, J Frenk et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02354-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02354-7/fulltext)

Must-read.

**“20 years ago, the Ministerial Summit on Health Research in Mexico led to a World Health Assembly Resolution in 2005 challenging WHO, its member states, and other stakeholders to**

**promote health research globally, especially in low-income and middle-income countries (LMICs).** The Resolution highlighted a lack of transparency of clinical trials, poor use of evidence in policy making, and neglect of health systems research as three key barriers for which priority actions were urgently needed.” **“The Mexico Summit identified challenges, informed ensuing actions, and underscored the need to correct inequities in global health research.”**

This Lancet Comment goes into detail on **what happened in the past twenty years to address this.**

And concludes: “**....Overall, the Mexico Summit addressed the central question of how research advances health.** By improving the transparency and accountability of clinical trials, the Summit enhanced the efficiency of the research process, gave patients treatment options, and facilitated equitable participation. By raising awareness of the importance of evidence, the Summit improved health policy development and helped mitigate the deluge of misinformation prevalent today. By elevating the importance of research to strengthen health systems, the Summit catalysed efforts and commitments in countries to achieve the aspirational goal of universal health coverage to improve health and reduce disparities. **With regard to priority actions for the future, the core question that must be addressed is how to sustain these gains in a changing global landscape punctuated by the rise of populism and geopolitical polarisation.** At the beginning of the millennium, there was a general feeling of confidence in the future, but in more recent times populism has begun to extend globally, and these effects were compounded by the COVID-19 pandemic. Salient among these effects are an **erosion of trust in institutions, an orchestrated challenge to science, and an accompanying spread of so-called alternative truths fuelled by disinformation.....**”

## **Andrew Harmer (blog) - Countdown**

Andrew Harmer; <https://andrewharmer.org/2024/11/09/countdown/>

Also one of the must-reads of the week, with focus on the **Lancet Countdown on Health and Climate Change.** Excerpts:

“Ok, so, where to start? **How about with the newly-formed Lancet Countdown/World Health Organisation “strategic partnership”.** I didn’t see that coming, did you? **Funded for at least the next five years by Wellcome, we learn in the report that the Lancet Countdown is going to partner with WHO “to bridge the data gap** by improving the availability of national-level data and delivering guidance, blueprints, and tools to support countries in standardised data collection and reporting” with the priority for that partnership being “to deliver rigorous and actionable scientific data and to move from tracking the soaring health threats of climate change to informing policies that enable a healthy future for all” (p8). **Interesting, no? Still, it raises some red flags, doesn’t it – the most obvious one being that WHO has no money to spend on climate change and has to resort to other means to ensure that this work gets done!** Another red flag is Wellcome. Wellcome funds a lot of climate change research. Why? [Influence.](#) This is Wellcome’s number one priority and it is now able to influence climate research within WHO via an enabler – The Lancet Countdown. Wellcome and WHO have very close ties, of course – Jeremy Farrar was the Director of Wellcome until February 2023 when he took up a new position as [WHO’s Chief Scientist](#), and Wellcome has recently [committed \\$50m](#) to WHO’s Investment Round. **People often cite the Gates Foundation as having undue influence over WHO’s priority setting (which it does) but I’d also be casting my gaze across Wellcome’s bow, if I were me.”**

“... Finally, the Lancet Countdown itself. Maybe not as red a flag as the previous two but still worthy of some critical hand-wringing.....” Read why.

Harmer concludes: “A regrettable and undesirable research partnership between WHO, an analytics corporation and an influence-seeking financing entity; a climate change and health report that advocates for a better world while wanting to distance itself from advocacy; and a couple of over-sensitive report leads who warn us with one breath about the end-of-the-world *within decades* but cry foul with another breath when anyone suggests that maybe this kind of warning needs to appear a bit more in their flagship Countdown report. We (by which I mean the climate change and health community) need space for open and frank dialogue with the Lancet Countdown reports team.”

### **Plos GPH - Ambitions and realities: Are Global Fund investments designed to achieve resilient and sustainable systems for health? Findings from the Global Fund Prospective Country Evaluation**

Nicole Salisbury et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003914>

**“Strengthening resilient and sustainable systems for health (RSSH) is central to the Global Fund’s strategy, however questions persist about the Global Fund’s role in the health systems strengthening space, and the extent to which investments are designed to achieve strengthening objectives, or just fill in gaps in the system. This paper reports on findings from the Prospective Country Evaluations (PCE), a multi-country multi-year evaluation of Global Fund support. We adapted a framework from Chee et al. (2013) to assess whether Global Fund investments were designed to strengthen or support the health system. “**

Among the findings: “....**In the 2017 and 2019 funding cycles, we found that despite calls from the Global Fund to invest more strategically to strengthen health systems, a high proportion of RSSH funding was directed toward activities that support the health system.** Factors underlying this pattern include limitations imposed by the three-year grant cycle, a lack of clear guidance on how to design strengthening investments, a persistent need for funding to address input gaps, and minimal feedback during the funding request process related to RSSH design. **For the Global Fund, and indeed other global health initiatives, to contribute to sustained strengthening of health systems, is likely to require enhanced guidance and technical assistance, as well as improved measurement of outputs and outcomes.”**

### **Reuters - WTO head unopposed in bid for second term, but could face opposition from Trump**

<https://www.reuters.com/world/no-fight-top-wto-job-trump-trade-era-2024-11-08/>

From late last week. “No competitors for WTO top post hours ahead of deadline; Tit-for-tat tariff battles seen as more likely under Trump; **Nigeria’s Okonjo-Iweala announced second term bid in September.”**

## TGH - Pharma's Influence on India's Global Health Engagement

K Shah & R Katz; <https://www.thinkglobalhealth.org/article/pharmas-influence-indias-global-health-engagement>

“India must balance its advocacy on behalf of developing countries with the interests of its growing domestic industry.”

## Decolonize Global Health

### Lancet Perspective - James Baldwin: ignorance, power, justice

Seye Abimbola; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02473-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02473-5/fulltext)

Also one of the reads of the week, whereby **Seye Abimbola assesses the “ line that the African American writer and activist James Baldwin (1924–87), born 100 years ago this year, walked with remarkable dexterity.”**

Excerpt:

**“... In current discussions about equity and justice and reckoning with racist and colonial legacies in global health, pushbacks often appeal to oneness and the need to be optimistic and recognise what progress has been made. Pushbacks also caution against alienating those who may be sympathetic and against speaking of racism, colonialism, or any other injustice as peculiar to those who hold power. Baldwin agreed, but still questioned such labels, assumptions, and strictures. He held two views in tension. He walked the line.** I find myself following his example in the face of pushbacks about the “complaints literature” on epistemic injustice—or unfair knowledge practices—in global health: that it is written by the privileged (but, a privileged person in one way can be marginalised in another); by people in an echo chamber who make global health seem like a neocolonial enterprise without redeeming features (but, the authors’ complaints, as Baldwin said, are “not the paranoia” of their own minds). Pushbacks also contend that the “complaints literature” is only written by a few people, and as most people are silent, the complaints may not be of relevance to marginalised people on whose behalf they are being made (but, silence is difficult to interpret, does not mean no complaint, and given the barriers to academic publishing and its limited audience, silence on the pages of academic journals does not mean silence elsewhere). **I recognise, question, and sidestep the imaginary line....”**

## Global Health Financing & Global Tax Justice

### Global Policy - WHO's 'Investment Round' - will mimicking global health partnerships' replenishment model pay off?

Antoine de Bengy Puyvallée and Katerini T. Storeng; [Global Policy Journal](#)

**“The WHO’s “investment round” mimics the fundraising approach of global health partnerships like Gavi and the Global Fund, which raise voluntary donor contributions in multiyear funding cycles known as replenishments. However, it is unclear whether this model will work for the WHO. This**

article argues that the WHO competes on unfair grounds with the partnerships that are also currently seeking replenishment within an increasingly tight funding environment. Compared with the WHO, the partnerships can more easily demonstrate a “return on investment” and draw on years of experience fundraising this way, backed by support from powerful global advocacy coalitions and the Gates Foundation. A replenishment-style model also pushes the WHO towards a problematic private sector “investment” logic. **The article argues that the WHO should be fully funded for the unquantifiable services it delivers to as a normative agency and coordinator of global health efforts – rather than for doubtful estimates of its impact in terms of lives saved.”**

### **Lancet Comment - Health taxes: missed opportunities for health and health-care financing**

Helen Clark et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02427-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02427-9/fulltext)

Lancet Comment coming back on the new report from the Task Force on Fiscal Policy for Health, supported by Bloomberg Philanthropies, aiming to address the growing global burden of non-communicable diseases. It “... shows that **governments globally are missing the opportunity to implement a simple solution: a one-time tax increase on tobacco, alcohol, and sugary beverages (so-called health taxes);** raising prices 50% would raise US\$3.7 trillion over the next 5 years—\$2.1 trillion in low-income and middle-income countries and \$1.6 trillion in high-income countries. These resources could be used to invest in and realise the recent UN Summit of the Future's call to “turbo-charge” the full achievement of the SDGs before 2030. ....”

The Comment features, among others, a panel on: **How the global community can support countries to overcome barriers to effective implementation of health taxes.**

### **Voices (Oxfam) - Who can't afford to get ill? The missing target in the World Bank's drive for Universal Health Coverage**

Anna Marriott et al; <https://views-voices.oxfam.org.uk/2024/11/who-cant-afford-to-get-ill-the-missing-target-in-the-world-banks-drive-for-universal-health-coverage/>

“With the bank poised to replenish funds to back expansion of healthcare among the world's poorest people, it **needs to measure what matters – and what matters is that billions are being forced into poverty and hardship by the costs of care.** Anna Marriott, Rosemary Mburu, Harjyot Khosa and Waiswa Nkwanga **on a critical omission from the Bank's 'IDA21' policy package.”**

Focusing on: **A critical omission: targets to measure how many people face catastrophic health costs**

A “review of the **proposed policy package for IDA21** reveals a critical omission when it comes to financial protection for health. **Despite the World Bank playing an important role in the analysis for, and production, of the UHC Global Monitoring Reports, involving careful tracking of the globally agreed measures of impoverishing and catastrophic health expenditure,** there is **no mention of using similar indicators to monitor the IDA's role in expanding health coverage in those countries worst impacted by deteriorating financial protection.”**

...” **Ahead of the IDA21 replenishment conference in South Korea next month, IDA donors should insist on the introduction of robust and explicit measures and incentives on financial protection for**

health that are fully aligned with the globally agreed SDG indicators – the number of people facing catastrophic and impoverishing health expenditure.”

## Project Syndicate - The Case for Solidarity Levies

Emmanuel Macron, Mia Amor Mottley, and William Ruto; <https://www.project-syndicate.org/commentary/solidarity-levies-carbon-pollution-by-emmanuel-macron-et-al-2024-11>

Viewpoint from late last week, published ahead of the COP in Baku (see below).

**“A promising way to mobilize more climate finance for developing countries is to expand the use of “solidarity levies”:** global levies on carbon dioxide emissions and other economic activities that channel proceeds to developing countries. The benefits of scaling up such measures would be far-reaching.”

**“...There are swaths of the economy which are largely under-taxed yet polluting the planet.** This applies to maritime shipping, aviation, and, of course, the fossil-fuel industry, which enjoys low effective tax rates due to government subsidies (totaling an estimated \$7 trillion in 2022, according to the International Monetary Fund).....”

**“...These levies can contribute by allocating a share of the revenues to developing countries.** A global levy of 0.1% on stock and bond trades could raise up to \$418 billion per year. A levy on shipping of \$100 per ton of carbon dioxide could raise \$80 billion per year. A levy on fossil-fuel extraction of \$5 per ton of CO<sub>2</sub> could raise \$210 billion per year. Even a partial redistribution through solidarity levies would guarantee a large source of predictable climate finance for these countries, thus complementing flows of official development assistance without amplifying existing debt burdens..... “

**“... These levies already exist. More than 30 countries currently implement a financial transaction tax, and at least 21 have a levy on airplane tickets.** Moreover, even small-scale initiatives such as the International Oil Pollution Compensation Funds demonstrate the feasibility of an international redistribution mechanism. **To replicate and scale up these models requires further international cooperation to limit market distortions and preserve a level playing field. To that end, we launched the [Global Solidarity Levies Task Force](#) last year at COP28.** With 13 member countries already, the task force has been examining the potential of levies across shipping, aviation, fossil fuels, and financial transactions, as well as exploring options like levies on plastic or cryptocurrency. **In early 2025, we will publicly launch a handful of concrete proposals** with rigorous impact assessments. These will be scalable – raising at least \$100 billion per year – and accompanied by clear assessments of potential externalities.”

## Mpox emergency response

PS: The WHO will convene its International Health Regulations Emergency Committee next week (on 22 Nov) to determine whether mpox remains a global health crisis. Guess so....



## Reuters - Mpox vaccination shortage delays Kinshasa's campaign, Congo organiser says

<https://www.reuters.com/world/africa/mpox-vaccination-shortage-delays-kinshasas-drive-against-outbreak-2024-11-13/>

From earlier this week. **“Democratic Republic of Congo has been unable to launch an mpox vaccination campaign in the capital Kinshasa due to a shortage of doses, the country's response leader said, while cases countrywide continue to rise, especially among children....”**

The World Health Organization declared mpox [a global health emergency](#) in mid-August, after a new strain began spreading from Congo to neighbouring countries. **However, donors have been [slow to translate their promises](#) into money and vaccines, according to the Africa Centres for Disease Control and Prevention.....”**

## Cidrap News -Mpox clade 1b spreads to more African countries

<https://www.cidrap.umn.edu/mpox/mpox-clade-1b-spreads-more-african-countries>

(14 Nov) With coverage of the weekly briefing by Africa CDC.

**“New genetic sequencing results have now confirmed novel clade 1b mpox virus in recent cases from Zambia and Zimbabwe, signifying that the virus is now spreading in most of Africa's regions, the head of the Africa Centres for Disease Control and Prevention (Africa CDC) said today. During a weekly briefing, Africa CDC Director-General Jean Kaseya, MD, MPH, said the African region is still averaging about 2,800 new cases a week, "sending a clear message that mpox is not under control in Africa." ....”**

- And via [HPW](#):

More news from Africa CDC's briefing on Thursday: **“African countries will soon use a PCR test for mpox developed by Moroccan company Moldiag that is cheaper than the Gene Xpert tests currently being used, according to the Africa Centres for Disease Control and Infection (Africa CDC). “This test was approved after a number of tests were done in the [Democratic Republic of Congo] to ensure that it is sensitive to clade 1b and other clades in Africa,” Africa CDC Director General Jean Kaseya told a media briefing on Thursday. “The cost is \$6 per test, very comparable with [test] kits that are coming from Korea and China,” said Dr Yenew Kebede Tebeje, Africa CDC's head of laboratory systems. “But Morocco has also offered that if we can buy in large quantities, they can bring down the cost to \$5 per test. As compared to Gene Xperts, this is very, very cheap, even twice as cheap.” “**

**“.... With 2,836 new cases and 34 deaths confirmed in the past week, Kaseya warned that mpox “is not under control in Africa”. The Africa CDC once again highlighted its concern about Uganda's mpox outbreak, with 184 new cases in the past week. While mpox vaccination campaigns in the DRC and Rwanda have met or surpassed targets, Nigeria has postponed the start of its vaccinations until 18 November. “**

**“Meanwhile, the LC16 vaccines from Japanese company KM Biologics have not yet arrived as agreement has yet to be reached on who assumes liability for adverse events, said Kaseya. “As you**



know, every time that a new vaccine is introduced in the country, somebody has to sign for the insurance to be able to take care of possible side-effects,” he added. “I think that’s the issue that is now being discussed with the Japanese government to find someone that will take care of the liability issues. I think that is the only issue that is left.” **Unlike Bavarian Nordic’s MVA-BN mpox vaccine, the LC16 vaccine is licensed for children under the age of 12. Around 38% of those infected with mpox are children.”**

## Reuters - Health advocates press Cepheid for cheaper mpox tests

[Reuters](#);

**“Global health advocates have written to the makers of a key mpox diagnostic test to call for its price to be cut from around \$20 per test to \$5, to help tackle low testing rates in poorer countries badly hit by the virus.”**

**“Medical diagnostics firm Cepheid's GeneXpert mpox test is one of three approved for emergency use by the World Health Organization, but the price is prohibitive for countries like the hardest-hit Democratic Republic of Congo, activists said. ... "We urge you to lower the price of the mpox test cartridges to \$5 and prioritize supply for African countries fighting mpox outbreaks," read the letter sent by groups including rights NGO Public Citizen and medical charity Medecins Sans Frontieres. .... Cepheid's test is particularly important because machines that process the results are available across Africa, as they are also used for tuberculosis testing.....”**

## Marburg outbreak Rwanda

### HPW - .... No Marburg Cases in Rwanda for Two Weeks

<https://healthpolicy-watch.news/moroccan-mpox-test-to-be-used-in-africa-no-marburg-cases-in-rwanda-for-two-weeks/>

**“Rwanda appears to continue holding steady at 66 confirmed Marburg cases in its outbreak as no new cases have been reported since Oct. 30. The country initiated on Nov. 9 the 42-day countdown to declare the end of the outbreak if no other cases are identified. ....”**

## AMR – Fourth Ministerial Meeting on AMR (Jedday, Saudi-Arabia)

### HPW - As World’s Health Ministers Meet in Jeddah: Calls for Strong AMR Science Panel With Authority to ‘Challenge’ Sponsors

<https://healthpolicy-watch.news/as-global-health-ministers-meet-in-jeddah-calls-for-strong-amr-science-panel-with-authority-to-challenge-sponsors/>

Pre-analysis. **“With plans underway for a new “Independent Panel” on Antimicrobial Resistance, endorsed at September’s UN [High-Level AMR Meeting](#), the new body must become a strong**

**scientific authority. It should have the power to “challenge” the agencies that create it and address both human and animal health factors driving drug-resistant pathogens. That was a key message from AMR experts in the lead up to the [Fourth Ministerial Meeting on Antimicrobial Resistance](#), which begins Friday in Jeddah, Saudi Arabia. “**

**“The Independent Panel “needs to be an inclusive process... listening to scientists... civil society, to industry and other actors. But you also need to make sure that that panel, even though hosted by a Quadripartite, can actually challenge the Quadripartite,” declared John Arne Røttingen, CEO of the UK-based Wellcome Trust, of the panel’s central importance to providing evidence on future AMR policies.”**

PS: “... Røttingen was among the more than two dozen experts convened for two high-level AMR sessions at Berlin’s World Health Summit in mid-October to discuss next steps for the battle against drug resistant pathogens in the lead-up to the Jeddah meeting. .... “

**“...The health ministers’ confab in Saudi Arabia (15-16 November) is supposed to lay out next steps for delivering on promises made in the [Declaration on Antimicrobial Resistance](#) approved at the UN High Level Meeting, 26 September in New York City. ... The mandate to create an “independent panel for evidence for action against antimicrobial resistance in 2025” is embedded in a 15-page text, with 106 clauses. But it is widely perceived as a key next move to maintain strategic momentum on AMR threats. ....”**

PS: **“Access to antibiotics is improving – but Africa is also becoming an AMR hotspot....”**

## **UN News – From Declaration to action: Antimicrobial resistance initiatives centre stage at Jeddah conference**

<https://news.un.org/en/story/2024/11/1156986>

**“Antimicrobial resistance initiatives are back in the spotlight as stakeholders gather in Jeddah, on the Saudi Arabian coast, a few months after a high-level meeting in New York led to the unanimous adoption of a political declaration by the UN General Assembly. With that declaration the 193-member body pledged concerted action against the under-recognized but serious health concern. .... The aim is to move from “declaration to implementation” through multisectoral partnerships in the combat against antimicrobial resistance.....”**

## **UN News - Antimicrobial resistance crisis ‘happening now,’ WHO’s Tedros stresses at Jeddah summit**

<https://news.un.org/en/story/2024/11/1157041>

**“The top UN health official gave a sobering reality check as the Fourth Global High-Level Ministerial Meeting on Antimicrobial Resistance began Friday in Jeddah: “AMR doesn't just threaten to make the medicines on which we depend less effective; it’s happening now.””**

**“In remarks to the Conference, Tedros Adhanom Ghebreyesus, the Director-General of the UN World Health Organization (WHO), said that what is being discussed is not merely the risk of people dying because of superbug infections, “they are dying now – 1.3 million people every year.””**

“He said that the **Political Declaration on AMR** agreed this past September by the UN General Assembly sets clear targets and the task now is to translate it into concrete action. The WHO chief highlighted three priorities for implementing that Declaration – particularly for low- and middle-income countries: Increasing sustainable financing from both domestic and international sources; Increasing research, development, and innovation to address “the dry antimicrobial pipeline”; and increasing equitable access to quality antimicrobials, while ensuring appropriate use.”

## **Nature News – Resistance to crucial malaria drug detected in severely ill kids in Africa**

<https://www.nature.com/articles/d41586-024-03672-z>

Worrying news, from New Orleans: “The development worries researchers because children are particularly vulnerable to the disease.”

“Scientists have detected [resistance to artemisinin](#), a key malaria drug, for the first time among children in Africa with severe disease. The continent accounts for 95% of all deaths from malaria globally, and children are the most badly affected.....”

Cfr a new study, published in *JAMA* and presented at the Annual Meeting of the American Society of Tropical Medicine and Hygiene, in New Orleans.

## **World Conference on Lung Health (Bali, Indonesia)**

### **HPW - Tuberculosis Advocates Push for Cheaper Tests**

<https://healthpolicy-watch.news/tuberculosis-advocates-push-for-cheaper-tests/>

“Dozens of tuberculosis (TB) activists took to the stage during the opening of the annual World Conference on Lung Health in Bali, Indonesia, to demand that the price of GeneXpert tests to detect TB is slashed to \$5 in low- and middle-income countries. “

“Medical test maker Cepheid and its parent corporation Danaher were asked to reduce the price of GeneXpert tests to US\$5 in low- and middle-income countries. While Danaher reduced the price of the standard TB test by 20% in September 2023 from \$10 to \$8, the test used to detect extensively drug-resistant TB, remains very high at \$15....”

“Research commissioned by Medecins Sans Frontieres (MSF) in 2019 shows that GeneXpert cartridges could be produced and sold at a profit for less than \$5 each, said MSF in a statement on Tuesday.”

### **WHO - Indonesia takes leadership role in tackling TB with development of new vaccine candidates**

<https://www.who.int/indonesia/news/detail/13-11-2024-indonesia-takes-leadership-role-in-tackling-tb-with-development-of-new-vaccine-candidates>

**“ On 8–9 November 2024, the World Health Organization (WHO) and Indonesian Ministry of Health convened for the first national consultation on new tuberculosis (TB) vaccines in Bali. Held ahead of the Union World Conference on Lung Health, the meeting focused on the potential impact of new TB vaccines for adults and adolescents, programmatic use considerations, potential financing scenarios and evidence needs for vaccine introduction in Indonesia. The meeting is part of an effort to expedite the development of new TB vaccines for adults and adolescents, and to prepare for their financing and access as part of the [TB Vaccine Accelerator Council](#).....”**

#### **HPW - Breakthrough Research Promises Shorter Treatment for Multi-Drug-Resistant TB**

<https://healthpolicy-watch.news/breakthrough-research-promises-shorter-treatment-for-multi-drug-resistant-tb/>

**“In a breakthrough for patients with multi-drug-resistant (MDR) tuberculosis (TB), researchers shared positive trial results for a shorter, tailored alternative at the World Conference on Lung Health in Bali, Indonesia. The insights came from the [endTB-Q](#) trial aimed at finding a simpler, less toxic, shorter regimen for fluoroquinolone-resistant MDR-TB. ....”**

## **Measles**

#### **WHO - Measles cases surge worldwide, infecting 10.3 million people in 2023**

<https://www.who.int/news/item/14-11-2024-measles-cases-surge-worldwide--infecting-10.3-million-people-in-2023>

**“Worldwide, there were an estimated 10.3 million cases of measles in 2023, a 20% increase from 2022, according to new estimates from the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC). Inadequate immunization coverage globally is driving the surge in cases.”**

**“Measles is preventable with two doses of measles vaccine; yet more than 22 million children missed their first dose of measles vaccine in 2023. Globally, an estimated 83% of children received their first dose of measles vaccine last year, while only 74% received the recommended second dose. Coverage of 95% or greater of two doses of measles vaccine is needed in each country and community to prevent outbreaks and protect populations from one of the world’s most contagious human viruses.....”**

- Coverage via HPW - [Global Measles Cases Surge by 20% as Countries Struggle to Vaccinate all Kids](#)

**PS: “....A total of 57 countries experienced large outbreaks in 2023, in comparison to 36 countries in the previous year. ....”**

## COP 29 in Baku (11-22 November): “Finance COP”?

Hefty section on this (ongoing) COP. For **daily updates**, see among others <https://www.climatechangenews.com/>.

Below we give **some of the key news so far, and analysis** (with a bias towards the **climate & health intersection**, obviously). But we start this section with some **pre-analysis**, ahead of the COP. Top priority of this COP: **climate financing**.

### Devex - 7 things to watch for at COP29, from funding to food systems

<https://www.devex.com/news/7-things-to-watch-for-at-cop29-from-funding-to-food-systems-108714>

**Pre-analysis.** “From funding to food systems, here are key issues to watch for as COP29 begins.”

### COP29: Six key reasons why international climate finance is a ‘wild west’

<https://www.carbonbrief.org/cop29-six-key-reasons-why-international-climate-finance-is-a-wild-west/>

“Developed nations have committed to providing billions of dollars of “climate finance” to developing countries, as part of the global effort to tackle climate change.”

The **six reasons**:

“There is no agreed definition of what counts as ‘climate finance’; Climate-finance accounting is not consistent or transparent; Some climate finance is not helping to tackle climate change; Reliance on loans ‘overstates’ climate finance flows; Countries are reporting money that may never get spent; Climate finance is used to boost donors’ economic interests.”

### Guardian - Cop summits ‘no longer fit for purpose’, say leading climate policy experts

<https://www.theguardian.com/environment/2024/nov/15/cop-summits-no-longer-fit-for-purpose-say-leading-climate-policy-experts>

(15 Nov) WHAM !! **“Future UN climate summits should be held only in countries that can show clear support for climate action and have stricter rules on fossil fuel lobbying, according to a group of influential climate policy experts.** The group includes former UN secretary-general Ban Ki-moon, the former president of Ireland Mary Robinson, the former UN climate chief Christiana Figueres and the prominent climate scientist Johan Rockström.”

**“They have written to the UN demanding the current complex process of annual “conferences of the parties” under the UN framework convention on climate change – the Paris agreement’s parent treaty – be streamlined, and meetings held more frequently, with more of a voice given to developing countries. “It is now clear that the Cop is no longer fit for purpose. We need a shift from negotiation to implementation,” they wrote.”**

They have **7 recommendations** to improve COPs (drastically). "... The signatories propose seven key reforms to ensure a COP that can deliver on agreed climate commitments and ensure the urgent energy transition and phase-out of fossil fuels...". Long overdue in our opinion indeed.

PS: (see also above: **update on the Taskforce on new Global Solidarity Levies**) "... Outside the negotiating rooms, [some countries are looking for new sources of finance](#) to plug the gaps. A **report by a taskforce led by Laurence Tubiana**, a former French diplomat and the current chief of the European Climate Foundation, **found that new "global solidarity levies" could raise large sums towards the climate finance needed for the poor world. Levying a charge on cryptocurrencies** – which are energy-intensive to create – could be one option, the report found. Charging just \$0.045 per kWh for the energy would produce \$5bn, it said. **A plastics production levy**, charged on producing plastics from polymers rather than from recycled material, could yield \$25bn-\$35bn a year if set at \$60 to \$90 a tonne. Even more effective would be **a 2% wealth tax**, an idea championed by Brazil, which could yield \$200bn-\$250bn a year. **Taxing frequent flyers and business class airline tickets** could generate up to \$164bn a year, depending on the design of the scheme."

**"Tubiana said:** "One of the founding pillars of the Paris agreement is financial solidarity between developed and developing countries. Such solidarity makes it possible for all countries to gradually raise their national ambitions to achieve the goal of limiting temperature rise to 1.5C. However, **there can be no climate justice without fiscal justice**, as all countries are facing the same challenge: how to fund the transition while ensuring that those with the greatest means and the highest emissions pay their fair share." **She will present the final report of the taskforce, led by the governments of France, Barbados and Kenya, before next year's Cop."**

## Guardian – 'No sign' of promised fossil fuel transition as emissions hit new high

[Guardian](#);

"New method finds human-caused warming is about to reach the limit set by the Paris climate agreement." **"There is "no sign" of the transition away from burning fossil fuels that was pledged by the world's nations a year ago**, with 2024 on track to set another new record for global carbon emissions. " **"The new data, released at the UN's [COP29](#) climate conference in Azerbaijan, indicates that the planet-heating emissions from coal, oil and gas will rise by 0.8% in 2024. In stark contrast, emissions have to fall by 43% by 2030** for the world to have any chance of keeping to the 1.5C temperature target and limiting "increasingly dramatic" climate impacts on people around the globe..."

**Projections by researchers at the Global Carbon Project.** "There are many signs of positive progress at the country level, and a feeling that a peak in global fossil CO2 emissions is imminent, but the global peak remains elusive," says climate researcher Glen Peters. "While gradual emission reductions are occurring in some countries, increases continue in others."

"... The new data comes from the [Global Carbon Budget](#) project, a collaboration of more than 100 experts led by Prof Pierre Friedlingstein, at the University of Exeter, UK. ...."

## Guardian - 'Minimal progress' made this year on curbing global heating, report finds

<https://www.theguardian.com/environment/2024/nov/14/minimal-progress-global-heating-report-cop29>

“Analysis by Climate Action Tracker puts median temperature rise by 2100 at 2.7C if current policies continue.....”

“World leaders have promised to try to stop the planet heating by more than 1.5C (2.7F). But current policies put the temperature rise on track for 2.7C, a report has found. The expected level of global heating by the end of the century has not changed since 2021, with “minimal progress” made this year, according to the [Climate Action Tracker](#) project. The consortium’s estimate has not shifted since the Cop26 climate summit in Glasgow three years ago. “

“The expected level of warming is slightly lower when considering government pledges and targets, at 2.1C, but has also not changed since 2021. Warming in the most optimistic scenario rose slightly from 1.8C last year to 1.9C this year, the report found.....”

## HPW - 'Road to Ruin': Nations Clash over Multi-Trillion Climate Bill as COP29 Opens

<https://healthpolicy-watch.news/road-to-ruin-nations-clash-over-multi-trillion-climate-bill-as-cop29-opens/>

### Coverage of the opening day.

“As 40,000 delegates’ flights streamed into Baku’s Heydar Aliyev airport over the weekend, **battle lines were drawn on the opening day of COP29 in the Azerbaijani capital as developing countries demanded wealthy nations commit trillions of dollars to combat the climate crisis.**”

“The high-stakes climate mega-conference launched on Monday, just weeks after its less prominent sibling, the UN biodiversity summit in Cali, Colombia, collapsed in disarray over the same fundamental question: who should pay to save the planet, how much, and by when. **Negotiators must now agree on a new global climate finance target by 2025 – a deadline set under the Paris Agreement – to replace the current \$100bn annual pledge that wealthy nations promised in 2009 but have met just once.** This new framework – known as the New Collective Quantified Goal – sits at the heart of talks, earning Baku the moniker “finance COP” .....”

## Guardian - 'Fossil fuel companies broke the planet, they should pay for it,' says website cop29.com

<https://www.theguardian.com/environment/2024/nov/11/critics-say-approval-of-climate-credits-rules-on-day-one-of-cop29-was-rushed>

“ Anyone clicking on to [www.cop29.com](http://www.cop29.com) is in for a surprise. The site has been acquired by Global Witness and now leads with the faces of five big oil bosses and the headline “Fossil fuel companies

**are destroying the planet for profit. They broke it, they should pay for it.”** The CEOs are Mike Wirth at Chevron, Patrick Pouyanné at TotalEnergies, Murray Auchinloss at BP, Darren Woods at ExxonMobil and Wael Sawan at Shell. **The site is promoting Global Witness’s “Payback Time” campaign**, which is supported by actor Rosario Dawson, film director Adam McKay, activists Vanessa Nakate and Luisa Neubauer and more.”

**“The oil and gas industry made [\\$4tn in pre-tax profits](#) in 2022, notes Global Witness. That is 10 times the annual cost of climate damages in developing countries, estimated at about \$400bn a year. The UN’s Loss and Damage Fund, aimed at helping poorer nations hit by climate disasters, contains [less than 0.2%](#) of this \$400bn figure.....”**

### **Guardian - Critics say approval of ‘climate credits’ rules on day one of Cop29 was rushed**

<https://www.theguardian.com/environment/2024/nov/11/critics-say-approval-of-climate-credits-rules-on-day-one-of-cop29-was-rushed>

**“Agreement on rules paving way for rich countries to pay for cheap climate action abroad breaks years-long deadlock.”**

**“Diplomats have greenlit key rules that govern the trade of “carbon credits”, breaking a years-long deadlock and paving the way for rich countries to pay for cheap climate action abroad while delaying expensive emission cuts at home. ... The agreement is expected to provide the clarity needed to trade emissions within a global carbon market, supervised by the UN, that would be open to companies as well as countries....”**

### **Climate Change News - Rich nations “on track” to double adaptation finance but huge gap persists**

<https://www.climatechangenews.com/2024/11/08/rich-nations-on-track-to-double-adaptation-finance-but-huge-gap-persists/>

**“While adaptation funding jumped by about a quarter in 2022, a large share came as loans rather than grants, adding to developing-nations’ debt burdens.”**

**“Rich countries have said they are on track to double their finance to help developing nations adapt to climate change by 2025 – but a new UN [report](#) shows that meeting this goal would cover just a tiny fraction of what poorer countries need to become more resilient to extreme weather and rising seas.....”**

### **UN News - COP29: Guterres urges countries to ‘get serious’ on loss and damage funding**

<https://news.un.org/en/story/2024/11/1156851>

**“UN Secretary-General António Guterres called on Tuesday for countries to step up contributions to a financial mechanism to assist developing countries affected by climate change. “**



## **Guardian - Poorer nations need \$1tn a year by 2030 in climate finance, top economists find**

<https://www.theguardian.com/environment/2024/nov/14/wealthy-countries-must-invest-1tn-a-year-by-2030-for-climate>

**“Study says funding to cope with climate breakdown needed five years earlier than expected.”**

**“Poor countries need \$1tn a year in climate finance by 2030, five years earlier than rich countries are likely to agree to at UN climate talks, a new study has found. Waiting until 2035 to receive the funding, which is to help them cut greenhouse gas emissions and cope with extreme weather, would place damaging burdens on vulnerable countries, warned the Independent High-Level Expert Group on Climate Finance, a group of leading economists.....”**

## **HPW - Against Rising Fossil Fuel Emissions, WHO and COP29 Hosts Call For More ‘Healthy’ Climate Commitments by Countries**

<https://healthpolicy-watch.news/against-rising-fossil-fuel-emissions-who-and-cop29-hosts-call-for-healthy-climate-commitments-by-countries/>

**“The World Health Organization and UN Climate Conference (COP29) host, Azerbaijan, issued a joint call to countries on Wednesday to adopt more ‘healthy’ Nationally Determined Commitments (NDCs) in their next set of plans for climate action, due to be submitted in early 2025. ....”**

**“.... New ‘Continuity Coalition’ issues the call to make NDCs ‘Healthy’:** The current set of national commitments, or NDCs, upon which global climate action is hinged, expire at the end of this year. And they are already failing by a wide margin to meet the 2015 Paris agreement goal of limiting global warming to 1.5° C. Data released last week by the World Meteorological Organization suggested that the world had already exceeded the 1.5° C limit this year. Against that background, **the call to adopt more health-focused NDCs will be integral to a new COP29 health initiative that aims to ensure continuity between promises and action on commitments made at this COP and future climate events.** The initiative, called **the Baku COP Presidency’s Continuity Coalition on Climate and Health**, was announced by the WHO and Azerbaijan’s COP29 presidency at a high level event Wednesday. “

**“This initiative unites the visionary leadership of five COP Presidencies that span this critical time for action, underscoring a commitment to elevate health within the climate agenda,” said WHO Director General Dr Tedros Adhanom Ghebreyesus...”**

**“.... ‘Continuity Coalition’ aims to enable more coordinated action on health between climate conferences:** The ‘Continuity Coalition’ aims to help enhance ambition and enable more coordinated action on health and climate from year to year.... **....The coalition will be formally launched on 18 November, in the presence of the countries that have held COP presidencies over the past three years (the United Kingdom, Egypt and the United Arab Emirates), as well as Brazil, which is hosting COP 30 in 2025 in Rio. “**

## HPW - Make Clean Air Part of Climate Plans, Experts Say

<https://healthpolicy-watch.news/clean-air-targets-cop29/>

“Global and Indian experts at COP29 produced new evidence Thursday calling for clean air standards to become part of nations’ climate commitments, as cities across South Asia’s heavily polluted air corridor battled record-breaking smog. .... Under the clear skies of Azerbaijan’s capital, experts from the World Bank, WHO, and Indian health ministry were unanimous that **air quality improvement should be included in the new Nationally Determined Contributions (NDCs)**, the self-determined climate targets nations set under the Paris Agreement. “

“... Supporting this call for action is a new [report](#) released by the Clean Air Fund that shows how tropospheric ozone – a little-discussed ‘super pollutant’ – is linked to **500,000 premature deaths and an estimated \$500 billion in economic costs annually**. Air pollution from all sources contributes to more than eight million premature deaths each year, with economic costs exceeding \$8 trillion, the report found. **The findings aim to support the push for including air quality standards in the third generation of NDCs** – binding climate commitments due before COP30 next year under the Paris Agreement. Only a small fraction of countries currently include air pollution safety in their climate plans despite the health threat to millions worldwide.....”

## UN News - COP29: Governments, industry must stop ‘lip-service’ on methane and slash emissions, says UNEP

<https://news.un.org/en/story/2024/11/1157016>

“The UN environment agency chief warned the COP29 climate summit in Baku on Friday that methane emissions must come down – “and come down fast” –to have any chance of controlling global warming. “

“That message comes after a **new UN report revealed** that, over the past two years, a sophisticated system that detects significant methane leaks has sent 1,200 notifications to governments and businesses, but only one per cent of those notifications have been answered. .... “ The report highlights plume alerts from the **Methane Alert and Response System (MARS)**.

## WHO - IsDB joins efforts with WHO and development partners to promote health impact investment

<https://www.who.int/news/item/12-11-2024-isdb-joins-efforts-with-who-and-development-partners-to-promote-health-impact-investment>

“As part of its commitment to the global initiative to build stronger primary health care and health systems resilience, the Islamic Development Bank (IsDB) announced today an important grant allocation of US\$ 10 million to WHO to implement the Health Impact Investment Platform (HIIP). This significant contribution, signed on the sidelines of the UN Climate Change Conference (COP29) held in Baku, on November 12<sup>th</sup>, 2024, **marks a crucial step towards operationalizing our commitment to climate and health in low- and middle-income countries.**”

**“The HIIP represents a groundbreaking collaboration among Multilateral Development Banks (MDBs), WHO, and countries in need of robust health and climate solutions. This initiative focuses on the investment in essential, climate and crisis-resilient primary health care services and systems.....”**

## **Lancet Planetary Health -Bridging the gender, climate, and health gap: the road to COP29**

Kim Robin van Daalen et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(24\)00270-5/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(24)00270-5/fulltext)

**“Focusing specifically on the gender–climate–health nexus**, this Personal View builds on existing feminist works and analyses to discuss why intersectional approaches to climate policy and inclusive representation in climate decision making are crucial for achieving just and equitable solutions to address the impacts of climate change on human health and societies. ....”

## **BMJ Opinion - We need a gender just transition for health systems and climate action**

<https://www.bmj.com/content/387/bmj.q2528>

“Meaningful progress to mitigate the climate crisis and improve health systems will only be possible with a commitment to equity, justice, and inclusion, say **Arthur Ng’etich and colleagues.**”

PS: “This **commentary builds on discussions from a webinar organised by the United Nations University International Institute for Global Health** on behalf of the African Regional Community of Practice for Gender and Health, **focusing on gender just climate transitions and African health systems ....”**

## **Guardian - Cop29 CEO filmed agreeing to facilitate fossil fuel deals at climate summit**

<https://www.theguardian.com/environment/2024/nov/08/cop29-ceo-filmed-agreeing-to-facilitate-fossil-fuel-deals-at-climate-summit>

This sort of thing now seems a ‘fixture’ at every COP 😊. Leaked out before the COP started. **“Elnur Soltanov recorded speaking with fake oil and gas group that asked for deals in exchange for sponsoring talks.”** “The recording has amplified calls by campaigners who want the fossil fuel industry and its lobbyists to be banned from future Cop talks.”

## **Guardian - Over 1,700 coal, oil and gas lobbyists granted access to Cop29, says report**

<https://www.theguardian.com/environment/2024/nov/15/coal-oil-and-gas-lobbyists-granted-access-to-cop29-says-report>

**“Fossil fuel-linked lobbyists outnumber delegations of almost every country at climate talks in Baku, analysis finds.”**

## Climate Change News - COP29 host Azerbaijan shelves fossil-fuelled climate fund

<https://www.climatechangenews.com/2024/11/15/cop29-host-azerbaijan-shelves-fossil-fuelled-climate-fund/>

“Baku postponed the planned launch of a voluntary fund with contributions from fossil fuel producers after getting “tangled up” with official UN negotiations.”

And some news snippets re the COP:

- Via [Pandemic Action Playbook](#):

**“Early win — pandemic debt pause clauses.** The World Bank expanded its definition of what qualifies for a debt pause in a disaster. The Bank’s Climate Resilient Debt Clause (CRDC) now covers all natural disasters, including droughts, floods, and health emergencies like pandemics. This allows eligible countries to defer principal and/or interest repayments on International Bank for Reconstruction and Development and IDA loans for up to two years.”

**“Multilateral development banks [announced a collective effort to boost climate finance](#), estimating that by 2030, their annual collective climate financing for LMICs will reach US\$120 billion.** Still, more can be done. The [Independent High-Level Expert Group reports](#) banks must triple their financing by 2030 to support climate goals, while a [Fitch report](#) details that US\$480 billion is possible without affecting their ratings....”

**“The Africa Climate and Health Alliance**, consisting of more than 300 CSOs across 38+ countries, [released their COP29 position paper and call to action](#).....”

## More on Planetary Health

### Potsdam Institute for Climate Impact Research - Pioneering Planetary Boundaries science as key to mitigating rising planetary risks

<https://www.pik-potsdam.de/en/news/latest-news/pioneering-planetary-boundaries-science-as-key-to-mitigating-rising-planetary-risks>

**“The Planetary Boundaries framework** is a pivotal tool for tackling the climate crisis and safeguarding humanity’s future on Earth. **For the first time, the full story of the Planetary Boundaries is now being told from its beginning:** In a **review**, researchers highlight the growing influence of the PB framework across disciplines and its impact on society and policy. The article offers a unique overview of how the framework has been adopted across sectors. It also underscores how, 15 years after its initial proposal, PB science has become widely recognised as crucial for advancing the global sustainability agenda in an era of rising planetary risks.....”

## Guardian - Climate breakdown will hit global growth by a third, say central banks

<https://www.theguardian.com/business/2024/nov/08/climate-breakdown-will-hit-global-growth-by-a-third-say-central-banks>

**“New modelling finds risk to global economies much worse than previously thought, but group of central banks says even this may be an underestimate.”**

“The physical shocks caused by climate breakdown will hit global economic growth by a third, according to a **risk assessment by a network of central banks**. The rise in the estimated hit to the world’s economies as a result of the shocks from flooding, droughts, temperature rises, and mitigating and adapting to extreme weather was the **result of new climate modelling published this year**. The **Network for Greening the Financial System**, a membership body of global banks and financial organisations, said [in a report](#) this week that the **huge increase in the risk from physical shocks to the economy marked a considerable change in the overall severity of the damage caused.**”

PS: **“Sandy Trust**, an actuary who works on sustainability and the climate crisis, said the **small print in the report by the network of central banks revealed they had failed to take in to account the impact of climate tipping points**, sea temperature rises, migration and conflict as a result of global heating, human health impacts or biodiversity loss....”

## World Diabetes Day (14 Nov)

The Lancet: Over 800 million adults living with diabetes, more than half not receiving treatment, global study suggests

[Worldwide trends in diabetes prevalence and treatment from 1990 to 2022: a pooled analysis of 1108 population-representative studies with 141 million participants](#) ( NCD Risk Factor Collaboration (NCD-RisC) )

Via the **press release**:

**“The global rate of diabetes (type 1 and 2 combined) in adults doubled from approximately 7% to about 14% between 1990 to 2022, with the largest increase in low- and middle-income countries (LMICs). Over the same period, rates of treatment for diabetes stagnated at low levels in many of the same LMICs where rates of the disease have drastically increased, resulting in almost 450 million adults aged 30 and over with diabetes globally (59%) who did not receive treatment in 2022. “ ““Meanwhile, people living in North America, Australasia, central and western Europe, and parts of Latin America and East Asia and the Pacific saw a significant improvement in treatment rates for diabetes from 1990 to 2022, contributing to widening global inequities in diabetes treatment.” “ Authors say the study highlights the urgent need for financing of medicines and comprehensive diabetes programmes that enable early detection and effective treatment of diabetes in LMICs. “**

**“ The total number of adults living with either type 1 or type 2 diabetes in the world has surpassed 800 million - over four times the total number in 1990, according to findings from a global analysis published ahead of World Diabetes Day in The Lancet. Additionally,**

445 million adults aged 30 years and older with diabetes (59%) did not receive treatment in 2022, three and a half times the number in 1990.....”

## WHO – Urgent action needed as global diabetes cases increase four-fold over past decades

<https://www.who.int/news/item/13-11-2024-urgent-action-needed-as-global-diabetes-cases-increase-four-fold-over-past-decades>

WHO press statement.

“The number of adults living with diabetes worldwide has surpassed 800 million, more than quadrupling since 1990, according to [new data released in The Lancet](#) on World Diabetes Day. The **analysis, conducted by the NCD Risk Factor Collaboration (NCD-RisC) with support from the World Health Organization (WHO)**, highlights the scale of the diabetes epidemic and an urgent need for stronger global action to address both rising disease rates and widening treatment gaps, particularly in low- and middle-income countries (LMICs).....”

- And coverage via the **Guardian** - [More than 800 million people around the world have diabetes, study finds](#)

“ ...The **study is the first global analysis of diabetes rates and treatment in all countries**. Scientists at [NCD-RisC](#) in collaboration with the World Health Organization used data from more than 140 million people aged 18 or older from more than 1,000 studies in different countries. ....”

## Access to medicines, vaccines & other health technologies

### BMJ Feature - What are countries doing to tackle worsening drug shortages?

<https://www.bmj.com/content/387/bmj.q2380>

“The **World Health Organization notes 300 essential drugs are now in shortage**. Chris Baraniuk asks what is behind the problems and what countries are doing about it.”

### WEF (blog) - How COVID-19 unleashed a wave of medical oxygen innovation

<https://www.weforum.org/stories/2024/11/how-covid-19-unleashed-a-wave-of-medical-oxygen-innovation/>

“.... Innovations are emerging that are changing lives by delivering critical oxygen to patients, including in challenging environments. **Products developed in just the last few years have the potential to revolutionize access to oxygen in low- and middle-income countries.**”

## Daily Maverick - How South Africa can help secure immediate, global access to HIV prevention drug lenacapavir

By Tian Johnson, Fatima Hassan, Asia Russell and Sangeeta Shashikant;

<https://www.dailymaverick.co.za/article/2024-11-07-how-sa-can-help-secure-immediate-global-access-to-lenacapavir/>

“....South Africa is on this list of 120 and on a second list of 18 countries for whom Gilead will [prioritise registration](#) of the drug once it’s ready for the market. **Even though South Africa got the sweet end of a bitter, colonial-era deal, we believe the country should issue a compulsory licence for the generic manufacture of lenacapavir and encourage other middle-income countries to do the same.** A [compulsory licence](#) allows governments to override a company’s patent protections with a royalty payment during a health crisis. “

“The **best time to lead such a multicountry push is right now, in the lead-up to the G20 Summit, which will be [hosted by Brazil on 18 and 19 November](#).** Politico reports that **medicines access, technology transfer and local manufacturing are already on Brazil’s to-do list for the event. ....**”

## GHF - Using TRIPS Flexibilities: Easier Said Than Done? [Update from WIPO SCP]

S Namboodiri; [Geneva Health Files](#);

“At a recent meeting at the World Intellectual Property Organization (WIPO) in Geneva, member states considered a study that takes a closer look at some of the policy challenges associated with the access to medicines, specifically what prevents the full use of TRIPS flexibilities. This discussion was not uncontested.....” **Report from the WIPO meeting that took place in October 2024.**

“....The report’s findings, [presented at the thirty-sixth session](#), **shed light on the key obstacles that continue to undermine the use of these (TRIPS) flexibilities.** While the report does not provide a list of solutions or specific measures to overcome the challenges, its merit stands in offering a crucial analysis of the hurdles that developing countries face on TRIPS based system in fulfilling their development agenda..... ... **The report’s observations can be analysed by categorizing the constraints faced by developing countries into three major sets.....**”

## Africa CDC - Morocco’s First Homegrown PCR Test for mpox Gets Africa CDC Nod

<https://africacdc.org/news-item/moroccos-first-homegrown-pcr-test-for-mpox-gets-africa-cdc-nod/>

As already flagged above. “... The Africa Centres for Disease Control and Prevention through its Diagnostic Advisory Committee (DAC) has recommended the first locally manufactured Real-Time PCR test for mpox from Morocco. Africa CDC’s approval underscores the test’s reliability and efficacy, potentially boosting Morocco’s role in global health initiatives.”

## War & health

**Guardian - Strong likelihood' of imminent famine in northern Gaza, food experts warn, as Israel continues siege**

<https://www.theguardian.com/world/2024/nov/09/strong-likelihood-of-imminent-famine-in-northern-gaza-food-experts-warn-as-israel-continues-siege>

**'Looming catastrophe' will 'dwarf anything we have seen so far' in Gaza since 7 October 2023, famine review committee says."**

**"There is a "strong likelihood that famine is imminent in areas" of the northern Gaza Strip, a committee of global food security experts warned on Friday, as [Israel](#) claims to be pursuing a military offensive against Palestinian militant group Hamas in the area. "Immediate action, within days not weeks, is required from all actors who are directly taking part in the conflict, or have influence on its conduct, to avert and alleviate this catastrophic situation," the independent Famine Review Committee (FRC) said in a rare alert...."**

**Guardian - 'Almost unparalleled suffering' in Gaza as UN says nearly 70% of those killed are women and children**

<https://www.theguardian.com/global-development/2024/nov/08/gaza-unparalleled-suffering-jan-egeland-norwegian-refugee-council-aid-ceasefire-hostages-peace-process>

**"Head of the Norwegian Refugee Council calls for peace process to begin as new figures reveal civilians have borne the brunt of the war."**

**"Nearly 70% of the people killed in the war in [Gaza](#) are women and children, according to a UN analysis of verified deaths that highlights the heavy civilian toll of the conflict. In a [new report](#), the most detailed analysis of its kind yet, the UN human rights office said it had verified 8,119 of those killed during the first six months of the war in Gaza. Of the fatalities, 3,588 were children and 2,036 were women. ... The number marks deaths verified so far and is therefore lower than the figure of 43,000 deaths provided by Palestinian health authorities for the 13-month conflict, but backs the assertion that women and children represent a large proportion of those killed."**

**"The new figures came as the secretary general of the Norwegian Refugee Council, Jan Egeland, said people had been pushed "beyond breaking point" with families, widows and children enduring "almost unparalleled suffering" ....."**

## Human Resources for Health

**Africa CDC - Africa's Pursuit of Cost-Effective Community Health Worker Services**

<https://africacdc.org/news-item/africas-pursuit-of-cost-effective-community-health-worker-services/>



**“Fifteen service categories, comprising a total of 110 interventions, have been identified in Africa as priorities for delivery through Community Health Workers. Now, health economists are analyzing the cost of each package to determine how it can transform health outcomes across the continent.”**

**“The Health Economics and Financing Division, along with the Division of Community Health Systems at Africa CDC’s Centre for Primary Health Care (PHC), is leading efforts to develop an efficient Community Health Worker package that delivers significant economic benefits. By evaluating the cost-effectiveness of prioritized services, they aim to ensure the best possible value for investment. Beyond defining a cost-effective package, these findings will support the Health Economics and Financing Division and the Division of Community Health Systems at PHC in building a comprehensive investment case to demonstrate the financial benefits of Community Health Worker programs for African countries....”**

PS: **“...From August 21–23, 2024, Africa CDC hosted a workshop in Accra, Ghana, with representatives from government agencies, healthcare providers, and community organizations across 21 African Union member states. This gathering focused on establishing a Community Health Worker service package tailored for Africa....”**

## Miscellaneous

### **BMJ Opinion - Disinformation enabled Donald Trump’s second term and is a crisis for democracies everywhere**

M McKee, K Buse et al ; <https://www.bmj.com/content/387/bmj.q2485>

One of the must-reads of the week. **“Disinformation is the new normal** with far reaching implications for society, including population health. **Martin McKee and colleagues** outline the challenges and propose a way forward.”

In terms of a way forward, they suggest: **“The warning signs are clear for democracies around the world. Firstly, governments must regulate social media companies more rigorously.** Brazil’s victorious dispute with X shows what is possible, and a major battle between the European Commission and Musk is under way. **Beyond that, we must grapple with how to hold the world’s richest people to account when they directly interfere with national and international politics. Secondly, public health agencies must create robust surveillance systems for infodemics just as they have for epidemics.** They must monitor the emergence of disinformation and counter it or, ideally, anticipate and counter (pre-bunk) it among vulnerable audiences (and build population resilience). Independent organisations that are countering disinformation are already being deliberately targeted (<https://counterhate.com/>). And we must accelerate research on “inoculating” people against the algorithms and content that attempt to radicalise them. **Finally, politicians and the public health community must not be afraid of calling out disinformation, and we must all support and applaud them in doing so.** And moving beyond responding to false rhetoric, we must also get on the front foot and **create compelling counter narratives of a better politics that can support a kinder, more inclusive, and socially just world.”**

## UN News - Cyberattacks on healthcare: A global threat that can't be ignored

<https://news.un.org/en/story/2024/11/1156751>

**“An alarming surge in ransomware attacks is putting the world’s healthcare infrastructure at critical risk, endangering patient safety and destabilising health systems, the head of the UN World Health Organization (WHO) warned last week on Friday, as the Security Council convened to discuss strategies to counter the growing threat.”**

## Global Health 5050 - “This is Gender” online art and photography collection

[“This is Gender”](#)

Global Health 5050 (GH5050) runs an annual competition to gather visions of what gender (and gender (in)equality) means to people. They ask artists and photographers to share their visions with them. The competitions are global. The new platform hosts 250 selected and curated entries.

Quote: **Imogen Bakelmun** (visual arts curator) on the work she has been coordinating at GH5050 since 2018: *“ Our This is Gender collection is a vibrant space showcasing images from visual storytellers around the world that disrupt reductive representations of gender. Explore the collection to discover how gender shapes our systems, opportunities, choices, and rights, and influences our understanding of our own minds and bodies.”*

You can explore the full collection online here: [thisisgender.globalhealth5050.org](https://thisisgender.globalhealth5050.org)

PS: In the next few weeks they’ll launch their 2025 competition, focusing on the intersection of **gender and disability**, and later in 2025 they’ll expand the competition to explore the issue of gender in the field of law and justice.

## Global health events

### UN News - World’s largest urban development forum concludes with Cairo Call to Action

<https://news.un.org/en/story/2024/11/1156766>

**“The twelfth edition of the World Urban Forum wrapped up on Friday with the adoption of the Cairo Call to Action, after intense discussions focused on the global housing crisis and financing urbanization, all under the theme “It All Starts at Home.” ...”**

# Global health governance & Governance of Health

## IDS (Opinion) - Supporting African think tanks makes sense – and why more support is needed

P Taylor et al; <https://www.ids.ac.uk/opinions/supporting-african-think-tanks-makes-sense-and-why-more-support-is-needed/>

“... In a [paper](#) just published by the World Bank, we argue that African think tanks – or independent policy research institutions – are an emerging group of actors that add enormous value by conducting rigorous and impartial research and facilitating engagement with a wide range of stakeholders around policy issues. They can also help improve the effectiveness and legitimacy of national and regional policy processes and counter ill-informed forces that seek to curtail or derail democratic public policy making, adoption and implementation....” **More support for them is needed, including financial support.** Focus here on economic think tanks.

## Devex Newswire: New EU development players — aid, trade, and a little shade

<https://www.devex.com/news/devex-newswire-new-eu-development-players-aid-trade-and-a-little-shade-108716>

“Takeaways from the European Parliament's confirmation hearings for the **next EU development and humanitarian aid commissioners, Jozef Síkela and Hadja Lahbib.**”

## CGD (blog) - The Biden Administration's Development Agenda: High Hopes Versus Harsh Realities

K Mathiasen; <https://www.cgdev.org/blog/biden-administrations-development-agenda-high-hopes-versus-harsh-realities>

“Some of my colleagues and I are preparing a series of blogs that will assess the Biden administration's global development agenda over the past 3 ½ years and consider how a second Trump administration might affect its impact, especially in global health and climate. This series will assess the Biden administration impact based on the administration's own account of its accomplishments as laid out in the [U.S. Strategy on Global Development](#) released by the White House in September 2024. Practically speaking, the strategy is a retrospective intended to cement the outgoing administration's legacy, which the document itself acknowledges: “**This strategy reflects the Biden-Harris administration's commitment and work over the past four years to accelerate development progress around the world.**” (italics mine). .... “

“ **The administration's strategy document is organized around five pillars:** Reduce Poverty through Inclusive and Sustainable Economic Growth and Quality Infrastructure Development; Invest in Health, Food Security, and Human Capital; Decarbonize the Economy and Increase Climate Resilience; Promote Democracy, Human Rights, and Governance and Address Fragility and Conflict; Respond to Humanitarian Needs.

With **five key messages.**

This first blog focuses on pillar 1.

## UHC & PHC

**BMJ GH - Using a policy learning lens to understand health financing policy outcomes: the case of translating strategic health purchasing into policy and practice in Burkina Faso**

<https://gh.bmj.com/content/9/11/e015488>

By Joël Arthur Kiendrébéogo, B Meessen et al.

**SS&M - Framing of sensitive topics in surveys measuring corruption in healthcare**

Iva Parvanova et al ; <https://www.sciencedirect.com/science/article/pii/S0277953624009754>

« **The first study of framing effects on measures of experience with informal payments (IP).** Question framing has a descriptive and causal impact on the reported prevalence of IP. **Higher incidence rate recorder after questions avoiding loaded words like “bribery”.** This effect varies across countries. »

**BMJ GH - Flexible ngo-donor coordination in aid interventions to strengthen resilience: the case of Lebanon’s primary healthcare system**

<https://gh.bmj.com/content/9/11/e016614>

By R Khodor, F El-Jardali et al.

**Health Systems & Reform - Rwanda’s Single Project Implementation Unit: An Effective Donor Coordination Platform in the Journey to Achieving Universal Health Coverage**

<https://www.tandfonline.com/doi/full/10.1080/23288604.2024.2403527#abstract>

By Parfait Uwaliraye et al.

**Devex - Kenya's new health insurance rollout sparks challenges and concerns**

<https://www.devex.com/news/kenya-s-new-health-insurance-rollout-sparks-challenges-and-concerns-108579>

“In a bid to achieve universal health coverage, the Kenyan government launched the **Social Health Insurance Fund last month, replacing the National Health Insurance Fund**, which had been in place for over 50 years.”

## Health Systems & Reform (issue in progress) - Objective-Oriented Health Systems Reform: Implications for Moving Towards Universal Health Coverage

<https://www.tandfonline.com/toc/khsr20/10/3?nav=tocList>

With already a number of papers online.

## SS&M - Identifying the active ingredients in payment for performance programmes using system dynamics modelling

Rachel Cassidy, J Borghi et al.

<https://www.sciencedirect.com/science/article/pii/S2949856224000333>

« Payment for performance (P4P) is not a uniform intervention, with programme effect dependent on several interconnected factors. **In this study, a system dynamics model was developed to explore the pathways to improved outcomes and how changes in the design, implementation and context of a P4P programme affected maternal and child health (MCH) service delivery outcomes in Tanzania.....**»

## WHO- Quality control of SHA-based health accounts data

<https://www.who.int/publications/i/item/9789240072534>

“The document provides a comprehensive set of instructions on what to check and how to check the health expenditure data that are produced with health accounts using the SHA2011 framework. The quality control process includes verifying the mapping of the health expenditure under the classifications, HF, FS, HC, HP, DIS, AGE, etc., basic accounting rules in the reported data, and consistency. ...”

## Pandemic preparedness & response/ Global Health Security

### Africa CDC - Assessment Reveals Gaps in Risk Communication Preparedness in Member States

<https://africacdc.org/news-item/assessment-reveals-gaps-in-risk-communication-preparedness-in-member-states/>

“A preliminary assessment in three African countries indicates that some member states are not adequately equipped to perform risk communication and community engagement (RCCE) for emergency preparedness and response to public health crises.”

“Africa CDC, in collaboration with the Public Health – Risk Communication and Community Engagement – Community of Practice for Africa (PH-RCCE-CoPA), **assessed Liberia, Uganda, and Zimbabwe over the past two months.** Data from Africa CDC shows that Africa experiences more than 100 outbreaks each year. **Using the Africa CDC Disease Risk Ranking Matrix**—a tool for health

emergency planning and resource allocation—a team of researchers selected these three countries for assessment. **“RCCE remains a critical pillar in emergency preparedness under the International Health Regulations (IHR) 2005, serving as a foundation for effective public health responses,”** said Kelvin Ngugi Gichia, Africa CDC assessment team leader....”

## Planetary health

**Guardian - Global plastic production must be cut to curb pollution, study says**

<https://www.theguardian.com/environment/2024/nov/14/global-plastic-production-cut-pollution-waste-un-treaty>

**“Analysis lays bare huge challenge of mismanaged waste on eve of UN plastic treaty talks in Busan.”**

**One Earth (Review) - Plastics pollution exacerbates the impacts of all planetary boundaries**

<https://www.sciencedirect.com/science/article/pii/S2590332224005414>

Review article.

**Nature - Keeping the global consumption within the planetary boundaries**

Peipei Tian et al; <https://www.nature.com/articles/s41586-024-08154-w>

**“...We show that 31–67% and 51–91% of the planetary boundary breaching responsibility could be attributed to the global top 10% and top 20% of consumers, respectively, from both developed and developing countries.....”**

**Nature Reviews Earth & environment - Planetary Boundaries guide humanity’s future on Earth**

Johan Rockström et al; <https://www.nature.com/articles/s43017-024-00597-z>

**“Our Nature Review paper on the 15 year journey of advancing Planetary Boundary science. Progress, impacts, uptake (in science, policy, cities, countries and business) and future challenges.”**

**BMJ - Democratise and decolonise to decarbonise: how to reap health and climate benefits of transport infrastructure in Africa**

<https://www.bmj.com/content/387/bmj.bmj-2023-076772>

“Tolu Oni and colleagues argue that **building healthy low carbon transport infrastructure in Africa’s rapidly growing cities** requires addressing historical contexts, confronting power imbalances, and claiming transport as a social good.”

## **BMC Global and Public Health -Navigating the climate-health nexus: linking health data with climate data to advance public health interventions**

A Vilhelmsson; <https://link.springer.com/article/10.1186/s44263-024-00109-7>

« Climate change is regarded as a threat to global health and health systems around the world. Nonetheless, **health data are seldom gathered in a manner that enables analysis with climate data.** **This comment argues for a climate-health data infrastructure** to increase climate resiliency and to protect public health....”

## **Covid**

### **Health Research Policy & Systems - Policy impact of the Imperial College COVID-19 Response Team: global perspective and United Kingdom case study**

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-024-01236-1>

By Sabine L. van Elsland et al.

### **BMJ GH – Lessons learned from COVID-19 modelling efforts for policy decision-making in lower- and middle-income countries**

<https://gh.bmj.com/content/9/11/e015247> (by C J Owek et al)

## **Mpox**

### **Africa CDC - Trial to study mpox vaccines in pregnant/breastfeeding women and infants**

[Smallpox Drug in Clinical Trials for Treating Mpox in Africa](#)

“.... **a new trial** in the Democratic Republic of the Congo will test the Bavarian Nordic MVA-BN mpox vaccine in pregnant women and children aged two and younger in a study starting in early 2025.”

“A drug currently approved for smallpox in the U.S. will undergo clinical trials to treat patients infected by the Mpox virus who are at risk of severe complications in the Democratic Republic of Congo and neighboring countries, starting in the fourth quarter of this year. **The MpOx Study in Africa (MOSA)** will evaluate the safety and efficacy of **brincidofovir**, an antiviral developed by global

life sciences company Emergent BioSolutions. Brincidofovir has not yet been tested in double-blind, placebo-controlled studies for Mpox.”

PS: “... .. Emergent BioSolutions announced on November 6 that the **clinical trial will be conducted and sponsored by PANTHER** (the PANdemic preparedness plaTform for Health and Emerging infectious Response), **under the leadership of the Africa CDC**.

- And a Link: Africa CDC - [Spotlight: Inside the Heart of Stemming Mpox Spread in Africa](#)

## AMR

### Africa CDC - New Guidance Sets Path to Strengthen AMR Surveillance

<https://africacdc.org/news-item/new-guidance-sets-path-to-strengthen-amr-surveillance/>

“With antimicrobial resistance (AMR) now a leading threat to public health in Africa—causing more fatalities than HIV, TB, and malaria combined—a **new surveillance guidance released in October aims to tackle the growing threat of AMR on the continent**. Launched in September, **the guidance is the culmination of collaborative efforts from countries across Africa, as well as key organizations** including Africa CDC, the African Society for Laboratory Medicine (ASLM), the East, Central and Southern Africa Health Community (ECSA-HC), the West African Health Organization (WAHO), and the Fleming Fund.....”

### Lancet Infectious Diseases - Antimicrobial resistance among refugees and asylum seekers: a global systematic review and meta-analysis

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00578-4/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00578-4/abstract)

By Elizabeth D Hermsen et al.

### Lancet Digital Health (Series) - Addressing antimicrobial resistance with digital approaches

<https://www.thelancet.com/series/AMR-and-digital-approaches>

“In 2021, bacterial antimicrobial resistance (AMR) was linked to 4.71 million deaths, with 1.14 million directly attributable to it. By 2050, AMR could cause 1.91 million direct deaths and 8.22 million associated deaths globally. **Digital technologies have the potential to play a crucial role in combating this pressing global health issue**. This Series in The Lancet Digital Health features **three papers discussing the latest advancements and challenges in digital health approaches to AMR**. The papers explore how digital health technologies can optimize antimicrobial use worldwide, enhance the management of maternal, fetal, and neonatal infections, and develop innovative diagnostic tools for infectious diseases and AMR. They also address regulatory frameworks necessary for these advancements. Together, the Series papers highlight the potential ways in which digital technologies can help tackle the global burden of AMR.”



## NCDs

**SS&M - Investigation of the health economic analysis of informal care for people living with a chronic neurological disease: A systematic review and meta-analysis of the global evidence for multiple sclerosis**

<https://www.sciencedirect.com/science/article/abs/pii/S0277953624008591>

By T G. Adal et al.

**Plos Med - Identification and outcomes of acute kidney disease in patients presenting in Bolivia, Brazil, South Africa, and Nepal**

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004495>

By Rhys D. R. Evans et al.

## Social & commercial determinants of health

**Globalization & Health - Corporate activities that influence population health: a scoping review and qualitative synthesis to develop the HEALTH-CORP typology**

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-024-01082-4>

By Raquel Burgess et al.

**Plos GPH - Occupational exposures in low- and middle-income countries: A scoping review**

V Q Santofimio et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003888>

« Our aim was to describe the quantitative exposure measurements of different occupational agents across industries within LMICs. “

## Sexual & Reproductive health rights

**GHSP Special Collection: 30th Anniversary of the International Conference on Population and Development**

<https://www.ghspjournal.org/content/ICPD-30th-anniversary-special-collection>

**“Thirty years have passed since the [1994 International Conference on Population and Development \(ICPD\)](#) in Cairo, Egypt, reshaped discussions on population and development, making them more human-centered and rooted in respect for human rights and environmental sustainability.....”**

### **Plos GPH - Contradictions and possibilities for change: Exploring stakeholder perspectives of Canada’s Feminist International Assistance Policy (FIAP) and their connection to a future for global health**

H Chidwick et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003877>

**“This study explores stakeholder perspectives of how Canada’s Feminist International Assistance Policy (FIAP) influences adolescent sexual and reproductive health (ASRH) projects and how these perspectives align with calls for change in global health as proposed by Chidwick et al. in the conceptual**

### **Plos GPH - Global maternal health country typologies: A framework to guide policy**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003867>

By Zachary J. Ward et al.

## **Neonatal and child health**

### **HPW - Over 100 Countries Pledge to Adopt Policies to Address Violence Against Children**

<https://healthpolicy-watch.news/over-100-countries-pledge-to-adopt-policies-to-address-violence-against-children/>

See also last week’s IHP newsletter issue.

## **Access to medicines & health technology**

### **Lancet GH (Comment) - Access to antibiotics for pneumonia and sepsis in LMICs**

A S Ginsburg et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00418-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00418-2/fulltext)

**“....In observance of World Pneumonia Day on November 12, we highlight the urgent need for improved and equitable access to life-saving antibiotics. In the setting of antimicrobial resistance**

(AMR), in which the threat of multidrug-resistant bacteria has become an increasing reality, **lack of access to effective and affordable antibiotics, particularly in low-income and middle-income countries (LMICs), is driving mortality from pneumonia and sepsis.....**”

## Human resources for health

### Lancet Comment - Mobilising the health community to protect health care from attack

Martin Chalfie et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02421-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02421-8/fulltext)

**“... As leaders of medical and nursing organisations and researchers in the field, we share the conviction that attacks against health personnel anywhere should be a matter of concern for health professionals everywhere.....”**

### Human Resources for Health - Effects of task-shifting from primary care physicians to nurses: an overview of systematic reviews

<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-024-00956-3>

By Muna Paier-Abuzahra, et al.

## Decolonize Global Health

### Lancet GH (Comment) - Strategies for more equitable engagement for African researchers

Bamba Gaye et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00427-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00427-3/fulltext)

**« ...This Comment calls for urgent action to promote more equitable global engagement for African researchers. We propose the creation of a researcher passport that would provide African researchers the same access and travel opportunities as people from high-income countries. Although this idea requires extensive international cooperation, several interim strategies could be implemented.....”** Do read what they suggest.

**« .... examples highlight that, with strategic government support, simplified visa processes, and the creation of regional research hubs, barriers to international mobility for researchers can be substantially reduced.....”**

## BMJ GH (blog) - Addressing the Silent Epidemic: Collective Memory and the Path to Global Health Equity

Y T Mehari ; <https://blogs.bmj.com/bmjgh/2024/11/08/addressing-the-silent-epidemic-collective-memory-and-the-path-to-global-health-equity/>

« .... In ten years, what story our global health community tell? How will we remember the work we do today? Only by understanding the full scope of our shared history can we inform a meaningful shift. This requires confronting uncomfortable truths including the colonial roots of global health and their ongoing influence on current programs and policies. So, **in addition to recommendations set forth by Mishal Khan, Seye Abimbola , Tammam Aloudat, Emanuele Capobianco, Sarah Hawkes, and Afifah Rahman-Shepherd in how to “shift from rhetoric to reform”, I provide four key considerations** that would help us confront the past honestly and thoughtfully to avoid repeating harmful patterns.....”

## Miscellaneous

### Lancet World Report -Japan's lonely deaths: a social epidemic

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02470-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02470-X/fulltext)

**“Almost 40 000 people died alone at home in Japan this year—many unnoticed for months—prompting much concern, and new policy.** Megan Tatum reports.”

### CGD (blog) - The Global Poverty Line: Past, Present and Future

By Ranil Dissanayake; <https://www.cgdev.org/blog/global-poverty-line-past-present-and-future>

“It is easy to forget how young the global poverty line still is. Though it has been around since I started studying development economics, it’s actually around ten years younger than I am. While it continues to experience growing pains (befitting its youth), there are also signs that its life (at least in its current form) may be coming to an end. **In this blog I explore three sets of challenges in the measurement and use of the international poverty line, and consider five ways to meet these challenges. ....”**

## Tweets (via X & Bluesky)

### James Love

**“I have had three conversations with the WHO, and have begun to talk to two other UN organizations about creating a presence on Blue Sky.** It would be useful, I think, to have some type of hashtag for efforts to get institutions and their leaders and key staff to begin engagements here.”