

# IHP news 808 : Kicking off a new “polycrisis” year

( 3 January 2025)

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

Dear Colleagues,

As it's the first IHP issue of the year and we have two featured articles this week, we'll keep it short in today's intro. This issue aims to provide a **recap of the past two weeks** in global health (policies).

Just wishing you all a great 2025, with plenty of resilience and a bit of wisdom to continue to tackle the polycrisis (*in the world, that is, hopefully not in your personal lives :)* )

Enjoy your reading.

Kristof Decoster

## Featured Articles

### Time to Address Intergenerational Reproductive Injustice for women and girls in Palestine

**Duha Shellah**

*“...We render special tribute to that brave Palestinian woman, guardian of sustenance and life, keeper of our people's perennial flame” [The Palestinian independence declaration](#), 1988*

*Women and girls in Palestine have undergone systematic discrimination, violence and denial of their sexual and reproductive health and rights for decades. In this article, while mostly zooming in on the current horrific situation in the Gaza strip, I also point to the long term (and thus intergenerational) impact of reproductive injustice.*

## The Impact of War on Reproductive Health

The war on Gaza has deeply affected all Palestinians, but women and girls bear a disproportionate burden. [Over 45,000](#) Palestinians have been killed by now, with at least 70% of casualties being women and children. [Over one million women and girls](#) have also been displaced, and access to SRHR services has been severely hindered. As a result, sexual and reproductive health related issues, including menstruation, pregnancy, childbirth, contraceptive access and bodily autonomy, have been gravely affected.

Women are forced to give birth in unsanitary, overcrowded shelters without privacy or adequate medical care. The lack of safety during transit means many deliver in dire conditions. Postnatal care, maternity services, and immunizations are absent, and cesarean sections are perilous due to shortages of medical supplies, including anesthetics. Every day, [an estimated 183 women](#) give birth in these conditions, with [15% facing complications](#). Maternal and newborn mortality rates have surged amid starvation, hostility and disease.

The December 2023 [missile attack](#) on Al Basma IVF center, Gaza's largest fertility clinic, destroyed over 4,000 embryos and 1,000 other reproductive specimens. This attack underscored the dire state of reproductive health services in Gaza, compounded by the frequent rejection of RH equipment to enter Gaza including maternity kits, medical thread in reproductive health kits, medical scissors in children's aid kits, as well as anesthetics and obstetrics clamps – and this in conditions where there's [little to no access](#) to hygiene, medicine, prenatal and postnatal care, nor to period supplies. There is an urgency to integrate these services into broader humanitarian responses in Gaza. Currently, [menstruating women and girls](#) often resort to using scraps of cloth, plastic bags, or diapers. Some use norethisterone tablets to delay menstruation, despite harmful side effects, due to the lack of water and hygiene products.

Let's also not forget the Palestinian women prisoners who face additional reproductive injustices. Since October 2023, 240 women have been detained by Israeli forces. [Reports](#) detail abuses including torture, strip searches, starvation, beatings, and threats of sexual violence. Detainees are denied menstruation pads, food and medicine, enduring inhumane and degrading treatment. On one occasion, Palestinian women in Gaza were allegedly kept [in a cage without food during cold and rainy conditions](#). Such practices highlight the extreme reproductive and gender-based violence these women endure.

### Continuing a pattern

Massive reproductive rights violations in a war setting are continuing a long-term pattern of reproductive injustice, even if far worse now. Indeed, [Israel's violations of international humanitarian law in this respect long predate 7 October 2023. Control of \(and brutality towards\) the sexual and reproductive rights of women and girls in Occupied Palestine has actually been a concern for decades.](#) Eg. even before October 2023, [94,000 Palestinian women and girls already lacked access to sexual and reproductive health services](#) according to the United Nations Population Fund (UNFPA). The human rights and legal implications of the systematic assault on pregnant and lactating women, newborns and children under the Israeli Occupation deserve more sustained attention in international law and human rights discourse.

The war in Gaza has added an extra dimension, though. According to many legal scholars, the widespread violation of reproductive rights in Gaza of the past fifteen months constitutes a critical aspect of genocidal violence. In South Africa's [applications](#) to the International Court of Justice (ICJ), the main judicial organ of the UN, the reproductive harm inflicted by Israel was highlighted – and

more in particular [violating](#) Article 2(d) of the Genocide Convention, which prohibits 'imposing measures intended to prevent births within the group.' The ongoing humanitarian crisis and systematic bombings in occupied territories profoundly affect reproductive rights, depriving women of fundamental freedoms and shaping the futures of entire generations. Reem Alsam, [UN's special rapporteur on violence against women and girls](#) called out "the use of reproductive violence in the unfolding genocide in Gaza, which is unparalleled in other conflicts" (see also an [OHCHR](#) press release). At the core of these issues lie the principles of bodily autonomy, the right to decide whether to have children, and the ability to raise them in safe and sustainable communities.

Research has documented the long-term reproductive and fertility consequences of warfare in regions and countries as diverse as [Iraq](#), [Lebanon](#) and the [Netherlands](#). The parallel with what's going on in Gaza since over a year is clear. Moreover, the strip has seen repeated military conflicts since 2008, with reproductive injustice endured by countless Palestinian women and girls over time, aggravated by environmental degradation linked to repeated conflict – and in turn adversely impacting their fertility and overall health.

Sadly, the ongoing sexual and reproductive health catastrophe in Gaza is just one of the latest (though perhaps one of the most horrific) emergencies for women and girls in a rapidly increasing list of war and conflict affected settings - see for example also the recent case of Sudan.

### **Way forward**

Against this backdrop, the ICJ should have the intergenerational reproductive health injustice inflicted on the Palestinians firmly on its radar by now. The court has to take a stance towards reproductive injustice experienced for decades in Palestine, starting from - but going beyond - the ongoing horror in Gaza. (*The same is probably true for the International Criminal Court, according to Reem Alsalem, UN Special Rapporteur on violence against women and girls.*)

The ICJ's proactive stance in addressing global challenges, as exemplified by the recent hearings [on States' legal obligations with respect to climate change](#), showcases its ability to tackle crises that intersect human rights and environmental justice. This could provide a framework for addressing other critical issues, including reproductive injustice. Just as the climate crisis intensifies human vulnerabilities, decades of military aggression in Gaza demand similar judicial recognition and intervention to uphold the reproductive rights of affected populations.

### **Where are the countries with “feminist foreign policies”?**

Palestinian women have faced systematic denial of comprehensive sexual and reproductive health and rights since long before the current war on Gaza, even if the situation is far more grave now. While all states have a responsibility to seek peace in Palestine, [countries with feminist foreign policies](#) have a particular role in protecting the rights of women.

Gender responsive humanitarian work should also take place in Gaza, ensuring access to reproductive and sexual health services. Finally, more research is needed on [slow violence](#) (i.e. inattention paid to the attritional lethality of many environmental crises, including 'collateral' ecological damage of war) and its reproductive impact for the next generation of the Palestinians.

It's high time more feminist and health movements and organizations speak up for what is happening in Palestine to women and girls.

Reproductive rights for all, reproductive justice for the Palestinians!

On the author:

**Duha Shellah** (MD) is Vice Chair, WHO EMR Youth Council; Chairwoman & Founder, The Researchist Organization; Board Member, Young World Federation of Public Health Associations; Coordinator, Medical & Health Sciences Division - Palestine Academy for Science & Technology.

## Global Health Financing: After 23 years, it's high time for a new Health-ODA funding target

Tilman Rüppel ([medmissio](#)) & Marwin Meier ([World Vision Germany](#))

*In the aftermath of the COVID-19 pandemic many countries lack sufficient funds to attain the targets of Sustainable Development Goal 3 (SDG3). Therefore, it is high time to revisit the financing goal for a solidarity-based international contribution for health set in 2001. A new calculation is needed.*

The COVID-19 pandemic not only triggered an unprecedented health crisis but [also caused USD 13.8 trillion in economic damage](#), making it the most significant global economic [crisis in a century](#). To address the health challenges and economic fallout, many countries incurred significant debt, compounding issues for those with already low incomes.

Post-pandemic, the situation has worsened “starting with supply-chain disruptions in the aftermath of the pandemic, a Russian-initiated war on Ukraine that triggered a global energy and food crisis, and a considerable surge in inflation, followed by a globally synchronized [monetary policy tightening](#)”. Low- and middle-income countries (LMICs), in particular, face severe [challenges in meeting SDG3 targets](#) by 2030, highlighting the need for increased health investments to build health systems resilient against future threats.

That is why the [SDG-Monitoring Report](#) finds that “...increased investment in health systems is needed to support countries in their recovery and build resilience against future health threats.” But can we know the financial amounts needed to successfully fund the accomplishment of SDG3 and its targets? To better understand this question, we must look back because a target for solidarity-based international health financing was indeed calculated more than 20 years ago, at the start of the MDG era.

Back in 2001, a [WHO commission](#) recommended OECD-DAC countries allocate 0.1% of their annual national economic output to support health in LMICs, but this target is utterly outdated. Neither the COVID-19 pandemic nor the **broader SDG agenda established in 2015** were considered at the time. With the end of the global COVID-19 emergency in May 2023, it is essential to recalibrate this figure to reflect current realities. Even more so as the accelerating climate crisis is already having profound negative effects on global health and health care systems due to geographically expanding vector-borne infectious diseases and the growing frequency and severity of catastrophic natural disasters.

It is crucial that we recognize and address these challenges as part of the broader conversation on health-specific funding needs. Thus, WHO should be mandated to estimate the costs of achieving SDG3 globally, assessing how much each country can provide and identifying funding gaps for LMICs. High-income countries (HICs) should contribute to closing these gaps, with a newly calculated target ideally anchored at the UN level to ensure consistent implementation – as was the case with the United Nations ODA [target of 0.7](#) percent. In the long-term, the recommended level of financial support should be regularly reviewed and adjusted depending on future developments.

A revised recommendation would bolster efforts to achieve SDG3, foster resilience against future pandemics, mitigate health impacts of climate change, and reduce global health inequities. It could also set a precedent for other SDGs, highlighting the interconnections between health (SDG3) and goals like poverty reduction (SDG1), education (SDG4), and gender equality (SDG5).

In the health sector, key organizations like Gavi, the Global Fund, and the Pandemic Fund are preparing for replenishment rounds in 2024 and 2025. WHO has launched an [investment round](#) seeking USD 7.1 billion, of which only [USD 1.7 billion](#) has been secured. Furthermore, the [replenishments](#) for the World Bank's International Development Association (IDA) and the regional development banks are also on the agenda, with the IDA recently receiving donor commitments in the amount of [24 billion US dollars](#). Meanwhile, donor countries like Germany, France, and Sweden are cutting official development assistance (ODA), and the potential return of Donald Trump to the U.S. presidency could further reduce the largest donor country's contributions. Amid this "replenishment crunch" and shrinking donor aid, it is critical to have a clear estimate of the total funding needed for SDG3 and the contributions required from HICs.

The world currently acts like a homeowner ignoring cracks in their foundation, avoiding the uncomfortable truth of necessary repairs. This denial is dangerous, as the system risks collapsing. Establishing a clear financial baseline will enable informed policymaking and better planning. Entering post-SDG deliberations with a rational understanding of funding gaps will make discussions more focused and productive.

Increased ODA for health must rest on a solid foundation. A recalculated target would remind donor countries of their obligations, while emphasizing the life-saving potential of adequate funding for SDG3. Steps to achieve this include initiating formal consultations among WHO member states and securing support from groups like the G7, G20, and UN organizations. A UN General Assembly resolution could mandate WHO to lead the recalculation, providing political legitimacy and ensuring results are widely adopted. Collaborations with the World Bank, IMF, and OECD would also be essential to develop realistic methodologies for assessing financial responsibilities and possibilities of both HICs and LMICs.

This approach is vital not only for achieving SDG3 but also for saving millions of lives, addressing health inequities, and enhancing resilience against pandemics and climate change. Sustainable health systems, universal health coverage, and global health equity depend on adequate funding. Because ultimately, we must remember that although sufficient financing contributions alone will not achieve the health-specific development goal and its targets, without the necessary funding SDG3 will be unattainable.

*The proposal to update the 0,1% recommendation was developed in a [position paper](#) by the health working group of VENRO, the umbrella organisation of development and humanitarian NGOs in Germany (The position paper also emphasized the need for fair tax systems and a fair debt relief policy). The authors are part of this working group.*

## Highlights of the week

### Looking back on 2024

**WHO looks back at 2024: A year of health highlights, breakthroughs and challenges**

<https://www.who.int/news-room/spotlight/who-looks-back-at-2024>

WHO looks back on the past year.

Related **tweet by M Pai**: “In their end of the year review, **WHO identifies disinformation as a big challenge**. This is going to get much worse in 2025 because of Trump & his administration.”

**PHM - Conversations on Health Policy 2024: Year- end Reflections**

T Sundararaman ; <https://phmovement.org/conversations-health-policy-2024-year-end-reflections>

“As 2024 draws to a close, we take the opportunity to **re-share the full series of “Conversations on Health Policy” published by the RTH Collective over the course of the year**. We also take a moment to reflect on the series as a whole and on the intent and directions with which we undertook the building of this web resource and our hopes for its evolution. Each of the **nineteen conversations** listed below addresses **some of the major contemporary challenges related to health policies and health systems that come in the way of achieving the Right to Health and Healthcare....”**

**Equals - Inequality 2024 Wrapped**

<https://www.equals.ink/p/inequality-2024-wrapped>

“The inequality stories that made headlines this year **and our predictions for 2025.**”

### Looking ahead to 2025

**Stat – Three issues to watch in global health in 2025**

[https://www.statnews.com/2024/12/26/global-health-three-issues-to-watch/?utm\\_campaign=twitter\\_organic&utm\\_source=twitter&utm\\_medium=social](https://www.statnews.com/2024/12/26/global-health-three-issues-to-watch/?utm_campaign=twitter_organic&utm_source=twitter&utm_medium=social)

“There’s little reason to expect a period of calm.” Re **H5N1 bird flu, mpox, and U.S. influence on the global stage.**

## Science - The science stories likely to make the biggest headlines in 2025

<https://www.science.org/content/article/science-stories-likely-make-biggest-headlines-2025>

“Trump’s shakeups, risks from avian flu, and peak carbon emissions could produce big stories.”

Plus re ‘Global Health’: **“Shots may drive down malaria.”** “...This year, GAVI aims to reach 14 million children in 25 countries....”

## UN News - The climate crisis: 5 things to watch out for in 2025

<https://news.un.org/en/story/2024/12/1158446>

**“The Amazonian city of Belém, Brazil, will be the global focus of efforts to tackle the climate crisis next year, when it hosts one of the most significant UN climate conferences in recent years.** However, well before the event in November, 2025 will see plenty of opportunities to make important progress on several climate-related issues, from the **staggering levels of plastic pollution to financing the shift to a cleaner global economy.”**

## Devex - The year of UNCertainty

<https://www.devex.com/news/the-year-of-uncertainty-108998>

**“U.N. prepares for deep funding cuts and a White House that will be hard to read.”** In-depth analysis of what may lie ahead.

“For many at the United Nations, this new year brings the promise of challenges, risks, and opportunities. **It also sets the stage for Donald Trump 2.0, an “America First” president who is expected to weaken key U.N.-backed initiatives, from climate change and development assistance to reform of the international financial system and sexual reproductive rights.....”**

## Nature Editorial - 2025 must be the year when the rules of global finance are reformed

<https://www.nature.com/articles/d41586-024-04159-7>

**“The current international financial architecture is a key reason that the UN Sustainable Development Goals are failing. A landmark conference in Spain must make progress in reforming it.”**

**“Leaders of global financial institutions will meet in Seville, Spain, for a summit on funding the United Nations Sustainable Development Goals (SDGs), of which SDG3 is about ensuring health for all. By some estimates, upwards of \$2 trillion annually are needed to achieve the SDGs, according**

to analysis (see [go.nature.com/4iigk6c](https://go.nature.com/4iigk6c)) from the UN's trade body **UNCTAD**, based in Geneva, Switzerland. ....”

**“It is crucial that the Seville meeting raises sufficient finance for the SDGs and takes concrete steps towards governance reform....”**

And a link:

- Devi Sridhar (Guardian op-ed) - [Bird flu, brain rot and booze – the health issues you'll be hearing more about in 2025](#)

## Global Health Governance

**FT – Donald Trump's transition team seeks to pull US out of WHO 'on day one'**

<https://www.ft.com/content/e6061ed5-2703-4b8a-9948-a557aaaf52c2>

For obvious reasons, this article went viral in the final weeks of 2024... **“Swift exit would remove global health body's main source of funds and damage its ability to tackle emergencies.”**

“Donald Trump's transition team is pushing to pull the US out of the World Health Organization on the first day of the new administration, according to experts who warn of the “catastrophic” impact it would have on global health. **Members of Trump's team** told the experts of their intention to announce a withdrawal from the global health body on the president-elect's January 20 inauguration. The departure would remove the WHO's biggest source of funds, damaging its ability to respond to public health crises such as the coronavirus pandemic....”

With the **views of A Jha & L Gostin**.

**Andrew Harmer - Could the World Health Organisation survive if Trump stopped funding it?**

(22 Dec) <https://andrewharmer.org/2024/12/22/could-the-world-health-organisation-survive-if-trump-stopped-funding-it/>

Commenting on the FT article of above (and some of the quotes in there). With a **lovely intro** and **conclusion** moreover : )

“The [hypothetical scenario](#) of a second Trump presidency becomes a reality in January, and there's already talk in [Trump's transition team](#) of [a withdrawal from WHO](#) 'on day one'. **This is just talk for the time being, though. We don't yet know whether Trump is going to continue to support WHO, but that isn't going to stop me and every other armchair carapist out there from venturing our opinions over the coming weeks. Prepare yourselves.....”**

**“.... The point I'm getting round to making is that the US contributes a ball-park half billion \$ to WHO every year. It looks like WHO is good for 2025, but come 2026 and assuming that Trump has**



walked away, then that's the shortfall the Organisation is looking at. Now, you can wring your hands and explete all you like, but the fact of the matter is that half a billion a year is – well – fuck all! Remember that the WHO has 193 other member states besides the US. Do the maths. No? Ok, let me do it for you: \$2.6m per member state, per year to cover the US contribution. Just saying..... “

“.... So, could the WHO survive if Trump stopped funding it? Financially, of course. Member states would just need to step in and pay a bit extra. Politically, I like to think so too because of all the public good reasons everybody knows about. Member states *need* the WHO, and they know it. If Trump leaves in January, my advice would be ‘let him go’...”

PS: in a postscript, Harmer also zooms in on the ‘China will influence WHO’ argument (by L Gostin eg).

“The ‘China will influence WHO’ argument is weird for many reasons not least because it ranks 8th in terms of its financial contributions. Nobody queries that the US has been influencing WHO like forever, and nobody worries that Germany or the UK (or Rotary International) will start flexing, do they? ..... China’s influence at WHO is a perennial topic of conversation and zombie conspiracy theory. It’s come up again recently – for example, in the FT piece (linked to at the start of this post). Here’s the relevant text: “He [Gostin] warned that if the US left the WHO, European countries were unlikely to step up funding and China might try to wield more influence. “It would not be a smart move as withdrawal would cede leadership to China,” he said. It puzzles me why people worry so much about China vis a vis WHO... .... “So, if you’re worried about new kids on the bloc influencing WHO by virtue of their economic clout, then you should worry about the six remaining donors that give more money to WHO than China before worrying about China. But that aside, influence comes in many shapes and sizes, including by consultancy firms like McKinsey (a useful conduit of influence for the Gates Foundation) or funders such as The Wellcome Trust, both of which have their hand on the policy-development levers. So, **when it comes to the China/influence/WHO nexus, keep a check on that knee-jerk!**”

## Lancet Offline: Whispers from the Imperial Capital

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02720-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02720-X/fulltext)

Horton also looks ahead to Trump 2.0. “Although the US is the world's most generous benefactor to global health, representing almost a third of all international development assistance, the reality is that, as President Trump assumes office, the country faces a crossroads. ....”

And argues: “... **My contention is that there is a tight linkage between the health of Americans at home and the health of America abroad.** As the COVID-19 pandemic revealed, a nation's health security depends on the existing health of its citizens, together with the robustness of its health and public health systems. Flourishing domestic health is a precondition for sustainable, credible, and effective contributions to global health and global health security. That is the equation a new US administration must now solve.”

## BMJ Opinion - Governing global health with a planetary mindset

I Kickbusch et al; <https://www.bmj.com/content/387/bmj.g2822>

Important op-ed. Excerpts:

**“In 2023, a disturbing milestone was reached: six out of nine planetary boundaries were crossed, signalling an unprecedented threat to Earth's stability. Simultaneously, the world grappled with a relentless series of disease outbreaks—Ebola, dengue, Zika, covid-19, Mpox, and Nipah. This convergence of crises is not coincidental. As Tulio de Oliveira, a leading genomics expert, warns, “Over half of known pathogen outbreaks will increase due to climate change.” The message is clear: our planet's health and human health are inextricably linked, demanding an urgent, integrated response. “**

**“... Recent years have seen tentative steps towards recognising this interconnection. .... However, these initiatives fall short of the substantial shift that is required. Three critical gaps hinder meaningful progress: 1. The absence of a clearly articulated goal and agenda for joint action. 2. Insufficient political commitment from governments at national and international levels. 3. A lack of governance mechanisms to advance an integrated planetary agenda. ... The ongoing struggles in crafting a pandemic agreement, even after the global impact of covid-19, exemplify these gaps. Notably, the concept of **One Health**—which recognises the interconnections between human, animal, and environmental health—has proven one of the most challenging areas of negotiation.... “**

**“The root of our ineffective response lies in our fragmented, anthropocentric worldview. As Blake and Gilman argue, we must widen our perspective to integrate the interactions of geophysical systems and living beings, both human and non-human. Our lodestar should be “thriving ecosystems in a stable biosphere supporting human lives and non-human life.” ... This shift requires more than simply “factoring in” climate considerations to health policies. It demands a fundamental reimagining of our relationship with the planet.... “**

**“... Achieving this planetary mindset necessitates leveraging “new technologies of perception.” These go beyond traditional public health surveillance, integrating data from diverse sources to provide a holistic view of planetary health. .... We propose a more ambitious approach: the convergence of climate and pandemic governance mechanisms. This could take the form of **joint Conferences of the Parties (COPs)**, bringing together expertise from multiple domains to tackle the interlinked challenges of climate change and global health and to work out how to jointly create “thriving ecosystems in a stable biosphere supporting human lives and non-human life.” We require mechanisms to “govern for the planet” not just bits and pieces of it....”**

*PS: humble remark though – it beats me that in an analysis like this, the word ‘capitalism’ is nowhere to be seen.... (in the year 2024)*

## **World Bank annual report**

[World Bank;](#)

This annual report covers the period from July 1, 2023, to June 30, 2024.

Re **health services: p. 48-49.**

## **CSIS - To Navigate Global Health Replenishments, Treat Them as U.S. National Security Tools**

<https://www.csis.org/analysis/navigate-global-health-replenishments-treat-them-us-national-security-tools>

By K E Bliss & J S Morrison.

## Devex - Special Saturday edition: EU aid's annus horribilis

<https://www.devex.com/news/special-saturday-edition-eu-aid-s-annus-horribilis-108976>

**"A rundown of cuts across the continent." "... we're looking back at what happened on the continent in 2024 and what those shifts may portend for 2025."**

"... changes are also afoot on the other side of the Atlantic, where **critical European donors are likewise slashing aid and plodding through their own political quagmires.** [Germany's government just collapsed](#), France is in perpetual turmoil, and even the northern European stalwarts of foreign assistance are pulling back."

As for the EU: "...today, the European Union is [unabashedly embracing self-interest](#) — sorry, **"partnerships"** — as a driving force in its aid strategy, possibly to the detriment of the U.N. Sustainable Development Goals in the lowest-income countries. Aid advocates worry that Brussels is sidelining poverty, health care, and education in favor of economic interests such as infrastructure deals and political interests such as curbing migration. .... In fact, **the European Commission is planning to slash funding to the world's lowest-income countries over the next three years**, according to internal figures seen by my colleague Vince Chadwick. How steep are the cuts? The average annual reduction across least-developed countries [could total 35% for 2025-2027](#) when compared to the amounts allocated for 2021-2024."

".... **EU priorities driven by Europe's quest for strategic autonomy clearly take center stage in the list of projects labeled under the Global Gateway,**" Mikaela Gavas of the [Center for Global Development](#) tells Vince. "Reducing Europe's energy dependencies and accessing critical raw materials are at the forefront under the guise of development cooperation.""

## Policy & Society - The World Health Organization as an engine of ideational robustness

Jean-Louis Denis et al ;

<https://academic.oup.com/policyandsociety/article/43/2/204/7623385?login=false>

« ... **The paper focuses on the role of the World Health Organization (WHO) in promoting a healthy world population as a generative and robust idea within health policy.** The WHO's health credo transcends national boundaries to promote health globally. It is embedded in norms, values, and standards promulgated by the organization and contributes in shaping the health responses of national governments. **Ideational robustness** refers to the **ability of the WHO to adapt its health credo to changing contexts and circumstances, thus promoting the legitimacy of an international health order.** Disturbances, including the Covid-19 pandemic, test the credo's robustness, forcing the WHO to constantly work at reframing ideas to adapt to political forces and competing logics that structure the field of international health. Empirically, the paper is based on an historical analysis of the evolution of the health credo of the WHO since its inception..."

## NBR Special Report - The Health Silk Road: A Branch of China's Belt and Road Initiative

N Rolland; [https://www.nbr.org/wp-content/uploads/pdfs/publications/sr113\\_rolland\\_dec2024.pdf](https://www.nbr.org/wp-content/uploads/pdfs/publications/sr113_rolland_dec2024.pdf)

**“This report describes the birth, geographies of expansion, and main drivers behind China's Health Silk Road, a branch of Xi Jinping's Belt and Road Initiative (BRI)....”**

“... The deployment of China's Health Silk Road (HSR), a branch of BRI specifically dedicated to international health cooperation, was decided and implemented five years before the outbreak of the Covid-19 pandemic. This report describes the HSR's birth and the geographies and mechanisms of its expansion, including existing international and regional multilateral institutions as well as a set of new institutionalized partnerships with nongovernmental actors in the form of so-called alliances. Beyond evident commercial and diplomatic drivers, the HSR represents a determined effort to project China's civilizational influence and to assert China's “wisdom” and “experience” as viable alternatives to Western models. The report argues that the centralized and orderly structure of the HSR serves as a useful illustration of the extensively systematic organization of BRI's deployment more broadly, at the service of greater geopolitical ambitions...”

- For some great coverage of (key messages in) this new report, see **the Telegraph** - [China ramps up investment in Africa to build a Health Silk Road](#)

**“Beijing wants to boost its influence on the continent by building local healthcare capacity.”**

PS: “.... At the **2024 Forum on China Africa Cooperation**, Beijing announced it would **start encouraging Chinese businesses to invest in the production of medicines and vaccines in Africa in its 2025-2027 action plan....”**

The Telegraph concludes: “... By leveraging health cooperation as a geopolitical tool, China seeks not only economic and soft power gains but also to position itself as the architect of a new order for global health governance. Ms Rolland argues that the Health Silk Road is far from a simple act of altruism, but a highly organised branch of the Belt and Road Initiative....”

*My take: I don't blame the Chinese for investing in their 'win-win' Health Silk road (while aiming to also be part and parcel of this “new global health order”... After all, aren't the powers that be not all aiming to be 'leaders' in global health? Why should that be a Western prerogative, an outdated one moreover? ).*

## Marburg outbreak declared over

### WHO Afro - Marburg outbreak in Rwanda declared over

<https://www.afro.who.int/countries/rwanda/news/marburg-outbreak-rwanda-declared-over>

Some great news from **20 December 2024**.

“The outbreak of Marburg Virus Disease was declared over today by the Government of Rwanda with **no new cases reported over the last 42 days** after the last patient tested negative for the virus twice, as per the usual protocol for ending these types of outbreaks. **The outbreak, confirmed on 27 September 2024, was the first Marburg Virus Disease outbreak Rwanda has experienced.** A total of 66 confirmed cases and 15 deaths were recorded. **Almost 80% of the cases were among health workers who were infected** while providing clinical care to their colleagues and other patients.....”

- Related: [The Telegraph – The contrast between Rwanda’s handling of Marburg and the chaotic response to Covid-19 is stark](#) (by T Firew)

“The country’s response prevented a crisis – and **provided the world with a valuable blueprint for effective outbreak control.**”

## Mpox emergency response

### NYT - Mpox Is Spreading in Congo’s Capital, Threatening Global Efforts to Contain the Virus

<https://www.nytimes.com/2024/12/23/health/mpox-spread-congo-kinshasa.html>

(gated) “**Our reporter went to Congo**, where the mpox epidemic has reached the teeming capital, infecting children and their mothers, who sell sex to survive.”

### Gavi concludes agreements to facilitate donations of 305,000 mpox vaccine doses on behalf of US, with the first delivery to Nigeria

<https://www.gavi.org/news/media-room/gavi-concludes-agreements-facilitate-donations-305000-mpox-vaccine-doses-behalf-us>

(press statement **20 Dec**) “...A shipment of 11,200 doses, donated by the United States of America and facilitated by Gavi, the Vaccine Alliance, have been shipped to Abuja, Nigeria, with delivery in the country expected today. This follows **agreements signed in November by Gavi to facilitate the donation of 305,000 doses of mpox vaccine to support the global and continental response.** .... On 24 September, the US announced its intention to donate up to 1 million doses to support the mpox emergency and began discussions to donate the first 305,000 of those through Gavi. The **doses, manufactured by Bavarian Nordic, have been allocated to affected countries through the Access and Allocation Mechanism (AAM) for mpox**, led by the Africa Centres for Disease Control and Prevention, the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, UNICEF and the World Health Organization (WHO). .... **These doses are part of the 899,000 doses allocated through the AAM first round to nine African countries hardest hit by the mpox outbreak.** Nearly 6 million vaccine doses from multiple nations and organisations are expected to be available by the end of 2024. This includes [500,000 doses of the MVA-BN vaccine that Gavi procured utilising the First Response Fund in September](#), a month after PHEIC was declared.....”

## Oxfam press release - Africa to receive just 10% of doses needed to control mpox outbreak by end of year

<https://www.oxfam.org.uk/media/press-releases/africa-to-receive-just-10-of-doses-needed-to-control-mpox-outbreak-by-end-of-year/>

(press release 27 December) Pointing quite a different picture than the abovementioned GAVI press release ...

**“African countries are set to receive just one tenth of the vaccines they need to control the mpox outbreak by the end of 2024, analysis from the People’s Medicines Alliance has found, while rich countries hold nearly all of global supplies. As the outbreak spreads across Africa, high prices are keeping vaccines and tests out of reach for the people most at risk.”**

**“Africa needs approximately 10 million vaccine doses to control the outbreak, according to the Africa Centres for Disease Control and Prevention, but only around 1 million have been delivered. An estimated 210 million vials of vaccine have been produced to date, but more than 99 per cent are thought to be sat in rich country stockpiles.”**

**“... Global health advocates are calling for the immediate redistribution of stockpiled vaccines to regions in urgent need, to spark ambition in the global response. ... Amidst vaccine scarcity and high prices, several countries and health authorities are being forced to pursue conservative vaccination plans that do not measure up to what is actually needed. With bolder commitments by rich countries to provide more vaccines, African countries could undertake more ambitious mpox strategies and responses.....”**

- Coverage via [The Brussels Times - African countries get just 10% of mpox vaccines they need](#)  
PS: clearly, **prices of the tests** are also a problem.

## Cidrap News - Survey finds high hesitancy toward mpox vaccination in Africa

<https://www.cidrap.umn.edu/mpox/survey-finds-high-hesitancy-toward-mpox-vaccination-africa>

**“A survey of African adults found a significant level of hesitancy toward mpox vaccination, both for themselves and for their children, researchers reported this week in *eClinicalMedicine*. The survey, conducted among 1,832 adults from Uganda, Nigeria, Morocco, Egypt, Kenya, and South Africa from October 1 to 10, 2024, found that 32.7% (95% confidence interval [CI], 25.4% to 40%) were reluctant to receive the mpox vaccine, and 38.9% (95% CI, 30.2% to 47.6%) of parents were reluctant to have their children vaccinated against mpox....”**

## Bird flu

### Stat - CDC says H5N1 bird flu sample shows mutations that may help the virus bind to cells in the upper airways of people

H Branswell; [Stat](#);

“The **mutations likely developed post-infection**, the agency said.” Recommended read.

“Genetic sequences of H5N1 bird flu viruses collected from a [person in Louisiana](#) who became severely ill show signs of development of several mutations thought to affect the virus’ ability to attach to cells in the upper airways of humans, the Centers for Disease Control and Prevention [reported on Thursday](#). One of the mutations was also seen in a virus sample taken from a [teenager in British Columbia](#) who was in critical condition in a Vancouver hospital for weeks after contracting H5N1. **The mutation seen in both viruses is believed to help H5N1 adapt to be able to bind to cell receptors found in the upper respiratory tracts of people.** Bird flu viruses normally attach to a type of cell receptor that is rare in human upper airways, which is believed to be one of the reasons why H5N1 doesn’t easily infect people and does not spread from person-to-person when it does.....”

- Related **tweet Angie Rasmussen** on Bluesky: “... So I'm not super worried about these mutations. They were low-frequency and have been seen before in patients with severe disease. What I AM worried about are the growing number of human cases in the middle of flu season. **Reassortment** causes pandemics. IMO that's a bigger risk.....”

And a link: [How Worried Should We Be About the Latest Bird-Flu Mutation?](#) (New York Magazine – *Intelligencer*) (interview with Angela Rasmussen)

## “Undiagnosed Disease” DRC

### WHO - Acute respiratory infections complicated by malaria (previously undiagnosed disease) - Democratic Republic of the Congo

<https://www.who.int/emergencies/disease-outbreak-news/item/2024-DON547>

The Panzi “mystery” has been solved now... (at least in terms of the diagnosis): “A Disease Outbreak News (DON) has been [posted](#) for **Acute respiratory infections complicated by malaria (previously undiagnosed disease) in the Democratic Republic of the Congo (DRC)**. It is an update to the DON [published](#) on 8 December 2024 and includes updated epidemiological investigation information and preliminary laboratory results.....”

PS: “... **This event highlights the severe burden from common infectious diseases (acute respiratory infections and malaria) in a context of vulnerable populations facing food insecurity.** It emphasizes the need to strengthen access to health care and address underlying causes of vulnerability, particularly malnutrition, given the worsening food insecurity.....”

## More on PPPR

UN News - Global solidarity key to future pandemic preparedness, says UN chief

<https://news.un.org/en/story/2024/12/1158586>

**“In a message commemorating Friday’s [International Day of Epidemic Preparedness](#) (27 Dec), UN Secretary-General António Guterres urged all nations to invest in resilience and equity to make a healthier and safer world for all.”**

“... While recent outbreaks of mpox, cholera, polio, and Marburg virus serve as stark reminders of persistent threats, the Secretary-General emphasised the need for stronger, more inclusive health systems. He **underscored the need for bold investments in pandemic monitoring, detection and response, alongside [Universal Health Coverage](#), as critical pillars of preparedness.** He said that **equitable access to vaccines, treatments, and diagnostics is a moral imperative**, underscoring the lessons learned during COVID-19 when disparities in healthcare access were striking.....”

**“The Secretary-General also underscored the importance of the [pandemic preparedness and response accord](#), which is under [intergovernmental negotiations](#), to ensure the world works better, together, to prevent and contain future pandemics.....”**

The Pandemic Fund Inaugural Progress Report 2023–2024

<https://www.thepandemicfund.org/annual-progress-report>

Including an ‘at a glance’ two-pager.

Guardian explainer – Are we ready for another pandemic?

<https://www.theguardian.com/global-development/2025/jan/02/are-we-ready-for-another-pandemic>

Recommended analysis. **“If a new pandemic threat emerges in 2025, experts are yet to be convinced that we will deal with it any better than the last.....”**

With the views of **M Van Kerkhove** (WHO) (“yes and no”), **Clare Wenham** and other experts.

## Five years Covid

Guardian –WHO implores China to finally share Covid origins data, five years on

<https://www.theguardian.com/world/2024/dec/31/who-china-covid-19-origins-data-coronavirus>



**“This is a moral and scientific imperative,’ World Health Organization says in statement** marking five years since Chinese authorities first alerted to ‘viral pneumonia’ in Wuhan.”

“The [World Health Organization](#) on Monday **implored China to share data and access to help understand the origins of Covid-19, five years on from the start of the pandemic** that upended the planet. ... .... “Without **transparency, sharing, and cooperation among countries**, the world cannot adequately prevent and prepare for future epidemics and pandemics,” the WHO said....”

PS: “...Earlier this month, the WHO’s director general Tedros Adhanom Ghebreyesus addressed the issue of whether the world was better prepared for the next pandemic than it was for Covid-19. **“The answer is yes, and no,” he told a press conference.** “If the next pandemic arrived today, the world would still face some of the same weaknesses and vulnerabilities that gave Covid-19 a foothold five years ago. “But the world has also learned many of the painful lessons the pandemic taught us, and has taken significant steps to strengthen its defences against future epidemics and pandemics....” But let’s see what the pandemic agreement brings, if it materializes at all...

- See the WHO statement - [Milestone: COVID-19 five years ago](#)
- [Reuters - China defends COVID-19 data-sharing as WHO seeks more access](#)

**“China has shared the most COVID-19 data and research results in the international community, its foreign ministry said on Tuesday, after the World Health Organization repeated its call for more information and access.** China is also the only country that organised experts to share traceability progress with the WHO on many occasions, Mao Ning, spokesperson at the foreign ministry, told a regular news conference.....”

### Science - COVID 5 years later: Learning from a pandemic many are forgetting

<https://www.science.org/content/article/covid-5-years-later-learning-pandemic-many-are-forgetting>

Must-read. “Five years after SARS-CoV-2 surfaced, **scientists reflect and look ahead to the next threat.**”

Related read:

- Project Syndicate - [COVID’s Lessons Have All Been Forgotten](#) (by Antara Haldar)

**“ The rapid arrival of vaccines during the COVID-19 pandemic allowed global capitalism to escape a reckoning once again. But the system’s luck will run out eventually,** warns @cambridgelaw 's Antara Haldar.”

## Polio/Cholera/HIV/TB/ ...

### HPW - Calls for Independent Audit of Pakistan's Polio Program as Cases Rise

<https://healthpolicy-watch.news/calls-for-independent-audit-of-pakistans-polio-program-as-cases-rise/>

"Pakistan's last countywide anti-polio drive of 2024 is set to conclude on 22 December but eradicating polio remains a challenge for the government – and **this year's surge in cases has resulted in calls for an independent audit of the program....**"

### UN News - Yemen bears world's highest cholera burden, deepening humanitarian crisis

<https://news.un.org/en/story/2024/12/1158491>

"Yemen has reported the highest global burden of cholera, with nearly 250,000 suspected cases and 861 associated deaths as of 1 December, accounting for 35 per cent of worldwide cholera cases and 18 per cent of related deaths this year, the UN World Health Organization (WHO) said on Monday...."

### NPR - HIV is spiking in new hot spots. Here's what's being done to control it

<https://www.npr.org/sections/goats-and-soda/2024/12/19/g-s1-37829/health-hiv-testing-infection-philippines-africa>

Interesting analysis. Some excerpts:

".... What's happening in the Philippines is part of a **seismic shift in the global HIV/AIDS landscape. Sub-Saharan Africa has long been the epicenter of the HIV crisis. But in recent years, new infections and AIDS-related deaths have plummeted. Meanwhile, dramatic spikes are happening in other regions, from South Asia to Eastern Europe to Latin America.....** ... Today, Africa still has the highest number of people living with HIV — roughly 26 million. But there's been major progress in slowing down the virus, say public health experts. **New infections and AIDS-related deaths are down nearly 60% in sub-Saharan Africa from 2010 to 2023. An estimated 1.3 million people were newly infected with HIV in 2023, but for the first time in the history of the pandemic, the majority of those new cases — 655,000 — were outside of sub-Saharan Africa.** Mary Mahy, director for Data for Impact at UNAIDS, calls it **"incredible progress."**...."

"But this **good news stands in stark contrast to what is happening elsewhere in the world**, she says. If you remove sub-Saharan Africa from the world's HIV data, then all the progress on curbing new infections disappears. "And that's a really sad situation." In at least 28 countries — from Venezuela to Egypt — new infections are ticking up.... .."

PS: "... While acceptance of the LGBT community has improved significantly in recent years, **local AIDS activist (Ico) Johnson** (in the Philippines) **doesn't want gay men to be the image of HIV/AIDS.** Instead, he **wants to take a page from Africa's successful playbook. In sub-Saharan Africa the**

majority of new HIV infections are in the general population, While young women are disproportionately impacted, **HIV is broadly seen as a universal problem**. By contrast, outside of sub-Saharan Africa, 80% of new infections are in marginalized groups, such as people who sell sex, people who inject drugs, LGBT individuals and prisoners, according to UNAIDS. "When those populations are stigmatized or are criminalized or marginalized in some way and they can't access prevention or treatment services, those new infections just keep continuing along and along and don't ever decline," says Mahy....."

- Related **tweet M Kavanagh**: " Important story by @gabrieman on the **#AIDS pandemic rising in middle income countries even as #HIV falls in other contexts.**"

## **Guardian - Latin America's rise in tuberculosis linked to imprisonment rates**

<https://www.theguardian.com/society/2024/dec/25/latin-america-tuberculosis-imprisonment-el-salvador-brazil-colombia-mexico-argentina-peru>

**"Study warns region's exponential rise in incarceration is fuelling the disease**, with cases increasing by 19% between 2015 and 2022."

**"High incarceration rates in Latin America** – the region with the world's fastest-growing prison population – **are exacerbating tuberculosis in a region that is bucking the global trend for falling incidents of the disease**, experts have warned. A study [published in The Lancet Public Health](#) journal has estimated that, contrary to previous assumptions, **HIV/Aids is not the primary risk factor for tuberculosis in the region** – as it remains in Africa, for example – but rather imprisonments. While the global incidence of tuberculosis decreased by 8.7% between 2015 and 2022, [it rose by 19% in Latin America](#). Using mathematical modelling, researchers concluded that this **increase was linked to the exponential rise in imprisonment in the region, surpassing other traditional risk factors such as HIV/Aids, smoking, drug use and malnutrition....."**

## **Legacy Jimmy Carter on NTDs**

### **Stat – How Jimmy Carter's global health efforts elevated 'the art of the possible'**

<https://www.statnews.com/2024/12/29/how-jimmy-carters-global-health-efforts-elevated-the-art-of-the-possible/>

**"The former president, who died at age 100, gave extraordinary visibility to conditions often overlooked."**

"Former President Jimmy Carter's oft-stated desire was to see the last Guinea worm die before he did. Though America's 39<sup>th</sup> president, who died Sunday at age 100, did not quite achieve that dream, he left a huge legacy in the field of global health. **The causes he espoused are diseases whose names most of us barely know**. Onchocerciasis, or river blindness. Schistosomiasis, a disease caused by parasitic worms. Trachoma, which also causes blindness. Lymphatic filariasis, a parasitic disease that attacks the lymphatic system, leading to grossly swollen limbs or elephantiasis. And Guinea worm....."

PS: “ Foege, the former CDC director, saw **the power an ex-president — this ex-president — wielded, too. Carter could go to Africa and meet with heads of state, who would invariably have cabinet heavyweights like their finance ministers present for the meeting.** “Now, if I went to Africa, I would undoubtedly be able to get in a meeting with the minister of health. But never with the head of state,” Foege said. Finance ministers carry far more clout than health ministers, he noted. “So it’s a whole totally different dynamic.” ....”

- Related: NYT - [Jimmy Carter's Quiet but Monumental Work in Global Health](#) (gated)
- See also Devex on the (future of the) **Carter center**: [Following the ‘North Star’](#)

“ .... In setting up **The Carter Center**, Jimmy and Rosalynn Carter contributed to **turning the Atlanta area into the global health and development hub** that it is today. **Atlanta is also home to the [U.S. Centers for Disease Control and Prevention](#), Emory University, Habitat for Humanity, The Task Force for Global Health, and [CARE USA](#).** “I think the Carter Center helped build that over the last 40 years,” Paige Alexander, chief executive officer of the center, tells my colleague Sara Jerving. She said Carter’s time in Atlanta as governor helped him see the city as a hub for “social good deeds.”

“In light of his passing, Alexander said **there won’t be changes with how the center operates** because Jimmy and Rosalynn were very intentional with their plans for when this day would come. This included **hiring Alexander in 2020, who would visit the two of them every few months, even during the COVID-19 pandemic, to discuss the transition.** “Then in about 2023, **President Carter said: ‘I think this is good. You’ve got this,’**” Alexander recalls. “That was truly when he fully retired and that allowed the organization to understand that it was going to be fine without him. ... **He and Mrs. Carter had set the North Star for what they wanted us to continue doing.**”

## Debt crisis LMICs

**Guardian - Labour urged to lead global debt relief effort as cost of repayments soars**

<https://www.theguardian.com/world/2024/dec/25/labour-urged-to-lead-global-debt-relief-effort-as-cost-of-repayments-soars>

“Campaigners are urging Labour to lead the charge for global debt relief in 2025, as **new analysis shows lower-income countries spent 15% of their revenue on repayments this year – the highest level for three decades.** Calculations by the charity **Debt Justice**, based on data from the [World Bank](#), show **repayments from poorer countries bottomed out at 4.4% of income in 2011 but have since trebled.....**”

- See also Devex – [UK aid orgs seek to revive mood of Make Poverty History after 20 years](#)

**“United Kingdom NGOs are preparing to mark the anniversary of 2005's remarkable events — wondering if they dare to dream they could ever be repeated.”**

**“....A series of events — reported here for the first time — is planned for February, including in London’s Trafalgar Square, where Nelson Mandela [delivered](#) a famous call to action to an enormous**

crowd in 2005, and down the road at the Houses of Parliament, where hundreds of campaigners will lobby members of Parliament to put his cause back on their agenda, drawing on the remarkable events of 2005. **The campaigners know the world has moved on, but believe it is still possible to revive the spirit of a time when it felt “nothing was impossible,”** in the words of Adrian Lovett, executive director of the [ONE Campaign](#) — to “recreate some of the 2005 magic in 2025,” as Romilly Greenhill, chief executive of the [Bond](#) network of U.K. aid groups, put it. **And, they tell Devex, displaying public support for humanitarian aid will once again be crucial in pushing politicians to act....”**

**PS: “....Greenhill pointed to the new causes of climate and nature and for “locally led” efforts to shift power as key differences in 2025, but argued the public can still force change from below. “We have politicians who want to go further if they feel they have the public mandate to do it and, while we know the public have mixed views about ‘aid’, they often support the things it is spent on, such as vaccines and family planning. I’m confident that we can recreate some of the 2005 magic in 2025,” she said....”**

- And a dire stat via [Devex](#) : « **\$8.8 trillion: The total debt saddling low- and middle-income countries.** The result? Debt servicing is sucking country budgets dry, leaving scraps for development needs like health care and education.”

## UHC & PHC

### CGD - Closing the Gap: Financing Primary Health Care in Africa

Justice Nonvignon, J Guzman et al ; <https://www.cgdev.org/blog/financing-primary-health-care-setting-priorities-shifting-funding-landscape>

« ... **We believe that African countries need to act decisively and explore other ways to mobilize more of their own resources to finance PHC as part of honoring political commitments to achieve UHC by 2030.** There is an urgent **need to revisit domestic financing of PHC** with the aim of sustainably increasing it, while also ensuring that investments are efficient and promote equitable access....”

**“This blog highlights three key ideas to help Africa make progress along these lines.** These insights emerged from a virtual event on financing PHC, co-hosted by Management Sciences for Health and the Center for Global Development (you can watch a recording of the event [here](#)). ....”

They are: **elevate the discussion; rally behind country priorities; and align donor & country spending.**

## Human Resources for Health

### Community Health Impact Coalition - Count CHWs - Making the case for Community Health Worker Master Lists

[Community Health Impact Coalition](#)

“To assist governments and their technical and financial partners with a roadmap for generating, sharing, and maintaining a national, up-to-date, and georeferenced list of CHWs, several organizations leading the **#CountCHWs campaign** (Clinton Health Access Initiative, Community Health Impact Coalition, Health GeoLab, Living Goods, The Global Fund, and UNICEF) have developed an **Implementation Support Guide for governments committed to establishing a CHW registry.....**”

- But as **Jim Campbell (WHO)** pointed out on X:

“ **CHW data reported by Member States to @WHO 's #NHWA in 2024** is at:

<https://apps.who.int/nhwaportal/> <sup>1</sup> 4.7 million CHWs reported by 100 countries; <sup>2</sup> 51 countries provide data for 2022 or 2023; <sup>3</sup> 71% of reported data is for 2019-2023. .... **Let's recognize that many countries do #CountCHWs “**

## NCDs

### Lancet Editorial – Can we turn the tide on NCDs in 2025?

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02845-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02845-9/fulltext)

**“In 2011, the UN Political Declaration on Non-Communicable Disease (NCD) Prevention and Control announced a target date of 2025 to reduce rates of premature mortality from cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes by 25%—the so-called 25 × 25 goal. 10 years later, the global probability of prematurely dying from one of those targeted NCDs had improved by only 1·5%. NCDs are the leading causes of premature death and disability worldwide, estimated in 2021 to be responsible for the deaths of 17·3 million people and nearly 80% of all years lived with disability before the age of 70 years. **Three UN high-level meetings on NCDs have been convened to formulate action plans and intervention packages but have failed to galvanise the action needed to meet the 25 × 25 goal.** WHO reports that no countries will achieve the original 2025 targets, and only 14 are on track for the one-third reduction in NCD premature mortality rates by 2030 included in Sustainable Development Goal 3.4. **There is, therefore, concern about whether a fourth high-level meeting on NCDs, convening this September, will have the impact on health that is so desperately needed.....**”**

**PS: “The NCD Countdown 2030, a joint initiative supported by The Lancet, NCD Alliance, and WHO. provides accountability on the NCD targets. It estimated that the **most efficient packages of health interventions necessary to reduce premature NCD mortality by a third**—such as aspirin for suspected acute coronary syndrome, cervical cancer screening and treatment, and transfat elimination policies—will **cost US\$18 billion invested annually up to 2030.** This investment would save 39 million lives and provide an estimated net return of \$2·7 trillion. An estimated \$3·7 trillion could be generated from a 50% tax increase on the prices of tobacco, alcohol, and sugary beverages. Such taxes would also generate additional health-care savings by reducing consumption of harmful products. .... **Given this evidence, the failure of governments to act on NCDs is both practically short sighted and morally indefensible. Why, then, does inaction persist?...**”**

The **Lancet’s conclusion:** “...If the 2025 high-level meeting on NCDs is to achieve lasting progress where previous efforts have failed, **it will have to find a way to confront and overcome the**

pernicious influence and lobbying of industries that continue to undermine any efforts of the health community.”

### HPW - Brazil's Congress Hikes Taxes on Sugary Drinks, Alcohol and Tobacco While Boosting Healthy Foods

<https://healthpolicy-watch.news/brazils-congress-boosts-healthy-foods-hikes-taxes-on-sugary-drinks-alcohol-and-tobacco/>

“... Brazil's National Congress **approved** a selective tax on tobacco, soft drinks, and alcohol this week as part of wide-ranging **fiscal reform** that also saw a **reduction in taxes on healthy foods**. .... The trio of unhealthy consumables is now located in the **same tax category** as harmful goods and products including coal, vehicles and betting.....”

## Planetary Health

### Guardian - World endures 'decade of deadly heat' as 2024 caps hottest years on record

<https://www.theguardian.com/world/2024/dec/30/world-endures-decade-of-deadly-heat-as-2024-caps-hottest-years-on-record-un-antonio-guterres>

“UN secretary general, António Guterres, says ‘we must exit this road to ruin’ in annual new year message.”

“The world has endured a “decade of deadly heat”, with 2024 capping 10 years of unprecedented temperatures, the UN has said. Delivering his annual new year message, the UN secretary general, [António Guterres](#), said the 10 hottest years on record had happened in the past decade, including 2024.”

“The UN’s climate and weather agency, the World Meteorological Organisation (WMO), will publish official temperature figures for the year in January. The organisation said the past year was set to be the warmest on record, capping a decade of unprecedented heat fuelled by human activities and driving increasing weather extremes, while greenhouse gas levels continued to reach new highs, locking in more heat for the future. ....”

### Guardian - Climate crisis exposed people to extra six weeks of dangerous heat in 2024

<https://www.theguardian.com/environment/2024/dec/27/climate-crisis-dangerous-heat-2024>

“The climate crisis caused an additional six weeks of dangerously hot days in 2024 for the average person, supercharging the fatal impact of heatwaves around the world. .... The effects of human-caused global heating were far worse for some people, [an analysis](#) by World Weather Attribution (WWA) and Climate Central has shown. ....”



## Social Europe - Climate change adaptation means rights for workers

Marouane Laabbas-el-Guennouni and Kalina Arabadjieva; <https://www.socialeurope.eu/climate-change-adaptation-means-rights-for-workers>

“As climate change worsens, **Spain’s new labour measures** could set the perfect **precedent for protecting workers against events that are no longer so unpredictable.**”

## One Health

### One Health - Putting one health to the test: Operational challenges and critical reflections from the global South

M M Paul et al ; <https://www.sciencedirect.com/science/article/pii/S2352771424002891>

« One Health as a policy framework to tackle zoonoses has gained wide-ranging validation with multiple international organizations throwing their collective might behind it. Such endorsement has convinced several governments to adopt One Health as a national strategy to address zoonoses. Although some argue that One Health is so many things that there are in fact multiple ‘One Healths’, others find that **most international policy documents that use the One Health framing contain certain key narratives, with intersectoral coordination and disease surveillance prominent among them.** In this paper **we examine whether and how One Health travels in a sub-national setting in a developing country context such as that of India, with particular focus on intersectoral coordination...** .... we locate our study in **the district of Gyalshing in the state of Sikkim in India,** which is a potential zoonoses ‘hotspot’ given its location within the biodiverse Indian Himalayan Region, numerous avenues for human-animal interactions, and burgeoning human population linked to its tourism-run economy. **We outline successful cases where certain zoonotic diseases could be tackled, while also highlighting structural constraints that need to be borne in mind while planning or advocating One Health as a blanket policy prescription.** In doing so we draw attention to the political in global health policies, and **question whether One Health can be uncritically deployed in developing country contexts.** »

## Tedros “caught up” in deadly Israeli strike on Yemen airport

This probably didn’t happen ‘by coincidence’...

### Guardian - UN voices alarm after WHO chief caught up in deadly Israeli strike on Yemen airport

<https://www.theguardian.com/world/2024/dec/27/israel-strike-yemen-sanaa-airport-world-health-organization-who-tedros-adhanom-ghebreyesus>

“UN secretary general decries escalatory actions on both sides after WHO chief Tedros Adhanom Ghebreyesus says he was just metres from airport strike... The United Nations chief has denounced



the “escalation” in hostilities between Yemen’s Houthi rebels and Israel, calling IDF strikes on targets including at the airport in Sana’a “especially alarming” after it came under attack while the head of the [World Health Organization](#) was about to board a plane. Israel struck multiple targets linked to the Iran-aligned Houthi movement in Yemen on Thursday, including the international airport in the capital, Sana’a. Houthi media said at least six people were killed....”

- See also [HPW: WHO Director General Delayed in Sana’a, Yemen Following Israeli Bombing of Airport](#)

“WHO’s Director General Dr Tedros Adhanom Ghebreyesus was effectively stranded in Sana’a, Yemen Thursday evening after the airport came under bombardment from Israeli Air Force fighter jets **just as the WHO head official was about to board a waiting UN flight. At least two people were killed in the attack, including a crew member of the waiting UN plane, the Director General said in an X post.** ...Tedros had been in Sana’a with a United Nations team to negotiate with the Houthis over the release of more than a dozen UN workers who are being held as hostages by the rebel force.....”

- Related: [Reuters - WHO chief describes ordeal during Israeli strike on Yemen airport](#)

How Tedros experienced it himself.

Concluding: “....”I’m worried about our world, where it’s heading,” **Tedros added, urging world leaders to work together to end global conflicts. “I have never ... as far as I can remember, seen the world really being in such a very dangerous state.”**”

- Related tweet **M Kavanagh:**

“Bombing UN clinics and now bombing a UN delegation led by the WHO Director General, the IDF is a danger to international peace and health on a global scale.”

## More on war/conflict/migration & health

### Lancet (Letter) - Sanctions and the right to health in post-Assad Syria

Saleh Aljadeeaha, R Ravinetto & G Ooms;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02790-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02790-9/fulltext)

Related tweet by first author: “ **We need to discuss the impact of economic #sanctions on access to medicines. In our correspondence published today at the #Lancet , we provide arguments for why at least some sanctions should be lifted in post-Assad #Syria.** “It is time to give priority to humanity and the right to health. Although we should continue to look for solutions that force regimes to end crimes against humanity while respecting the right to health—including better ways to research and monitor the impact of sanctions—for now in Syria, the right to health takes precedence.”

## UN News - Syria: UN health agency launches \$56.4 million appeal to meet critical needs

<https://news.un.org/en/story/2024/12/1158516>

“The UN World Health Organization (WHO) on Tuesday launched a \$56.4 million flash appeal to address urgent health needs in Syria, where years of conflict have crippled the healthcare system.”

## Development Today - Sweden defunds UNRWA, slashes support to other UN relief agencies

Ann Danaiya Usher; <https://www.development-today.com/archive/2024/dt-10--2024/sweden-defunds-unrwa-slashes-support-to-other-un-relief-agencies>

(gated) “Sweden will no longer give core funding to the UN Palestinian refugee body UNRWA. Development Minister Benjamin Dousa says support for Gaza will be channelled through other organisations. At a meeting with UN agencies five days ago in East Jerusalem about the humanitarian crisis in Gaza, Dousa gave no hint of the decision. “

## WHO launches dashboard of global experiences on refugee and migrant health

(18 December 2024) <https://www.who.int/news/item/18-12-2024-who-launches-dashboard-of-global-experiences-on-refugee-and-migrant-health>

“To mark **International Migrants Day 2024**, the World Health Organization (WHO) Health and Migration Department has **launched the Dashboard of Global Experiences on Refugee and Migrant Health**. This cutting-edge resource highlights the strides made by Member States in advancing the priority areas of the WHO Global Action Plan (GAP) on the Health of Refugees and Migrants 2019–2030....”

## HPW - One Half of Sudan’s Population Face Extreme Food Insecurity as Famine Belt Widens

<https://healthpolicy-watch.news/one-half-of-sudans-population-face-extreme-food-insecurity-as-famine-belt-widens/>

“More than 24.6 million people – one half of Sudan’s population – are experiencing high levels of acute food insecurity, [according](#) to the latest report of the [Integrated Food Security Phase Classification \(IPC\)](#), which tracks hunger risks and extreme hunger spots globally. And famine (IPC phase 5) is present in at least five Sudanese areas in North Darfur and parts of the Western Nuba Mountains, according to the IPC’s Famine Review Committee, [in its latest analysis](#), released on Tuesday, 24 December.....”

## Guardian - WHO ‘appalled’ by Israel attack on northern Gaza’s last functioning major hospital

<https://www.theguardian.com/world/2024/dec/28/who-appalled-by-israel-attack-on-northern-gazas-last-functioning-major-hospital>

“Kamal Adwan in Beit Lahia was partially destroyed and critical patients are at grave risk, the UN body says.... **The World Health Organization says it is “appalled” by an Israeli raid which it said had shut down and partly destroyed the last major hospital still functioning in northern Gaza.**”

“Israel’s **“systematic dismantling of the health system”** combined with a siege of the population in the north of the coastal strip over the past 80 days “puts the lives of the 75,000 Palestinians remaining in the area at risk”, the WHO said.....”

- See also HPW - [WHO Issues Rebuke on Israeli Takeover of Gaza’s Kamal Adwan Hospital – Israel Calls out Hamas ‘Torture’ of Former Hostages](#)

PS: Independent eyewitness reports have confirmed Israeli allegations about the use of hospitals by Hamas leaders and combatants.

**Guardian - Israel’s hospital attacks have put Gaza healthcare on brink of collapse, says UN**

<https://www.theguardian.com/world/2024/dec/31/israel-hospital-attacks-gaza-healthcare-on-brink-of-collapse-says-un>

**“Assaults on medical facilities could amount to war crimes in certain circumstances, human rights office report says.”**

“Israel’s pattern of sustained attacks on Gaza’s hospitals and medical workers has brought the coastal strip’s healthcare system to the brink of “total collapse”, according to a **report by the UN’s human rights office**. The report, which catalogues the besieging and targeting of hospitals and their immediate grounds with explosive weapons, the killing of hundreds of medical workers, and the destruction of critical life-saving equipment, said that **in certain circumstances the attacks could “amount to war crimes”**. Israel has consistently denied committing war crimes in Gaza.”

“The **UN high commissioner for human rights, Volker Türk**, said the report’s findings pointed to “blatant disregard for international humanitarian and human rights law” ....”

**Guardian - Almost one in five children live in conflict zones, says Unicef**

<https://www.theguardian.com/society/2024/dec/28/almost-one-in-five-children-live-in-conflict-zones-says-unicef>

**“UN humanitarian body warns that dramatic increase in harm to children should not become the ‘new normal’.”**

**“Nearly one in five of the world’s children live in areas affected by conflicts, with more than 473 million children suffering from the worst levels of violence since the second world war**, according to figures published by the UN. The UN humanitarian aid organisation for children, **Unicef**, said on Saturday that **the percentage of children living in conflict zones around the world has doubled from about 10% in the 1990s to almost 19%**, and warned that this dramatic increase in harm to children **should not become the “new normal” ....**”

## Access to medicines, vaccines & other health technologies

### WHO calls for transformative action towards a greener future in pharmaceutical manufacturing and distribution

<https://www.who.int/news/item/23-12-2024-who-calls-for-transformative-action-towards-a-greener-future-in-pharmaceutical-manufacturing-and-distribution>

(23 Dec) “The **World Health Organization (WHO)**, through its Department of Regulation and **Prequalification**, has issued a [call for action](#) to drive sustainability in the pharmaceutical sector. Entitled “**Greener pharmaceuticals’ regulatory highway**,” this initiative underscores the urgent need for innovative regulatory practices to reduce the environmental footprint of medical products while maintaining high standards of safety and efficacy....”

## Miscellaneous

### Reuters- Global hunger crisis deepens as major nations skimp on aid

<https://www.reuters.com/world/global-hunger-crisis-deepens-major-nations-skimp-aid-2024-12-24/>

“**Global hunger is rising, but total humanitarian aid from wealthy nations to UN is shrinking**; UN projects **at least 117 million will go without aid in 2025**; Germany, a top U.N. humanitarian donor, is reducing aid funding; Relief agencies fear possible cuts from top donor US after Trump takes office. ... China and India, among the world’s top five economies, contribute less than 1% of U.N. humanitarian aid....”

“...The United Nations says that, at best, it will be able to raise enough money to help about **60% of the 307 million people it predicts will need humanitarian aid next year**. That means at least 117 million people won’t get food or other assistance in 2025. .... The U.N. also will end 2024 having raised about **46% of the \$49.6 billion it sought for humanitarian aid across the globe, its own data shows. It’s the second year in a row the world body has raised less than half of what it sought**. The shortfall has forced humanitarian agencies to make agonizing decisions, such as slashing rations for the hungry and cutting the number of people eligible for aid....”

### HPW - The ‘Soft Power’ of Public Health; Global Coalition of Deans Etches A Way Forward

<https://healthpolicy-watch.news/the-soft-power-of-public-health-global-coalition-of-deans-etches-a-way-forward/>

“**In April 2022**, amidst the continuing uproar of the COVID pandemic, **four deans of schools of public health from the USA, China, Switzerland and Singapore, first got on a call with each other to see how they could ramp up cooperation – remotely**. ... Co-founders of the high-powered group were Michelle Williams, then dean of Harvard’s School of Public Health, and former WHO Director General Margaret Chan, now dean of Beijing’s brand-new Vanke School of Public Health. ... Other

founding members included Antoine Flahault, director of the Zurich-based Swiss School of Public Health and long-time actor in Geneva, the world's "global health hub". And the deans of public health schools at the University of Cape Town; Mahidol University, Thailand. Heads of public health institutes in Huazhong, China, Mexico, Sydney, Chile and Singapore...."

**"... while there are other established coalitions of Public Health Schools, mostly US-based, such as the American Association of Schools of Public Health, the [World Federation of Schools of Public Health](#), and the [Consortium of Universities for Global Health](#), one unique aspect of the GHF-based Coalition of Deans has been the way it links public health leaders, and not only the institutions, says Flahault. "Our aim is not to duplicate, but to be complementary to all of these groups, with which we coordinate," he said. .... The loosely-knit group now includes about a dozen institutions, as well as the leading European and American associations or federations of Public Health universities and schools..."**

**"... This year, after two years of remote meetings organized by the Vanke School and Harvard in succession, members of the coalition convened face-to-face, for the first time in Geneva, on the margins of the World Health Assembly, hosted by the Geneva Health Forum and the University of Geneva. The group focused on planetary health as their principal topic. "We shared experiences from Australia, China, and the USA about academic programmes dedicated to this issue – and asked the question: how do schools of public health integrate planetary health into their curriculum?" Flahault said...."**

## **Project Syndicate –Gender Apartheid Is a Crime Against Humanity**

G Brown; [Project Syndicate](#);

"As the Taliban escalates its oppression of women and girls, the international community must hold Afghanistan's leaders accountable. **Recognizing gender apartheid as a crime under international law** would mark a historic step toward ending the systemic discrimination against women there, in Iran, and beyond."

## **Guardian - Global happiness study aims to solve mystery of what gives us a boost**

<https://www.theguardian.com/science/2024/dec/29/global-happiness-study-aims-to-solve-mystery-of-what-gives-us-a-boost>

**"Existing evidence is dominated by western regions but researchers want to find out whether benefits are the same around the world."**

**"In the past six months, more than 1,000 scientists from over 70 countries submitted proposals for the project. In December, an expert panel whittled these down to seven categories of interventions, each including three or four different approaches, which will be tested in the Global [Happiness](#) Megastudy. .... Having done the groundwork, Dunn and Szász are now looking for funders to move the project on. If all goes well, they aim to publish a [registered report](#) in a major journal to record the methods and data analyses they will use. The experiments themselves should start soon after...."**

## Skeptical Inquirer - A Triple Threat to Humanity: Climate Change, Pandemics, and Anti-Science

Michael E. Mann and Peter J. Hotez; <https://skepticalinquirer.org/2024/12/a-triple-threat-to-humanity-climate-change-pandemics-and-anti-science/>

“NextGen MAD (i.e. mutual assured destruction) consists of three synergistic components. ....”

Re the last one, **anti-science**: “ .... In all, we have identified five major forces that have advanced attacks on science and scientists and promoted anti-science disinformation. We call them **the “5 Ps,”** the plutocrats and petrostates (billionaires and state actors, respectively, who fund the attacks), the pros (the hired guns), the propagandists (industry shills and opportunists posing as experts), and—as we’ve already explained above—the press. Together they compose a coordinated, powerful, and formidable anti-science leviathan that threatens our future. ....”

## Guardian – ‘Sex strikes’ aren’t the feminist win they appear to be. Here’s how to get really radical

Finn Mackay; [https://www.theguardian.com/commentisfree/2024/dec/31/sex-strikes-feminism-radical-4b-movement-women-men?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/commentisfree/2024/dec/31/sex-strikes-feminism-radical-4b-movement-women-men?CMP=Share_iOSApp_Other)

“**The problem with the 4B movement** is that it plays into the idea that sex is labour: work women do for men.”

## Global health governance & Governance of Health

### Policy & Society - Knowing (in) organizations: calculative cultures and paradigmatic learning in the case of the World Bank

Justyna Bandola-Gill; <https://academic.oup.com/policyandsociety/article/43/4/432/7833201>

“This paper explores the **evidence culture** in one of the key global knowledge institutions—the World Bank. ....”

### Book - Civil Society Elites

Johansson H et al; <https://library.oapen.org/handle/20.500.12657/86893>

“**Exploring the Composition, Reproduction, Integration, and Contestation of Civil Society Actors at the Top.**” “This open access book introduces a groundbreaking concept - **civil society elites** - and serves as an essential resource for scholars, researchers and students interested in the complexities of power and influence within contemporary civil societies. ....”

## Int. j. adv. multidisc. res. stud. - Implications of Development Assistance on the Health Sector: A Case of Zambia

<https://www.multiresearchjournal.com/admin/uploads/archives/archive-1732972927.pdf>

By Makungu Moses et al.

## Global health financing

### OECD (Policy Brief) - Latest health spending trends: Navigating beyond the recent crises

[https://www.oecd.org/en/publications/latest-health-spending-trends\\_df0bb1ba-en.html](https://www.oecd.org/en/publications/latest-health-spending-trends_df0bb1ba-en.html)

“With the COVID-19 pandemic and the ensuing energy and cost-of-living crises, many **OECD countries** have had to face significant economic and societal challenges over the last five years. The succession of crises has had important implications for health systems and the available resources allocated to health. **This policy brief examines the recent trends in health spending and discusses what is driving the latest spending trajectory.....**”

### P4H - Trends in the financialisation of outpatient care

[https://p4h.world/app/uploads/2025/01/trends-financialisation-outpatient-care\\_dec-2024.x23411.pdf](https://p4h.world/app/uploads/2025/01/trends-financialisation-outpatient-care_dec-2024.x23411.pdf)

“This paper summarises the **findings of research into the financialisation of outpatient care across OECD countries....**”

## UHC & PHC

### International Journal of Health Planning & Management - Health Expenditure, Governance International Journal of Health Planning & Management - Quality, and Health Outcomes in West African Countries

Michael Kouadio et al;

<https://onlinelibrary.wiley.com/doi/full/10.1002/hpm.3887?campaign=wolearlyview>

“Health outcomes are greatly impacted by health spending. The study uses feasible generalised least squares to analyse **data from 15 West African countries (1996–2022)**. **Good governance is key to improving health outcomes.** Improving governance is crucial for health spending to yield better outcomes.”

## BMJ Editorial - What Trump and Republican Congress mean for healthcare coverage

A Jha; <https://www.bmj.com/content/387/bmj.q2801>

“New administration has pledged massive reform but said little on how to achieve it.”

- Related: Stat Plus - [GOP works to square making America healthy with taking away health insurance](#) (gated) “ Does health insurance make people healthy? Republicans return to an old debate in the MAHA era.”

## WHO - Relationality in community engagement: its role in humanizing health and achieving quality integrated health services

<https://www.who.int/news/item/19-12-2024-relationality-in-community-engagement-its-role-in-humanizing-health-and-achieving-quality-integrated--health-services>

“Relations with communities play a key role in more humane and quality health care.”

“A new report, entitled “Relationality in community engagement: its role in humanizing healthcare and achieving quality integrated health Services” has been developed in collaboration with the **Qatar Foundation for Education, Science and Community Development (QF)** and launched at the Seventh edition of the World Innovation Summit for Health (WISH) taking place in Doha on 13–14 November 2024. ... “

“.... The new report introduces the background and current policy context for community engagement across different WHO regions. It presents an Integrated Change Framework (ICF) to embed and strengthen community engagement processes in health system functions and activities; explores eight selected country case studies, highlighting common success elements incorporated into the ICF; and concludes with recommendations for applying the ICF to improve health system performance.”

## Pandemic preparedness & response/ Global Health Security

### TGH - Global Travel Restrictions: Lessons from COVID-19 to Marburg

A Aluso; <https://www.thinkglobalhealth.org/article/global-travel-restrictions-lessons-covid-19-marburg>

“Recent outbreaks have resurfaced conversations about when travel restrictions are appropriate to contain virus spread.”



# Planetary health

## TGH - Russia's Strategic Approach to Climate Change

N Shok; <https://www.thinkglobalhealth.org/article/russias-strategic-approach-climate-change>

**“Moscow accepts that climate change is real but uses climate diplomacy to advance national security and geopolitical ends.”**

## BMJ Opinion - We need a global agreement to safeguard human health from plastic pollution

C Bowyer et al; <https://www.bmj.com/content/388/bmj.q2890>

**“Unresolved disagreements hinder progress towards the UN led treaty that could protect human and environmental health from the harms of plastic pollution, write Cressida Bowyer and Stephen Fletcher.”**

**“... The case for action on health grounds alone is overwhelming. Two key issues—human exposure to microplastic pollution and the inhalation of toxic pollutants from open burning of plastic waste—illustrate how reducing plastic pollution can help safeguard health...”**

## Science (Policy Forum) - Solar geoengineering research faces geopolitical deadlock

<https://www.science.org/doi/10.1126/science.adr9237>

**“The permissive “science first” approach has failed, but a nondeployment deal might yet enable responsible research.”**

## Guardian - 2024's most costly climate disasters killed 2,000 people and caused \$229bn in damages, data shows

<https://www.theguardian.com/environment/2024/dec/30/2024s-most-costly-climate-disasters-killed-2000-people-and-caused-229bn-in-damages-data-shows>

**“Analysis of insurance payouts by Christian Aid reveals three-quarters of financial destruction occurred in US.”**

**“The world's 10 most costly climate disasters of 2024 caused \$229bn in damages and killed 2,000 people, the latest annual analysis of insurance payouts has revealed. Three-quarters of the financial destruction occurred in the world's biggest economy, the US, where climate denier Donald Trump will become president next month.”**

**“For the first time since the ranking was first compiled in 2018, there were two storms in a single year responsible for more than \$50bn of losses: the hurricanes Helene and Milton that battered the**

US in September and October. Released at the end of what is almost certain to be another record-breaking year for global heat, the top 10 also included [Typhoon Yagi in south-east Asia](#), which killed at least 829 people and wreaked \$12.6bn of economic havoc; Storm Boris in Europe, which killed at least 26 and caused \$5bn of losses; and the devastating floods in southern China, Bavaria, Valencia and Rio Grande do Sul in Brazil....”

## Covid

### Plos GPH - “The COVID-19 pandemic in BRICS: Milestones, interventions, and molecular epidemiology”

Stephanie van Wyk, Tulio de Oliveira et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003023>

“Brazil, Russia, India, China, and South Africa (BRICS) are a group of developing countries with shared economic, healthcare, and scientific interests. These countries navigate multiple syndemics, and the COVID-19 pandemic placed severe strain on already burdened BRICS’ healthcare systems, hampering effective pandemic interventions. Genomic surveillance and molecular epidemiology remain indispensable tools for facilitating informed pandemic intervention. **To evaluate the combined manner in which the pandemic unfolded in BRICS countries, we reviewed the BRICS pandemic epidemiological and genomic milestones, which included the first reported cases and deaths, and pharmaceutical and non-pharmaceutical interventions implemented in these countries.**

“... The data generated continues to inform BRICS-centric pandemic intervention strategies and influences global health matters....”

## Mpox

### Plos GPH - ASEAN’s response to mpox: Advancing regional and inter-regional cooperation to manage public health emergencies

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003985>

By **E Rahman-Shepherd et al.** “In this opinion, we present the Association of Southeast Asian Nations’ (ASEAN) response to mpox, highlighting the priorities for regional organizations across the health emergency management cycle. Bringing together perspectives from Southeast Asia and Africa, we further explore how organizations can advance cooperation at both regional and inter-regional levels to improve the management of mpox and future public health emergencies.....”

## AMR

### Our World in Data - Antibiotics and Antibiotic Resistance

[https://ourworldindata.org/antibiotics?utm\\_source=OWID+Newsletter&utm\\_campaign=30ae3dcd96-biweekly-digest-2024-12-27&utm\\_medium=email&utm\\_term=0\\_-0c7f305164-599335176](https://ourworldindata.org/antibiotics?utm_source=OWID+Newsletter&utm_campaign=30ae3dcd96-biweekly-digest-2024-12-27&utm_medium=email&utm_term=0_-0c7f305164-599335176)

New page. **Our World in Data** explores the history, impact & future of antibiotics and presents global data and research on antibiotics and antibiotic resistance.

They also **published two new articles**: How do antibiotics work, and how does antibiotic resistance evolve? What was the Golden Age of Antibiotics, and how can we spark a new one?

## NCDs

### Guardian - Single cigarette takes 20 minutes off life expectancy, study finds

<https://www.theguardian.com/society/2024/dec/30/single-cigarette-takes-20-minutes-off-life-expectancy-study>

**“Figure is nearly double an estimate from 2000 and means a pack of 20 cigarettes costs a person seven hours on average.”**

### Guardian - People urged to do at least 150 minutes of aerobic exercise a week to lose weight

<https://www.theguardian.com/society/2024/dec/26/at-least-150-minutes-of-moderate-aerobic-exercise-a-week-lose-weight>

**“Review of 116 clinical trials finds less than 30 minutes a day, five days a week only results in minor reductions.”**

**“People who want to lose meaningful amounts of weight through exercise may need to devote more than two-and-a-half hours a week to aerobic training such as running, walking or cycling, researchers say. The finding emerged from a review of 116 published clinical trials that explored the impact of physical exercise on weight loss, waist size and body fat. In total, the trials reported data for nearly 7,000 adults who were overweight or obese, meaning their body mass index (BMI) was more than 25. ... “At least 150 minutes per week of aerobic exercise at moderate intensity is required to achieve important weight loss,” said Dr Ahmad Jayedi, an epidemiologist at Imperial College London, and first author on the study published in the medical journal Jama Network Open. ...”**

## **Plos GPH - Disparities in kidney care in vulnerable populations: A multinational study from the ISN-GKHA**

Robin L. Erickson et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004086>

“Vulnerable populations, such as the elderly, children, displaced people, and refugees, often encounter challenges in accessing healthcare. **In this study, we used data from the third iteration of the International Society of Nephrology Global Kidney Health Atlas (ISN-GKHA) to describe kidney care access and delivery to vulnerable populations across countries and regions. ....**”

## **International Journal of Health Planning & Management - Pathways to Hypertension Control: Unfinished Journeys of Low-Income Individuals in Malaysia and the Philippines**

<https://onlinelibrary.wiley.com/doi/10.1002/hpm.3889>

By B Palafox, M McKee et al.

## **Nature Aging - A global analysis of adaptation to societal aging across low-, middle- and high-income countries using the Global Aging Society Index**

<https://www.nature.com/articles/s43587-024-00772-3>

by C Chen et al.

## **International Journal for Equity in Health - Social and economic impacts of non-communicable diseases by gender and its correlates: a literature review**

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-024-02348-4>

By Concepción García-Morales et al.

## **Health Policy - A conceptual framework to assess the health, socioeconomic and environmental burden of chronic kidney disease**

<https://www.sciencedirect.com/science/article/pii/S0168851024002549>

By Charlotte Johnston-Webber et al.

And a link:

- Plos GPH - [Health and economic impact of caregiving on informal caregivers of people with chronic diseases in sub-Saharan Africa: A systematic review](#) (by E Kisangala et al)

## Social & commercial determinants of health

Journal of Health Politics, Policy & Law - The Limits to Food and Beverage Industry Influence over Fiscal and Regulatory Policy in Latin America

<https://read.dukeupress.edu/jh ppl/article/50/1/69/390351/The-Limits-to-Food-and-Beverage-Industry-Influence>

By E J Gomez.

## Mental health & psycho-social wellbeing

Oxford - New study calls for radical rethink of mental health support for adolescents

<https://www.ox.ac.uk/news/2024-12-19-new-study-calls-radical-rethink-mental-health-support-adolescents>

“Young people have given important insights into what mental health support they prefer and what does not work for them or meet their needs, as part of [a major new study](#) of thousands of adolescents. **The study, led by teams at the University of Oxford and University of Cambridge,** found that **adolescents access a variety of different types of support including informal** (such as friends and family), **semi-formal** (like school-based support), **and formal services** (such as Child and Adolescent Mental Health Services).”

“While support from friends and family was rated highly in terms of helpfulness, some services - including online support and helplines as well as more formal health and social care services - were not viewed as positively. .... Researchers say **their findings underscore the importance of recognising the spectrum of support young people use and they urge a radical rethink of mental health services for adolescents.**” .... “The findings, published in the journal **Psychological Medicine**, used data from nearly 24,000 adolescents aged between 11 and 18 who participated in the **OxWell Study Survey.....**”

## SRHR

Plos Med – Comparative analysis of 2 approaches to monitor countries’ progress towards full and equal access to sexual and reproductive health care, information, and education in 75 countries: An observational validation study

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004476>

By J Gausman et al. **Re SDG Indicator 5.6.2** - the “Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information, and education.”

## Neonatal and child health

### TGH - How Innovations in Gut Health Can Help Treat Global Hunger

H Stobaugh; <https://www.thinkglobalhealth.org/article/how-innovations-gut-health-can-help-treat-global-hunger>

“**Advancements in gut microbiome research** could strengthen existing hunger treatments and prevent malnutrition relapse.”

## Access to medicines & health technology

### Africa CDC Applauds Egypt’s Milestone Achievement in Medicines and Vaccine Regulation

<https://africacdc.org/news-item/africa-cdc-applauds-egypts-milestone-achievement-in-medicines-and-vaccine-regulation/>

(22 Dec) “**The Africa Centres for Disease Control and Prevention (Africa CDC) congratulates the Egyptian Drug Authority (EDA) on its historic milestone of earning the WHO’s Maturity Level 3 (ML3) designation for medicines regulation**, marking Egypt as the first African nation to achieve this status **for both medicines and vaccine regulation**. This remarkable milestone highlights Egypt’s leadership in advancing regulatory excellence and strengthening health security across the continent.....”

### Politico - Poland takes on wealthier countries over access to new medicines

<https://www.politico.eu/article/poland-duty-small-countries-improve-access-medicine-eu-presidency/>

“The country sees **securing equal access to innovative medicines** as its (EU) presidency goal in pharma legislative talks.”

### Lancet Public Health (Viewpoint) - The public health risks of counterfeit pills

J Friedman et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00273-1/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00273-1/fulltext)

“Synthetic illicit drugs, such as nitazenes and fentanyl, are becoming commonplace in countries around the world, including in Europe, Australia, and Latin America, which raises concern for overdose crises like those seen in North America. An important dimension of the **risk represented by synthetic drugs** is the fact that **they are increasingly packaged in counterfeit pill form....**”

## Human resources for health

### El Pais - Nurses flee Global South to work in healthcare systems of high-income countries

<https://english.elpais.com/health/2024-12-29/nurses-flee-global-south-to-work-in-healthcare-systems-of-high-income-countries.html>

“Following the pandemic, the surge in demand for health professionals has further weakened the already fragile systems of African countries. Experts are calling the situation a ‘global health emergency’”.

### Deutsche Welle - Africa seeks to address its acute surgical care crisis

<https://www.dw.com/en/africa-seeks-to-address-its-acute-surgical-care-crisis/a-71015657>

“Faced with a severe shortage of reconstructive surgeons, African nations are striving to meet the growing demand for critical surgical interventions.”

## Decolonize Global Health

### Plos NTDs - On the nature and structure of epistemic injustice in the neglected tropical disease knowledge ecosystem

Soumyadeep Bhaumik; <https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0012781>

“... In this piece, I lay forth how epistemic injustice is still prevalent in the neglected tropical disease (NTD) research space, with the aim of provoking discussions, debates, and reforms. I outline how and why disarming epistemic injustice is not only a moral and ethical cause but also critical for better science, and for ensuring the health and well-being of individuals, communities, and nations....”

“... The NTD research ecosystem continues to mirror a feudal structure, much like the ecosystem in global health. Key global health funders continue to fund research led by tropical medicine institutes in the UK, Europe, and North America. Organisations in these non-endemic nations, where NTDs are mostly non-existent, were recipients of 75% (47,997 of a total of 63,537 million USD) of direct research funding on NTDs and 70% (40,940 of a total of 58,223 million USD) of indirect research funding on NTDs between 2007 and 2022. These funds enable the institutes to continue to build on and modernise their research infrastructure, thus keeping the colonial essence of tropical medicine alive. ....”

### BMJ GH - Conscientious objection: a global health perspective

K-B Celie et al ; <https://gh.bmj.com/content/9/12/e017555>

« **Conscientious objection** is a critical topic that has been sparsely discussed from a global health perspective, despite its special relevance to our inherently diverse field. **In this Analysis paper, we argue that blanket prohibitions of a specific type of non-discriminatory conscientious objection are unjustified in the global health context.** »

« .... Though freedom of conscience is protected by several international human rights frameworks, conscientious objection in healthcare has been sharply contested and some have even called for its universal prohibition. Global health is especially vulnerable to occasions for moral disagreement given its inherent pluriversality. The authors of this Analysis highlight nuanced accounts of both objection and conscience, and develop two arguments—grounded in moral uncertainty—that show blanket prohibitions of conscientious objection to be incompatible with our current understanding of bioethics, with global health’s emergence from its colonial past, and with the respect for pluralism called for by the Universal Declaration on Bioethics and Human Rights (UDBHR). Embracing epistemic humility will be more fruitful for the global health community than enforcing moral uniformity. The authors recommend that the UDBHR be amended to explicitly protect freedom of conscience while also contextualising it to healthcare by stipulating conditions that account for professional obligations and public interest. »

### **BMJ - End-of-life care needs decolonising**

<https://www.bmj.com/content/387/bmj.q2810>

“Rich knowledge and practices of community and family based care for dying people in formerly colonised countries should inform a reimagination of palliative care globally, say **Christian R Ntizimira and colleagues.**”

## **Miscellaneous**

### **Lancet Public Health (Editorial) - Anyone can drown. No one should.**

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00305-0/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00305-0/fulltext)

Editorial of the new January issue. Re the first **WHO [Global status report on drowning prevention](#)**, released on Dec 13, 2024. “Following on from the recommendations of the UN resolution on drowning prevention, championed by the Governments of Bangladesh and Ireland and the 2023 World Health Assembly resolution on accelerating action on global drowning prevention, this landmark report dissects the drowning burden globally, at the country level, and the trends since 2000, presents an overview of the key strategies to prevent drowning, and provides a benchmark for tracking prevention efforts in the future. Importantly, **this report sheds light on a tragic, neglected, mostly preventable public health issue.....**”

### **Global South feminists know how our fixation with GDP hurts people and planet: it's time to listen to them**

H Begum; <https://frompoverty.oxfam.org.uk/global-south-feminists-gdp/>



“The world needs to stop relying on a metric that ignores two thirds of the work done by women and which promotes harmful policies, says Oxfam GB CEO Halima Begum. *A **new collection of feminist think pieces** offers a compelling and inspirational tour of the arguments and pathways for moving Beyond GDP.*”

“Unpaid care and domestic work – nurturing, caring for, nourishing and sustaining children, families and communities – is the foundation of life itself, our greatest form of collective wealth, and essential to our economies. Yet, **within mainstream economics, this vital labour – some 75% of which is done by women** – is largely not counted as productive work. The remarkable fact that **two-thirds of the work women** do is invisible in our standard measure of the economy, gross domestic product (GDP), shows just how much and how urgently we need an anthology like ***Beyond GDP: A compendium of regional feminist perspectives***. Curated by Oxfam, this new collection presents perspectives from leading feminist scholars and activists from the Global South. They demystify debates around GDP and make an utterly compelling case on the need to ditch it as the primary measure of economic progress. **It is high time we used feminist alternatives that value care for people and planet over exploitation of women and marginalised communities, and the plundering of natural resources. ...**”

## Project Syndicate - Services Are the New Road to Development

Indermit Gill and Aaditya Mattoo; <https://www.project-syndicate.org/commentary/services-led-development-model-now-more-promising-than-manufacturing-by-indermit-gill-and-aaditya-mattoo-2024-12>

“After decades of policymakers assuming that manufacturing is the key to climbing the global value chain and boosting incomes, the **evidence shows that services increasingly represent a more promising path to prosperity**. In fact, the **countries that pioneered the old model have become a case in point.**”

“In the third decade of the twenty-first century, does it really make sense for developing countries to place an all-or-nothing bet on manufacturing? **New research from the World Bank** shows clearly that it does not. **Developing countries would do far better to put services in the lead role, with manufacturing and agriculture serving as the supporting cast.** Services include a wide range of activities – finance, health, tourism, logistics – and the benefits they generate spill over to other sectors. Yet relative to manufacturing, they continue to get a bad rap. Supposedly, they are notoriously slow to innovate, hard to trade, and difficult to free from regulatory restrictions. Yet **services now account for more than two-thirds of global GDP and half of global trade** (once you factor in services that are used in manufacturing and agriculture).”

“**....Across all major economies in East Asia and the Pacific, services now contribute more than manufacturing to overall labor-productivity growth**, an essential condition for higher wages....”

“**... because the trajectory of services is so closely tied to the spread of digital technologies, developing economies have not benefited equally. The countries with the fastest growth in services tend to be upper-middle-income economies – especially in East Asia.** In such economies, services have gone from a 40% share of GDP in 1970 to about 50% today. **In low-income countries, however, services as a share of GDP are still about 40%, pretty much the same as in 1970.** Yet even in the poorest countries, services represent a promising path to future prosperity. They can help all countries move from low- to middle- to high-income status. But first, we must reject the

false choice between supporting services and supporting manufacturing. Policymakers should do both, while maximizing the potential of the services sector to deliver growth and jobs.....”

### Economist ( briefing )– Young customers in developing countries propel a boom in plastic surgery

<https://www.economist.com/briefing/2025/01/02/young-customers-in-developing-countries-propel-a-boom-in-plastic-surgery>

“Falling costs and converging beauty standards spur new habits.”

## Papers & reports

### Health Research Policy & Systems - The evolution of health policy and systems research in 11 low- and middle-income countries and the role of the Alliance for Health Policy and Systems Research: a bibliometric analysis for 1999–2020

N Paichadze, N Hyder et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-024-01254-z>

“The objective of this study was to generate quantitative metrics to assess the production of HPSR publications and the role of the Alliance for Health Policy and Systems Research (the Alliance) grant-funded projects in 11 LMICs over the past 20 years.....”

### Journal of Global Health - Rethinking the methodology of global indexes for equitable evidence-informed policy towards sustainable development

K O Ogunyemi et al ;

<https://jogh.org/2024/jogh-14-03047>

“... We live in a time of unprecedented global issues that threaten the lives of people and the balance of the planetary ecosystem in complex and dynamic ways. **With SDGs in sight for achievement by 2030 and countries’ progress evaluated in part by numerous global indexes that have been found to have biased designs, fragmented use, and redundant impact with limited ethical considerations, there is an urgent and critical need to rethink ‘who’ and ‘what’ determines what is measured about our world, and ‘how’ these tools are developed and applied with ethical considerations if we must meet this target.** It is time for all stakeholders, including the UN agencies, national governments, academia, donors, businesses, NGOs, and the general public, to advance the fields of measurement science and data science to **promote the ethical design and use of more scientifically robust, practical, and equitable global indexes.**”

“**A paradigm shift is needed to move the ideologies and practices in the conceptualisation, analysis, and presentation of global indexes from an era of ‘what can be measured based on available data for cross-country ranking’ to ‘what should be measured based on data made available for context-specific results with comparable cross-country ranking.’ ...**”

## Health Research Policy & Systems - Assessing the scalability of health system interventions in Africa: protocol for a Delphi study

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-024-01268-7>

By Humphrey Cyprian Karamagi et al.

## Book (open access) - Transforming Global Health Partnerships

Edited by A S Ibarra et al; <https://link.springer.com/book/10.1007/978-3-031-53793-6>

“Critical Reflections and Visions of Equity at the Research-Practice Interface”.

“This is a book about the human experience of conducting global health research, linked to operational responses to the control and prevention of diseases worldwide. Rather than a manual or how-to guide, we propose a roadmap and vision of equitable, sustainable, and impactful partnerships shared through a rich interweaving of voices: North and South, academics and community practitioners, senior mentors and trainees, multiple generations, and multiple disciplines. ....”

## SS&M - Do Educated Politicians Facilitate Better Public Health? Evidence From India

D S Anil et al ; <https://www.sciencedirect.com/science/article/pii/S0277953624011250>

Authors analysed if political leaders' education matters for child survival outcomes.

## Tweets (via X & Bluesky)

### Ursula von der Leyen

« Vaccines save lives. @gavi makes them accessible to all. And it empowers countries around the globe to produce their own. **The EU will be proud to co-host Gavi's High-Level Pledging Summit in Brussels on 19-20 March.**”

### Gabby Stern (WHO)

“News: **World Health Day 2025 will focus on maternal & child health -- particularly on mothers.** Their health & wellbeing are neglected & deprioritized too often, in too many places. Join us April 7, which is also @WHO 's 77th birthday. ....”

## **WHO Afro**

**“22 African countries pledged their support for health priorities in the WHO's Investment Round, signalling growing recognition of health as a key driver of economic and social development.”**

## **Tedros**

**“My new year message for 2025: Peace is the best medicine!”**