

IHP news 767 : EU-AU health partnership week

(22 March 2024)

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

Dear Colleagues,

As I happen to be Belgian, this newsletter issue will first pay some attention to an **(EU) High-Level health week** – Belgium is currently president of the Council of the European Union - that featured among others a [High Level event on the EU-AU partnership in Global Health for Equitable Access \(20 March\)](#) and the [2nd H-L Steering meeting on the AU-EU Health partnership \(21 March\)](#). We'll cover some [updates on Team Europe \(health related\) flagship initiatives under the EU Global Gateway strategy](#), including MAV+ (Manufacturing and Access to Vaccines, Medicines and health technology products in Africa), One Health/Health Security, Public Health Institutes (PHI), digital health, and SRHR. Plus one on social protection.

While that's all nice and well, and arguably [boosting African health sovereignty](#), I'm less sure [the EU is currently playing a very constructive role in ongoing pandemic agreement negotiations](#) in Geneva. A quote, in a **Science** piece from last weekend, as INB9 was about to kick off: *"... **Gian Luca Burci**, an international law researcher at the Graduate Institute of International and Development Studies in Geneva... **says a "front" led by the European Union, the United States, and Switzerland has attempted to "water down" the PABS agreement.** "These are countries with big pharmaceutical companies that are lobbying like crazy to save the bottom line," Burci says. "Of course countries will not make an official statement, 'We are trying to kill equity.' But listen to what they say in public meetings and read between the diplomatic lines, as well as what the industry is clearly saying: 'Don't touch patents, and please let us have the viruses without all the strings attached.'"*

As Tedros said at the start of INB9, **the sign of a good deal on the pandemic agreement** is if everyone is **'slightly grumpy'** at the end of it. I would hope, though, that Big Pharma ends up the grumpiest at the end 😏. So far, [it's not really looking that way](#), frankly. And so I guess LMICs should (still) be ready to walk away, if equity ends up not being sufficiently guaranteed in the next pandemic. Anyway, it's still a few weeks (*as no doubt, there'll be more (makeshift) 'rounds' scheduled after INB9*), so let's hope negotiators will at some point leave their entrenched positions. Yesterday, GHF reported Big Pharma seems to be ["warming up a bit" to PABS](#) lately – though naturally, on [Cueni et al's terms](#). So here's to making Thomas a bit more grumpy in the coming weeks ! :) (#letsmakeitagrumpyretirement)

Zooming out a bit, a few [Global Health Advocates briefs](#) on the past 2 years of Global Gateway from a global health angle (published on Monday) indicate that **"GG"** is too focused on prioritization of private sector interests and geopolitical competition. Their analysis also points out that only 2 % of the 150 billion package is allocated for health. More in general, it's clear by now that **the European Union has become an entity like all others**, and is **no longer the "role model"** it claimed to be a decade ago (*which was perhaps also a bit of a lie, as we were shielding under NATO & behind the US*). Just a few examples from this week: first, Ursula von der Leyen, "on a visit for critical raw

materials” [in Greenland](#), showcased her eagerness to star in the next [Borgen season](#). Our own prime minister then joined an EU delegation visit to Egypt, shaking hands with al-Sisi while striking a “migration/economic development” deal (*not exactly in that order*). Put more bluntly (*and only slightly exaggerated*), by HRW: “[the EU has become an ATM for autocrats](#)”. Meanwhile, under the skilled “[leadership](#)” of Charles Michel & co, we seem to have gone in just two weeks from “*we need to boost the European defense industry*” to ‘*we must shift to a war-economy mode*’. And Macron, self-proclaimed “leader of the free European world” (/ [box champ in his free time](#)), came up with the 2024 equivalent of Maria Draghi’s “whatever it takes” mantra during the financial crisis – “*We will do everything that we must so that Russia does not win*”. While I’m also in favour of boosting EU defense in the current circumstances, I truly hope Macron et al understand there a few ‘red lines’ we better don’t cross. As UN SG Guterres himself pointed out this week, “[humanity cannot survive a sequel to Oppenheimer](#)”. “Red lines” are not just for HIC stances in pandemic agreement negotiations, induced by their pharma sector...

In other news this week, [Sania Nishtar started at the helm of GAVI](#), [PEPFAR got a one-year reauthorization](#), we come back on [World Oral Health Day](#) (20 March), [World Water Day](#) (22 March) and the [UN Commission on the Status of Women](#), and also look ahead to [World TB Day](#) (24 March). The bi-annual [SAGE meeting](#) produced a [rather worrying key message](#) (*with disease outbreaks as the new normal?*) and the same was true for this year’s [World Happiness report](#) on the [decreasing wellbeing of young generations](#) in many (“rich”) countries (*I don’t blame them*), and a new [GBD global fertility study](#) in the Lancet, anticipating increasingly a “demographically divided” world.

As for [planetary health](#), we already flag a few key reads here: one in Nature – “[Climate models can’t explain 2023’s huge heat anomaly — we could be in uncharted territory](#)”; and another one, an [essay](#) by Adam Sobel, also in Nature, in which he argues among others that the greatest harm of climate change, in the short term at least, comes from [its role as a ‘threat multiplier’](#) — for example, [contributing to democratic backsliding](#). The US is perhaps a case in point, with MAGA fans nowadays apparently enjoying their own ‘Multiverse’ reality. Unfortunately, their alternate reality kind of “interferes” with ours too...

In this universe, I hope people with power can stop the [deliberate starvation ongoing in Gaza](#). Soon.

Enjoy your reading.

Kristof Decoster

Featured Article

Emerging Voices for Global Health (EV4GH) 2024 Annual Governance Board Meeting

EV4GH 2024 Secretariat

The recent EV4GH Annual Board Meeting, hosted at the Nagasaki University from 3 to 8 March 2024, stands out as a significant milestone shaping the trajectory of the network’s future endeavours. The

Governing Board and the EV4GH Secretariat came to Nagasaki, Japan for the occasion. Virtual participation was facilitated for EV4GH secretariat members from around the world and board members who could not be physically present in Japan. This meeting served as a catalyst for a series of strategic discussions, notably focusing on the meticulous planning of the highly anticipated EV4GH 2024 venture.

During the meeting, crucial decisions were reached regarding venue selection and accommodation arrangements, laying a solid foundation for an impactful and successful event. The collaborative spirit between the Governing Board and the Secretariat underscored their shared vision of expanding the network's reach, a goal that received resounding support from all involved parties. To run the EV4GH 2024 venture smoothly and effectively, governing board members also discussed the roles and responsibilities of different taskforces. Through transparent communication and shared objectives, both entities reaffirmed their unwavering dedication to realizing the overarching mission of EV4GH, fostering unity and cooperation as they chart a path forward.

A defining moment of the meeting was the site visit to the chosen location for the 8th Global Symposium on Health Systems Research (HSR2024) in Nagasaki, Japan where the event is slated to take place from 18 to 22 November 2024. With the theme "Building Just and Sustainable Health Systems Centring People and Protecting the Planet," HSR2024 promises to be a pivotal event within the field. The successful bid submitted by Nagasaki University in collaboration with the Japan International Cooperation Agency (JICA) showcases Japan's steadfast commitment to advancing global health initiatives.

Looking ahead, EV4GH is poised to play a significant role in the symposium, offering a comprehensive series of training sessions both online and offline in the lead-up to the main event, including capacity building for young researchers. This collaboration emphasizes the network's dedication to fostering knowledge-sharing and capacity-building in global health research and practice. The secretariat received a total of 830 applications from both Track 1 and 2, which increased the anticipation of all the members of the board and secretariat for a fruitful venture this year.

In conclusion, the EV4GH Annual Board Meeting served as a platform for strategic planning, collaboration, and goal alignment, setting the stage for a successful and impactful venture not only in 2024 but also for the foreseeable future. As the network continues to expand and evolve, its commitment to enhancing global health outcomes remains resolute, paving the way for innovative solutions and collective progress.

EV4GH 2024 Secretariat: BRAC James P Grant School of Public Health

The School was founded by Late Sir Fazle Hasan Abed in 2004 in Dhaka, Bangladesh to address the unmet public health challenges particular to Asia, Africa and South America. The School is dedicated to contributing to public health by creating public health leaders and innovative solutions through cutting-edge and experiential Education, Training, and Research to inform policies and programmes.

Highlights of the week

Lancet Commission - Under threat: the International AIDS Society–Lancet Commission on Health and Human Rights

C Beyrer et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00302-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00302-7/fulltext)

« ... The International AIDS Society–Lancet Commission on Health and Human Rights, launched in 2021, has studied the state of health and human rights, explored the reasons for global backtracking on health and human rights, and developed recommendations for renewing and updating the health and human paradigm at a time of major technological, political, and social transformations. The Commission reviewed available evidence and developed actionable recommendations in eight different health and human rights domains (pandemics and access to essential interventions; the climate crisis and health and rights; displacement, migration, refugees, and conflict; structural racism, inequity, and discrimination against marginalised groups; sexual and reproductive health and rights; misinformation, disinformation, and the right to benefit from accurate scientific information; artificial intelligence; and the economic and commercial elements of the right to health). »

« ... Global commitment to human rights has deteriorated steadily in the 21st century, with serious and increasingly damaging effects on health. By every available measure, the gains in human rights in the decades after endorsement of the Universal Declaration have begun to reverse across much of the world. The centrality of human rights in the global health field is also increasingly in question....”

« ... We firmly believe that renewing and reviving the health and human rights paradigm is crucial for the achievement of health and wellbeing for all. ... We argue that the health field should lead in making the case that respect for human rights is essential for human survival. Only inclusive societies grounded in acceptance, mutual respect, and collective solidarity can muster the unified responses required to tackle the complex, existential challenges faced by humanity. ...”

- Related Lancet Comment (by Volker Türk) - [Revitalising the right to health is essential to securing better health for all](#)

“...The report of the International AIDS Society–Lancet Commission underscores the centrality of human rights to achieving better health for all, discussing many of the key issues that require urgent attention....”

PS: “At the national level, **embracing the Human Rights Economy approach**—a concept that places people and the planet at the core of economic policy making—can promote investment in health care and other social goods....”

High-Level health week (Belgian presidency Council of EU)

In addition to a **Humanitarian Summit** (on Monday & Tuesday), the HL week in Brussels featured a [High level event on the EU-AU partnership in Global Health for Equitable Access](#) (20 March) and the 2nd High-level Steering meeting on the AU-EU Health partnership (21 March).

Aim of the 20 March HL event: “Following the commitments made at the 2022 EU-AU Summit, and the successful Team Europe mission to Addis in February 2024, this high-level meeting serves as a crucial step in solidifying the partnership on Global Health. Building upon the shared goals established at the Summit, **the event will see the launch of four key Team Europe initiatives focused on health and human development, alongside a commitment to concrete political follow-up within the EU Council under Belgian Presidency.** “ “...together we will prioritise **African Health Sovereignty....**”

As for the 21 March meeting: “...Take stock and review progress by **flagships & Team Europe initiatives under the EU Global Gateway strategy**, including MAV+, One Health/Health Security, Public Health Institutes (PHI), digital health, and SRHR.”

Team Europe and African partners launch four initiatives to strengthen health systems and social protection in Africa

https://ec.europa.eu/commission/presscorner/detail/en/ip_24_1563

The **press release on 20 March**. Must-read.

“**Three health Team Europe Initiatives (TEIs) were launched today** during the high-level event on the European Union (EU) – African Union (AU) partnership on Global Health for equitable access, in Brussels. **The TEIs will strengthen health security, support Public Health Institutes in Africa, and boost digital health.** On this occasion a **Team Europe Initiative on Social Protection** was also launched.”

- See also Africa CDC - [High-level event kicks off expansion of strategic EU-AU partnership, pledging joint commitments to strengthen Global Health and African Health Sovereignty](#)

“The African Union Commission (AUC) and the European Union hosted a High-level Conference marking the expansion of the strategic EU-AU health partnership. The AU delegation was led by the AUC, the Africa Centres for Disease Control and Prevention (Africa CDC), and the African Union Development Agency (AUDA-NEPAD). The EU delegation was led by the Belgian Presidency of the European Council and the European Commission...”

EU-AU Health partnership – information note – March 2024

<https://belgian-presidency.consilium.europa.eu/media/grnrmvhu/information-note-for-participants.pdf>

Quite informative note.

- Related: **3 policy briefs by Global Health Advocates:**

“Comprised of 3 briefs, **this new series explores the health commitments made during the 6th EU-AU Summit and progress made in the last 2 years, with a focus on the five regional Team Europe Initiatives.** Through this series, **we have identified four key elements to ensure the success of the health initiatives.** EU and its Member States must: Ensure that its health priorities are in line with those of African partners. Be able to allocate sufficient financial resources to deliver on its commitments, in a coordinated and effective way. Communicate and share timely information about the initiatives and their impact, to demonstrate the added value of such an approach. Be able to keep global health high on its agenda, with equity at its core.”

Check out **the brief series available [online](#):**

- [Brief 1: How is Team Europe delivering on its health commitments?](#)
- [Brief 2: How is Team Europe engaging with African partners and supporting health equity?](#)
- [Brief 3 – How is Team Europe working together for better health outcomes?](#) “

World TB Day (24 March)

“2024 [World Tuberculosis Day](#) is being commemorated under the theme 'Yes! We can end TB!' conveying a message of hope that getting back-on-track to turn the tide against the TB epidemic is possible through high level leadership, increased investments and faster uptake of new WHO recommendations....”

WHO urges investments for the scale up of tuberculosis screening and preventive treatment

<https://www.who.int/news/item/18-03-2024-who-urges-investments-for-the-scale-up-of-tuberculosis-screening-and-preventive-treatment>

“Ahead of World Tuberculosis (TB) Day, which is marked on 24 March, WHO has released an [investment case for TB screening and preventive treatment](#). A modelling study developed with Governments of **four countries - Brazil, Georgia, Kenya and South Africa** - highlights the impact to be achieved from expanding TB screening and preventive treatment....”

“The analysis shows that **modest investments could lead to significant health and economic benefits in all four countries, with a return on investment up to US\$ 39 gained for every dollar invested.** The investment case has been released to support countries in advocating for and allocating increased resources to scale-up TB screening and preventive treatment towards reaching new targets committed by Heads of State at the 2023 UN High-Level Meeting on TB....”

- Coverage via UN News – [WHO study shows \\$39 return for each dollar invested in fight against TB](#)

HPW - TB Vaccine Phase 3 Trial Launched, as WHO Makes Case for Investing in Screening and Prevention

<https://healthpolicy-watch.news/tb-vaccine-trial-announced-as-who-makes-a-financial-case-for-tb-screening-and-prevention/>

“A Phase 3 trial of a tuberculosis vaccine candidate has been launched in South Africa, according to the Bill & Melinda Gates Medical Research Institute (Gates MRI).”

“The candidate vaccine – referred to as M72/AS01E – “could potentially become the first vaccine to help prevent pulmonary TB in adolescents and adults, the most common form of the disease, and the first new TB vaccine in over a century”, according to **Gates MR, which is sponsoring the trial along with support from Wellcome Trust.** M72/AS01E was originally designed and clinically evaluated by the biopharma company GSK up to the proof-of-concept phase (Phase 2b). **In 2020, GSK announced a partnership with the Gates MRI for its further development.** GSK continues to provide technical assistance and is supplying the adjuvant component for the Phase 3 trial and will provide the adjuvant post-licensure should the trial be successful. “

“... At full capacity, the trial will include up to 20,000 participants, including people living with HIV, at **up to 60 trial sites in South Africa, Zambia, Malawi, Mozambique, Kenya, Indonesia and Vietnam.** ...”

- For more, see Politico: [TB shot is in final stage of testing](#)

“A nonprofit subsidiary of the Bill & Melinda Gates Foundation, Gates MRI sponsored the trial, which was funded by \$550 million from the Gates Foundation and Wellcome, a U.K.-based philanthropy....”

“...In a Phase II trial of the vaccine conducted by GSK, the drugmaker that developed the shot, the vaccine provided approximately 50 percent protection against active pulmonary tuberculosis for three years in people infected with the tuberculosis bacteria who were HIV-negative. The result is unprecedented in decades of TB vaccine research ...” **“ The trial is expected to last up to five years....”**

MSF - MSF launches unprecedented project to tackle under-diagnosed tuberculosis among children

<https://www.msf.org/tuberculosis-msf-launches-unprecedented-project-tackle-underdiagnosis-among-children>

“Taking the opportunity of a set of new recommendations by the World Health Organisation (WHO), Médecins Sans Frontières (MSF) has launched a worldwide project aiming to increase the number of children diagnosed with TB as well as improve their treatment experience and prevent new cases....”

“This unprecedented initiative called "TACTiC" for “Test, Avoid, Cure Tuberculosis in Children” will support projects in implementing these new recommendations in over a dozen countries in Africa and Asia. In addition, the project aims to contribute to knowledge-building through several multi-

country studies on the validity and feasibility of the recommendations, while advocating for their widespread implementation and the development of better tools to diagnose TB in children....”

Lancet Infectious Diseases - Global, regional, and national age-specific progress towards the 2020 milestones of the WHO End TB Strategy: a systematic analysis for the Global Burden of Disease Study 2021

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00007-0/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00007-0/fulltext)

Interpretation of the findings: **“Despite accelerated progress in reducing the global burden of tuberculosis in the past decade, the world did not attain the first interim milestones of the WHO End TB Strategy in 2020. The pace of decline has been unequal with respect to age, with older adults (ie, those aged >50 years) having the slowest progress.** As countries refine their national tuberculosis programmes and recalibrate for achieving the 2035 targets, they could consider learning from the strategies of countries that achieved the 2020 milestones, as well as consider targeted interventions to improve outcomes in older age groups.”

- Related **Comment** in the Lancet Infectious Diseases (by R G White et al); [Towards improving the quality and usefulness of GBD tuberculosis estimates](#)

“... Their analysis suggests rates of decline have been higher in younger individuals and that action on comorbidities could increase declines in tuberculosis in older individuals. The authors also carried out an **elegant analysis of the potential impact of the COVID-19 pandemic on tuberculosis mortality in 41 of 204 countries and territories with available cause-specific mortality data in 2020–21.** Interestingly, they found that in this subset of countries, overall there were fewer deaths due to tuberculosis than expected in 2020–21. This is **in contrast to WHO estimates,** which suggest that, globally, COVID-19 increased tuberculosis mortality in 2020–21. **...The contrast between GBD and WHO results is important to understand, and we fully support the GBD 2021 Tuberculosis Collaborators' call for more data and research,** which should help to resolve some of these differences....”

Lancet Comment - Tuberculosis: a biosocial problem that requires biosocial solutions

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00489-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00489-6/fulltext)

By **A Bhargava, M Pai** et al. On the need for both biomedical and social solutions to end TB.

- And a link: HPW - [Fight Against TB Gets Boost From Artificial Intelligence and Innovative Financing](#) Among others, via **Debt2Health**. **“For example, in April 2021 Germany, Indonesia, and the Global Fund signed an agreement to increase support to TB in Indonesia by converting €50 million of debt owed by Indonesia to Germany into investments in public health programmes supported by the Global Fund in Indonesia.”**

Pandemic agreement negotiations (INB9) (18-28 March)

Hefty chunk of the newsletter again this week, as you might have expected :) (with a few more reads also in the extra PPPR section below)

Ninth meeting of the Intergovernmental Negotiating Body (INB) for a WHO instrument on pandemic prevention, preparedness and response

WHO

Aim: *“In December 2021, the World Health Assembly established an **Intergovernmental Negotiating Body (INB)** to draft and negotiate a convention, agreement or other international instrument under the WHO Constitution to strengthen pandemic prevention, preparedness and response. **The ninth meeting of the INB [is to be] held in hybrid format from 18 to 28 March 2024.** At INB8, Member States requested the INB Bureau, formed by six officers, one from each of the six WHO regions, to develop a **revised draft of the negotiating text of the WHO Pandemic Agreement.** **This draft will be the basis of textual negotiations at INB9.**”*

Start perhaps with a **thread on X by Nina Schwalbe on the process:**

<https://twitter.com/nschwalbe/status/1769454360952483866>

On Friday Intergovernmental Negotiating Body for a #PandemicAccord Co-Chairs laid out the modalities for this week’s negotiations. Meeting the May deadline hinges on if negotiators are empowered to negotiate or need to constantly check-in with their capitals.

INB9 – “Primers” & other pre-analysis

We start with **some pre-analysis from over the weekend**, as INB 9 was about to kick off. In a next section, we focus on **coverage from Monday on**.

Science - A treaty to prepare the world for the next pandemic hangs in the balance

<https://www.science.org/content/article/treaty-prepare-world-next-pandemic-hangs-balance>

Interesting pre-analysis. “The WHO Pandemic Agreement hopes to improve global equity and avoid mistakes made during COVID-19.”

“... deep divisions remain around the 31-page text, and some wonder whether there is enough time to resolve them properly. Observers from developing nations say the agreement doesn’t give them strong enough assurances that they will fare better during the next pandemic. ...”

“... The agreement’s most controversial part is a global system to share pathogens and their genetic codes while ensuring access to “benefits” from the research—including vaccines. ... The current draft of the pandemic agreement attempts a fix. It **proposes a Pathogen Access and Benefit-Sharing (PABS) System** that compels countries to share sequence information and samples with WHO-coordinated networks and databases. In return for access to these data, manufacturers of

diagnostics, therapeutics, and vaccines will be required to provide 10% of their products free of charge and 10% at not-for-profit prices “during public health emergencies of international concern or pandemics.” ...”

HPW – Time for Top Leaders to Join Pandemic Negotiations

<https://healthpolicy-watch.news/time-for-top-leaders-to-join-pandemic-negotiations/>

Another ‘Primer’ as INB9 was about to kick off.

“Two final – and likely sleepless – weeks of negotiation on the [pandemic agreement](#) begin on Monday, and negotiators have been urged to bring in their principals to ensure speed up decision-making. The negotiations may well be extended but, for now, this ninth meeting of the World Health Organization (WHO) intergovernmental negotiating body (INB) is **set to end on the eve of the Easter weekend on 29 March.**”

““Since we have now a few weeks left, I think the engagement of the highest level of leaders will be important to give you more space for compromise because it’s through compromise and collaboration that we can get to the finish line,” WHO Director General Dr Tedros Adhanom Ghebreyesus told negotiators at the last INB meeting. **Tedros also appealed to the leaders of the G20 to assist with the negotiations** when he addressed them this week....”

PS: **“The Pandemic Action Network (PAN) and others have developed a [civil society version](#) of the pandemic agreement that they aim to present to negotiators – also civil society organisations are not allowed to be in the room during the negotiations.....”**

PS: **“.... Many practical questions about how the pandemic agreement will be implemented – including how to finance countries’ pandemic prevention, preparedness and response (PPPR) – seem likely to be left to the proposed Conference of Parties (COP).....”**

PS: **“Africa Centre for Disease Control and Prevention Director General Dr Jean Kaseya told Health Policy Watch recently that he had travelled to Geneva to discussion the pandemic agreement negotiations with African ambassadors.** “The African Union Assembly approved the common African position. That is the tool that is leading that is facilitating the discussion for the pandemic treaty,” said Kaseya. **“But let me tell you there are only two words for me summarising this pandemic treaty. The first one is equity. The second one is respect.** These are the two words that are really driving Africans who are negotiating. You have got everything around these two words. When we are talking about financing, when we talk about pathogen access and benefit sharing, everything is around respect and equity.”....”

- Related: **Devex op-ed by Jean Kaseya - [Africa needs a win from the pandemic agreement negotiations](#)**

“While a global pandemic agreement is essential, it shouldn't worsen the weaknesses and inequalities already present in health care systems around the world, especially in Africa.”

“A global pandemic agreement must put equity at the heart of the prevention, preparation, and response work for the next outbreak. What does this mean vis-à-vis what WHO member states

should do in these next weeks? As they grapple with textual negotiations and key areas of disagreement, such as pathogen access and benefit sharing, research and development conditionalities, and technology transfer? **While we urge consensus by May, we also urge that we end up with a win for Africa.**”

PS: “We note that many high-income nations have intellectual property rights exemptions in their domestic laws. As issues of IP waivers were a big concern during COVID-19, we believe these disparities must be exhaustively addressed.....”

PS: “.... **In a letter signed by South African President Cyril Ramaphosa on March 1 to African leaders, he urged negotiating teams representing the African continent within the Intergovernmental Negotiating Body and the working group on international health regulation amendment to present a “united front.”**.... This is once again a time for Africans to speak with one voice. Efforts to do so are underway, including through **the Common African Position on Pandemic Prevention, Preparedness, and Response, or CAP PPPR**, which was approved on May 20, 2023. **Spearheaded by the African Union and Africa Centres for Disease Control and Prevention, the CAP PPPR is designed to strengthen Africa's negotiating position in the pandemic treaty discussions**, guaranteeing that the continent's priorities are adequately reflected in global pandemic prevention, preparedness, and response mechanisms. The Africa Working Group and Africa CDC are committed to supporting African Union Member States on these negotiations and will provide an update on the outcome of the pandemic agreement negotiations at the next AU assembly in February 2025....”

“.... We can mitigate the anticipated threats if we build the capacity to manufacture vaccines, diagnostics, and therapeutics locally. We want to see a final pandemic treaty that provides unfettered ground for meaningful participation and co-creation of decisions. Benefit sharing has to be fairly addressed, technology transfer must be facilitated, and clear research and development conditions upon pandemic funding must be clearly stated and established in domestic laws, including on affordable pricing plans. As the Africa CDC, we are on a crusade to see the success of the New Public Health Order, which prioritizes the establishment of resilient national and continental public health institutes, and health workforce development across the continent. We need an agreement that favors this growth.”

GHF - Pandemic Agreement Negotiations: Countries Rearing To Go, But Concerns on Process Continue [INB9 PRIMER] & Without political will, high-level political engagement may not help

P Patnaik; https://genevahealthfiles.substack.com/p/inb9-pandemic-treaty-negotiation-who-geneva-text?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email

“In this story, **we bring you a quick primer on what’s on agenda and the concerns flagged by countries. We also examine the merits of involving political leaders at this stage in the process.**”

Re the process:

“.... **In a restricted briefing organized by the INB Bureau recently, for member states and for non-state actors, countries reaffirmed their commitment to the fast-approaching deadline of May 2024 to conclude the negotiations, even as major developed countries highlighted concerns on process**, sources familiar with the discussions said. The revised draft of the negotiating text released by the

INB Bureau, has largely been welcomed by developing countries, but a number of developed countries, reportedly drew attention to the lack of adequate “legal language” in the current version. In general, diplomats from developed countries are anxious about completing the **negotiations in record time in the plenary meeting of the INB**, a suggested modality of the INB bureau for the conduct of these negotiations, sources said.....”

“... The latest draft of the negotiating text seems to have a general level of support to begin negotiations, at least from developing countries. ...

PS: “One of the cause of concerns in terms of the process of negotiations during the meeting, seems to be whether formal negotiations will only be conducted in the plenary, or whether smaller groups of countries can make progress in parallel meetings.... It is understood that **while delegations can consult informally on the sidelines of the meeting, the preference of the Bureau is to limit text-based negotiations to the formal settings....** “ “It is unprecedented for an international treaty to be negotiated in plenary. This will be a miracle if this happens at WHO. Usually, progress is made in smaller groups and brought back to the plenary,” a developed country negotiator told Geneva Health Files.”

Re what’s on the agenda:

“This is the proposed, **tentative order of the way articles will be considered in the coming days according to the programme of work.** ...” So basically, **sequential.** Starting with the Preamble; Chapter I. Article 1 (Use of terms); Article 2 (Objective); and Article 3 (Principles) (on March 18).

Re ‘High-level political engagement’: cuts both ways:

“Many stakeholders from DG Tedros to some member states believe that **the time has come for greater involvement of political leaders** who make breakthroughs in these negotiations....

However, “**Indrajit Bose**, Adviser, Climate Change, for Third World Network says: **convening High level dialogues is meaningless unless there is real political intent by the Global North to change systems and help the Global South change their systems....** Also: “ **the capacity and savviness of political leaders across countries differs** “It’s true, the global South is disadvantaged because political leaders are not always as savvy as the northern leaders. That’s the reality but there is always so much more of the geopolitical dynamics at play than the issue at hand when political leaders meet at such forums. So, it’s not as linear as it seems.”

“And in indeed, **the TRIPS Waiver discussions at the WTO also point to the uncertainties of involving political leaders in technical negotiations.** Many believe that political leaders from the south were unable to carry through the intended outcomes embedded in the TRIPS Waiver proposal, that had been nurtured by technical experts and negotiators, and yet resulted in a near-failure of what was ultimately achieved. (Indian trade minister trumpeting the “success” of the waiver soon after the Ministerial in June 2022 is a case in point.)....”

Health Action International - INB 9: Final opportunity for states to agree on pandemic treaty?

<https://haiweb.org/inb-9-final-opportunity-for-states-to-agree-on-pandemic-treaty/>

by J Vidal et al. Well worth a read.

Including also this quote: **“This INB process has embodied a paradox far too common in international discussions and negotiations, one in which transparency is hailed from behind closed doors.** Beyond diplomatic decorum and necessary discretion for governments to speak freely, it is a matter of deep concern that a treaty with such profound implications for the future of the global health institutional architecture be negotiated almost exclusively in private. It does not bode well for transparency and accountability when the next pandemic hits. Relatedly, **the participation and involvement of civil society organisations in the INB process has been limited and curtailed by both the Bureau and Secretariat.”**

FT - Dispute over genomic databank undermines fight to thwart next pathogen

<https://www.ft.com/content/0d4b6056-4dbe-4361-880e-1a51822ad2e7>

“... A dispute over developing a genomic repository threatens to unravel a pandemic accord, underlining the struggle to build a universal surveillance system after the coronavirus outbreak exposed sharp inequalities in access to vital data. World Health Organization member states started the last round of talks on the accord on Monday. But officials warn that the May deadline for adoption of the treaty will be missed if poorer and richer countries cannot bridge significant divisions over a vital article, the Pathogen Access and Benefit-Sharing System (Pabs). A global system for sharing genomic and other data is considered crucial for surveillance against current and emerging pathogens and the development of drugs and vaccines to fight them.....”

“... Poorer countries want Pabs to reside within WHO, while richer ones would prefer the initial accord to express broad solidarity principles and fewer fine details..... “

PS: **“... Almost 90 per cent of publicly available coronavirus genome sequences globally are at present shared through Gisaïd, the Global Initiative on Sharing All Influenza Data. Gisaïd was mired in controversy last year after allegations in the magazine Science that its president, Peter Bogner, used aliases to speak to scientists and that the platform restricted some researchers’ access to the data. In a statement to the Financial Times, Gisaïd said it “fully” denied the allegations and that they should be viewed “with significant scepticism”. But the claims emerged amid concerns over Gisaïd’s governance and the lack of a clear adjudication structure in case of complaints. WHO director-general Tedros Adhanom Ghebreyesus told the FT last year that Gisaïd was “doing a good job” but that there were “some problems they need to really fix” around governance. Gisaïd said it had remedied the issues by creating a new compliance board and expanding its scientific advisory council, measures that had created “a new layer of support” for users.....”**

TGH - The End Game for Global Health Governance Negotiations

David Fidler; <https://www.thinkglobalhealth.org/article/end-game-global-health-governance-negotiations>

“Talks to finalize a pandemic agreement and amendments to international health regulations enter their decisive stages.”

The Global Fund and the WHO Pandemic Agreement

<https://www.theglobalfund.org/en/updates/2024/2024-03-19-global-fund-who-pandemic-agreement/>

Global Fund”-positioning. “With investments of over US\$5 billion per year in HIV, tuberculosis (TB), and malaria programs and health systems strengthening, **the Global Fund plays a vital role in financing pandemic prevention, preparedness and response (PPPR)**. Our two decades of experience fighting the world’s deadliest infectious diseases and our unique capabilities **make us a crucial partner to support countries in responding to existing and future health threats.**”

IPI (paper) - Gender Inclusion in the Pandemic Agreement: A Growing Gap?

<https://www.ipinst.org/2024/03/gender-inclusion-in-the-pandemic-agreement-a-growing-gap>

By Sara Davies & C Wenham. “... This paper examines the extent to which gender has been included in the zero-draft CA+ process through a desk review of the drafts that have been published (as of March 2024), focusing on explicit mentions of gender and women. The report documents the progress to date on integrating gender equality into the CA+ and offers the following [five] **recommendations** for CA+ negotiators, WHO, and member states.....”

And some links:

- WHO - [Call from 100+ Pantheon of Global Leaders for Urgent Agreement on Governments to Reach Ambitious & Equitable International Deal to Prepare for and Prevent Future Pandemics](#) Joint letter by Gordon Brown & many other leaders.
- Via People’s Vaccine [Over 100 religious leaders and faith-based organizations globally called on co-chairs, deputy co-chairs and negotiators at #INB9 to secure equity commitments to protect *all* populations everywhere from future pandemics.](#)
- By Volker Türk: [Open letter on the United Nations High Commissioner for Human Rights on human rights in the pandemics accord](#)

“Supporting #INB9, **the UN High Commissioner for Human Rights has released an open letter** on the centrality of #HumanRights to effective public health interventions’ & the imperative to strengthen human rights throughout the text”.

INB 9 – coverage & analysis from the first week

HPW - Gloves Come Off At Start of Last Round of Pandemic Agreement Negotiations

<https://healthpolicy-watch.news/gloves-come-off-at-start-of-last-round-of-pandemic-agreement-negotiations/>

“World Health Organization (WHO) member states abandoned careful diplomatic language at the start of the final round of negotiations for a pandemic agreement on Monday (18 March), exposing deep divisions between countries from the global North and South.”

“An unprecedented 11 African countries spoke during the two-hour opening session, largely expressing support for the latest pandemic agreement draft as a “good start” for text-based negotiations. But the opposite was so for developed countries. Switzerland, which is home to numerous pharmaceutical companies, said that it “does not accept the text in its current state”. The US and UK said it was a “step backwards” – as did the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) commenting during the later stakeholder session....”

With views from the **Africa region (Ethiopia), Equity group**, and some HICs.

- See also a tweet by Balasubraminam (re a Politico Pro article):

“EU, US court Africa with pandemic side deals amid crunch WHO talks - Alongside pandemic talks, the EU and U.S. promise funding for other health projects.”

GHF - Negotiating Text for Pandemic Agreement Gets Panned by Developed Countries, Stage Set For Tough Fight

[Negotiating Text for Pandemic Agreement Gets Panned by Developed Countries, Stage Set For Tough Fight \(substack.com\)](https://substack.com/p/negotiating-text-for-pandemic-agreement-gets-panned-by-developed-countries-stage-set-for-tough-fight)

From Tuesday. Also with an in-depth report on the opening day of INB9.

GHF - Shift in Position: Pharma Industry is Warming Up to "Pathogen Access & Benefits Sharing", But Wants Unconditional Access Sans Obligations on Sharing Benefits

https://genevahealthfiles.substack.com/p/pharma-ifpma-pabs-who-pandemic-treaty-geneva-inb?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email

Update from yesterday (Thursday). **“Industry interest could help reach consensus on new mechanism for accessing pathogens and sharing benefits in a Pandemic Agreement, if countries agree on matters of data, contributions and binding contracts.”**

“...In a shift in position, pharmaceutical manufacturers are warming up to a potential new mechanism on pathogen access and benefits sharing mechanism in global health, currently being discussed among WHO member states in the context of a new Pandemic Agreement....”

“In a select press briefing this week, conducted by the International Federation of Pharmaceutical Manufacturers Association (IFPMA), Thomas Cueni, who heads the organization representing more than scores of companies globally, told reporters, that a new mechanism could provide legal certainty to access information on pathogens, while emphasizing free access to information on pathogens, while resisting any obligations on monetary contributions labelling it as “sales tax”.

This crucial shift in position, albeit with caveats and riders is nevertheless significant, given that the industry had shown little interest in such a mechanism often suggesting it was a bad idea to link access to pathogens with benefits. To be sure, **it is still not in favor of linking access and benefits, but now sees the legal certainty in such a mechanism.** That is crux of the leverage the developing countries are seizing on. ... **This story looks at the various motivations and expectations of the industry with respect to the PABS mechanism. Later today, the INB is expected to take up Article 12 of the Pandemic Agreement for discussion. ...**

“... In their [statement](#) last week, basically what industry wants is “a broad multistakeholder Partnership for Equitable Access to which companies can voluntarily associate through their adoption of a range of Equitable Access Commitments, which would be legally binding and enforceable through contracts.” ... Both implicit and explicit in the above statement is the **aspiration of the industry to be a part of a multistakeholder partnership that shapes everything from how pathogens can be accessed, to the prominent accent on the voluntary model emphasising the sharing of technology, novel technologies, and platforms.** ... The statement also indicates that while the industry is open to reserving a percentage of real time production volume on medical products for equitable distribution, it also suggests “a donation to LICs and/or a portion negotiated under equity-based tiered pricing with the lowest tiers dedicated to LICs and LMICs.” ... **One can immediately see the resemblance with the approach adopted by the EU-backed ACT Accelerator during the COVID-19 pandemic.** This is in contrast with the efforts in the current discussions that seek to move away from the charity-based model that depends on industry largesse on matters from technology transfer to donations. **Nevertheless, it is important the industry is open to entering into binding contractual agreements – albeit to “voluntarily associate through their adoption of a range of Equitable Access Commitments..” ...**

- See also HPW - [Pharma Pivot on Pandemic Agreement: ‘Free Access’ to Pathogens in Exchange for ‘Binding Obligation’ on Equity](#)

“ **Pharmaceutical giants could support a formula whereby companies are guaranteed free and immediate access to pathogens with pandemic potential in exchange for binding equity agreements as part of a proposed World Health Organization (WHO) pandemic agreement, says a leading industry figure.** The statement by **Thomas Cueni**, director-general of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), aims to turn the classic formula for industry pathogen access in exchange for benefit-sharing (PABS) on its head. **Cueni honed out key details of the offer to Health Policy Watch in an exclusive interview Thursday,** following a press briefing for UN accredited journalists in Geneva on Wednesday where he outlined the main features of the offer. ...”

“**Instead of a PABS system that requires industry to pay a cash benefit outright to get pathogen samples or genetic material critical to new drug and vaccine R&D, as some civil society groups and low-income countries have proposed, he suggests focusing on “in-kind benefits” in the form of clear industry commitments for the allocation of drugs, diagnostics and vaccines.** Depending on the final outlines of the agreement negotiated by member states, this could include mandatory set-asides of free or discounted drugs, vaccines and other countermeasures by companies that sign up to the WHO PABS system that is currently proposed as part of the draft agreement....”

“He added **that, effectively, the position acknowledges a linkage between access and benefits sharing – one that industry long sought to avoid – but in a different kind of paradigm....**”

“But Cueni also flatly rejected proposals for what he described as a “sales tax” on industry participation in the PABS system, saying commitments to donated drugs and vaccines or their tiered pricing would be more effective....” **“And governance as well as operational costs should be shared by all of the system’s stakeholders – and with industry also having a seat at the table in the governance mechanism that is developed..”**

“Finally, Cueni argues that one key incentive for industry to sign up to the proposed PABS in any pandemic agreement arrangement would be its potential to “override” pre-existing provisions around access to pathogens and benefit sharing in Article 4 of the Nagoya Protocol of the Convention on Biodiversity (CBD)....” “... Designating the PABS as a Special International Instrument that supersedes the Nagoya Protocol is likely to be controversial among those LMICs that have already set up national ABS systems for pathogens...”

More on Global Health Security

White House - United States Hosts Launch of Foreign Ministry Channel for Global Health Security

<https://www.state.gov/united-states-hosts-launch-of-foreign-ministry-channel-for-global-health-security/>

“On March 14, Ambassador Dr. John Nkengasong – U.S. Global AIDS Coordinator and Senior Bureau Official for Global Health Security and Diplomacy, overseeing the Department’s Bureau for Global Health Security and Diplomacy – [hosted] a day-long discussion to plan priorities and review lines of effort for the new Foreign Ministry Channel for Global Health Security.”

“... The Channel builds on the 2022-2023 COVID-19 Pandemic Prioritized Global Action Plan for Enhanced Engagement (GAP). The meeting is the first in a series of regular engagements between senior officials within Ministries of Foreign Affairs to focus diplomatic attention and action on critical global health security priorities. **The foreign ministries, and participants from other ministries, will build on progress in this first meeting to elevate global health security issues as a national security imperative**, enhance pandemic preparedness, and advance concrete global health security deliverables....”

Global Health Governance

CGD (blog) - A New CEO at Gavi: Three Opportunities for Impact

M Pincombe et al; <https://www.cgdev.org/blog/new-ceo-gavi-three-opportunities-impact>

« Today, **Dr. Sania Nishtar** assumes her role as Gavi's new CEO. A lot has changed—both within Gavi and in the external environment—since the [process began](#) to replace Dr. Seth Berkley, who stepped down last year. **Dr. Nishtar’s appointment comes at a critical time for Gavi.** As CEO, Dr. Nishtar will play a central role not only in shaping Gavi’s future direction and setting ambition levels for [the next strategy](#) (known as “Gavi 6.0”) but also in ensuring a [successful replenishment](#) campaign

that will kick off later this year. And she will have to do so as a rapidly changing global landscape is [putting pressure](#) on Gavi's operational model, with implications for its ability to deliver impact."

"With this hefty charge in mind, **here are three opportunities we see with Dr. Nishtar's leadership** that we'll be keeping a close eye on over the coming months:...." 1. Articulate a clear vision for Gavi, backed by a focus on results and impact; 2. Recenter Gavi on the needs and priorities of Gavi-eligible countries; 3. Champion women's leadership.

PS: "... In view of the many—and likely competing—demands on Gavi's next strategic period, **CGD is launching a virtual forum, *Shaping the Agenda of Gavi's Next CEO***. This forum will feature commentaries from a range of practitioners, policymakers, civil society leaders, and researchers on the upcoming priorities, opportunities, and challenges for Gavi as Dr. Nishtar takes the helm."

CGD (blog) - After Graduation, How Do Gavi-Eligible Countries Fare?

B Webster, V Fan et al ; <https://www.cgdev.org/blog/after-graduation-how-do-gavi-eligible-countries-fare>

"... In this piece we examine the case of Gavi, a public-private partnership that claims to have saved over 17 million [lives](#) through higher vaccination rates among the world's poorest populations. **Since Gavi began in 2000, at least 19 [countries](#) have grown their economies to the point that they no longer qualify for Gavi support. But the track record of 10 graduating countries we studied is mixed.** While after graduation these countries mostly maintained plateauing coverage rates for established vaccines, they failed to achieve similar rates on average for newly introduced vaccines. Further, after graduation a few countries experienced significant declines in their vaccination rates for both established and newly introduced vaccines. **On the whole, there is a modest erosion in coverage after graduating from Gavi assistance.** More research is needed to probe why some countries have performed poorly in recent years after graduation. Further, transparent historical program data from Gavi should be made more easily accessible for accountability...."

Lancet Infectious Diseases (Newsdesk) - A new global health hub in Germany

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00169-5/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00169-5/abstract)

"**The Charité Center for Global Health, established in Berlin, Germany, last year, has ambitious plans to tackle global health challenges.** Udani Samarasekera reports."

With some quotes from **Beate Kampmann**, who directs the CCGH and Charité's Institute of International Health.

WHO Bulletin - A finance and health collaboration to counter pandemic threats

Raymond Hutubessy et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.23.291014.pdf?sfvrsn=250562bd_3

"... **The COVID-19 pandemic has brought into focus the need for coordinated efforts between the finance and health sectors.** Pandemic preparedness policy comprises both health and economic policies, requiring nuanced policy-making that addresses the unique challenges of health

emergencies. As we move forward, **adopting a holistic approach is vital, necessitating a robust global framework that integrates financial and health strategies to create a unified response mechanism capable of addressing the complex challenges pandemics pose....**”

The authors then sketch the **current state of affairs, including on Indonesia & India G20 presidencies**. A few excerpts:

“... **In October 2021, under the Italian presidency, the G20 established the G20 Joint Finance and Health Task Force** aiming to enhance dialogue and global cooperation on issues relating to pandemic prevention, preparedness and response...”

“... **During the Indonesia and India G20 presidencies, the task force established a foundation for improved global coordination in pandemic preparedness and response**. The priorities of the Brazilian presidency for 2024 are under development.....”

The 2023 G20 survey: “... In 2023, the task force conducted a survey to better understand how finance and health sectors worked together among G20 members during the COVID-19 pandemic. This survey provided three important insights.....”

Then the authors **offer some future priorities and they conclude:** “Overall, **the enhancement of finance and health coordination** will promote health and economic well-being of communities worldwide. Committing to this partnership represents a dual investment in the health and economic resilience of societies. This holistic approach to global health security underscores the need for a unified strategy that leverages the strengths of both sectors, ensuring a robust response framework for future pandemics.”

Global health (& development) financing

Devex - PEPFAR gets a one-year reauthorization reprieve

<https://www.devex.com/news/pepfar-gets-a-one-year-reauthorization-reprieve-107288>

“The U.S. global AIDS initiative looks poised to win a short-term extension, but advocates are split on whether that's really a win.”

“U.S. lawmakers are poised to give a 12-month reauthorization for the President’s Emergency Plan for AIDS Relief, extending it through late March 2025, as part of the 2024 foreign affairs budget bill, likely to be released imminently, several sources told Devex....”

PS: “Global health advocates and lawmakers on both sides of the aisle had pushed for a five-year extension, the precedent since PEPFAR’s founding two decades ago. But the one-year compromise emerged as the path forward more recently and advocates are split on whether it’s a good or a bad thing....”

- See also Axios - [Global AIDS program gets a lifeline in new spending deal](#)

“... The shorter authorization sets the scene for a fight next year and extends uncertainty around the program’s future, which can impact its effectiveness, its ability to operate, and how country partners perceive it, global health experts told Devex....”

FT - World Bank lender to poorest nations seeks record funding haul

<https://www.ft.com/content/e4cb61c5-14b9-4e14-8e31-7670039c6865>

“Debt and climate-change-related crises increase need for International Development Association’s assistance.”

“... The World Bank’s fund for the planet’s poorest nations is seeking a record financing haul to tackle mounting debt and climate crises. The International Development Association (IDA) is in need of the “largest replenishment ever” of financial resources to provide cheap loans and grants to 75 developing countries, Dirk Reinermann, the bank’s head of resource mobilisation, told the Financial Times. He did not specify a target, but IDA raised \$23.5bn from donor countries in 2021, the last round of fundraising. That sum was raised to \$93bn after tapping capital markets.”

“A wave of sovereign debt crises and costs related to mitigating the effects of climate change will require big increases in development funding, analysts said, **at the same time as elections and cuts to aid budgets limit the spending appetites of IDA’s biggest donor nations such as the US and UK.** ... “Because of the macroeconomic environment, **more countries are in difficult economic situations, meaning that they get IDA funding at concession [rates], requiring IDA to deploy more strategic capital,**” Reinermann said. According to Reinermann, **this increased line of funding is set to cause IDA to reach the leverage ceiling imposed by its triple-A credit rating sooner than expected.** When IDA raised donor money in 2021, “the zero point for being able to fully leverage our capital at triple-A was in 2034,” he said. “Because of higher levels of debt distress and debt disbursement, that point is now in 2030, or four years earlier.””

“ Officials in some donor governments have called on the World Bank to use further leverage to eke out existing IDA resources, to the point of sacrificing its triple-A status. However, the bank has been cautious about moves that would lead to a downgrade of its rating. Meanwhile, political and economic uncertainty in its four biggest donors — the US, the UK, Germany and Japan — create new challenges. It will have to rely on “impressive increases from traditionally smaller donors, as well as impressive lobbying of larger donors” to meet its targets, said Kenny. **Competition for funding is also adding pressure. From the second quarter of 2024 until the end of 2025, eight large development organisations, including the World Health Organization and the GAVI vaccine alliance, will be asking donor governments for an estimated \$80bn, according to the CGD. China, India and South Korea are among the former IDA recipients who have become significant donors in recent years. Oil-rich Gulf states, such as Saudi Arabia, are also tipped to increase their contributions this year.** Analysts cautioned, however, that these new sources will not be enough to fill the greater demand for grants in the years ahead....”

Conflicts & war

Conflict & Health - The implications of the Sudan war on healthcare workers and facilities: a health system tragedy

<https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-024-00581-w>

By Rawa Badri et al.

NPR Goats & Soda - 'This is not a time to get sick,' says a doctor in Haiti on the health-care crisis

<https://www.npr.org/sections/goatsandsoda/2024/03/15/1238778301/this-is-not-a-time-to-get-sick-says-a-doctor-in-haiti-on-the-health-care-crisis>

See also the Guardian – [Haiti healthcare system on verge of collapse as gang warfare rages on.](#)

And a Lancet World Report - [Health care in crisis amid Haiti violence.](#)

World Water Day (22 March) – “Water for Peace”

Lancet Comment - Water, health, and peace: a call for interdisciplinary research

A Abbara, M Zeitoun et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00588-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00588-9/fulltext)

“2024 World Water Day, which has the theme of Water for Peace, stresses the importance of sustainable and equitable water access and management for a broad set of social benefits. However, millions of people in dozens of countries globally experience the reverberating effects of armed conflict on water and public health services, which lead to cumulative and long-term effects on health, particularly for the most susceptible. Under these conditions, water leads not to peace and prosperity, but to disease and hardship. Concerningly, our experience shows that the most affected people are marginalised women and children, resulting in pronounced gender and social tensions. We call for improved understanding of these effects to support ongoing efforts to reduce civilian harm through interdisciplinary research addressing different challenges in water access caused by conflict....”

Guardian - Women and girls suffer first when droughts hit poor and rural areas, says UN

<https://www.theguardian.com/environment/2024/mar/21/women-and-girls-suffer-first-when-droughts-hit-poor-and-rural-areas-says-un>

“World water development report warns that access is major source of conflict between countries.”

“...Stress on water resources, which is being exacerbated by the climate crisis, as well as overuse and pollution of the world’s freshwater systems, is a large source of conflict, according to the latest UN world water development report....”

Gaza

Development Today - New control mechanisms unlock donor funding for UNRWA

<https://www.development-today.com/archive/2024/dt-3--2024/new-control-mechanisms-unlock-donor-funding-for-unrwa>

(gated) “After intense efforts by donors to put in place stronger control mechanisms in the UN Palestinian refugee agency UNRWA, **the European Commission, Canada, Australia, and Sweden have released funding to the agency.** The **interim report from the UN Office of Internal Oversight Services (OIOS) investigation of UNRWA** does not indicate system failures, a Sida official says.”

UN News - Imminent famine in northern Gaza is ‘entirely man-made disaster’: Guterres

<https://news.un.org/en/story/2024/03/1147656>

Telling it like it is (as usual).

Multi-agency report : GAZA STRIP: Famine is imminent as 1.1 million people, half of Gaza, experience catastrophic food insecurity

<https://www.ipcinfo.org/ipcinfo-website/alerts-archive/issue-97/en/>

Related **tweet Anthony Costello:**

“People in the Gaza Strip (2.23 million) face high levels of acute food insecurity. "According to the most likely scenario, both North Gaza and Gaza Governorates are classified in Phase 5 (Famine) with reasonable evidence, with 70% (210,000 people) in IPC Phase 5 (Catastrophe)".

WHO Deplores More Fighting At Gaza’s Shifa Hospital – UN Report Warns of ‘Imminent’ Famine

<https://healthpolicy-watch.news/who-deplores-fresh-round-of-fighting-at-gazas-shifa-hospital-un-report-warns-of-imminent-famine/>

“WHO Director General Dr Tedros Adhanom Ghebreyesus deplored renewed fighting Monday and Tuesday in and around northern Gaza’s Shifa Hospital, the largest medical compound in the besieged enclave, saying that “hospitals should never be battlegrounds.” He also noted that the hospital, originally the largest and most advanced in Gaza, had only “recently restored minimal health services”.....”

ODI Insights - Gaza: a litmus test for the humanitarian sector's commitment to decolonisation?

Z Moallin et al; <https://odi.org/en/insights/gaza-litmus-test-humanitarian-sector-commitment-decolonisation/>

Re the narratives emanating from the humanitarian sector.

"...Many aid professionals are urging humanitarian organisations to step out from behind the long-held tones of measured neutrality to instead be 'more representative of the Global South'. In confronting Israel's settler-colonial military tactics, the humanitarian sector must stay true to its decolonisation commitments."

"...Decolonisation means the humanitarian sector must amplify Palestinian narratives, highlighting the ways in which Palestinians have endured decades-long occupation and oppression. Humanitarians' influence must be leveraged for long-term justice for Palestinians. Anything less will perpetuate the sector's role as an ineffectual bandage to a 75-year-old wound."

Access to medicines, vaccines & other health technologies

Devex - Local doesn't mean low cost: Serum Institute shares global scale-up plans

<https://www.devex.com/news/local-doesn-t-mean-low-cost-serum-institute-shares-global-scale-up-plans-107218>

"The Serum Institute of India wants to consolidate its reputation as the vaccine manufacturer for the world's poorest."

"Already the largest manufacturer of vaccines in the world, the Serum Institute of India is looking to make itself globally indispensable with a new malaria vaccine launching by June and a critical role in a new venture to respond to future outbreaks in less than 100 days. ... At least 25 million doses of the malaria vaccine it developed with the University of Oxford — R21/Matrix-M — are about to roll out in sub-Saharan Africa, according to Poonawalla. And Serum just inked a deal with the Coalition for Epidemic Preparedness Innovations that will position the manufacturer to provide emergency vaccines to forestall the next pandemic...."

"... Serum recently signed up to be a key player in CEPI's 100-days mission. The vaccine manufacturer has essentially agreed to have production facilities on standby so that when an outbreak of an infectious disease occurs, it can launch into rapid production of a vaccine — whether one that already exists, or an investigational vaccine supplied by another CEPI partner. To play its role, Serum is committing to keeping a facility available and running, since shutting it down would mean going through a lengthy and expensive recertification process. "If you want insurance," Poonawalla said, "you have to pay a premium." He puts the cost for Serum at \$100 million annually, "but right now, we're nowhere near that," he said. CEPI has pledged to invest up to \$30 million, but Poonawalla said they will need additional partners to cover the costs...."

Lancet World report - Research in Focus: Gates MRI

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00580-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00580-4/fulltext)

“As a **non-profit biopharmaceutical development organisation**, Gates MRI hopes to solve the neglected problems of global health. By Talha Burki.” Must-read on **the Bill and Melinda Gates Medical Research Institute** located in Cambridge, Massachusetts.

“Gates MRI does not have any shareholders. It is a non-profit organisation, wholly owned by the Gates Foundation. **“We build the middle piece of the development process—we license the entity and drive it all the way to registration”....**” “Successful products will be sub-licensed to a manufacturer with strong links to the low-income and middle-income countries that are home to the targeted market. They will be made available at a price that those in need can afford. The institute currently has a portfolio of nine assets across five programmes....”

The CEO (Emilio Emini): “... **hopes that Gates MRI will provide proof of concept for a new way of doing things.** “We are a unique entity: a not-for-profit, fully integrated biopharmaceutical development organisation. The long-term vision is to prove to the world that this model works”.”

MPP - Pioneering Partnerships: The mRNA Technology Transfer Programme Inks Groundbreaking mRNA Vaccine R&D Consortia at Singapore Scientific Colloquium

[Medicines Patent Pool](#);

“In a decisive move to propel the [mRNA Technology Transfer Programme](#) , **four South-East Asia research consortia will be formalized at the culmination of Day 1 of the World Health Organization (WHO) and Medicines Patent Pool (MPP) mRNA Technology Transfer Programme’s regional meeting in Singapore.** The research institutions signing this commitment represent diverse fields, including health, product research, and development, and acknowledge the transformative potential of the mRNA Technology Transfer Programme in low- and middle-income countries (LMICs). **Their collective commitment extends to collaborative research consortia focused on developing mRNA vaccines targeting dengue, enterovirus-A71/Coxsackie, human papillomavirus, and *Plasmodium vivax* – diseases severely affecting the region.** The consortia pledge to share material, data, and intellectual property equitably and non-exclusively with the Programme Partners....”

MSF calls for emergency stockpile of Ebola treatments ten years after world’s deadliest outbreak

<https://msfaccess.org/msf-calls-emergency-stockpile-ebola-treatments-ten-years-after-worlds-deadliest-outbreak>

“As the world marks ten years since the deadliest Ebola virus disease outbreak that killed more than 11,000 people in West Africa, Doctors Without Borders/Médecins Sans Frontières (MSF) is disappointed that while two approved Ebola treatments now exist, they are not readily available via an emergency stockpile for use in places where they would likely be needed in a future outbreak. The treatments remain under the exclusive control of **just two US pharmaceutical corporations, Regeneron and Ridgeback Biotherapeutics**, and almost all the treatments currently available worldwide are kept in a national security and biodefense stockpile held for use by the

United States. There is therefore a need to set up an international emergency stockpile of these treatments supplied by Regeneron and Ridgeback, and run by the International Coordinating Group (ICG) on Vaccine Provision, to ensure the treatments can always be provided at short notice to anyone, anywhere who needs them.”

Devex - WHO and Gavi's global push for HPV vaccines gathers momentum

<https://www.devex.com/news/who-and-gavi-s-global-push-for-hpv-vaccines-gathers-momentum-107282>

“WHO and Gavi, the Vaccine Alliance, are making a strong push to expand access to HPV vaccines this year, and countries are responding.”

HP&P- The process of ratifying the Treaty to establish the African Medicines Agency: perspectives of National Regulatory Agencies

Bakani Mark Ncube et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czae017/7630953?searchresult=1>

“The vision of the African Medicines Agency (AMA) is to ensure that all Africans have access to affordable medical products that meet internationally recognised standards of quality, safety and efficacy for priority diseases/conditions. The AMA is being established by a treaty which had to be ratified by a minimum of 15 African countries. Although there was no deadline, the ratification process has been slower than expected. This study therefore analysed the rationale, perceived benefits, enabling factors and challenges of the AMA’s establishment.....”

Some findings: “... The existence of mature NRAs, the desire to have harmonised regulatory systems, the presence of strong political will and appropriate advocacy to expedite treaty signing are all **enabling factors** for AMA treaty signing. The **challenges reported** include the fact that the process is slow and there is limited understanding of the process. Competing national priorities, changes in office bearers in the public system and stagnation of the process at the ministerial level were also challenges reported....”

Guardian - South Africans take on big pharma for access to ‘miracle’ cystic fibrosis drug

<https://www.theguardian.com/global-development/2024/mar/18/cystic-fibrosis-patient-south-africa-cheri-nel-lawsuit-big-pharma-generic-drugs-trikafta-access-vertex>

“Cheri Nel cannot afford Vertex’s Trikafta medicine, so she is suing to end ‘patent abuse’ and allow a generic version.”

“The drug costs \$326,000 (£255,000) a year for every patient, “which no South African person can afford”, she says. Vertex, which last year reported revenue of \$9.87bn, primarily from its cystic fibrosis products, also faces criticism over a lack of access to the drugs or their cost in other countries. The UK’s treatments watchdog, the National Institute for Health and Care Excellence (Nice), has said the drug is likely to be too expensive to provide value for money for the NHS. Only two middle-income countries have access to it, and no low-income countries do.”

“... Nel’s lawsuit accuses Vertex of failing to meet a South African legal requirement to make patented medication “available to the Republic on reasonable terms”. She is seeking the creation of a “compulsory licence” for the drug, allowing generic manufacturers to produce it at a fraction of Vertex’s cost.....”

PS: “... Nel is part of an informal buyers’ club, organised on WhatsApp, where CF patients in South Africa organise trips to Argentina to buy generic supplies. There were no direct flights until the end of last year so the journey via Dubai was a 35-hour trip. That generic version costs about \$6,000 a box, she says, which she can make last for up to two months by stretching the doses out. “It’s still a lot,” says Nel. “But it’s a little bit more affordable...”

HPW - Indian Pharma Companies Under Investigation For Poor Drug Quality Donate Millions to Political Parties

<https://healthpolicy-watch.news/indian-pharma-companies-under-investigation-for-poor-drug-quality-donate-millions-to-political-parties/>

“Seven Indian pharmaceutical companies made donations to domestic political parties while they were under investigation for substandard drug production, according to an **investigation** published in **Scroll**. The companies named in the investigation included **Hetero Labs and Hetero Healthcare, Torrent Pharma, Zydus Healthcare, Glenmark, Cipla, IPCA Laboratories Limited, and Intas Pharmaceutical**. They were under investigation for substandard drugs including the anti-COVID drug, Remdesivir and anti-bacterial and anti-fungal medications....”

“Overall, some 35 pharmaceutical companies in India contributed nearly Rs 1,000 (\$120 million) to political parties competing in the upcoming national elections, which are scheduled in phases through April and May this year.”

“...The data released did not, as yet, disclose which political parties were supported, and to what extent. However, with just four weeks to go before the elections, India’s Supreme Court has pressed on for ‘**complete disclosure**’ of the data in a further order issued 18 March....”

- And a link: WHO - [WHO to begin development of parallel recommendation and regulatory pathways; shortening the time taken for people to access health products](#)

Biannual SAGE meeting (Geneva)

HPW - From Mpox to Measles: Are We Living in The Age of Disease Outbreaks?

<https://healthpolicy-watch.news/from-mpox-to-measles-are-we-living-in-the-age-of-disease-outbreaks/>

“Discussion about disease outbreaks dominated the biannual meeting of the **Strategic Advisory Group of Experts on Immunization (SAGE)** – which its chairperson described as “alarming” as the aim of the group is to ensure early vaccination to prevent outbreaks. “The outbreak-related

recommendations is a sign that normalcy is starting to be living with outbreaks,” warned Dr Hanna Nohynek, chair of SAGE, which advises the World Health Organization (WHO) on immunisation.”

“... **Mpox: different epidemiology** : There is a [“significant” mpox outbreak](#) in the Democratic Republic of Congo (DRC) that involves Clade I of the disease and is predominantly affecting children.

But this outbreak has **“a very different epidemiology” from the multi-country outbreak in 2022**, which involved the milder Clade II and was mainly spread through sexual transmission, particularly in men having sex with men, said Dr Kate O’Brien, WHO Director of Immunization, Vaccines and Biologicals.....”

“... **Measles and misinformation**: WHO releases annual measles case and death estimates, and for 2022 there were over nine million cases and 136,000 deaths. **“There are now over 50 countries that have large and disruptive measles outbreaks ongoing during the course of this past calendar year, and that’s about double the number of countries as occurred in 2022,”** said O’Brien....”

“... The **wild poliovirus type one** is only in circulation in a small geographic area of the border between Afghanistan and Pakistan, but SAGE is concerned about the circulation of vaccine-derived polio type one and type two (VDP2) in [a number of African countries](#).....”

- Related: [Reuters - 'Critical' to catch up on measles vaccinations to stem outbreaks, says WHO](#)

“Vaccinating children who missed their measles shots during the COVID-19 pandemic is critical, a senior World Health Organization official said on Tuesday, as outbreaks of the infectious disease increase worldwide.”

“... **WHO experts also backed new ways of using existing vaccines to tackle other disease outbreaks**, including the use of the **mpox vaccine made by Bavarian Nordic (BAVA.CO) for at-risk children in African countries**. They also recommended the use of **the hepatitis E vaccine for all women of childbearing age in conflicts and other emergency settings**. The infection, mostly transmitted through contaminated water, can be particularly dangerous for pregnant women. The **vaccine, developed by China’s Xiamen Innovax Biotech**, has not been widely used outside China although it has been backed by WHO for use in outbreaks since 2015....”

Cholera

WHO - Millions at risk from cholera due to lack of clean water, soap and toilets, and shortage of cholera vaccine

<https://www.who.int/news/item/20-03-2024-millions-at-risk-from-cholera-due-to-lack-of-clean-water-soap-and-toilets-and-shortage-of-cholera-vaccine/>

“The International Coordinating Group (ICG) on Vaccine Provision calls for urgent fast-tracking of life-saving measures.”

“Immediate action is needed to stem an unprecedented multi-year upsurge in cholera cases worldwide, according to the International Coordinating Group (ICG) on Vaccine Provision. Actions include investing in access to safe water, sanitation and hygiene, testing and detecting outbreaks quickly, improving quality of and access to healthcare, and fast-tracking additional production of affordable oral cholera vaccine (OCV) doses to better prevent cases....”

“**Currently, the most severely impacted countries** include the Democratic Republic of the Congo, Ethiopia, Haiti, Somalia, Sudan, Syria, Zambia, and Zimbabwe....”

Guardian - Cholera now threatens 1bn people. It's time to finish what we began in the 19th century

H Hichelema & Tedros; [Guardian](#);

“**With the disease raging in 15 countries and no vaccine stocks, Zambia and the WHO propose a way to finally eradicate it.**”

“**The World Health Organization (WHO) and Zambia are together championing the Global Task Force on Cholera Control**, which has worked with national authorities to stop outbreaks – ensuring access to essential supplies, upgrading the detection, prevention and treatment of cholera, keeping people informed on how to protect themselves, and setting priorities to sustainably control cholera. **This is a strong foundation, but with equally challenging headwinds, there is more to do...**”

Including: “... **Investing in cholera vaccine manufacturing – produced locally – is critical** as the trend towards more and bigger outbreaks continues. The global community must support this, investing in manufacturing capacity and guaranteeing orders. **In the past two years, the WHO released \$16m (£12.5m) from its Contingency Fund for Emergencies to support 16 countries, including Malawi, Syria, Zambia, Zimbabwe and Pakistan.** Thanks to these funds, affected communities had access to medicines and healthcare. National authorities and partners received supplies and implemented sanitation solutions and community engagement activities. **With the deterioration globally, the WHO has issued an appeal for \$50m to support ongoing operations....**”

World Oral Health Day (20 March)

Lancet Comment – The ongoing fight for population oral health

Carol C Guarnizo-Herreño et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00536-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00536-1/fulltext)

Must-read comment. The authors argue that the current dominant interventionist, biomedical, and technology-focused approach to dental care needs to change. Some chunks:

“... **The prioritisation of profit in our societies damages population oral health**, not only by making dental care a commodity, but also by allowing the ultra-processed food, sugary beverage, and tobacco industries to make enormous profits, regardless of the damaging health consequences of their products. This situation particularly affects LMICs, where the political will and capacity to

control the industries influence is weaker, creating power dynamics that increase inequalities given that the consumption of such products is higher among those in lower socioeconomic positions.....”

“... **There is an urgent need for the dental profession to join these efforts through the alignment to civil society organisations, advocacy strategies, honest communication with patients, and relevant, conflict of interest-free research on the commercial determinants of oral health....”**

“... **In LMICs, colonial influences on the development of modern dentistry** have had detrimental effects on the oral health of populations.....” “... **Despite the described challenges, progress is being made in the global oral health arena, and this is arguably the best oral health moment in many decades.....”** Read why.

“... **As we celebrate World Oral Health Day on March 20, it is key to keep in mind that although progress has been made, there is still a long way ahead. Special attention should be paid to the excessive emphasis put on UHC** which, unlike the primary health care concept established in the Declaration of Alma Ata, omits the role of the social determinants of health and community participation..... Moreover, the term UHC has intentionally been used in many LMICs to refer to basic services coverage or health insurance coverage, indicating an emphasis on subsidising a market-driven demand to the detriment of the development of universal public health systems and, therefore, the role of the state in social protection.... **Dental care should be fully integrated in primary health-care initiatives, overcoming the historical separation of dentistry from medicine that was further strengthened by medical insurance practices.** ... Tackling the inverse care law and **investing in public dental care infrastructure within universal public health systems** are key elements in the achievement of that goal. **Action on the broad upstream social and commercial determinants of oral health must be prioritised**, including holding accountable those who privilege profit motives and interfere in the research agendas and public health policy decision making...”

UN Commission on the Status of Women (ends on 22 March)

Devex - Global showdown at UN for women's rights as advances falter in wartime

<https://www.devex.com/news/global-showdown-at-un-for-women-s-rights-as-advances-falter-in-wartime-107279>

“U.N. talks expose religious, cultural, and political divisions at heart of women's rights.”

“The [United Nations](#) served as a global town square this month for a **series of roiling diplomatic, political, religious, and cultural battles over women’s rights**, as women from around the world gathered at headquarters for a conference of the U.N. Commission on the Status of Women.”

“... **In closed-door negotiations, global diplomats are trying to hammer out an agreement on a 36-page draft declaration outlining the path to achieve gender equality** at a time when indicators have been trending down. The official theme of the **session** — which is scheduled to conclude on March 22 — is titled **“Accelerating the achievement of gender equality and the empowerment of all women and girls by addressing poverty and strengthening institutions and financing with a gender perspective.”**

“... Delegations have been relitigating long-standing cultural and political disputes from the role of the family and sexual and reproductive health rights to global taxation, debt relief, and the reform of the international financial system, according to an internal, 173-page compilation detailing each country or regional group’s amendments. ...”

“... Women’s rights advocates voiced concerns that negotiations, intended to focus on a relatively uncontroversial topic — harnessing the international financial system to end poverty for women — were devolving into a contentious spat between an increasingly polarized world community. “We were quite hopeful that they would include strong language around economic issues” in the final declaration, Amina Hersi, the head of gender rights and justice at [Oxfam](#), told Devex. But the talks, she added, have been marred by geopolitical disputes over Gaza and Ukraine and around gender, abortion, and sexual and reproductive health rights. “

“The United States and its more liberal allies repeatedly butted heads with conservative governments over proposals to include a series of progressive phrases — including [gender transformative](#), [sexual and reproductive health and rights](#), [gender-based violence](#), or [multiple and intersecting forms of discrimination](#) — aimed at reforming social structures, laws, and cultural norms to promote gender equality. The phrases are viewed by social conservatives as code for promoting abortions and defending the rights of LGBTIQ+ persons. Syria, Saudi Arabia, Russia, Belarus, Turkey, Indonesia, Iraq, the Holy See, and others sought to strike such references in the declaration....”

PS: **“The U.N. and governments in the global south had hoped to highlight the need to persuade foreign treasuries and international financial institutions to more directly link the cause of gender equality to the reform of the international financial system. ... But the U.S. — which has favored conducting such negotiations in Washington, where the [World Bank](#) and [International Monetary Fund](#) are based — sought to strike language calling for the reform of multilateral banks, according to the internal compilation of proposed amendments. The U.S. also joined forces with China and Russia in pushing back on debt relief, proposing the deletion of a provision advocating steps towards a “debt workout mechanism to address sovereign debt restructuring and enhance fiscal space for redistributive gender responsive spending.”**

Devex - Women’s rights activists and right-wing groups face off at CSW

<https://www.devex.com/news/women-s-rights-activists-and-right-wing-groups-face-off-at-csw-107280>

“Activists and delegates are concerned about the growing sophistication of tactics employed by right-wing groups, which could complicate negotiations at the 68th session of the U.N. Commission on the Status of Women. ... While event disruption by right-wing and religious groups is common and expected every year — or, as one delegate put it, “is the law of the land” at CSW — sources said they felt there was an increasingly coordinated effort to “infiltrate” side events and official negotiations....”

“... During official negotiations, conservative countries join forces in the Group of Friends of the Family, which is made up of around 25 countries such as Russia and Qatar pushing against [language around sexual reproductive and health rights](#), with an emphasis on the traditional family and more specifically making sure the word family is always singular, not plural, diplomats told Devex. ... These groups seem prepared to not only disrupt side events but also to shape the

negotiated text to ensure more conservative language such as family values and motherhood are prioritized. ...”

“... **One way this advocacy has changed is through the organization of a summit on the margins of CSW, called the Conference on the State of Women and Family.** The two-day event took place from March 13 to 14 and was in part hosted at the Nigerian mission to the U.N. **The conference was spearheaded by Family Watch International and other like-minded groups.** Family Watch International is a fundamentalist Christian nonprofit that [describes](#) itself as working “to protect and promote the family as the fundamental unit of society at the international, national and local level through education, pro-family advocacy, and family-based humanitarian aid.” The Southern Poverty Law Center [counters](#) that the organization “promotes anti-LGBT pseudoscience that includes the falsehood that homosexuality is a mental disorder derived from childhood trauma, and that so-called ‘conversion therapy’ can effectively eliminate same-sex attraction.” **The group was recently associated with driving an anti-LGBTQ+ agenda in Africa, including** a recent anti-homosexual act in Uganda, although it [denies](#) lobbying for the law. **Other organizations represented at the conference included [The Heritage Foundation](#), United Families International, and Campaign Life Coalition.....”**

Devex - New USAID-Ford initiative aims to care for care workers

<https://www.devex.com/news/new-usaid-ford-initiative-aims-to-care-for-care-workers-107205>

“A new partnership between the [U.S. Agency for International Development](#), the [Ford Foundation](#), and the CARE Fund will direct \$4.8 million over two years to help care workers in five countries — Brazil, Colombia, the Dominican Republic, Ghana, and the Philippines — mobilize and advocate for stronger wages, safer working conditions, and gender equality. A memorandum of understanding announcing the initiative was signed on Thursday at the [United Nations](#) Commission on the Status of Women Summit in New York, and the goal is to bring on more donors in the future....”

“... **the initiative**, dubbed **Together We Care**, seeks to bolster wages and improve working conditions, including occupational safety and health for workers, which could help curb gender-based violence. It also aims to strengthen the representation of health and care workers by forming unions and increasing membership, as well as training and lifting up women leaders....”

“... **But forming unions to fight for collective bargaining rights and better pay is bound to face some pushback from employers and governments.”**

UHC

CGD (blog) - Corruption—Standing in the Way of Effective Public Financial Management for Health?

J Sallaku, H Barroy et al ; <https://www.cgdev.org/blog/corruption-standing-way-effective-public-financial-management-health>

« Corruption, commonly defined as [the use of public resources for private gain](#) is increasingly recognised as a significant impediment to achieving Universal Health Coverage (UHC) and requires urgent attention. Roughly, [six percent of health allocations](#) are estimated to be siphoned away

through corruption. [Health systems are particularly vulnerable to corruption](#) because of the complex nature of the provision of health care, information asymmetries and financial fragmentation. To advance progress toward UHC, it is imperative that public funding dominate health financing. **Public Financial Management (PFM) systems—the underlying rules and processes for allocating, executing and monitoring these public resources, play a crucial role in mitigating and identifying corruption.** Weak PFM can, however, increase the risk of corruption in the sector. However, there is still insufficient understanding of these interconnections. **The WHO Montreux Collaborative on Fiscal Space, PFM and Health Financing organized a panel in November 2023 to investigate this relationship and what can be done about it. This blog summarizes key insights from the discussion and outlines next steps.....”**

Among others, **on how corruption manifests in budget cycles and consequences:** “... While a lot of attention is given to corruption during budget execution, it is important to look at risks and consequences throughout the entire budget cycle....”

“.... **In conclusion, framed as part of health systems strengthening efforts, anti-corruption actions (ACTA) and well-designed PFM systems in health can be seen as two sides of the same coin:** ACTA can support more efficient PFM in health, while better PFM systems can support detecting and reducing corruption.....”

Planetary Health

Nature (World view) - Climate models can't explain 2023's huge heat anomaly — we could be in uncharted territory

G Schmidt; <https://www.nature.com/articles/d41586-024-00816-z>

“Taking into account all known factors, **the planet warmed 0.2 °C more last year than climate scientists expected.** More and better data are urgently needed.”

HPW - Eighty three of 100 Most Polluted Cities are in India, But Lack of Monitoring Influences Global Ranking

<https://healthpolicy-watch.news/eighty-three-of-100-most-polluted-cities-are-in-india-but-lack-of-monitoring-influences-global-ranking/>

“Bangladesh is the world's most polluted country and Delhi is the most polluted capital. But India also has the most air quality monitors in South Asia – while some wealthy petro-nations have virtually none.”

“The air quality global ranking of cities for 2023 has been [released](#) by a Swiss firm, IQAir, which has been reporting this annually for over six years now. ... Never before has one country dominated the top spots for the worst air quality to the extent that India does, but the **report also exposes massive gaps in monitoring pollution in the global south** which stem from a lack of funds, political will or both.....”

- Related: **Guardian** - [Only seven countries meet WHO air quality standard, research finds](#)

“Almost all countries failing to meet mark for PM2.5, tiny particles expelled by vehicles and industry that can cause health problems.”

“Of 134 countries and regions surveyed in the report, only seven – Australia, Estonia, Finland, Grenada, Iceland, Mauritius and New Zealand – are meeting a World Health Organization (WHO) guideline limit for tiny airborne particles expelled by cars, trucks and industrial processes.”

Lancet Offline - It's about more than a climate emergency

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00575-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00575-0/fulltext)

Starting from reporting on a **meeting of the Lancet Commission on Sustainable Healthcare in Singapore**, Horton nails it in a few respects: **“...We have badly underestimated the political headwinds that have arisen since the Paris Agreement of 2015....”** Among scientists, there is a naively simplistic approach to translating evidence into action..... You do not have to be a Nobel laureate to realise that this strategy is not working..... the unpleasant reality is that, despite the Paris Agreement, the arguments over the need for climate action have still not been won. That is because **climate and health scientists and advocates have no strategy to trigger political change.”**

“Climate is important, but it is not all about climate. We address climate, biodiversity loss, and other societal challenges as if they were separate problems. They are not. They are interconnected. Strengthening the biosphere will support climate mitigation, biodiversity, and human health. In addition to ambitious emissions reductions, we should also be campaigning to protect up to half of surface areas across land, freshwater, and oceans. **We must embrace a broader definition of sustainability: call it climate plus..... ... The Sustainable Development Goals** were intended to be an inspiring manifesto to create a better, safer, and more resilient world. **In retrospect, we can see that they created 17 silos that were little more than a promise without a plan. In crafting our post-2030 prospects, we all have important lessons to learn.”**

Gavi and Seedstars launch INFUSE 2024: a global open call for innovations to foster climate-resilient health systems

<https://www.gavi.org/news/media-room/gavi-and-seedstars-launch-infuse-2024-global-open-call-innovations-foster-climate>

“ Gavi, the Vaccine Alliance, in partnership with Seedstars, announces INFUSE 2024: a global call for applications for innovations to bolster health systems against climate threats and to enhance immunisation delivery. Innovation for Uptake, Scale and Equity in Immunisation, or INFUSE, aims to scale up groundbreaking global health solutions by connecting high-impact, proven innovations where countries need them most. **This year’s INFUSE initiative** underscores the urgency of addressing health challenges exacerbated by climate change, including increased vulnerability to diseases sensitive to climate conditions – such as malaria – and the likelihood of more frequent and severe disease outbreaks due to extreme weather. **The programme aims to select and scale innovations that contribute to low-carbon and sustainable, resilient health care systems; enhance frontline health workers’ capacity to manage climate-related health threats; and ensure efficient vaccine distribution under challenging climate conditions.”**

BMJ Feature - How climate change is changing vaccination planning

<https://www.bmj.com/content/384/bmj.q360>

“The effects of climate change are becoming ever more obvious, not least in the types and seasonality of diseases that are appearing. **Michael Leedom reports on how global vaccination efforts are adapting....** “

“Last year, for the first time, the Global Alliance for Vaccine and Immunizations (GAVI) said that it was actively considering the effects of climate change on its portfolio of vaccines for children in low income countries.....”

A few reports

Guardian - Young people becoming less happy than older generations, research shows

<https://www.theguardian.com/society/2024/mar/20/young-people-becoming-less-happy-than-older-generations-research-shows>

Coverage of this year's [World Happiness report](#).

“Young people are becoming less happy than older generations as they suffer “the equivalent of a midlife crisis”, global research has revealed new data revealed that young people across North America were now less happy than their elders, with the same “historic” shift expected to follow in western Europe....”

“... **The World Happiness Report**, an annual barometer of wellbeing in 140 nations coordinated by Oxford University's Wellbeing Research Centre, Gallup and the UN Sustainable Development Solutions Network, **showed “disconcerting drops [in youth happiness] especially in North America and western Europe,”** said Prof Jan-Emmanuel De Neve, director of the Wellbeing Research Centre and editor of the study. The report does not reveal the causes of the changes, but they come amid increasing concern at the impact of rising social media use, income inequalities, the housing crisis, and fears about war and climate change on the happiness of children and young people....”

The Lancet: Dramatic declines in global fertility rates set to transform global population patterns by 2100

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00550-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00550-6/fulltext)

Via the **press release**:

“By 2050, over three-quarters (155 of 204) of countries will not have high enough fertility rates to sustain population size over time; this will increase to 97% of countries (198 of 204) by 2100.

Pronounced shifts in patterns of livebirths are also predicted, with the share of the world’s live births nearly doubling in low-income regions from 18% in 2021 to 35% in 2100; and sub-Saharan Africa accounting for one in every two children born on the planet by 2100.

In low-income settings with higher fertility rates, better access to contraceptives and female education will help reduce birth rates, while in low-fertility, high-income economies, policies that support parents and open immigration will be vital to maintain population size and economic growth.

Authors warn that national governments must plan for emerging threats to economies, food security, health, the environment, and geopolitical security brought on by these demographic changes that are set to transform the way we live. “

- Related coverage & analysis via TGH – [Global Fertility Rate Continues To Fall: How Governments Could Prepare](#)

“The global fertility rate will decline through 2100, continuing a trend since 1950, according to new projections.” Recommended read.

Cidrap News - Report: \$46 billion US investment in global health generates 'blockbuster returns'

<https://www.cidrap.umn.edu/public-health/report-46-billion-us-investment-global-health-generates-blockbuster-returns>

“From 2007 to 2022, the \$46 billion in US investment in global health research and development (R&D) produced dozens of vaccines and drugs, gave rise to \$104 billion in economic activity, created 600,000 new jobs, and is expected to spur another \$102 billion in industry investments in the United States and beyond. The funding, which is projected to ultimately generate \$255 billion for the US economy, is detailed in a **report** released last week by the **Global Health Technologies Coalition (GHTC) and Policy Cures Research** in Australia.”

“... The report, "Doing Well by Doing Good," examines the return on investment of US funding in global health technologies through agencies such as the National Institutes of Health, the Biomedical Advanced Research and Development Authority, the Agency for International Development, and the Centers for Disease Control and Prevention. In 45 low- and middle-income countries (LMICs), the funding described in the report supported development of 67 approved tools, including 12 products for fighting Ebola, 12 for tuberculosis (TB), and 11 for malaria, and is enabling the development of 261 tools now in late-stage development.....”

Miscellaneous

AP - Gambia lawmakers refer a repeal of the ban on female genital cutting to more committee discussions

[Gambia could be first country to reverse ban on female genital cutting | AP News](#)

“Lawmakers in Gambia referred an attempted repeal of the 2015 ban on [female genital cutting](#) for further committee discussions on Monday. Gambian activists fear a repeal would overturn years of work to better protect girls and women. The legislation was referred to a national committee for further debate and could return to a vote in the weeks and months ahead.... .. Gambia’s parliament of 58 lawmakers includes five women. **If the bill eventually passes through parliament, President Adama Barrow is expected to sign it into law.** He has not spoken publicly about the legislation....”

- See also HPW – [Gambia’s Attempt to Reintroduce Female Genital Mutilation is Condemned](#)

“An effort by Gambia’s parliament to reintroduce female genital mutilation (FGM) has been **met with widespread condemnation by women’s and human rights organisations....** ... Ironically, Gambia’s decision comes in international women’s month and during a global meeting of the UN Commission on the Status of Women. ...”

Devex - Cervical cancer death hoax sparks debate over celebrity health advocacy

<https://www.devex.com/news/cervical-cancer-death-hoax-sparks-debate-over-celebrity-health-advocacy-107260>

“In India, the fake death of a model from cervical cancer raises questions about the role of celebrities in public health messaging.”

HPW – Africa’s Battle Against HIV and AIDS Needs US Commitment

Jean Kaseya; <https://healthpolicy-watch.news/africas-battle-against-hiv-and-aids-needs-us-commitment/>

“... There was a **unanimous call for a five-year reauthorisation of PEPFAR from African Heads of State and government at the African Union Assembly when they met in February 2023 in Addis-Ababa, Ethiopia. This is a call to action.** This crucial extension is not merely a legislative act; it is a covenant with future generations, affirming our shared commitment to ending AIDS by 2030....”

Global health governance & Governance of Health

G20 health ministers meet and discuss pandemic preparedness and response protocols

<https://www.g20.org/en/news/g20-health-ministers-meet-and-discuss-pandemic-preparedness-and-response-protocols>

“**Last Wednesday (13 March), the G20 Health Ministers held an extraordinary virtual meeting.** The group, led by Nísia Trindade, Minister of Health in Brazil, **discussed ongoing WHO negotiations for an international agreement on pandemic prevention, preparedness, and response, as well as amendments to the International Health Regulations.** The World Health Organization's Director-General, Tedros Adhanom, also attended the meeting. **Among the participants' goals was to continue strengthening the Global Health Architecture....”**

The Diplomat - The Quad: Can This Democratic Coalition Bolster Global Health Security?

Vivek N D; <https://thedi diplomat.com/2024/03/the-quad-can-this-democratic-coalition-bolster-global-health-security/>

“As the world navigates an increasingly complex health security landscape, **the Quad** presents an opportunity for collaboration. “

Devex - UK announces strategy to strengthen digital development

<https://www.devex.com/news/uk-announces-strategy-to-strengthen-digital-development-107291>

“The United Kingdom has announced a new strategy to support digital development globally, including a list of priorities and targets, but has not given information on how much funding will be available to support it.”

“The United Kingdom’s [Foreign, Commonwealth & Development Office](#) has published a new strategy outlining its **plans to support the development of digital technologies in low- and middle-income countries**. The [seven-year strategy](#) will focus on four things: using the power of digital technology to strengthen economies, government, and society; making sure that everyone has access to digital technologies; making sure the digital space is safe to use; and using digital technology to support environmental aims....”

Global health financing

WHO briefs on long term financing for LMICs

The **first four papers below are completed** with work continuing on **five further briefs**.

- World Health Organization. (2023). Brief 1: drivers of the demand for long-term care. <https://iris.who.int/handle/10665/375891>
- World Health Organization. (2024). Brief 2: decisions about population coverage of long-term care. <https://iris.who.int/handle/10665/376245>
- World Health Organization. (2024). Long-term care financing: lessons for low- and middle-income settings: brief 3: how countries finance long-term care. World Health Organization. <https://iris.who.int/handle/10665/376276>. License: CC BY-NC-SA 3.0 IGO
- World Health Organization. (2024). Brief 4: determining the long-term care services covered in the benefits package. <https://iris.who.int/handle/10665/376277>

Five additional briefs are under development addressing • Brief 5. Aligning LTC financing and delivery • Brief 6. Ensuring financial protection in long-term care • Brief 7. Promoting quality and value in long-term care • Brief 8. Ensuring financial sustainability in long-term care • Brief 9. LTC workforce

Reuters - Novo Nordisk foundation to place more grants outside Denmark

[Reuters](#);

“The Novo Nordisk Foundation, top shareholder of Danish obesity drugmaker Novo Nordisk ([NOVOB.CO](#)), [opens new tab](#), plans to give a larger portion of its social, scientific and humanitarian grants outside of Denmark, a foundation spokesperson said on Monday. The foundation will continue to place the vast majority of its grants in Denmark as it currently does, but will gradually increase the amount of grants it places outside the Nordic country in the coming years. **“Many of the major challenges we face in relation to human health, climate and the environment cannot simply be solved within Denmark’s borders,”** the spokesperson said.....”

UHC & PHC

WHO’s Alliance for HPSR – 8 new country case studies on PHC in the context of the Covid-19 pandemic

<https://ahpsr.who.int/what-we-do/thematic-areas-of-focus/primary-health-care/primary-health-care-case-studies-in-the-context-of-the-covid-19-pandemic>

“We have eight new country case studies on PHC in the context of the COVID-19 pandemic published on our website for a total of 32 published to date....”

BMC Primary Care - How useful do communities find the health and wellness centres? A qualitative assessment of India’s new policy for primary health care

Shriyuta Abhishek, Samir Garg & Vikash Ranjan Keshri;

<https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-024-02343-2#MOESM1>

“Starting in 2018, Indian government has established more than 100,000 Health and Wellness Centres (HWCs) to increase rural population’s access to primary health care. It is crucial to know how useful people find the services of HWCs....”

Among the findings: “.... The assessment based on community perceptions showed that the services of HWCs matched well with people’s needs of curative primary care.....”

Devex - How WHO’s country connector is enhancing health system resilience

<https://www.devex.com/news/sponsored/how-who-s-country-connector-is-enhancing-health-system-resilience-107227>

“World Health Organization’s David Clarke explains how investing in governance capabilities contributes to improving health systems performance and long-term overall health system resilience.”

“In December 2021, the [World Health Organization](#) launched the [Country Connector on Private Sector and Health](#), a platform initially designed to assist in making informed decisions about the private sector and access to health, while providing a foundation for strategic actions in response to the [COVID-19](#) pandemic. Historically, there has been much said about problems, but not enough about solutions when it comes to working with the private sector in health, explained David Clarke, acting unit head of the health systems governance team at WHO. “We've taken a fresh approach and tried to look at what we can do to provide countries with practical advice on how to work with the private sector to solve health systems problems and improve health care, with a focus on supporting countries' needs within their unique contexts,” he said. ... **More recently, the platform's purpose has moved beyond its initial COVID focus into a long-term vision of enhancing overall health system performance and resilience.** It incorporates curated guidance documents, working groups, a tool repository, training, a helpdesk, research, and reports on implementing solutions.”

“Speaking to Devex, Clark said that **the platform's focus is to provide countries with concrete tools and guidance.** “We're trying to move away from frameworks. What we are interested in is the everyday practice of health governance in countries,” he noted.””

WHO (report) - The role of purchasing arrangements for quality chronic care: a scoping review

<https://www.who.int/publications/i/item/9789240084919>

“...This paper explores the role of purchasing arrangements in improving the quality of chronic disease care. Specifically, the paper provides an overview and summary of the types of payment methods that have been used, summarizes evidence of their effectiveness in improving the quality of chronic care and assesses the enablers and barriers to the implementation of purchasing reforms. ... **The lessons from these payment initiatives implemented to improve the quality of chronic disease care, mainly from HICs, suggest that they are a promising tool but, nonetheless, the quality and equity aspects need more attention in terms of the design of such initiatives as well as in terms of evidence generation.** The significant information technology infrastructure and resources required to implement such arrangements potentially limit their applicability in low-resource settings. “

Global Health: Science & Practice - Budget Process and Execution: A Case Study on the Underperformance of the Peruvian Health System, 2000–2021

Rolf Erik Hönger; <https://www.ghspjournal.org/content/early/2024/03/19/GHSP-D-23-00250>

“**Four interconnected influences** have caused the Peruvian health system to underperform. To break the influence of these cycles, the Ministry of Health needs to argue in economic terms to prioritize health.”

SS&M - Understanding the role of the Tanzania national health insurance fund in improving service coverage and quality of care

<https://www.sciencedirect.com/science/article/pii/S0277953624001588>

by D O Afriye et al.

Pandemic preparedness & response/ Global Health Security

First with a few more INB9 related reads.

TWN - WHO: INB negotiating modality proposes stage-managed text-based negotiation, compromises effective participation

<https://www.twn.my/title2/health.info/2024/hi240307.htm>

re the process at INB9. **“Stage-managed text-based negotiations in parallel sessions are the proposed modality for the 9th meeting of the Intergovernmental Negotiating Body (INB) on the pandemic instrument.** This threatens to compromise the participation of Member States especially those having small delegations....”

“.... Generally, text-based negotiations are Member States-led processes where participating Member States are free to propose textual suggestions, which will be projected on-screen as part of the negotiating text. It is the Member States themselves who decide whether to accept or reject various amendment proposals, or to work on compromise or alternate text. **The proposed modality for the textual negotiation departs from this practice and the Bureau acts as a gatekeeper,** allowing only those texts that enjoy broad consensus to make it into the negotiating text.”

TWN - Pandemic Draft Text on Pathogen Access & Benefit Sharing – Not Fit for Purpose

S Shashikant; <https://www.twn.my/title2/health.info/2024/hi240308.htm>

“The recently unveiled draft text of the pandemic agreement includes 14 paragraphs dedicated to the Pandemic Access and Benefit Sharing (PABS) system. However, it faces criticism from several developing country delegates who, speaking anonymously, assert that the proposed text continues to fall short of meeting their expectations and the intended purpose....”

TWN - WHO: INB Revised Negotiating Text Serves Bio-surveillance Agenda of developed countries

K M Gopakumar and Nithin Ramakrishna)

<https://www.twn.my/title2/health.info/2024/hi240309.htm>

“ – Surveillance-related proposals in the Revised Draft Negotiating Text of the pandemic instrument serves the bio-surveillance agenda of the developed countries. The three proposals are: Article 4 on pandemic prevention and surveillance, Article 5 on One Health Approach, Article 6 on the elements of preparedness, health system resilience and recovery.”

South Centre - Where is the Binding International Treaty Negotiated at the WHO Against Future Pandemics Going?

by Germán Velásquez; <https://www.southcentre.int/southviews-no-259-15-march-2024/>

“The current draft text of the “pandemic treaty” is far from adequately responding to the problems faced during the COVID-19 crisis. Developed countries have weakened the initial version of the draft, and the text is now full of unnecessary nuances. The expression “where appropriate” and other such wordings, typical of voluntary provisions, now appear repeatedly. It is a question of either protecting and ensuring the public interest and the health of citizens as a right, or of defending the interests of an industry that seeks to enrich itself without limits. The treaty against future pandemics will be one of the central topics at the next World Health Assembly of the World Health Organization (WHO) in May 2024. If the countries of the South, accounting for the majority of the WHO membership, unite with a clear and strong public health vision and the countries of the North act lucidly, follow scientific evidence while pursuing safety for all, the treaty will contribute to the well-being of future generations. **If in the end a small group of countries oppose a treaty with meaningful provisions, we must not forget that the WHO is a democratic institution where there is the possibility to vote.”**

Georgetown Journal of International Law – Is the pace of IHR reform legal?

A Finch, L Gostin et al; <https://www.law.georgetown.edu/international-law-journal/blog/is-the-pace-of-ihr-reform-legal/>

“In this blog post, we provide a systematic analysis of the legality and prudence of the WHA’s amendment process. We conclude that States Parties have enjoyed the time required under the IHR to properly consider the proposed amendments once submitted; indeed, States Parties have received far more time than minimally required and given to consider past amendments.”

Lancet Letter - Improving coherence of global research funding: Pandemic PACT

Pandemic PACT Advisory Group; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00452-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00452-5/fulltext)

“To guide research during the COVID-19 pandemic, WHO and the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R) developed the Coordinated Global Research Roadmap on Novel Coronavirus. The need to monitor the alignment of research funding to research priorities was identified by GloPID-R and the UK Collaborative on Development Research (UKCDR) who jointly established the COVID-19 Research Coordination and Learning Initiative and embedded the COVID-19 Research Project Tracker.... ..”

“... The Lancet Correspondence highlights persistent issues with the speed and coordination of research activation. Improved knowledge on evidence gaps and existing research activities are needed to enable rapid, evidence-informed decisions and collaboration among funders. **The new Pandemic Preparedness Analytical Capacity and Funding Tracking programme (Pandemic PACT), embedded within GloPID-R, and in partnership with UKCDR, aims to reach this goal.** Pandemic PACT has developed a broad, prospective research funding tracking tool for priority epidemic-prone infectious diseases and analysis capability mapped to relevant policy roadmaps, linked to major funding decision makers.”

“...The launch of the Pandemic PACT funding tracking database and interactive tool is an important step towards joint funder activity to improve coherence in preparation for future pandemics.”

Planetary health

Guardian - Emissions connected to top oil and gas firms may cause millions of heat deaths by 2100, study finds

<https://www.theguardian.com/business/2024/mar/20/emissions-connected-to-top-oil-and-gas-firms-may-cause-millions-of-heat-deaths-by-2100-study-finds>

“The **study from Global Witness** found that the combined emissions from fossil fuels produced by Shell, BP, TotalEnergies, [ExxonMobil](#) and Chevron up to 2050 **could result in 11.5 million excess deaths from heat by 2100**. The findings represent **the first attempt to quantify heat deaths resulting from planned oil production by big oil** and add weight to calls to drastically reduce fossil fuel extraction....”

Guardian - Fossil fuel firms could be tried for homicide over climate-related deaths, experts say

<https://www.theguardian.com/us-news/2024/mar/21/fossil-fuel-companies-homicide-climate-deaths-lawsuit>

“... **researchers are promoting a new legal theory that says fossil fuel companies** – which, data show, are the leading contributors to planet-heating pollution – **could be tried for homicide for climate-related deaths**. The **radical idea, first proposed last year by consumer advocacy non-profit Public Citizen**, may sound far-fetched, but it’s gaining interest from experts and public officials....”

“... **The Public Citizen researchers are currently holding events at top law schools** including Yale, the University of Pennsylvania, Harvard, University of Chicago and New York University to promote the idea....”

HPW - Record Heat, Sea Level Rise and Ice Loss: Global Climate Report Maps Consequences of Inaction

<https://healthpolicy-watch.news/record-heat-sea-level-rise-and-ice-loss-global-c/>

“Heatwaves, floods, wildfires, and droughts unleashed global mayhem in 2023, as **the year broke multiple climate records, according to the World Meteorological Organization’s (WMO) [State of the Global Climate Report](#)** released this week. It was the **hottest year in recorded history, with global average near-surface temperature of 1.45°C above the pre-industrial baseline**. “Never have we been so close – albeit on a temporary basis at the moment – to the 1.5° C lower limit of the Paris Agreement on climate change,” said WMO Secretary-General Celeste Saulo at a [press conference](#) this week....”

TGH - From Talk to Action: Rethinking the Language of Climate Change

A Perl; <https://www.thinkglobalhealth.org/article/talk-action-rethinking-language-climate-change>

“To motivate action on climate change, advocates need to use the right words.”

“Scientists have begun to explore the question of what motivates climate action—defined as beliefs and actions to reduce the impact of climate change on the planet—and how that differs from motivating other behaviors, such as quitting smoking or eating healthier foods. ...” “... **a new mega-study** by cognitive behavioral neuroscientist Kim Doell and hundreds of other researchers has started to do just that. **The study examines how more than 59,000 people from 63 countries responded to 11 behavioral interventions, which included asking participants to write a letter to future generations, stirring negative emotions and appealing to working together.** ... The scientists **looked at how those interventions influenced certain climate beliefs and actions**, such as showing support for climate policies, sharing information on social media, or completing a task that resulted in trees being planted. ...”

“... **Results showed that motivating people to act on climate change requires messaging tailored to the audience in question....**”

PS: “In practice, Shergill also **emphasized the importance of considering one's role and audience when communicating climate messages.** “Before you even start talking, the most important thing is to take stock of who you are and who your audience is and what your purpose is.” **When Shergill advises health professionals, she tells them to stick to climate change as a health issue—an area in which they have the authority to comment.....**”

CGD Notes - Assessing the Impact of New IMF Guidance on Resilience and Sustainability Facility Programs

V Dimond et al; <https://www.cgdev.org/publication/assessing-impact-new-imf-guidance-resilience-and-sustainability-facility-programs>

« **Over the past 18 months, the IMF’s newly established Resilience and Sustainability Facility (RSF) has swiftly moved from initial set-up to providing financing to countries.** The facility, which is the operational arm of the Resilience and Sustainability Trust (RST), is **designed to support the climate transition and pandemic preparedness.** “

“**Since its inception in late 2022, the IMF Board has approved 17 programs**, with the 18th involving Côte d’Ivoire currently at the staff-level-agreement stage. Previous CGD analyses (see [here](#), [here](#), and [here](#)) have critiqued the initial programs for their lack of ambition in reform measures. In response, **in November 2023, the IMF issued [new guidance](#) on RSF programs. What impact did that updated IMF guidance have?** “

“While there’s evident progress in the robustness of reform measures, we find that **they still fall short compared to those in programs supported by the Poverty Reduction and Growth Trust, the IMF’s other major trust fund.** Additionally, the **countries that have taken up RSF programs are not the ones the most urgently in need of climate finance**, raising questions on what would enhance RSF’s appeal to countries most in need. Moreover, the fungibility in budget allocation poses

significant challenges in monitoring whether incremental spending on climate transition is indeed occurring.”

“...In summary, the November guidance on RSF seems to have addressed some of the shortcomings observed in the initial RSF programs. However, as we highlighted, other deficiencies remain unresolved and require attention from the IMF’s Executive Board during the upcoming RSF review.”

PS: Finally, none of the 17 RSF programs approved by the IMF Executive Board thus far have included financing for pandemic preparedness, despite the facility's intended mandate to do so. It appears that the borrowing countries did not perceive the necessity for such funding....

CGD (Policy paper) - The IMF’s Resilience and Sustainability Trust: How Conditionality Can Help Countries Build Resilience

J Hicklin; <https://www.cgdev.org/publication/imfs-rst-how-conditionality-can-help-countries-build-resilience>

“The IMF’s Resilience and Sustainability Trust (RST) has been operational for over a year, with the first seventeen countries receiving commitments of financial support. But if lending from the RST is to achieve its objectives, the IMF should make it fitter for purpose by taking a radically different approach in applying conditions to the loans. This paper first gives the background and summarizes the argument; sets out the unique challenges involved in designing best practice conditionality to deal with climate change – the focus of the RST so far; and makes three specific suggestions to address shortcomings in the emerging conditionality to make the most of the IMF’s new initiative to help member countries build resilience and sustainability.....”

Guardian - Banks driving increase in global meat and dairy production, report finds

<https://www.theguardian.com/environment/2024/mar/18/banks-driving-increase-in-global-meat-and-dairy-production-report-finds>

“.... Over almost the same time period, 2015 to 2022, financiers provided the world’s top 55 industrial livestock companies with average annual credit injections of \$77bn (£60bn), and some appeared to compromise their own anti-deforestation policies to do so, according to the report.” (report by Feedback, a UK-based campaign).

“... The banks offering the most support to the world’s top 55 industrial livestock companies were Bank of America, which provided almost \$29bn, Barclays with just over \$28bn and JPMorgan Chase with almost \$27bn, the report found. ...”

Guardian - ‘Bewildering’ to omit meat-eating reduction from UN climate plan

<https://www.theguardian.com/environment/2024/mar/18/bewildering-to-omit-meat-eating-reduction-from-un-climate-plan>

“Academic experts also **criticise UN Food and Agriculture Organization** for dismissing alternative proteins.”

“**The omission of meat-eating reduction from proposals in a UN roadmap to tackle the climate crisis and end hunger is “bewildering”**, according to academic experts. The group also criticised the UN Food and Agriculture Organization’s report for “dismissing” the potential of alternative proteins, such as plant-based meat, to reduce the impact of livestock on the environment.”

“**In a commentary [published in the journal Nature Food](#)**, experts said the FAO’s failure to include a methodology on how the 120 actions it did support were chosen, or a list of authors, was “concerning and surprising”....”

Health Policy - The role of the health sector in tackling climate change: a narrative review

https://www.sciencedirect.com/science/article/pii/S0168851024000630?dgcid=raven_sd_aip_email

By Zeynep Or et al.

SS&M - Understanding the interplay of occupational, public health, and climate-related risks for informal workers: A new framework with findings from Zimbabwe and India

<https://www.sciencedirect.com/science/article/pii/S0277953624001941>

By A Sverdlik, R Loewenson et al.

Covid

Science News - ‘Lab-leak’ proponents at Rutgers accused of defaming and intimidating COVID-19 origin researchers

<https://www.science.org/content/article/lab-leak-proponents-rutgers-accused-defaming-and-intimidating-covid-19-origin>

“Letter by 12 COVID-19 scientists says social media attacks violate university policy and could incite physical harm.”

Nature News - COVID’s toll on the brain: new clues emerge

<https://www.nature.com/articles/d41586-024-00828-9>

“A leaky blood–brain barrier and inflammation might account for some of the cognitive symptoms of COVID-19.”

Infectious diseases & NTDs

Lancet HIV (Viewpoint) - Retiring the term AIDS for more descriptive language

Isaac Núñez et al ; [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(23\)00331-4/abstract](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(23)00331-4/abstract)

« The term acquired immunodeficiency syndrome (AIDS) was coined to describe a condition marked by weakened cell-mediated immunity in the absence of a clear cause. Due to unfortunate messaging during the early days of the HIV epidemic, this term became loaded with stigma. After the discovery of HIV, the term AIDS became redundant, but its use has persisted and has come to embody negative connotations in the current landscape of the HIV epidemic. People commonly associate AIDS with a terminal illness. This misconception promotes stigma by others, including health-care workers, but also self-stigma, which can prevent individuals from accessing health care. Also, the link between AIDS and gay men generated during the early epidemic with use of the term gay-related immune disorder is misleading regarding which populations are at risk, which can delay diagnosis. **The use of the term AIDS is now discouraged by several professional associations, some of which ironically have the word as part of their name. Ending use of the term AIDS would not eradicate stigma. However, this term has outlasted its usefulness, and we should transition towards more descriptive language that aligns with contemporary challenges in HIV. »**

Guardian - Brazil to release millions of anti-dengue mosquitoes as death toll from outbreak mounts

<https://www.theguardian.com/global-development/2024/mar/15/brazil-to-release-millions-of-anti-dengue-mosquitoes-as-death-toll-from-outbreak-mounts>

“Mosquitoes infected with *Wolbachia* bacteria that inhibit spread of disease to be introduced in six cities after successful pilot scheme.”

Stat - The latest twist in John Green’s anti-tuberculosis story: working with governments

<https://www.statnews.com/2024/03/16/john-green-funds-tuberculosis-testing-treatment-philippines/>

“John Green, the popular novelist and YouTube star, gave the health care world a taste of his clout last year when he and his “Nerdfighter” fan base pressured corporations to cut prices for tuberculosis treatment. **This week, he announced a more collaborative strategy for fighting tuberculosis — a public-private funding partnership with USAID and the Philippines.** Green and his family are contributing up to \$4 million of the \$57 million in new funding to test and treat tuberculosis in the Philippines. **He is hoping to see an expansion of public-private funding models to accelerate the fight against TB, which kills 1.5 million people globally each year.....”**

Telegraph - Child left paralysed as Pakistan records its first polio case of the year

<https://www.telegraph.co.uk/global-health/science-and-disease/pakistans-first-recorded-polio-case-2024-paralyses-child/>

“New case reported in region near Afghan border dashes hopes of elimination.”

“The first case of polio in 2024 has been detected in Pakistan, dashing hopes that the year might pass without any new cases.....”

- Related read: Guardian - [Global eradication of polio ‘tantalisingly close’ with UK urged to keep up funding](#)

(from last weekend, just before news broke on the new case): “**After no reported cases of wild polio for 19 weeks**, vaccination efforts boosted at last endemic spots in Pakistan and Afghanistan.”

HPW - Sudan to Start Polio Immunisation as Six African Countries Detect Virus

<https://healthpolicy-watch.news/sudan-to-start-polio-immunisation/>

“Sudan will resume immunising children against polio after detecting circulating vaccine-derived poliovirus type 2 (cVDPV2) in its waste water, as six other African countries have reported either cases or positive environmental samples over the past two weeks....”

Lancet Infectious Diseases (Comment) - A step forward in the journey towards hookworm vaccines

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00145-2/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00145-2/abstract)

Comment linked to a new study in the **Lancet Infectious Diseases** – [Safety and immunogenicity of the co-administered Na-APR-1 and Na-GST-1 hookworm vaccines in school-aged children in Gabon: a randomised, controlled, observer-blind, phase 1, dose-escalation trial](#)

Plos Med - Long-term HIV care outcomes under universal HIV treatment guidelines: A retrospective cohort study in 25 countries

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004367>

“While national adoption of universal HIV treatment guidelines has led to improved, timely uptake of antiretroviral therapy (ART), longer-term care outcomes are understudied. There is **little data from real-world service delivery settings on patient attrition, viral load (VL) monitoring, and viral suppression (VS) at 24 and 36 months after HIV treatment initiation.....**”

Conclusion: “... **In this study, adoption of universal HIV treatment guidelines was associated with lower retention after ART initiation out to 36 months of follow-up, with little change in VL monitoring or VS among retained patients.**”

Mental health & psycho-social wellbeing

Africa CDC Kick-off the Implementation of a Continental Mental Health Leadership Workforce Programme

<https://africacdc.org/news-item/africa-cdc-kick-off-the-implementation-of-a-continental-mental-health-leadership-workforce-programme/>

“The Africa CDC launched a new Mental Health Leadership Programme (AMHLP) to address the African population’s mental health challenges. Funded by Wellcome, the programme forms part of the Africa CDC’s continental strategic priorities on NCDs, Injuries, and Mental health, which lays out a clear pathway for coordinated actions and support for Member States on public mental health....”

Social & commercial determinants of health

International Journal of Environmental Research and Public Health - The Commercial Determinants of Violence: Identifying Opportunities for Violence Prevention through a Public Health-Based Framework Analysis

by Mark A. Bellis et al; <https://www.mdpi.com/1660-4601/21/3/352>

How commercial bodies and activities contribute to violence and what they could do to prevent it.

“... the roles of commercial bodies in fostering and preventing violence remain largely unaddressed. The wealth and influence of some companies now exceeds that of many countries. Consequently, it is timely to explore the roles of commercial processes in violence. **Using a conceptual framework for the commercial determinants of health, we examine seven practices:** political; scientific; marketing; supply chain and waste; labor and employment; financial; and reputational management....”

Access to medicines & health technology

TWN - WTO: Colombia brings TRIPS-related issues to centre-stage at MC13

R Kanth; <https://www.twn.my/title2/wto.info/2024/ti240311.htm>

“A group of developing countries led by Colombia brought their protests to the centre-stage on issues arising from intellectual property (IP) barriers at the World Trade Organization’s 13th ministerial conference (MC13) that concluded on 2 March amidst chaos, said delegates familiar with the development.... **At the meeting, the 65 co-sponsors of the TRIPS waiver showed how the WTO lost its “human face”** by failing to extend the MC12 Ministerial Decision on the TRIPS Agreement to COVID-19 diagnostics and therapeutics. **Further, for not including the issue of IP as part of the WTO’s future work program, four countries pressed for a Review of the TRIPS Agreement plus the Convention on Biological Diversity, and transfer of technology.** In their declaration issued at the meeting, **Colombia, India, Egypt, and Bangladesh** urged the WTO’s TRIPS Council to expedite

“ongoing work to examine the relationship between the TRIPS Agreement and the Convention on Biological Diversity, and the protection of traditional knowledge and folklore”, as mandated under paragraph 19 of the Doha work program. The four countries asked the TRIPS Council “to examine the TRIPS Agreement, the Doha Declaration on the TRIPS Agreement and Public Health of 2001 and the Ministerial Decision on the TRIPS Agreement of 2022, to review and build on the lessons learned during COVID-19, with the aim to address the concerns of developing countries including LDCs in the context of health emergencies including pandemic....”

FT - Rare genetic disease therapy becomes world’s most expensive drug at \$4.25mn

<https://www.ft.com/content/6678c805-6a70-488c-a48e-97813c8778b5>

“Lenmeldy gene therapy treats MLD, a condition that attacks the central nervous system of young children.”

“A new gene therapy to treat a very rare genetic disease that attacks the central nervous system of young children will be priced at \$4.25mn in the US, making it the most expensive drug in history. Orchard Therapeutics’ Lenmeldy this week became the first US approved medicine for metachromatic leukodystrophy (MLD), a fatal genetic disorder affecting an average of 40 children a year in the US...”

“... Orchard, a UK-based biotech that was recently bought by Japanese pharmaceutical group Kyowa Kirin, argued that the lack of other treatments for MLD justified the price. But the decision reignites debate about the pricing of cell and gene therapies, which offer revolutionary new treatments and sometimes cures for patients with very few other options. Among the most expensive approved gene therapies are uniQure’s haemophilia B treatment Hemgenix, at \$3.5mn and Bluebird’s thalassaemia drug Zynteglo, which is priced at \$2.8mn....”

Human resources for health

Plos GPH - Mobilisation towards formal employment in the healthcare system: A qualitative study of community health workers in South Africa

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002226>

By Hlologelo Malatj et al.

HP&P - Public-Private engagement and health systems resilience in times of health worker strikes: A Ghanaian case study

Bettina Buabeng-Baidoo, Jill Olivier; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czae018/7631052?searchresult=1>

“In low and middle-income countries like Ghana, private providers, particularly the grouping of faith-based non-profit health providers networked by the Christian Health Association of Ghana (CHAG), play a crucial role in maintaining service continuity during health worker strikes. Poor

engagement with the private sector during such strikes could compromise care quality and impose financial hardships on populations, especially the impoverished. **This study delves into the engagement between CHAG and the Government of Ghana (GoG) during health worker strikes from 2010-2016**, employing a qualitative descriptive and exploratory case study approach.”

Decolonize Global Health

Devex - White Ribbon Alliance sunsets US operation to shift power locally

<https://www.devex.com/news/white-ribbon-alliance-sunsets-us-operation-to-shift-power-locally-107277>

(gated) “Finally, an organization has lived up to the long-standing development cliché: **White Ribbon Alliance Global has worked itself out of a job.**”

“At the end of this year, [White Ribbon Alliance](#) — an international coalition focused on maternal, reproductive, and women’s health — will be saying goodbye to its U.S. team. But unlike many organizations, the secretariat isn’t cutting its staff due to failing finances. It’s doing so to trigger a shift in power, and to **make room for the groups closest to the women White Ribbon focuses on....**”

Plos GPH (Opinion) - Towards authentic institutional allyship by global health funders

Samuel Oji Oti;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003024>

“As debates rage about if and how global health should be decolonized, **this paper focuses on how funders can and should work to reduce power asymmetries in global health.** Funders include government agencies, private foundations, international non-governmental organizations (INGOs), or corporate actors that provide financial support, resources, and investments aimed at improving health outcomes on a global scale.....”

“.... **So, what could a “decolonized” funder look like? This paper posits that such a funder is one that embarks on a journey of authentic institutional allyship.** The concept of authentic allyship has been described as a profound commitment to supporting marginalized groups, amplifying their voices, and actively working towards equity and justice. Authentic allyship is not merely performative, but it requires a deep understanding of the root, systemic causes of inequality and makes a dedicated effort to create lasting change. Authentic allyship has been proposed to counter mindsets and practices that enable or perpetuate various manifestations of power imbalances in global health. **Much of what has been written about authentic allyship focuses on individuals. Yet in the context of global health practice, individuals generally operate within institutions. Thus, for authentic allyship to thrive, institutions also ought to embark on the authentic allyship journey.** To my knowledge, no framework addresses authentic allyship at the institutional level....”

IJHPM - Why Are African Researchers Left Behind in Global Scientific Publications? – A Viewpoint

J Nabyonga-Orem et al. https://www.ijhpm.com/article_4578.html

“...What did the launch of the SDG Agenda mean for African researchers? In this commentary, we highlight the low publication record in Africa and discuss the challenges faced by African scientists in producing and publishing high-quality articles. We conclude by proposing recommendations that can foster a comprehensive approach to building research capacity on the continent as a core component of the SDG agenda and specifically “leaving no one behind”.”

Conclusion: ...”. Despite the investments made into the African health research system, the research and publications output remain low on the continent due to both intrinsic and extrinsic factors We therefore call for a comprehensive approach to building research capacity on the continent as a core component of the SDG Agenda and specifically “leaving no one behind”. We propose a few recommendations to achieve this objective. “

With 4 suggestions.

Miscellaneous

IISD - Civil Society Coalition Unpacks Trends in VNR Reporting

<https://sdg.iisd.org/news/civil-society-coalition-unpacks-trends-in-vnr-reporting/>

“A coalition of civil society organizations (CSOs) has launched the eighth edition of the ‘Progressing National SDGs Implementation’ report, which provides an independent analysis of reporting by UN Member States to the High-level Political Forum on Sustainable Development (HLPF). The report examines the current status of implementation of the 2030 Agenda for Sustainable Development, discusses trends in reporting, and highlights good practice for civil society participation...”

- See also IPS - [New Report Examines Progress on Global Sustainable Development Goals](#)

“At the half-way point of the 2030 Agenda, the Sustainable Development Goals (SDGs) “are in deep trouble.” The need to accelerate progress towards the Sustainable Development Goals has never been more urgent as only approximately 12% of targets are currently on track. “Planet” is equally at risk as “people”. ...”

“... The report, which has been published since 2017, looks at crucial aspects such as governance, civil society involvement and space, localization, the importance of policy coherence, and the principle of Leaving No One Behind...”

“To compile the analysis, the report combines official Voluntary National Reviews (VNRs) submitted by member states with spotlight and alternative assessments, which aim to offer a more

complete picture of national progress, particularly with respect to the fundamental 2030 Agenda principle to leave no one behind....”

CGD Notes - How Well Do Development Finance Institutions and Bilateral Agencies Cooperate on Development?

<https://www.cgdev.org/publication/how-well-do-development-finance-institutions-and-bilateral-agencies-cooperate>

“...In this note, we complement existing research on the cooperation between DFIs and development agencies by analysing the results of a survey which look, for the first time, at this relationship across Development Assistance Committee (DAC) member countries and their national DFIs. The survey gathers first-hand perspectives of how DFIs and development agencies coordinate activities, the challenges they face—and how these challenges differ actors both types of actors—as well as how these barriers could be overcome.” Check out **the findings**.

Bloomberg - IMF Is Lending Near Record \$150 Billion to Counter Debt and Wars

[Bloomberg](#);

“Egypt, Ukraine, Argentina are among the fund’s top borrowers. Higher interest rates, geopolitical conflict fueling crises.”

“The IMF is lending near a record amount to almost 100 countries, evidence of its growing role as a backstop against the financial and political dangers of the post-pandemic world....”

Devex - IRC boss decries 'vortex' of EU's nexus of finance and aid

<https://www.devex.com/news/irc-boss-decries-vortex-of-eu-s-nexus-of-finance-and-aid-107290>

“The nexus is meant to fuel humanitarian aid with private finance but "is becoming a vortex rather than a nexus" and is letting down "people in need," David Miliband argues.”

“Europe has “gone backwards” in its attempts to marry humanitarian and development aid and is failing “people in need,” the head of the [International Rescue Committee](#) has told an international conference. [David Miliband](#), speaking at the [European Humanitarian Forum](#) in Brussels, attacked the record of the so-called [nexus](#) — a 2017 European Union initiative to incorporate long-term development and private finance into its humanitarian relief work. ...”

Guardian - Sexual exploitation drives 37% rise in profits from forced labour, ILO says

[Guardian](#);

“International Labour Organization report says profits have risen to £184bn a year, with 27m people globally trapped in modern slavery.”

- And via Devex – [Top 10 Funders](#):

“Last year, the global development sector began to move out of the doldrums — financially speaking — and into recovery. That means many bilateral, multilateral, and private donors not only increased spending but even shifted it back to areas eclipsed by pandemic-related expenditures.

So how much did they spend and where did the money go? Our number cruncher, Miguel Antonio Tamonan, trawled through **the Organisation for Economic Co-operation and Development’s annual list of the largest foundations** and dug into the data to understand **what they prioritize, how they partner with implementing organizations, and what resources they have available**. Miguel also aggregated and analyzed data from grant boards and financial reports to offer an overview of their strategies. ...”

“His findings show that the world’s major private philanthropic providers spent about **\$12.1 billion on development in 2022**. Unsurprisingly, the usual suspects are the biggest players, but there are some new ones too. In the previous list, The Rockefeller Foundation, LEGO Foundation, and Bezos Earth Fund weren’t there. Now they join the Bill & Melinda Gates Foundation, Mastercard Foundation, Children’s Investment Fund Foundation, Wellcome, Ford Foundation, Open Society Foundations, and IKEA Foundation.....”

PS: get the report: [The top 10 foundations funding development](#) (gated)

Papers & reports

Health Policy - A model of how health literacy, governance and systems leadership contribute to the implementation of the One Health approach.

<https://www.sciencedirect.com/science/article/pii/S0168851024000526>

by C R Blankart et al.

Lancet Public Health (Viewpoint) - Investing in bereavement care as a public health priority

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00030-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00030-6/fulltext)

by W G Lichtenthal et al.

Lancet Comment - Music and medicine: quickening the tempo of progress

W G Chen et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00477-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00477-X/fulltext)

« It has been known for millennia that music can bring joy and ease suffering. An increasing number of researchers from different disciplines are **studying the possible mechanisms for music-based interventions (MBIs)** and working to establish the effectiveness of these interventions in alleviating the symptoms of neurological, psychiatric, cardiovascular, and other disorders. **Developments in this field were discussed at a workshop, Music as Medicine: The Science and Clinical Practice, in December, 2023,** co-chaired by Francis Collins and Renée Fleming and organised collaboratively by the US National Institutes of Health (NIH), the National Endowment for the Arts (NEA), the Kennedy Center for the Performing Arts, and the Renée Fleming Foundation. Building on a 2017 Music and the Brain workshop held at NIH, the workshop convened over 150 experts from various fields **to assess the progress made, address current challenges, and identify future research directions at the nexus of music, art, science, and medicine....”**

« ... **As we chart this course, the implementation of MBIs in health-care systems must not be an afterthought.** Incorporating implementation science from the outset into trial planning is imperative. **The integration of evidence-based health practices into clinical and community health-care-based music programmes that benefit children, older adults, and people with chronic diseases** could help to improve patient outcomes and benefit population health....”

Health Policy - The Dynamics of International Health System Reforms: Evidence of a New Wave in Response to the 2008 Economic Crisis and the COVID-19 Pandemic?

Berardi et al; <https://www.sciencedirect.com/science/article/pii/S0168851024000629>

“**The 2008 financial crisis and pandemic induced similar health reforms across the G7-countries.** These **reform waves substantially differed, reflecting the distinct nature of these shocks.** The 2008 financial crisis resulted in governance re-centralization, tightening supply and demand constraints. The pandemic resulted in increasing healthcare expenditures even though it also led to an economic recession. Pandemic response was driven by the direct impact on population and health systems.”

HP&P - Why does a public health issue (not) get priority? Agenda-setting for the national burns program in India

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czae019/7632855?searchresult=1>

by V Keshri, S Abimbola et al.

Blogs & op-eds

FP2P blog - Could Activists Do Better at Resisting Backlash?

D Green; <https://frompoverty.oxfam.org.uk/could-activists-do-better-at-resisting-backlash/>

“**Background: a lot of activist thinking is predicated on being on the front foot – this is a law, policy, spending commitment or social norm that we want to change.** Lots of case studies, toolkits and experience on how to do that – problem and power analysis, stakeholder mapping, insider-

outsider strategies and all the rest. ... **But reality is often somewhere else – backlash against progress on rights**, whether it's the 'anti-woke agenda' or abortion rights in the North, or middle eastern governments criticising 'CEDAW NGOs' as being driven by a foreign agenda (in this case women's rights) and/or being puppets of foreign funders. The more unsavoury fragments of faith institutions are weighing in on areas such as LGBTQI+. **How are activists responding? I would love to know. I hear a lot of lamentation, but I'm not seeing much of a theory of change around dealing with backlash. ..."**

Blog - Strengthening the Development Compact through budget support and effective public management

Moritz Piatti-Fünfkirchen et al ; https://findevlab.org/news_and_event/strengthening-the-development-compact/

"It's time to revisit the development compact with a greater focus on PFM. "

« **The Paris Principles on aid effectiveness – ownership, harmonization, management for results, and accountability -- remain more relevant than ever** as the global community plans to scale up development assistance to support developing countries in their climate transition. Moreover, the multiplicity of crises, compounded with fiscal stress, is making the efficient use of resources more crucial than ever. It is hard to imagine how these principles can be pursued without embracing budget support as an aid instrument. »

« **In this blog post, we find that in recent years:** Budget support has remained relevant to broad-based development and has also become used for stabilization purposes. As a result, **it has become increasingly used in countries with weak institutional and public financial management capacity.** At the same time, there has been a **trend away from conditionality aiming to strengthen public sector management reform.** Even though evidence suggests that public financial management reform actions work and that these remain particularly relevant in countries with weak institutional capacity...."

Tweets (via X & Bluesky)

Geneva Health Files

"Statements from developed countries appear to mirror each other. USA: "The text is a step back. The March 8th text is a missed opportunity" #INB9 @WHO Flags new funding vehicles, IP waivers as among red lines."

Mohga Kamal-Yanni

(re a (gated) Politico Pro article)

"Pressure is mounting on Africa group to waiver on their position at the Pandemic Accord negotiation. #INB9 But if status quo persists, how to secure protection of ALL from pandemics. Business as usual=inequality + pple in the South rely on charity. Unacceptable Important piece."

Abeba Birhane

"**the Cloud now has a greater carbon footprint than the airline industry.** A single data center can consume the equivalent electricity of 50,000 homes. At 200 terawatt hours (TWh) annually, data centers collectively devour more energy than some nation-states"

Clare Wenham

"**Controversial opinion: why is the groupthink of global health that any #PandemicAgreement is better than none? Because I dont think we can rule out the counterfactual:** If it's a poor treaty a) no one ratifies it b) no one complies with it c) global health security / WHO weakened."

Balasubramaniam

"It's not due to come up in formal negotiations for another few days but **the long shadow of pathogen access and benefit-sharing (PABS) is darkening the mood** at World Health Organization HQ in Geneva." #INB9"

"**"PABS is a car crash,"** said one western negotiator, granted anonymity to speak candidly."

Tim Schwab

"@indiaforum on demigods: Beyond **the so-called "Bill chill"**--in which people funded by Gates are afraid to criticize their patron--is a new term: "**the Bill Thrill**...the exhilaration of being in the same room as Gates or of receiving funding from him."

Amy Maxmen

"**A meaningful Pandemic Accord relies on *one* thing:** Concrete mechanisms to ensure that every region of the world has reliable, timely access to drugs & vaccines in an emergency. Pathetic to see the strength of forces opposing this common sense outcome."