

IHP news 792 : Kicking off a busy September month

(6 September 2024)

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

Dear Colleagues,

In our “**Brave New World**” of (1) a new PHEIC pretty much every year now; (2) a rather real nuclear threat if that botox-loving dictator in the Kremlin is being pushed a bit too hard to his sorry taste; (3) an accelerating climate and more in general [planetary crisis](#); (4) all while the UN system increasingly resembles the League of Nations in the 30s (*seemingly powerless versus the ongoing horror in Gaza or the “Taliban 2.0’s” gender apartheid, eg.*), and we no doubt forget a few more **existential threats** we are nevertheless happy to bring you again an IHP newsletter chockful of “global health” policy news :)

We have **two short Featured articles** this week, so on ‘voluntary and mutually agreed upon terms’ we’ll keep it brief in the intro.

It’s clear that with the start of September, **plenty of global (health) policy fora are getting into full swing again** (*among others, a **G20 Health Working group meeting** in Brazil and **interactive dialogues ahead of INB11** (re the pandemic agreement) took place this week; the [China-Africa Forum 2024](#) in Beijing ends today*) while others are keenly anticipated (eg the [Summit of the Future](#), and the **AMR UNGA HL-meeting**) later this month in New York.

A **flurry of new reports** are also being published, as is customary at this time of the year. Speaking of which, we’d like to flag here a [new report](#) examining the **representation of men in sexual and reproductive health policy**, launched just a few days ago by [Global Action on Men’s Health](#) (GAMH).

But we end with a **tweet from Madhukar Pai** from last weekend: “*In an era of conflicts, pandemics and climate crisis, **we cannot afford to see global citizenship and solidarity as romantic, naive, “woke” ideals. We need to see them as urgent values humankind needs to survive existential threats.***”

We fully agree. Yet, you have to admit the current global economic system (*which thrives on debt, precarity and often ruthless competition*) propagates vastly different values, by and large. Which perhaps gives you some idea on the (rather urgent) Theory of Change we need to deal with all these existential threats this century.

Enjoy your reading.

Kristof Decoster

Featured Articles

Spinal Cord Injuries in India: Towards a Comprehensive Preventive and Rehabilitative Response

Rayan Fernandes & Dr Keerty Nakray

Spinal Cord Injury Day, observed annually on September 5th, was established by the International Spinal Cord Society (ISCOS) in 2016. The primary goal of this day is to raise awareness about the prevention of spinal cord injuries and to improve rehabilitation and opportunities for those living with such injuries.

Spinal cord injury (SCI) is a significant health concern, leading to premature mortality and long-term disability. It refers to [damage to the spinal cord resulting from trauma \(e.g. from falls and road traffic injuries\) or non-traumatic causes like tumours, degenerative and vascular conditions, infections, toxins or birth defects](#). SCI can result in the total or partial loss of sensory and motor functions below the injury level. It diminishes the capacity of a person to perform daily activities, including walking, using one's hands, physiological emptying of bowel/bladder or washing and dressing oneself. Due to poor rehabilitation and care, people with SCIs are likely to develop additional complications which can further aggravate their well-being. As you can imagine, this situation is far more common in low-and middle-income countries (LMICs). In this article, we will zoom in on prevention and rehabilitation in India, but some lessons are no doubt also valid for other LMICs.

We start with some global statistics, though. According to data from the [Global Burden of Diseases, Injuries, and Risk Factors Study \(GBD\) 2019](#), approximately 20.6 million people globally lived with SCI in 2019. Sadly, [SCI is a significant cause of long-term disability, accounting for over 4.5 million years of life lived with disability \(YLDs\) in 2021 \(one YLD represents the equivalent of one full year of healthy life lost due to disability or ill health\)](#).

[In developing countries, overall prevention and rehabilitation for spinal cord injuries is challenging due to a lack of patient autonomy, no insurance for rehabilitation, poor access to assistive technology, social protection and employment](#) - among others. The evidence base on SCIs is also relatively poor, and there is often no comprehensive registration system to track the prevalence and incidence of SCIs.

Our country, India, is no exception in this regard. What's the current situation? [Approximately 1.5 million people live with SCI in India. Around 20,000 new cases are being added each year to this tally](#). The majority of the cases are males in the age group of 16-30 years, illiterate and poor villagers. Over time, though, the number of female cases has been rising. [Several gaps remain in prevention, availability of assistive technology, and rehabilitative services in healthcare facilities. Due to poor employment, individuals with SCIs are also less likely to have access to social protection](#). India's health insurance scheme (Ayushman Bharat) provides insurance [cover for polytrauma treatment](#), but for long-term treatment (which people with SCIs need) the picture is less clear. Also, many SCI patients and their carers are daily wage earners who cannot access hospital-based rehabilitation. [Telemedicine offers one pathway to care for SCIs but remains underdeveloped](#).

Way forward

To effectively address the needs of individuals with SCIs, a comprehensive public health approach is thus essential. Strengthening preventive measures through enhanced road safety protocols and modifications in homes, educational institutions, and workplaces can significantly reduce the risk of spinal cord injuries, mitigating human costs. Establishing specialised rehabilitation centres within district hospitals and outreach activities in rural areas will ensure more accessible care. Additionally, providing essential supplies like catheters, jelly, and gloves and investing in advanced wheelchairs such as Neo-Motion and Fly will improve access, mobility and independence. Both government and private sectors should develop vocational training and job placement programs to support economic integration. To deliver holistic care, comprehensive rehabilitation plans should involve multidisciplinary healthcare professionals, including physicians, physiotherapists, and psychologists. Furthermore, developing a comprehensive registry and researching the prevalence, incidence, and socio-economic impacts of SCIs will inform better practices and policies in India and other developing countries.

This multifaceted approach will enhance care, support, and integration for individuals with SCIs, ultimately improving their quality of life.

On the authors:

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History repeats itself – if we don't act to change its course

Katri Bertram (in personal capacity)

In global health, we don't just observe what happens: we work to improve the health of people and populations. Based on scientific evidence and history, we know that viruses don't stop at borders. If we don't work to prevent disease, we know that infections and chronic conditions run rampant. If we don't have strong health and social systems and invest in our health workforce, we know that the best products remain inaccessible to most of the world's people. We work hard because we believe in our individual and collective agency.

Yet in the face of rising extremist politics (in many countries not just only extreme and/or radical-right, but also radical-left), we appear to be paralyzed. Over the past decade, I have heard and read again and again that 'it's our job to focus on science, not politics', 'we deal with health, other sectors are responsible for other issues', and 'we'll risk losing our funding if we engage'. Despite our knowledge that people's and entire populations' health depends on political decisions (e.g.

implementation or dismantling of human rights, solidarity schemes, funding priorities), we act as if the abovementioned dire trend is all out of our control and we have no agency.

As more countries (and states in decentralized democracies) are flipping to the extreme & radical-right (or left, and in some cases both), the current response - which I'd summarize simply as 'mostly silence, or too opportunistic, too vague, too late' - isn't working. Many of us already feel that history is repeating itself – not just from HIV to Covid to mpox, but also with the rollback on human rights (including refugees', women's, and LGBTQI+ rights, as well as civilians in war zones).

History rarely repeats itself, it is said. Yet, as we head toward 2030, the world increasingly resembles not the future we aspire to and could have, but rather a bleak repeat of the 1930s.

Highlights of the week

Global Health Governance

Devex - SDGs were doomed to fail from the start, new Oxfam chief warns

<https://www.devex.com/news/sdgs-were-doomed-to-fail-from-the-start-new-oxfam-chief-warns-108200>

(gated) **“The “lofty ideals” behind the dream to end poverty lacked the political will to confront a global economy controlled by the super-rich, Amitabh Behar tells Devex.”**

“The world is failing to deliver the Sustainable Development Goals to end poverty because politicians have become servants of the super-rich instead of their own citizens, the new head of Oxfam International says. In an interview with Devex, Amitabh Behar rejected the argument that the United Nations targets — set in 2015, to be delivered in 2030 — have been derailed by a so-called polycrisis of coinciding catastrophic events including the COVID-19 pandemic and Russia's assault on Ukraine.....”

- See also [Devex Newswire](#) : **“The new head of Oxfam International says money and power, not political will, are confining the U.N. SDGs to failure. “**

“Politics is beholden to the powerful, and it's time the world recognized that reality, Behar said. “I don't doubt the people who have worked very hard in getting the SDGs, but they never addressed the fundamental questions of how the global economy is organized — how power is distributed, how does the [U.N.] Security Council work?” he warned....”

“..... Behar tells my colleague Rob Merrick that **the world is, as Oxfam's [recent annual report](#) highlighted, **“moving from democracy to plutocracy”** where politicians are “protecting capital and the accumulation of capital” instead of focusing on their own people.”**

He's damned right.

PS: Some more quotes:

“Behar argued that **civil society must change from its “traditional role of a charity provider working with governments” to pushing for “systems change”** — whether in “the corridors of power of the U.N. and the World Bank.”

• He admits there is **“resistance” within parts of Oxfam to its efforts to “decolonize,”** with only eight of 21 affiliated organizations at “the decision-making table” from the global south — **while arguing “we are ahead of most”** because of a commitment to achieve parity.

... • He **attacks governments still selling weapons to Israel despite its “clear violations of international humanitarian law” in Gaza,** where there is “forced displacement, forced starvation.””

And : “...One brighter prospect, Behar says, is the Brazilian G20 presidency’s efforts to forge an agreement at a summit this November on a global wealth tax of at least 2% on billionaires. “Brazil has been consistent in this agenda to tax the super-rich, several countries are positive about this idea and even narrative setters like the World Bank, the IMF, are acknowledging levels of inequality are unacceptable,” Behar says. “That’s a big shift.””

Development Today - In the absence of the World Bank, Gavi and DFIs create day zero pandemic fund

A D Usher; <https://www.development-today.com/archive/2024/dt-6--2024/in-the-absence-of-the-world-bank-gavi-and-dfis-create-day-zero-pandemic-fund>

(gated) “The World Bank has been singled out as the obvious place to house a day zero financing facility for a speedy response to the next pandemic. It has not stepped up to the plate and, filling the vacuum, two DFIs and Gavi have set up a USD 2.5 billion fund, adding a new layer of complexity to the global health architecture. **More DFIs, newcomers to the global health scene, are also engaging.** Economist Ruchir Agarwal, who originally proposed a “day zero” mechanism, weighs in. “

Quote: “...*The World Bank is hand-tied by its rules. Gavi & DFIs have created the world's first day zero pandemic fund for vaccines. Ruchir Agarwal: “When the next pandemic happens, we should not be wondering where the money will come from.”*”

Lancet Comment - Advancing the economics of health for all

M Mazzucato & dr Tedros; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01873-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01873-7/fulltext)

You know you have to read this 🤔.

“..... recommendations [from the WHO Council on the Economics of Health for All] have informed the new resolution on the Economics of Health for All that was endorsed by WHO member states at the 77th World Health Assembly (WHA) in May, 2024. The resolution gives WHO and its member states a mandate to pursue this new approach. But **the success of the resolution will require fundamental policy changes....”**

Read what Mazzucato & Tedros say will be needed – 4 axes in particular.

PS: “There is an opportunity for the G20 Joint Finance and Health Taskforce to put its weight behind this agenda...”

Devex- EU aid boss takes aim at infrastructure-driven development

<https://www.devex.com/news/eu-aid-boss-takes-aim-at-infrastructure-driven-development-108220>

“The Global Gateway investment plan got little love at a self-reflective hearing Wednesday.”

“The outgoing chief of the [European Commission](#)’s humanitarian aid department says an overuse of development funds on infrastructure projects could risk Europe’s support for basic services such as health and education around the world. Speaking to the European Parliament’s development committee on Wednesday, **Janez Lenarčič** said: “that there is a tendency of shifting resources from let’s call it ‘human development’ — basic services, livelihoods — into infrastructure projects.”

“I don’t have a problem with infrastructure projects,” said the Slovenian, whose five-year term as commissioner for crisis management ends this year. “But they should not come at the expense of assistance to people to get on their own feet, get their livelihoods, and no longer depend on humanitarian aid. Ending reliance on humanitarian aid depended on development cooperation to boost health, education, and other basic services, he said, adding that the latter is “underfunded.”...”

The Hearing also featured “**Finland’s Jutta Urpilainen, who is ending her term at the helm of the commission department responsible for development cooperation.**”

PS: “The problem the commission faces is that **earlier this year, leaders of the EU’s 27 member states agreed to cut around €2 billion (about \$2.2 billion) from the bloc’s common development budget**, which Urpilainen administers, to support other priorities such as Ukraine and preventing migration to Europe...”

FT (Opinion) – Rich countries tilt the scales when it comes to aid

A Tooze; [Rich countries tilt the scales when it comes to aid \(ft.com\)](#)

“Large-scale western support for Ukraine contrasts with smaller efforts for poor countries that are in dire need.”

Concluding: “...The sad fact is that were our aid sufficient to assist Africa in achieving economic take-off, the fondest hope of much of the European population would be that the migration would stop. **In stark contrast to Ukraine, there is no positive image of a shared future with a prosperous and self-confident Africa.** “

TGH - A New Era for Russian Foreign Policy on Global Health

N Shok; <https://www.thinkglobalhealth.org/article/new-era-russian-foreign-policy-global-health>

“Russia has altered its approach to global health amid the war in Ukraine and geopolitical rivalry with the West.”

Excerpts:

“... In March 2023, one year after the Ukraine war began, Russian President Vladimir Putin issued an updated strategic foreign policy document—the [Foreign Policy Concept \(FPC\)](#)—that links political and military strategies, highlights the importance of regions in creating centers of anti-Western resistance, and emphasizes policy flexibility and multipolar fragmentation in addressing global issues. The FPC sees global health engagement as a tool for shaping the new world order. It charts a course for Russian global health efforts to counter Western politicization of health, help countries and regions prepare for and respond to epidemics and pandemics, combat noncommunicable diseases, and enhance international scientific cooperation. ”

“That approach links [global health and biosecurity](#) and supports Russia's interests in exporting security and gaining geopolitical advantages by helping countries address their health needs. The FPC also includes major changes from earlier Russian foreign policy thinking on global health. It does not mention the World Health Organization (WHO), prioritizes the role of nation-states and bilateral relations, and excludes nonstate actors.”

“... Russia is particularly keen to prioritize regional centers of power in its foreign policy on health rather than use existing multilateral institutions. Health aid often supports military assistance, economic investments, or trade deals in advancing Moscow's strategic goals....”

“... Russia integrated global health into its foreign policy to enhance ties with LMICs and boost its global influence. The COVID-19 pandemic deepened Russia's focus on biosecurity and its alignment with goals of LMICs.”

PS: “ ... [this] complexity, however, does not obscure that **global health in Russian foreign policy has little interest in strengthening the established global health architecture but instead seeks to demonstrate that Russia is a great power with a global strategy based on its science, technological, and health security capabilities that offers countries help in improving their biosecurity and public health capacities.** Depending on the needs of partner countries, Russia can help improve pandemic readiness, support scientific collaborations, provide technological aid, develop health infrastructure, and facilitate trade and economic relations with Russian biotech, pharmaceutical, and other companies. The West should understand that Russian foreign policy on global health does not function as a separate, temporary endeavor designed just to mitigate the impact of Western sanctions. Instead, **Russian health engagement—combined with political, economic, and military initiatives—supports the broader foreign policy strategy of making Russia a global power in an international system not dominated by the United States and its allies. ”**

- Related: TGH - [Russian Cooperation with Venezuela Integrates Health](#)

“Russian-Venezuelan relations now involve the health sector, a bid to expand Moscow's influence in Latin America.”

Part of a TGH series exploring Russia's foreign policy on global health.

- TGH - [Russia's Growing Footprint on the African Health Landscape](#)

“Health cooperation with Uganda highlights Africa's role in Russian foreign policy and Ugandan motives in a changed world” (by Aloysius Ssenyonjo et al)

“... The intensifying relations between Russia and African countries include increased cooperation on health issues. At the forefront of that development is the health collaboration under way between Uganda and Russia. Although focused on biosecurity challenges exposed by the COVID-19 pandemic, the bilateral health activities reveal Ugandan and Russian interests that extend beyond the health sector to include economic efforts and touch on regional leadership in Africa and global competition among the great powers. **Ugandan-Russian health cooperation provides a lens on how global health is changing in the post-pandemic geopolitical world.**”

“... A recent **Russia-Africa health summit** convened in Uganda epitomizes the development of the Kremlin's efforts toward Uganda's and Africa's pandemic preparedness. “

PS: “ Uganda's interest in new diplomatic partners has coincided with Western countries' **intensified criticism** of Museveni's regime over the perceived deteriorating protection of human rights.....”

“... Uganda's health cooperation with Russia reveals changes in Ugandan politics, African regionalism, global health policies, and geopolitics. Those changes have created opportunities for bilateral health collaboration that helps Ugandan health and supports a range of regional and global interests that Kampala and Moscow have. Long the dominant players in health diplomacy, Western countries are realizing that their immense health investments in Uganda and Africa are not producing meaningful influence in the **new geopolitical world.**”

Counterpunch – The Unbearable Anthropocentrism of Our World in Data

Christopher Ketcham; <https://www.counterpunch.org/2024/07/26/the-unbearable-anthropocentrism-of-our-world-in-data/>

“How billionaire elites help fund an **Oxford statistics lab** that makes the destruction of Earth look just great.”

A related **tweet by G Monbiot** is more nuanced: “@OurWorldInData provides a lot of valuable information. Nevertheless, this article by @cketchamwild makes some astute and important points about its ideological framing of this data, false explanations of certain trends and selectivity. A must-read.”

Economy & Society - Technically speaking: How the Gates Foundation governs ‘women’s health’ in India

V D Sharma; <https://www.tandfonline.com/doi/full/10.1080/03085147.2024.2368363?src=exp-la#abstract>

I bet this one will be for many ‘on their reading list’ 😊.

“In global health, the ‘technical’ is viewed as scientifically and ethically superior due to the emphasis on quantitative methods, supported by international aid and philanthropy. This perceived objectivity and selflessness obscure numerous strategic decisions and practices through which donor-funded programmes shape the standards of women’s health. I **argue that this unexamined belief in the technical approach is a key reason why ‘Reproductive, Maternal, Neonatal, and Child Health’ (RMNCH) remains dominant despite its conceptual limitations and uneven progress.** An **in-depth study of RMNCH projects in Uttar Pradesh funded by the Gates Foundation** shows how technical interventions align with local social norms and political dynamics, creating an ideal-type female participant. In sum, this shapes the meaning and scope of women’s health.”

- Related: **Global Public Health - [Professionalisation experiences of a ‘business-minded’ HIV targeted intervention NGO in India: An organisational ethnography](#)**

UHC

UHC2030 Newsletter - Gearing up for the UN General Assembly's High-Level Week and the Summit of the Future

<https://createsend.com/t/d-34A08589D814C02E2540EF23F30FEDED>

“...Here are **three steps we're taking to ensure that UHC remains high on the UNGA agenda** and that countries act on their commitments.....”

1. Calling on leaders to leverage universal health coverage to tackle anti-microbial resistance
2. Advocating for the inclusion of health as an action item in the Pact for the Future
3. Getting ready for UHC Day 2024...”

P4H - Member State Session on Revising SDG UHC Indicators 3.8.1 & 3.8.2

<https://p4h.world/en/news/member-state-information-session-on-monitoring-universal-health-coverage-revising-sdg-uhc-indicators-3-8-1-3-8-2/>

“**WHO reviews proposed revisions to SDG UHC indicators 3.8.1 & 3.8.2, potentially altering a decade of financial protection data.**”

“**On 21 August 2024, the World Health Organization (WHO) organised an information session for Member States to discuss the revision of Sustainable Development Goal (SDG) indicators 3.8.1 and 3.8.2, which are crucial for monitoring progress toward Universal Health Coverage (UHC).** The **proposed changes to these indicators** could lead to significant shifts in how financial protection outcomes have been measured over the past decade. See the **presentation, particularly the detailed analysis on pages 34-35**, to understand the potential impact of the revisions.....”

Japan Pushes Universal Coverage, R&D Under New Global Health Vision

L Takagi; <https://pink.citeline.com/PS155175/Japan-Pushes-Universal-Coverage-RD-Under-New-Global-Health-Vision>

(gated) “The country is aiming to tighten collaboration with Asian authorities and **share globally its knowledge and experience of universal health coverage systems globally and will open a joint office in Tokyo with the WHO and World Bank in 2026.**”

- For more detail, see ‘ [Global Health Vision of Ministry of Health, Labour and Welfare of Japan](#)’ (26 August)

WHO (Brief) - Governance of dual practice in the public and private health sectors

<https://www.who.int/publications/i/item/9789240096615/>

“Dual practice, the combination of public and private practice in the same or different sites, is ubiquitous in most national health systems. Within the literature, there has been more focus on the dual practice of physicians and specialists, although nurses, midwives and other health workers also engage in the practice. The adverse consequences of dual practice for universal health care vary by context, and evidence is largely descriptive and fails to quantify and analyse its effects. Governance response also remains inherently contextual and varies by level of implementation intensity and capacity. Overall, the effects of different governance tools in response to dual practice remain unexplored in the literature. Studies do not elicit much insight into the process of policy reform in response to dual practice.”

With **key messages** on p. 7.

GAMH (report) – Out of Focus: : The representation of men in regional and global sexual and reproductive health policy

https://gamh.org/wp-content/uploads/2024/08/Sexual_Health_Report_SEPT24FINAL.pdf

Cfr the **press release: Urgent action required on male sexual health policy as new global report identifies major gaps in addressing men’s unmet needs**

Key messages: “New report from Global Action on Men’s Health finds only 1 in 6 (16%) of sexual and reproductive health (SRH) policies specifically address men’s needs; Older men and men with disabilities are particularly underrepresented; Sexual dysfunction, male reproductive cancers, and male fertility notably absent.”

“Policymakers are being urged to take action following the release of a new report from Global Action on Men’s Health (GAMH) highlighting the concerning lack of attention to men’s sexual and reproductive health (SRH) needs within current regional and global health policies.”

“The report, ‘Out of Focus: The representation of men in regional and global sexual and reproductive health policy’, concludes that men are largely excluded from SRH policies, with just 16 per cent of the policies analysed directly and specifically addressing men’s sexual and reproductive health. ...” **“A total of 37 regional and global SRH-related policies produced by many of the world’s leading organisations, including the WHO, African Union, EU, and USAID, were examined as part of the research.**

“Male sexual dysfunction, male fertility, male reproductive cancer and sexual pleasure are called out specifically for their lack of attention in policymaking.”

“Despite declining global birth and fertility rates, only 16 per cent of policies analysed address fertility or infertility for men, and most failed to recognise the connection between male infertility and other poor health outcomes, such as in cardiovascular health. Furthermore, just one in 20 of the policies assessed addressed sexual dysfunction for men, with little consideration for the impact of erectile dysfunction or premature ejaculation on men, despite the growing prevalence of these conditions and the far-reaching implications they can have on overall health and wellbeing. ...”

“.... The research also shows that when men are represented in SRH policy, men who have sex with men (MSM) are often the sole focus, rather than men more generally or men from various at-risk groups.....”

“References to male reproductive cancers - particularly prostate cancer - are also rare. This compares to a much greater policy focus on female reproductive cancers. ...”

Do check out the rest of the findings.

Gearing up for the Summit of the Future (22-23 Sept, NY)

With the (UN) **Summit of the Future** coming up in New York later this month, more and more related reads/analyses/advocacy pieces are being published.

Climate Change News - Fossil fuel transition back in draft pact for UN Summit of the Future after outcry

<https://www.climatechangenews.com/2024/08/30/fossil-fuel-transition-back-in-draft-pact-for-un-summit-of-the-future-after-outcry/>

“The new text of a UN pact for the high-level event brings back a mention of the headline COP28 agreement.”

“Governments have reinstated a commitment to transition away from fossil fuels in the draft of a new United Nations pact due to be adopted next month, following widespread condemnation over its previous removal....” **“The U-turn comes after nearly 80 Nobel prizewinners and world leaders [hit out at the deletion](#) of any references to fossil fuels in a previous version of the negotiating text** for the Summit of the Future taking place in New York during this year’s UN General Assembly.

“...In the [latest draft](#), published on Thursday, world leaders “decide to [...] transition away from fossil fuels in energy systems in a just, orderly and equitable manner, so as to achieve net zero by 2050 in keeping with the science”. The language closely mirrors the [landmark agreement](#) struck at the COP28 climate conference in Dubai last year with the exception of a call to “accelerating action in this critical decade” which is absent from the draft.....”

CIRSD - A Stable Planet is a Prerequisite for Development: Sustainable or Otherwise

J Rockström et al; <https://www.cirsd.org/en/horizons/horizons-summer-2024--issue-no-27/a-stable-planet-is-a-prerequisite-for-development-sustainable-or-otherwise>

Start with the **key messages**. And then go on and read the rest of the essay.

Related **tweet Johan Rockström**: **“In the run-up to the UN Summit of the Future, we make the point that we cannot address the Future of Humanity, without first addressing the Future of the Planet.”**

A few excerpts:

“... In short, the message from science to the world is now loud and clear. There is no chance of achieving the social and economic SDGs—and ensuring dignified lives for all by eradicating poverty and hunger and enabling good socio-economic development—without securing the stability, resilience, and life-support systems of the planet.”

“...The state of the planet must therefore become a pillar of all negotiations on global development, not least at the upcoming 2024 UN Summit of the Future. This essay lays out the most compelling, robust, and relevant science on what we know about the current state of our planet, its likely development in the near term, and science’s best advice for Earth’s current and next generation of stewards....”

PS: **“ ... if we look at the conclusions of the IPCC over the past six reporting cycles on the risks associated with singular, catastrophic events (i.e. tipping elements), it becomes clear that the more we understand about these tipping elements, the higher the risk becomes at a given level of global warming** (see Figure 3). Some 20 years ago (at the time of the IPCC’s Third Assessment Report release in 2001), a high risk of triggering irreversible changes in the climate system was assessed to occur only above 5-6°C of global warming. In other words, the risk was essentially zero at the time. Five assessment reports later, the risk of crossing tipping points is already significant within the 1.5-2°C range. The more we learn about the complex interactions in the Earth system, the more reason for concern....”

Earth4ALL - How Sub-Saharan Africa can achieve the SDGs by 2100: A new report by Earth4All

<https://www.clubofrome.org/news/earth4all-sub-saharan-africa-sdgs/>

“In advance of the UN Summit of the Future, Earth4All has released a new report detailing two possible futures for Sub-Saharan Africa this century. The report, **“SDGs for All: Africa,”** uses Earth4All’s state-of-the-art system dynamics model to chart possible pathways for SDG implementation in the region. Written in collaboration with notable African sustainability experts, **the report emphasises the scale and urgency of economic transformation needed to meet the Sustainable Development Goals (SDGs) in the region.** “

“In the best-case scenario, called the “Giant Leap,” Sub-Saharan Africa could see poverty drop from 500 million to 25 million people, hunger nearly eradicated, and universal access to education, clean water, and sustainable electricity. **On the other hand, the “Too Little Too Late” scenario paints a grim picture** where poverty rises to 900 million, hunger still affects 180 million, and over a billion people lack clean water. The Too Little Too Late scenario is based on existing policies in the region. These two scenarios highlight the critical importance of action this decade to drive five extraordinary turnarounds in the areas of poverty, inequality, empowerment, food, and energy.”

Check out the **key highlights** from the modelling for Sub-Saharan Africa.

Devex - Opinion: For the Pact for the Future to succeed, include women and girls

E J Sirleaf; <https://www.devex.com/news/opinion-for-the-pact-for-the-future-to-succeed-include-women-and-girls-108152>

“Early drafts of the U.N. Pact for the Future have so far fallen short on embedding gender equality into every action.”

“...the so-called [zero draft](#), circulated at the beginning of this year, was [rightly criticized](#) for the lack of focus on women and girls. ... **gender equality is not embedded into every action. ...”**

“Let’s look at three aims of the pact as examples of why this is the case: ending poverty, tackling climate change, and improving security.....”

PMNCH Statement on the United Nations Pact for the Future

<https://pmnch.who.int/news-and-events/news/item/02-09-2024-pmnch-statement-on-the-united-nations-pact-for-the-future>

(Sept 2) Advocating for **six principles** in particular.

Mpox emergency/response: news/updates

Again, with the by now familiar **2 sections**: updates resp. analysis/advocacy.

AP - Mpox outbreaks in Africa could be ended in 6 months, WHO chief says

<https://apnews.com/article/mpox-outbreak-africa-who-2e89be27fac8467650e47ef9f7f9e0ec#>

Coverage of last Friday’s press briefing by WHO.

“The head of the World Health Organization believes the ongoing mpox outbreaks in Africa might be stopped in the next six months, and said Friday that the agency’s first shipment of vaccines should arrive in Congo within days.....” “ ... “With the governments’ leadership and close cooperation between

partners, we believe we can stop these outbreaks in the next six months,” **WHO Director-General Tedros Adhanom Ghebreyesus said at a press briefing....**

“He said that while mpox infections have been rising quickly in the last few weeks, there have been relatively few deaths. Tedros also noted there were 258 cases of the newest version of mpox, with patients identified in Burundi, Rwanda, Kenya, Uganda, Sweden and Thailand....”

UNICEF issues emergency tender to secure mpox vaccines for crisis-hit countries in collaboration with Africa CDC, Gavi and WHO

[Unicef:](#)

(31 August) **“ UNICEF today announced that it has issued an emergency tender for the procurement of mpox vaccines. ... The UNICEF tender is issued to help secure mpox vaccines for the hardest hit countries in collaboration with Africa CDC, Gavi, the Vaccine Alliance, WHO, the Pan American Health Organization and other partners. This collaboration to increase access and timely allocation also includes working together to facilitate donations of vaccines from existing stockpiles in high-income countries with the aim of containing the ongoing transmission of mpox....”**

“... The emergency tender is designed to secure immediate access to available mpox vaccines as well as to expand production. Depending on demand, production capacity of manufacturers and funding, agreements for up to 12 million doses through 2025 can be put in place....”

HPW - Will DRC Finally Get Mpox Vaccines This Week?

<https://healthpolicy-watch.news/will-drc-finally-get-mpox-vaccines-this-week/>

Update from **Monday**. Must-read. Excerpts:

“While the Democratic Republic of the Congo (DRC), the epicentre of mpox, has yet to get a single vaccine dose despite battling large outbreaks since 2022, a flurry of activity last week aims to finally change this.

“ Last Friday, UNICEF announced it had [issued an emergency tender](#) for the procurement of mpox vaccines.... ...WHO Director-General Dr Tedros Adhanom Ghebreyesus clarified at a media briefing last Friday that the global body has given UNICEF and Gavi authorisation to waive the usual procedure to speed up the procurement of the vaccines. The emergency tender allows UNICEF to set up conditional supply agreements with vaccine manufacturers that will enable it “to purchase and ship vaccines without delay once countries and partners have secured financing, confirmed demand and readiness, and the regulatory requirements for accepting the vaccines are in place”, said UNICEF. UNICEF is also coordinating vaccine donations with the vaccine platform, Gavi, the Africa Centre for Disease Control and Prevention (Africa CDC), WHO and Pan American Health Organization (PAHO)....”

“... Meanwhile, Africa CDC Director General Dr Jean Kaseya said he expects the DRC to start receiving donated vaccines from the US and EU this week....”

PS: "The WHO estimates that \$135 million is needed to address mpox. **Currently, each mpox vaccine costs \$100.** Helen Clark, former co-chair of the [Independent Panel for Pandemic Preparedness and Response](#), called on Gavi and other donors to see whether they can use some \$1.8 billion left in the COVID-19 vaccine platform, COVAX, for vaccine access for the mpox response. "This current scramble for funds is a major reason why The Independent Panel recommended the establishment of an emergency surge finance mechanism – a recommendation which is highly relevant right now," said Clark in a statement issued on behalf of all active members of the Independent Panel."

PS: "Over the weekend, over **75 organisations under the Pandemic Action Network sent a letter to the G20 Health Working Group meeting currently underway**, urging them to prioritise "the immediate need for resources, including vaccines, to address the mpox outbreak". "The G20 must honour its commitment to prioritising prevention, preparedness, and response to pandemics, including boosting local and regional production of medicines, vaccines, and strategic health supplies," the letter added."

Reuters - DR Congo expects first delivery of mpox vaccine doses on Thursday

[DR Congo expects first delivery of mpox vaccine doses on Thursday | Reuters](#)

"We'll receive the first batch on Sept. 5 and a second one on Sept. 7," **response chief Cris Kacita** told Reuters in a WhatsApp message, without giving further details on the number of doses or the provider...." ".... **Kacita said on Monday that Congo hoped to start the first wave of vaccination on Oct. 8**, but that this would depend on it receiving vaccines this week. Health authorities face a steep challenge launching the vital campaign across a tropical country the size of western Europe. The doses must be kept at -90 degrees Celsius (-130°F) and communities can be wary of participating. **"The vaccine will not be distributed as soon as it is received," Kacita said, explaining why it would take around a month from delivery to launch the campaign. ..."**

"**"We need to communicate so that the population accepts the vaccination,**" he said, adding that the six targeted provinces have the capacity to store the doses at the required temperature...."

- But see also HPW -.... [While DRC Prepares Weekend Roll out of Mpox Vaccine](#)

Cfr WHO's media briefing on Wednesday.

"Mpox vaccines donated by the European Commission's Health Emergency Preparedness and Response Authority (Hera) will arrive in the Democratic Republic of Congo (DRC) on Thursday and the country's health ministry plans to start vaccinations over the week, said Tedros. "

"... While up to 60% of the DRC's mpox cases are children, **the donated vaccine – Bavarian Nordic's Jynneos (also called MVA-BN) is not yet registered for use in children. However, the WHO's head of R&D, Dr Ana-Maria Restrepo, said that the DRC could use the vaccine off label for children, and that there were a number of studies – including clinical studies – that had established its effectiveness in children...."**

PS: **"The WHO's Dr Maria van Kerkhove added that the WHO was "deeply concerned" about the spread of mpox Clade 1b in Burundi, the site of the second largest outbreak after the DRC.** "What's concerning about Burundi is that the cases are dispersed through the country, so we aren't seeing

these small pockets of outbreaks. This indicates that there's more transmission, there's more circulation that's happening," said Van Kerkhove....."

- And via [Reuters - EU delivers first mpox vaccine doses to Congo](#)

"The Democratic Republic of Congo is set to receive its first batch of 100,000 mpox vaccines from the European Union on Thursday, with a second delivery expected in the coming days, the European Commission said. ..."

Reuters - African drugmaker Aspen in advanced talks to manufacture mpox vaccines

[African drugmaker Aspen in advanced talks to manufacture mpox vaccines | Reuters](#)

"African drugmaker Aspen Pharmacare is in advanced talks with partners to manufacture mpox vaccines at its facilities, Chief Executive Officer Stephen Saad told Reuters on Tuesday. "We are speaking to people, we have the capabilities, we can do it," he said in an interview...."

"To avoid being left with idle capacity as happened when Aspen made COVID-19 vaccines for which demand never materialised, **Aspen has provided two preconditions,** Saad said. **"The first is we need to know that we have a commitment to volumes, regardless.** We can't be told that we're going to get a billion (orders) and then it becomes nothing," he said. **"The second area is, it costs money to transfer these products into a facility, so we will do it if someone pays for the tech transfer into our facility,"** he added."

Bloomberg - Mpox Vaccine Plan to Tap Africa Partners for Output, Biovac Says

<https://www.bloomberg.com/news/articles/2024-08-30/mpox-vaccine-plan-to-tap-africa-partners-for-output-biovac-says?srnd=homepage-africa&embedded-checkout=true>

"South African vaccine maker Biovac is able to produce the shots; Company awaits more talks with makers such as Bavarian Nordic."

The Global Fund Supports Countries' Efforts to Respond to Mpox

<https://www.theglobalfund.org/en/updates/2024/2024-08-30-global-fund-supports-countries-efforts-respond-mpox/>

(30 August) "In light of the Africa Centres for Disease Control and Prevention (Africa CDC) declaration of a public health emergency of continental security (PHECS) and the World Health Organization (WHO) declaration of mpox as a public health emergency of international concern (PHEIC), **the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is reaffirming its commitment to swiftly respond to requests from countries to reinvest grant funding to strengthen their response to mpox outbreaks....."**

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

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

Last update (of this weekly tracker): **3 Sept.**

Stat - Moderna reports encouraging results on its mpox vaccine, as outbreaks in Africa spread

<https://www.statnews.com/2024/09/04/moderna-mpox-vaccine-study-results/>

“The company’s shot provided more protection than an existing vaccine **in an animal study.**”

“...The vaccine manufacturer Moderna reported **in the journal Cell** that a messenger RNA-based mpox vaccine that it is developing was more protective than a vaccine made using the same platform as Bavarian Nordic’s Jynneos vaccine in a study in which non-human primates were vaccinated, then deliberately infected with mpox....”

PS: “... Moderna’s vaccine is not currently licensed or even authorized for emergency use. Even if all goes well with the Phase 1/2 trial in the U.K., it will take some time before the vaccine could be used in the field. **But it is clear from the past few years that the mpox threat is not going away, and that existing capacity to make vaccine to protect against it is too limited. And the response to the Covid-19 pandemic showed that scaling up production is easier for mRNA vaccines than it is for vaccine production that is based on growing stocks of virus, as MVA vaccine production is.** “The production delays with [the Bavarian Nordic vaccine] during the global outbreak, which continue as mpox cases rise in Africa, underscore the importance of having multiple vaccines produced through different methods,” Kuppalli, an infectious diseases specialist, said....”

Africa CDC - Mpox Continental Preparedness and Response Plan for Africa

<https://africacdc.org/download/mpox-continental-preparedness-and-response-plan-for-africa/>

(5 Sept) “**This preparedness and response plan outlines essential priorities to contain the mpox outbreak around ten pillars....**”

“Member states are **categorized into four risk-based groups...**”

PS: “**Excluding the cost of vaccines** which depends on the negotiation with manufacturers and donated in-kind, **the estimated budget for the six months from September 2024 to February 2025 is US\$ 599,153,498.00.** Of this, 55% (US\$329,311,463.00) is allocated for mpox response in 13 affected member states and readiness in 15 others, while 45% (US\$269,842,035.00) is earmarked for operational and technical support through partners.....”

Mpox emergency/response: analysis

GHF - Mpox Response Reveals Governance Shifts in Global Health, Presents Evidence on Policy Constraints

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

Analysis from last week on Friday.

“ What global health authorities do in the context of the international response to the mpox emergency is providing fresh evidence on the limitations of prevailing policy options. This will be crucial for the discussions here in Geneva, as negotiators resume parsing through the text on future obligations in a Pandemic Agreement on a range of matters, from surveillance, sharing pathogen information, accessing technology transfer, agreeing on the percentage of real-time access to medical countermeasures, and financing among others.”

“The current response is also illustrative of governance shifts. During the special briefing this week on August 28th, that took place on the sidelines of the Seventy-fourth session of the WHO Regional Committee for Africa, a feisty exchange on the mandate of the Africa CDC, was for all to see when CDC boss Jean Kesaya and WHO DG Tedros Adhanom Ghebreyesus indulged in seemingly casual but pointed remarks on the respective roles of their agencies. The way both agencies have come together in trying to align their responses is surely significant. See below snapshots from technical presentations made by WHO and CDC staff that give a glimpse of how partners are coming together to address the emergency. However, where the chips fall will depend on how the money flows.”

PS: “During the presentation of its half year report August 22, 2024, that was webcast, **top officials of Danish vaccine developer Bavarian Nordic gave a glimpse of tech transfer discussions with Africa CDC.**”

Devex - What you need to know about mpox vaccines

J L Ravelo; <https://www.devex.com/news/what-you-need-to-know-about-mpox-vaccines-108212>

(gated) **“Three vaccines have received authorization to be used against mpox in several countries, and there are several others in the development pipeline. But not all of them can be used for all populations.”**

PS: **“However, vaccine supplies are currently limited, which has led WHO not to recommend mass vaccination. Instead, experts suggest that health workers and people who have been exposed to the disease get the shot. The vaccines that could make their way to the DRC were actually initially developed to prevent smallpox, as my colleague Jenny Lei Ravelo explains. There are three different jabs that are available, although the one most commonly used in the mpox response so far has been MVA-BN, developed by a Danish company.”**

“Despite the rush to distribute the vaccines, there are still a lot of regulatory gaps that must be addressed. Many countries affected by the current outbreak have not yet approved the use of the

vaccines, although the DRC has granted an emergency use authorization. And some of the shots are still not licensed for use in children under 18 years old, although trials are underway to address safety and efficacy concerns.”

Science - Africa has an mpox emergency. Why doesn't it have more vaccines?

<https://www.science.org/content/article/africa-has-mpox-emergency-why-doesn-t-it-have-more-vaccines>

Must-read analysis. “The Democratic Republic of the Congo received its first 99,000 doses today. Health officials say millions more are needed.”

“... *Science* Insider spoke with people at the mpox front lines to understand the delays and how the vaccine doses now arriving might be used...”

Among others: **on the vaccine doses on the way, why is it taking so long for them to arrive, why didn't African countries ask for them earlier, who should be vaccinated first, how well will the vaccines work against different types of mpox...**

CGD (blog) - Could Fractional Dosing Be the Key to Addressing the Mpox Vaccine Shortage?

W Wiecek & J Guzman; <https://www.cgdev.org/blog/could-fractional-dosing-be-key-addressing-mpox-vaccine-shortage>

“... In this critical moment, fractional dosing (FD)—a strategy that involves administering smaller doses of vaccines, mainly to stretch limited supply—could be a game-changer. This approach was successfully employed during the 2022 mpox emergency with the MVA-BN vaccine, one of the two vaccines approved for mpox in high-income countries, allowing countries like the US and UK to extend their vaccine coverage despite severe shortages....”

On the **potential benefits** of FD and **three challenges** for widespread FD implementation.

The authors conclude: “As the mpox outbreak continues to spread in Africa, **FD offers a promising strategy to maximize vaccine impact in the short term. The potential benefits—up to a fivefold increase in vaccine supply, faster coverage, and significant cost savings—make it a strategy worth serious consideration. However, the global health community must act quickly to overcome the challenges associated with FD. Here are three critical steps that can be taken:....”**

Lancet Correspondence - Mpox in eastern Democratic Republic of the Congo: challenges and prospects for vaccination

Harry César Kayembe Ntumba et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01806-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01806-3/fulltext)

“... a multi-sectorial approach is necessary. In this regard, vaccination has been identified as a key component of the prevention and response strategy...”

Read what they suggest more in particular for the Eastern part of the DRC.

Lancet Letter - Enhancing mpox response in Africa with implementation science

Abdu A Adamu et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01807-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01807-5/fulltext)

“... The diverse contexts of the ongoing outbreak have implications for the outcome of control efforts, thus necessitating robust application of implementation science to guide effective operationalisation of all outbreak response pillars to pre-emptively anticipate and manage complexity....”

“We offer two recommendations for achieving this: first, response interventions and monitoring systems for an mpox outbreak should be rooted in complexity-aware theory of change and guided by implementation science models and frameworks; and second, an agenda for the exchange of mpox knowledge across continents should urgently be instituted to facilitate rapid cross-context learning and unlearning, and rapid spread of innovative practices that are tested in real-world settings....”

The Conversation - Mpox could spread into conflict zones in east Africa – how to manage the response

H A Gesesew et al; <https://theconversation.com/mpox-could-spread-into-conflict-zones-in-east-africa-how-to-manage-the-response-237576>

“... There is a danger of the virus spreading further afield. The most vulnerable are countries in east Africa and the Horn that are at war or have recently faced serious conflicts.”

“... Our research focus is public health, including the negative impacts of conflict on health outcomes. We mapped the repercussions of the war in Tigray region of Ethiopia which started in 2020. Our main findings were that medical and humanitarian services were in a state of siege. There was also evidence of a rise in illnesses. We concluded from our research that the war had left a catastrophic humanitarian crisis, including a collapse of the healthcare system.”

“Insights from this as well other research we have done in the region show clearly that armed conflict and the recent mpox outbreak make a deadly mix....”

With six suggestions to contain the spread of Mpox.

The Conversation - Mpox in the DRC: children are at high risk – health expert explains why

<https://theconversation.com/mpox-in-the-drc-children-are-at-high-risk-health-expert-explains-why-237597>

“The World Health Organization (WHO) has warned that children, pregnant women and people with weak immune systems are at higher risk from the mpox outbreak in the Democratic Republic of

Congo. Reports confirm that children under five account for 39% of all cases in the country, and babies as young as two weeks are being diagnosed with this viral illness. **Nadia Adjoa Sam-Agudu, an expert in paediatric infectious diseases, explains how mpox can be dangerous for children and what must be done to protect them.**”

And a link:

- MSF - [Mpox in eastern DRC is just another challenge amid torrent of problems](#)

Ahead of INB11 : interactive dialogues (& pre-analysis)

WHO – INB-related interactive dialogues (3 – 4 September 2024)

<https://www.who.int/news-room/events/detail/2024/09/03/default-calendar/inb-related-interactive-dialogues>

“As agreed in the report from the tenth meeting of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response, **the Bureau, with support from the Secretariat, has organized interactive dialogues and outreach sessions.** These sessions aim to provide balanced and diverse expertise, viewpoints, and perspectives on: **Article 12** (Pathogen Access and Benefit-Sharing System); **Articles 4** (Pandemic Prevention and Surveillance) **and 5** (One Health Approach for Pandemic Prevention, Preparedness, and Response); the complementarity and coherence between the amended International Health Regulations (IHR) adopted at the Seventy-seventh World Health Assembly and relevant articles in the proposed WHO Pandemic Agreement; and the legal architecture of the WHO Pandemic Agreement proposal. **These sessions [will] take place on 3 and 4 September 2024.....”**

Short recap of these discussions – via Pandemic Action Playbook

<https://mailchi.mp/pandemicactionnetwork/urgency-of-now-pandemic-action-playbook-sept-5?e=da8439b1d4>

“...Additionally, conversations focused on the complementarity between the agreement and the amended International Health Regulations (IHRs), including from a legal perspective.”

“**More questions than answers.** At this stage, **dialogues highlighted key questions, major points of contention, and areas that still need alignment in upcoming negotiations. ...”**

“**All about PABS.** The dialogue on PABS — the rules of who shares and who benefits from pathogen data and resulting medical countermeasures — focused on PABS’ ability to be universally applied across all WHO Member States, and how a WHO system would interact with the Nagoya Protocol and Convention on Biodiversity — including its potential to serve as a Special International Access and Benefit Sharing Instrument. It also covered whether or how to include PABS in the pandemic agreement itself or as a separate protocol, and pros and cons of adopting PABS under WHO Constitution Articles 19, 21, or 23 — specifically focused on universality, speed of entry into force/implementation, and monitoring and accountability. One [response to proposals for pandemic](#)

[agreement 'protocols'](#) called for “a single undertaking approach whereby nothing is agreed until everything is agreed.” ...”

GHF - Lessons From The Negotiations On The Pandemic Agreement

By Priti Patnaik & Tessa Jager; [Geneva Health Files](#)

Focus on the past two INB years. “*Key Learnings over two years.*”

“Earlier this year, during the World Health Assembly in May, we presented the first ever edition of the **Geneva Health Files Dialogues** - a signature series from us where we host discussions on key policy topics in global health. **We brought together experts to reflect on the lessons from the negotiations towards a new Pandemic Agreement over the last two years.**”

“... **Experts highlighted not only process concerns, but also underscored larger objectives, necessary tactical maneuvers, and reading the politics in the room**, as different elements that might help lead to consensus in these often difficult negotiations.....”

With the **views of K M Gopakumar, L Gostin, N Schwalbe, N Jamal and others.**

PS: “... **We [reported in July 2024](#), at the tenth meeting of the Intergovernmental Negotiating Body how underlying politics have not changed. The same faced challenges over the last two years could very likely hamper these negotiations, unless there are changes in the way these discussions are managed and conducted in the coming months.....**

And Patnaik concludes:

“... **Leadership in structuring these negotiations going forward, in creating spaces and opportunities to bring countries together to make compromises, is going to be critical** in contributing towards a consensus. Delegations want the INB Bureau to tackle the difficult process issues on informal versus formal negotiations, on the involvement of experts in a more substantive manner, in order to make a breakthrough in the context of rigid positions of countries witnessed so far on certain provisions. Ensuring transparency and fairness in the conduct of these negotiations will also inject greater faith and engagement in the **process. Delegations across the board have repeatedly pointed to the IHR negotiations as an example for streamlined discussions** where the Bureau shared rationales on their decisions with text for example.”

More on PPPR

WHO launches global framework for understanding the origins of new or re-emerging pathogens

<https://www.who.int/news/item/04-09-2024-who-launches-global-framework-for-understanding-the-origins-of-new-or-re-emerging-pathogens>

“With the support of the Scientific Advisory Group for the Origins of Novel Pathogens (SAGO), **the World Health Organization (WHO) has published a [global framework](#) to help Member States**

comprehensively investigate the origins of new and re-emerging pathogens. While there are a number of tools available for investigating infectious disease outbreaks, this is the first unified, structured approach to investigating the origins of a novel pathogen.

... The WHO global framework outlines scientific investigations and studies **for six technical elements:...**

Nature - Farmed fur animals harbour viruses with zoonotic spillover potential

<https://www.nature.com/articles/s41586-024-07901-3>

- Coverage via the Telegraph - [Dangerous new coronavirus is one of more than 30 pathogens found in new study of Chinese fur farms](#)

“ Nature paper says ‘zoonotic soup’ of viruses in farmed animals much greater than previously reported, raising pandemic spillover fears.”

“A concerning new bat coronavirus is among 36 novel viruses detected among animals including racoon dogs, mink and guinea pigs in Chinese fur farms, scientists have warned....” **The results, published in Nature journal on Wednesday, reiterate the risk posed by small scale fur farms, which continue to proliferate in China and southeast Asia. It also expands the list of animals known to be susceptible to zoonotic pathogens, including novel coronaviruses, bird flu and Japanese encephalitis....”**

- See also Science News - [Animals farmed for fur harbor dozens of concerning viruses](#)

Gearing up for the AMR UNGA High-Level meeting (26 Sept)

WHO - New global guidance aims to curb antibiotic pollution from manufacturing

<https://www.who.int/news/item/03-09-2024-new-global-guidance-aims-to-curb-antibiotic-pollution-from-manufacturing>

“The World Health Organization (WHO) has published its first-ever guidance on antibiotic pollution from manufacturing. The new guidance on wastewater and solid waste management for antibiotic manufacturing sheds light on this important but neglected challenge ahead of the United Nations General Assembly (UNGA) High-Level Meeting on antimicrobial resistance (AMR) taking place on 26 September 2024.....”

HPW - More Countries Are Addressing AMR, But Many Reluctant to Commit to Specific Cut to Animal Antibiotic Use

<https://healthpolicy-watch.news/more-countries-are-addressing-amr-but-many-reluctant-to-commit-to-specific-cut-to-animal-antibiotic-use/>

Coverage of a Wellcome media briefing on Monday.

“While more countries are aware of antimicrobial resistance (AMR) than a decade ago – many are reluctant to commit to a specific target to reduce the overuse of animal antibiotics as they negotiate a political declaration ahead of the United Nations high-level meeting on AMR.”

“The [zero draft](#) of the declaration issued on 20 May proposed a target of “at least 30%” reduction in “the quantity of antimicrobials used in the agri-food system globally” by 2030. But “a lot of countries still seem keen to water down very concrete commitments on things like reducing animal use of antibiotics”, **Jeremy Knox, head of infectious disease policy at Wellcome Trust, told a media briefing on Monday.”**

“However, Knox said he was “cautiously optimistic” about the outcomes of the UN high-level meeting set for 26 September – eight years after the only other HLM on the issue in 2016. Wellcome has proposed three key strategies to address AMR – a political “rallying cry” (such as the climate sector’s target of no more than a 2°C temperature increase), a global scientific evidence panel on AMR, and sustained political follow-up, said Knox....”

Read what he expects to be the outcomes of the AMR HL meeting: **““I don’t think we’ll end up with the kind of very clear and ambitious rallying cry that we might have hoped for, but I do think we will see some commitments which are steps in the right direction....”**

Council on the Economics of Health For All - Approaches and tools to help finance and implement national action plans on AMR - Council Insight no. 2

<https://www.who.int/publications/m/item/approaches-and-tools-to-help-finance-and-implement-national-action-plans-on-amr---council-insight-no.-2>

“...This insight focuses on ways in which financial and economic levers and financing and budgeting tools can help guarantee the funding and implementation of national action plans (NAPs) on AMR. Together, the levers and tools, which include outcome-based budgeting, delegated and earmarked financing and joint budgeting, constitute promising approaches to tackling AMR and its far-reaching consequences from a whole-of-society perspective.”

“... While some 178 countries have an AMR NAP, only about a quarter of them follow through the plans with a monitoring framework and domestic financing. The insight discusses five key challenges that hinder proper implementation and financing of the NAPs. It provides policy recommendations along with country examples and cases to illustrate how to apply the recommendations...”

FT - Investors step up calls to cut use of antibiotics in food chain

<https://www.ft.com/content/b1c1e314-393d-4cb0-8251-d48eb0a21cf5>

“Groups managing more than \$13tn cite ‘economic imperative’ of finding ways to reduce superbugs’ spread.”

“Investors representing more than \$13tn in combined assets have urged policymakers to help curb the spread of drug-resistant “superbugs” by cutting the excessive use of antibiotics in the food supply chain. Ahead of the UN General Assembly’s second high-level meeting on anti-microbial resistance (AMR) this month, **about 80 investors or investor representatives, including Legal & General Investment Management and Australian pension fund Hesta, have called for the use of antibiotics in humans, animals and agriculture to be reduced.** They say this is “not just a health necessity but also an economic imperative”.”

“... **Investor Action on AMR (IAAMR)**, which is behind Tuesday’s call to arms, said **the global costs associated with AMR are likely to reach \$100tn and lead to a 3.8 per cent decrease in global GDP by 2050.** Investors are “increasingly concerned with the negative impact AMR will have on global financial markets, economic stability and long-term value generation”, it added.....”

- See also **Cidrap News** – [Investors can play 'pivotal role' in addressing antimicrobial resistance, report says](#)

“A new report lays out the financial risks posed by antimicrobial resistance (AMR) and how investors might be able to mitigate them.”

“the report published this week by the Farm Animal Investment Risk & Return (FAIRR) initiative, the MSCI Sustainability Institute, and Investor Action on AMR highlights the significant financial costs. According to **World Bank estimates**, unchecked drug-resistance could cause annual gross domestic product losses ranging from US \$1 trillion to \$3.4 trillion by 2030, driven by increased human and veterinary healthcare costs, reduced productivity, and declines in global livestock production. Those losses could rise to \$100 trillion by 2050 if the weak pipeline for new antibiotics continues to falter.”

“... **But investors can play a role in addressing AMR by incorporating an "AMR lens" into investment decisions, the report suggests.** This means identifying opportunities to invest in companies that are part of the solution to AMR and avoiding investments that exacerbate it. One clear area of opportunity is antibiotic research and development....”

CGD (Notes) - The Broken Wheel of Access for Antimicrobials: Barriers to Rolling out Antimicrobials in Low- and Middle-Income Countries

K Klemperer et al ; <https://www.cgdev.org/publication/broken-wheel-access-antimicrobials-barriers-rolling-out-antimicrobials-low-and-middle>

“Access to effective antimicrobials is crucial to any healthcare system, but in **many countries, necessary antimicrobials are not available to patients because they have not been registered and/or introduced.** This **introduction barrier is particularly prevalent in low- and middle-income countries (LMICs).** Not only does this directly cause mortality and morbidity, but, by leaving infections to spread unchecked, it can also lead to increased rates of resistance. **Through interviews with experts, we sought to learn why LMICs see fewer antimicrobial registrations and product introductions than other countries—what we refer to as the “rollout problem.....”**

G20 Brazil: G20 Health working group meeting & other G20 updates

Natal designated as 16th host city for G20 meeting

<https://www.g20.org/en/news/natal-designated-as-16th-host-city-for-g20-meeting>

From late last week. “The **city of Natal**, capital of the Brazilian state of Rio Grande do Norte, will host G20 events in September and October. **Meetings of the Health Working Group will be held on September 2 and 3...**”

“... Regarding the Health Working Group, the objective is to identify the points of consensus between the member countries that can be taken for the ministers’ consideration at the ministerial meeting scheduled for October 31 in Rio de Janeiro. Before that, in Natal, the last in-person technical meeting will take place to discuss two urgent issues in particular. The first issue is **Brasil's proposal to create a global alliance for the local and regional production of medicines, vaccines and diagnostic materials**. The focus of this initiative is on diseases that affect underserved populations. The second one will discuss the **impact of climate change on health and its relationship with equity.**”

“Ambassador Alexandre Ghisleni, head of the Special Advisory on International Affairs of the Ministry of Health and coordinator of the Health Working Group, informs **that the practical application of the concept of "One Health" — will also be on the agenda, as will the issue of antimicrobial resistance in the global context...**”

G20 (news) - Antimicrobial resistance is the theme of the opening and ministerial meeting of the Health Working Group in Natal

<https://www.g20.org/en/news/antimicrobial-resistance-is-the-theme-of-the-opening-and-ministerial-meeting-of-the-health-working-group-in-natal>

“**Antibiotic resistance**, one of the greatest challenges to global public health, causes approximately 1.2 million deaths annually. **The mobilization proposed by the member countries of the G20 is essential to address the issue.**”

“The indiscriminate use of antimicrobials in human health, animal health, and agro-food production, as well as social and environmental factors, are the main contributors to the acceleration of antibiotic resistance, which is responsible for 1.27 million direct deaths and 5 million associated deaths per year, according to a United Nations report . This was **the key issue at the opening of the Ministerial Meeting of the G20 Health Working Group, which takes place in Natal**, capital of the state of Rio Grande do Norte. “

“... Countries that received joint support from the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Health Organization (WHO) and the World Organisation for Animal Health (WOAH) shared their action plans for AMR to promote awareness and adaptation by other countries....”

“Another highlight was the role of the Antimicrobial Resistance Multi-Partner Trust Fund (AMR/MPTF) in supporting countries to prevent and respond to AMR. The instrument supports national, regional and global efforts to put into practice the AMR Action Plan. The meeting in Natal aligns actions and strategies for the G20 countries to sign the United Nations Declaration on tackling AMR, on September 26 in New York, United States.”

PS: **“Since the declaration of the 2016 General Assembly of the United Nations meeting on AMR, there has been political movement and commitment to address the issue in human, animal and environmental health sectors through a One Health approach. Progress has been limited: although 178 countries have developed National Action Plans (NAPs) for AMR, only 11% have allocated budgets for implementation. ...”**

- For more on this opening event see the [concept note](#).

PAHO - Antimicrobial resistance, One Health, and climate change top of the agenda at G20 event in Brazil

[PAHO](#)

For more on the G20 Health working group meeting from 1-3 Sept in Natal.

Via LinkedIn (A Wyns)

[LinkedIn](#)

“G20 countries are meeting in the Brazilian city of Natal this weekend to continue negotiating a dedicated G20 declaration on climate and health. This is the first time the world's 20 largest economies are tackling the issue of climate and health in the G20 forum.

Under the Indian Presidency of the G20 in 2023, G20 health ministers already recognized that “climate change will continue to drive health emergencies,” while heads of state asserted their collective commitment to building climate-resilient, low-carbon health systems in the G20 New Delhi leaders declaration.

This year, they are going one step further, and are **developing a dedicated declaration on climate change, health and equity, as part of the G20 Health Working Group (sherpa track).**

The G20 declaration will build on the COP28 declaration and WHA resolution on climate and health, and lay out a set of priority activities for countries to work on together. It also expands in important areas that remained underdeveloped, such as a stronger focus on equity, taking a One Health approach, and outlining priority actions on Antimicrobial Resistance....”

“After online negotiations over the past 2 months, country delegates are now meeting in person for the first time in Natal, for a few grueling days of line by line negotiations.

If all goes well, the G20 declaration on climate and health will be adopted later this year, at the Health Ministers' Meeting on 31 October in Rio de Janeiro.”

“The work we've done to raise the political profile of climate and health in the G20 creates a

powerful parallel track - alongside the UN climate negotiations - to maintain global momentum for action on climate and health.”

ILO Director-General: “Half the world population receives zero protection. Is this how we want to continue?”

<https://www.g20.org/en/news/ilo-director-general-half-the-world-population-receives-zero-protection-is-this-how-we-want-to-continue>

“Gilbert Hounbo advocates a new era of social justice and talks about the **Global Coalition for Social Justice and the challenges currently faced by the initiative**—which seeks to reduce inequalities and fulfill the UN's 2030 Agenda. In an exclusive interview to G20 Brasil, Hounbo also addresses **uberization, ecological transition, and the impact of AI on the world of labor.**”

“With the urgent need for measures to ensure fair working hours and decent income—and to reduce socioeconomic, ethnic, and racial inequalities as well as inequalities between men and women—the **Global Coalition for Social Justice was created to promote compliance with the United Nations Sustainable Development Agenda**. The Coalition strives to ensure a better world without leaving anyone behind by 2030. **Fifteen G20 member countries have already signed up as members of the Coalition, co-chaired by Brasil this year and the next.** Led by the **International Labour Organization (ILO)**, the initiative aims to promote joint work by civil society organizations, governments, the private sector, and academia to leverage social justice worldwide...”

Devex - Inside Brazil’s plan to cut world hunger by 2030

<https://www.devex.com/news/inside-brazil-s-plan-to-cut-world-hunger-by-2030-108205>

“Brazil’s President Luiz Inácio Lula da Silva lifted millions out of poverty and hunger in his country. Now, as **Brazil hosts the G20, he is setting his sights on the whole world.**”

“... Lula is challenging the world to follow Brazil’s example by **using its G20 presidency to build a Global Alliance Against Hunger and Poverty**. His goal is to **remove all countries from the Food and Agriculture Organization’s hunger map by 2030**. A task force headed by Brazilian officials [published foundational documents](#) last month outlining the alliance’s criteria and mechanisms...”

“... **The alliance isn’t designed to replace global financing for anti-hunger efforts but to instead mobilize the G20’s political capital to make it easier for the countries with the greatest need to access existing resources**, according to Renato Godinho, a special adviser to Brazil’s Ministry of Social Development. He co-chairs [the task force](#) assigned to establish a basic framework for the alliance. In other words: **It won’t be a new pot of money. It’ll be a neutral broker. ...**”

Human Resources for Health

Lancet Editorial - The structural roots of violence against female health workers

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01864-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01864-6/fulltext)

“On the night of Aug 8, 2024, a [31-year-old female trainee doctor was raped and murdered](#) towards the end of a 36-h shift at a hospital in Kolkata, India. A male civic volunteer has been arrested for the crime, the shocking nature of which motivated the Indian Medical Association (IMA) to call for a national strike. **Much of the coverage has focused on the incident as an example of attacks on health workers. Globally, health workers experience high rates of workplace violence, with up to [62% of health workers suffering physical violence or non-physical violence at some point](#). But crucially, this was not only an attack on a doctor; it was also an attack on a woman. The misogynistic nature of the crime has thus far been underappreciated.”**

“Violence against female health workers can manifest in many ways. Rape and murder represent extremes on the spectrum of workplace violence, defined by WHO as “incidents where staff are abused, threatened or assaulted in circumstances related to their work”. Violence against female health workers is a structural problem....”

“.... The roots of the problem run deep. In 2002, a [joint task force](#) established by the International Labour Office, the International Council of Nurses, WHO, and Public Services International recognised the need for increased equality in gender relations to prevent workplace violence in health care. **But it is impossible to isolate the health-care sector from the wider society in which it is embedded. Misogynistic beliefs that women are inferior to men, which are prevalent in but by no means unique to Indian society, make women a target for aggression. **Nobody would argue that dismantling structural misogyny is simple. But ending workplace violence against female health workers must build on an appreciation of underlying gender power relations... Violence against female health workers is a shared problem, one that requires engagement across the entire medical community.** Only by appreciating how deep the roots of the problem go, can we take effective action to protect health workers from harm.”**

Global Tax Justice

Tax Justice Network - UN submission sets out racist impacts of UK's 'second empire'

<https://taxjustice.net/2024/09/02/un-submission-sets-out-racist-impacts-of-uks-second-empire/>

“Together with its network of crown dependencies and overseas territories, the United Kingdom is the world's largest facilitator of crossborder tax abuse. Indeed **the UK's 'spider's web', as it is often known, **was developed as a global system of economic extraction during the retreat of its formal colonial empire....”****

“A [new submission delivered to the Committee on the Elimination of Racial Discrimination sets out the deeply racialised impacts of this injustice, which prejudices the majority non-white countries of the Global South](#), and the **pernicious role the UK is playing in seeking to hinder efforts at meaningful reform. The **United Kingdom has emerged as a key blocker at the negotiations on a new Framework Convention on International Tax Cooperation at the United Nations**, an initiative brought forward by the Africa Group in an effort to address the historic and ongoing plunder of their economies due to massive levels of international tax abuse....”**

Planetary Health

Lancet Offline – The case for a biorenaissance

R Horton ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01860-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01860-9/fulltext)

Referring to a **book from Stephen Boyden**, an English veterinary scientist, “*A Biorenaissance: The Human Place in Nature—Past, Present and Future.*” Read what it entails.

Consultation with health community on the COP29 Special Report on Climate Change and Health (4 Sept)

<https://www.who.int/news-room/events/detail/2024/09/04/default-calendar/consultation-with-health-professionals-on-the-cop29-special-report-on-climate-change-and-health>

“**WHO is committed to deliver to the Azerbaijan Presidency of the 29th Conference of the Parties (COP29) of the United Nations Framework Convention on Climate Change (UNFCCC) a Special Report on Climate Change and Health**, prepared in consultation with the global health community.”

“**The COP29 Special Report on Climate Change and Health will propose a set of priority actions from the global health community** to governments and policymakers, calling for urgent response to the current climate and health crises...”

This was discussed during a (hybrid) consultation on 4 Sept.

Via LinkedIn (A Wyns)

Focusing on the (WHO) regional level:

“**So great to see the WHO regional offices elevate climate change as a priority. The 47 Member States of the WHO African Region have adopted a framework to guide their work on climate change over the next 10 years....**”

The **WHO AFRO framework for building climate-resilient and sustainable health systems (2024 - 2033) sets out 10 priorities on climate and health** for the African region: [WHO Afro](#).

BMJ Opinion - Integrating injury prevention into the planetary health agenda: a vital opportunity

<https://www.bmj.com/content/386/bmj.q1914>

“**The injury prevention community** has much to gain from more systematically considering how it **might integrate its agenda into the climate and health agendas**. To do so, it will need to find and exploit existing entry points, argue **Jagnoor Jagnoor and Kent Buse.**”

“... A missing dimension, however, is the complex and underappreciated relationship between climate change and injuries and violence—including prevention. **With the increasing frequency and**

intensity of climate related disasters, coupled with the growing recognition of the interconnectedness of global health issues, now is a critical time to integrate injury prevention into planetary health discourse.”

“We urge the integration of injury and violence prevention into health and climate agendas. The **15th World Conference on Injury Prevention and Safety Promotion in New Delhi in September 2024** presents a critical opportunity to pursue this integration agenda. The **UN Climate Change Conference in Baku later this year provides a complementary opportunity** to foster awareness, inform policy, and strengthen commitments to integration interventions.”

“... **We propose three illustrative entry points** that provide impetus for exploring how action on climate change and injury prevention could be integrated.”

HPW - Climate Change, Wildfires and Air Pollution Damaging Global Health, WMO Warns

<https://healthpolicy-watch.news/climate-change-wildfires-and-air-pollution-damaging-global-health-wmo-warns/>

“Climate change, wildfires and air pollution are locked in a deadly cycle threatening human health, ecosystems and agriculture worldwide, the World Meteorological Organization (WMO) warned on **Thursday**. The WMO sounded the alarm in its **latest bulletin** on air quality and climate, the fourth such publication this year. With a **special focus on wildfires**, the report analyzes global and regional concentrations of particulate matter pollution and its harmful effects on health and crops in 2023....”

PS: There was relatively positive news on **China and Europe**.

Lancet Planetary Health – September issue

[https://www.thelancet.com/issue/S2542-5196\(24\)X0010-8](https://www.thelancet.com/issue/S2542-5196(24)X0010-8)

- Start with the [Editorial – Less than fantastic plastic](#) :

“While some voluntary initiatives like replacing plastic straws or using more plastic efficient packaging are welcome, they are clearly insufficient to address the scale of the problem. **An attempt at a more coordinated intervention has taken the form of A UN resolution**. **Formal negotiations on the UN treaty to end plastic pollution began in November 2022, with the ambition to complete the negotiations in late 2024**. While there are no credible voices arguing that plastic pollution is not a problem at all, plastics are petrochemical products and so it is **perhaps unsurprising that many of the same sticking points that act to stall climate policy development are emerging in the negotiations for the plastics treaty....**”

“... **Recently, the United States changed its position from favouring demand side measures to acknowledging that supply side measures will be critical tools to address plastic pollution**. The US was the last of the G7 to resist supply side measures and so perhaps this will increase the chances of agreement on including legally binding production targets in the UN Plastics Treaty. However, several countries including Russia, Saudi Arabia and India continue to resist this move.

No doubt there will be many more points of contention in the coming months regarding issues like the level of detail of the treaty, how legally binding it should be, and what the supporting financial mechanisms should look like. Based on climate negotiations we can expect this to be a protracted process with efforts to delay incorporation of legally binding targets maintained at each step. It will be important to consider who is involved in these discussions and monitor for excessive industry influence. The treaty represents an important opportunity to reduce plastic pollution and tackle the vital issue of supply. But precisely because of this potential we can expect intense resistance and attempts to water down ambition. Those concerned with planetary health have an important role in scrutinising the process and lobbying for ambitious targets with near term goals....”

PS: check out also the rest of the September issue, including:

- [Measuring environmentally sustainable health care: a scoping review](#)
(by M Padget et al)

- [Beyond GDP: a review and conceptual framework for measuring sustainable and inclusive wellbeing](#) (by A Jansen et al)

“... A new UN initiative, Valuing What Counts, provides an opportunity for establishing and institutionalising global measurement of metrics beyond GDP, a crucial step to enable a transition into a safe and just space for humanity. Here, we inform this process by consolidating 50 years of literature on Beyond GDP metrics, addressing three core challenges....”

- [Viewpoint - Planetary health learning objectives: foundational knowledge for global health education in an era of climate change](#) (by K H Jacobson et al)

“... In response to member demands for resources to support teaching and learning related to planetary health, the Consortium of Universities for Global Health (CUGH) convened a working group to develop a set of planetary health learning objectives (PHLOs) that would complement the existing ten CUGH global health learning objectives. The eight PHLOs feature Earth system changes, planetary boundaries, and climate change science; ecological systems and One Health; human health outcomes; risk assessment, vulnerability, and resilience; policy, governance, and laws (including the UN Framework Convention on Climate Change and the Paris Agreement); roles and responsibilities of governments, businesses, civil society organisations, other institutions, communities, and individuals for mitigation, adaptation, conservation, restoration, and sustainability; environmental ethics, human rights, and climate justice; and environmental literacy and communication....”

Access to Medicines, Vaccines & other health technologies

EU creates €32 million fund to boost drug and vaccine production in Ghana

<https://www.rfi.fr/en/africa/20240801-eu-creates-%E2%82%AC32-million-fund-to-boost-drug-and-vaccine-production-in-ghana>

In case you missed this, from **early August**. “The European Union (EU) has announced a 32 million euro initiative aimed at enhancing vaccine production in Ghana. The announcement was made during the Ghana-EU Business Forum held in Accra.”

“The initiative, known as **the Special Measure on Manufacturing and Access to Vaccines, Medicines, and Health Technologies in Africa (MAV+)**, is designed to strengthen Ghana's healthcare sector by improving access to high-quality health products, particularly vaccines....”

WHO Bulletin - WHO Model list of essential medicines: visions for the future

Thomas Piggott et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.292359.pdf?sfvrsn=67ca528e_3

“The first version of World Health Organization’s WHO Model list of essential medicines contained 186 medicines in 1977 and has evolved to include 502 medicines in 2023. Over time, different articles criticized the methods and process for decisions; however, the list holds global relevance as a model list to over 150 national lists. Given the global use of the model list, reflecting on its future role is imperative to understand how the list should evolve and respond to the needs of Member States. **In 2023, the model list Expert Committee recommended WHO to initiate a process to revise the procedures for updating the model list and the criteria guiding decisions. Here, we offer an agenda outlining priority areas and a vision for an authoritative model list.** The main areas include improving transparency and trustworthiness of the recommendations, strengthening connection to national lists and continuing the debate on the principles that should guide the model list, in particular the role of cost and price of essential medicines.”

Plos GPH - The case for a global therapeutics development coalition: Building a therapeutics pipeline for pandemic and endemic diseases

Shingai Machingaidze, V Dzau et al ; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003654>

“To invigorate the therapeutics pipeline for future pandemics and endemic disease, and drive advocacy for increased investment and coordination of end-to-end therapeutics development, there is a need to bring together a coalition of stakeholders across academia, early-stage developers, government, international organisations, civil society, and private sector. Rather than creating a new entity, this should be a **genuine coalition of existing partners working towards the shared goal of ensuring availability and access to therapeutics. A recent meeting held at the Wellcome Trust, London (June 2024) (S1 Table) marked the beginning of this collective endeavour**, bringing together stakeholders from across the world to discuss what is needed to make this a reality across the therapeutics value chain, recognising the primary gap to address is the dearth of candidates in the pipeline..... “

“... The **ultimate long-term goal of this global therapeutics’ development coalition** is to facilitate rapid, equitable access to pandemic and endemic therapeutics enabled by a strong product pipeline, supported by flexible supply capacity, optimised manufacturing, established regulatory pathways and market shaping activities.”

Lancet Viewpoint – The global blood donation index: an imperfect measure of transfusion need

J W Jacobs et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01550-2/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01550-2/abstract)

Authors discuss the history of the global blood donation index and highlight some factors that should be considered to better understand contemporary blood needs.

Gaza & polio

UN News - Gaza: UN humanitarianism ahead of polio vaccination target

<https://news.un.org/en/story/2024/09/1153851>

Update from Tuesday. “The UN World Health Organization (WHO) said on Tuesday that 161,030 children under 10 have been vaccinated in central Gaza during the first two days of the UN-led mass vaccination campaign, surpassing the initial target of 156,000. The figure amounts to around a quarter of the total population they aim to reach - some 640,000 children. ... “We think that we will need another day tomorrow to actually wrap-up the central zone completely,” said Dr. Rik Peepkorn, WHO Representative for the Occupied Palestinian Territories (OPT)....”

“... The WHO medic explained that vaccination teams will shift to the larger southern zone on Thursday for another three days and most likely a fourth, before they turn to the northern zone. “Four weeks later the process will be repeated for the second round of vaccination,” he added.”

“...According to the UN health agency, at least 90 per cent of Palestinian children need to be vaccinated for the campaign to be effective and to prevent the circulation of polio within Gaza and globally....”

- And via WHO - [First phase of polio campaign concludes successfully in Gaza](#) (as of Thursday)
- UN News - [Gaza: Polio vaccination campaign moves to southern areas](#)

Foreign Policy - Gaza’s Polio Outbreak Won’t Spare Israelis

A Sparrow; <https://foreignpolicy.com/2024/08/30/gaza-polio-israel-ceasefire-orthodox-vaccine-who-netanyahu/>

“The country’s unvaccinated ultra-Orthodox population is at risk of contracting the disease, unless Netanyahu agrees to a prolonged cease-fire to allow mass vaccination.”

“Although polio has been eradicated in most developed nations, Israel has particular reason to be concerned about the disease. The country has at least 175,000 vulnerable children—the offspring of the ultra-Orthodox, or haredim, who are notorious for their opposition to vaccinations. Because the haredim comprise 17 percent of Israel’s Jews and Prime Minister Benjamin Netanyahu needs

their support to remain in power, his government has exempted hundreds of thousands of haredim from Israel’s immunization program against polio as well as measles, mumps, rubella, pertussis and HPV, influenza, and COVID-19—despite the threat to domestic and global health from these vaccine-preventable diseases. **That decision, coupled with his stubborn refusal to negotiate a permanent cease-fire in Gaza, has now put Israel’s unvaccinated at risk of contracting polio....”**

“... The risk of another polio outbreak in Israel also provides a strong incentive for Netanyahu to agree to regular prolonged humanitarian pauses to allow systematic mass vaccination to proceed in Gaza, where efforts have lapsed during the war. That could also lay the groundwork for a lasting cease-fire.....”

PS: “... To Palestinians, the international community’s laser-like focus on polio after a single unimmunized infant was partially paralyzed may seem perverse. After all, Palestinian children are far more likely to be crippled by Israeli bombs than paralyzed by a virus not seen in Gaza since 1985. Although it is no longer the world’s most feared disease, polio still cripples hundreds of children every year and suffocates some to death. It now threatens Israeli children, too. **And if polio is what it takes to humanize the horrors facing civilians in Gaza, the international community must seize the opportunity.”**

Conflict & health

BMJ Analysis - When is enough, enough? Humanitarian rights and protection for children in conflict settings must be revisited

Z A Bhutta et al ; <https://www.bmj.com/content/386/bmj-2024-081515>

“Protecting the lives of children in Gaza and other conflicts requires changes to the rules of engagement and global responses to all conflicts affecting civilian populations, argue Zulfiqar Bhutta and colleagues.”

Key messages:

- **“The most fundamental step to protect the children of Gaza is to end combat operations that endanger civilians and target locations with children such as schools, shelters, and hospitals**
- **There is an urgent requirement for civilian safety zones and secure routes of passage, rebuilding health and education systems, and distribution of adequate relief supplies under international protection**
- **An integrated and authoritative global system needs to be developed to monitor and report the impact and consequences of war, potentially using new digital strategies and advanced technologies**
- **A pragmatic global summit should consider amendments of existing regulations to ensure protections, evacuation, and safe passage for children in war.”**

Lancet Comment - Addressing global gun violence: a Lancet Commission on Global Gun Violence and Health

Adnan A Hyder, Lorena Barberia on behalf of the Lancet Commission on Global Gun Violence and Health; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01697-0/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01697-0/abstract)

“Civilian gun violence claims an estimated 600 lives every day around the world, with countless more suffering debilitating injuries that greatly reduce their quality of life. Although homicides make up most global civilian gun-related deaths at approximately 71%, unintentional firearm discharges and self-harm are also substantial causes of mortality attributable to gun violence. This burden disproportionately affects males and young people, and **just six countries—Brazil, Colombia, India, Mexico, the USA, and Venezuela—account for two-thirds of global gun deaths**. Injuries from gun violence often result in reduced physical ability for victims, placing them and their families at an increased risk of mental ill health and substance misuse...”

“... we are pleased to announce a new Lancet Commission on Global Gun Violence and Health. This Commission consists of an interdisciplinary group of international experts from several disciplines and fields, such as public health, economics, law, medicine, history, and political science, as well as voices from civil society and non-governmental sectors. **Some of the key questions to be answered through this Lancet Commission are shown in the [panel...](#)**”

“... The focus is on creating high-impact policy change, leveraging existing understandings, initiatives, and frameworks—such as universal health care—and weaving in the Commission's agenda on combating gun violence while remaining cognisant of contextual sensibilities....”

Some more reports

Guardian - Gender equality stalling or going backwards for 1bn women and girls

<https://www.theguardian.com/global-development/article/2024/sep/04/gender-equality-stalling-or-going-backwards-for-1bn-women-and-girls>

“‘Dismal’ lack of progress leaves women and girls facing litany of abuses – with no country on track to achieve equality.”

“More than 850 million women and girls are living in countries rated as “very poor” for gender equality, says a new report, subjecting them to a litany of potential restrictions and abuses, including forced pregnancies, childhood marriage and bans from secondary education....”

“The **SDG Gender Index**, [published today](#) by a coalition of NGOs, found that **no country has, so far, achieved the promise of gender equality envisioned by the [UN’s 2030 sustainable development goals](#) (SDGs)**. Between 2019 and 2022, **nearly 40% of countries – home to more than 1 billion women and girls – stagnated or declined on gender equality.**”

“The **SDG index**, which benchmarks gender equality across 139 countries, **gave 45 countries – including large parts of west, central and sub-Saharan Africa, the Middle East and countries in Asia**

including Bangladesh and Myanmar – its worst rating of “very poor”. In addition to the 857 million women and girls living in countries rated “very poor”, 1.5 billion lived in countries rated “poor” ...”

“... The report said the “dismal scenario” means global gender inequality could be worse in 2030 than when the goals were set in 2015, as armed conflict, accelerating climate breakdown, anti-gender campaigns and threats to democracy stall or reverse progress...”

PS: “The SDG Gender Index precedes the annual [UN Women snapshot report](#), to be published later this month, which is expected to document another year of poor progress...”

WHO – Data show marked increase in annual cholera deaths

<https://www.who.int/news/item/04-09-2024-data-show-marked-increase-in-annual-cholera-deaths/>

“The World Health Organization (WHO) has published [global cholera statistics for 2023](#), showing an increase in cases and deaths. “

“The number of reported cholera cases increased by 13% and deaths by 71% in 2023 compared to 2022. Over 4000 people died last year from a disease that is preventable and easily treatable. Forty-five countries reported cases, an increase from 44 the previous year and 35 in 2021..”

Miscellaneous

Speaking of Medicine - Gender Pari(s)ty Olympics & Paralympics: Three Small Steps for Gender Equality and One Giant Leap for Global Health

J S Martin et al; <https://speakingofmedicine.plos.org/2024/09/03/gender-paristy-olympics-paralympics-three-small-steps-for-gender-equality-and-one-giant-leap-for-global-health/>

“... Here are three opportunities that sports entities could adopt from the Paris gender-responsive legacy:....”

Global health governance & Governance of Health

First with a few reads on the 2024 Forum on China-Africa Cooperation (FOCAC) Summit held in Beijing from September 4 to 6:

Reuters - China offers Africa billions in fresh financing, promises 1 million jobs

[Reuters](#);

“Chinese President Xi Jinping on Thursday pledged \$51 billion in fresh financing to Africa, support for 30 infrastructure projects across the resource-rich continent, and promised to create at least 1 million jobs.”

“In a speech at a major China-Africa cooperation summit, Xi promised delegates from more than 50 African nations that the \$19 trillion Chinese economy will unilaterally improve access to its market for African trade.....”

The Conversation - China reaps most of the benefits of its relationship with Africa: what’s behind the imbalance

B Nzdenze; <https://theconversation.com/china-reaps-most-of-the-benefits-of-its-relationship-with-africa-whats-behind-the-imbalance-237949>

Analysis from earlier this week.

“The ninth Forum on China-Africa Cooperation in Beijing takes place under the theme of “Joining hands to advance modernisation and build a high-level China-Africa community with a shared future”. But how shared can that future be between the Asian economic giant and Africa? The eight summits since 2000 have not resulted in mutual gain, particularly in trade and industrialisation for Africa. China has reaped most of the benefits. The fault lies with Africa’s lack of a strategy for engagement with China.....”

- Related: **Global Times** - [African countries leverage China’s expertise in collaborative fight against malaria](#)

Devex - 3 things we learned about development at the Democratic Convention

<https://www.devex.com/news/3-things-we-learned-about-development-at-the-democratic-convention-108196>

“Devex President and Editor-in-Chief Raj Kumar went to **the Democratic National Convention**. Here are **his takeaways**.”

“1. A shift in the electoral landscape could redefine US foreign assistance 2. Harris’s unique background could influence US global development priorities 3. Uncertainty around key advisers [of Harris] leaves global development policy in flux”.

Global Policy - A roadmap for global health diplomacy by India in the era of climate change

Neethi Rao; <https://www.globalpolicyjournal.com/blog/06/09/2024/roadmap-global-health-diplomacy-india-era-climate-change>

“How India can respond to the global health challenges of climate change.”

Devex Opinion - Why IDA is deepening its partnership with civil society

A Nishio; <https://www.devex.com/news/opinion-why-ida-is-deepening-its-partnership-with-civil-society-108213>

“As the International Development Association prepares for its 21st replenishment, recent engagements with civil society are strengthening the global development partnership.”

LSE - The INGO Problem

D Doane; <https://blogs.lse.ac.uk/internationaldevelopment/2024/08/27/the-ingo-problem/>

“MSc Development Studies alum, **Deborah Doane**, shares her research for her **new book ‘The INGO Problem: Power, privilege and renewal’**. Including the critiques INGOs have faced and how they can overcome them to suit the multiple and diffuse poly-crises of the 21st century. “

Concluding: “...**We continue to need a globally connected civil society, like INGOs. They are an important counterweight to states and the corporate sector. But the writing is on the wall that their current incarnation is no longer suited to the multiple and diffuse poly-crises of the 21st century.** In spite of the fact that progress is slow, **locally-led development or shifting power, isn’t just a passing fad, it’s here to stay.** We need stronger local civil societies everywhere and this mean right-sizing and adapting INGOs to meet these needs. This transformation requires a concerted effort on the part of the wider system to change the incentive systems that keep them on their throne: donors, leaders and demand from local actors can all contribute to this much-needed transformation.”

Global health financing

We start this section with a few **poignant tweets** related to a **NYT analysis from last week on Africa’s foreign debt.**

Kent Buse

“**Levels of #debt repayment make something of a mockery of the best laid health strategies across much of Africa. Time for health community to unite around bigger, upstream issues that impact on #UHC & other #SDGs.** “

Yogan Pillay

“**According to the NYT Africa’s “foreign debt reached \$1.1 trillion in 2023. 2 dozen countries have excessive debt according to the African Development Bank. And roughly 900 m people live in countries that spend more on interest payments than on health care or education”.**”

UNCTAD - Explore the World of Debt Dashboard: Key insights across 188 countries

<https://unctad.org/news/explore-world-debt-dashboard-key-insights-across-188-countries>

New resource. “Discover the only **dashboard that provides clear insights into global, regional and national debt**. Easily understand debt dynamics and their impact on economic and financial stability.”

Reliefweb - WHO African Region Health Expenditure Atlas 2023

<https://reliefweb.int/report/world/who-african-region-health-expenditure-atlas-2023>

“**Out of the 47 countries in the WHO African region only eight, on average, met the recommended threshold of spending a minimum of US\$ 249 per capita on health during the period from 2012 to 2020.** In 2020, this achievement was observed in only five countries while the remaining countries spent less than US\$ 249 per capita, with health expenditures ranging from US\$ 16.4 to US\$ 236.6, highlighting significant disparities across the region.”

“**We noted a gradual improvement in domestic general government spending on health as a share of total government expenditure**, showcasing that several countries are allocating more financial resources to health from domestic sources, thus reflecting increased prioritization of health by African governments. **Despite this improvement, only one country, South Africa, achieved and sustained the Abuja Declaration target of allocating and spending at least 15% of government expenditure on health from 2014 to 2020.** In 2020, domestic general government spending on health as a share of total government expenditure ranged from 2.1% to 12%, highlighting the large variations that exist among countries and the limited capacity of raising public resources for health in many African countries....”

“... **External funding remains a vital financial pillar for the region.** In half of the countries, external resources constituted more than 20% of current health expenditures from 2012 to 2020. This significant reliance on external funding raises concerns about the sustainability of health achievements, particularly in the context of the COVID-19 pandemic, other emerging and re-emerging diseases, and the epidemiological transition....”

IDS - Addressing Gender Disparities in Tax Expenditures

S Berg et al; <https://www.ids.ac.uk/opinions/addressing-gender-disparities-in-tax-expenditures/>

“**With trillions of dollars spent through these beneficial tax treatments, accounting for around 3.8% of GDP and 23% of tax revenue on average, rationalising and scrutinising their use should be a priority for all countries.** Accounting for gender equality in tax expenditure policy is a case in point. Understanding the **interaction between tax expenditures and gender-based inequalities** is essential to ensure that the tax system is fair and equitable – including gender equality in tax matters and the economy more broadly....”

Pandemic preparedness & response/ Global Health Security

Euractiv - WHO chief calls for China's full cooperation in investigation of COVID-19's origins

<https://www.euractiv.com/section/health-consumers/news/who-chief-calls-for-chinas-full-cooperation-in-investigation-of-covid-19s-origins/>

“The Director-General of the World Health Organisation (WHO) has called for Chinese cooperation with its efforts to establish the origins of COVID-19, after unveiling a new guide on the investigation of novel pathogens. At a press conference on Thursday (September 4), Dr Tedros Adhanom Ghebreyesus called on senior Chinese leaders to cooperate with an independent assessment of how the COVID-19 pandemic began, including “sharing information on the Hunan seafood market, the earliest known and suspected cases of COVID-19, and the work done at laboratories in Wuhan, China.” ...”

Three years on: Reflections from the WHO Hub for Pandemic and Epidemic Intelligence

<https://www.linkedin.com/pulse/three-years-reflections-from-who-hub-pandemic-chikwe-iheweazu-qngaf/>

Via LinkedIn. By **Chikwe Iheweazu**, Assistant Director General at the WHO, **leading the WHO Hub for Pandemic and Epidemic Intelligence.**

Global.health

<https://global.health/>

“Global.health is the first of its kind, easy-to-use global repository and visualization platform that enables open access to real-time de-identified epidemiological line-list case data for infectious diseases and emerging outbreaks..... We have set a 100 Days Mission to provide decision-makers, researchers, and the public with timely and accurate data during the early phase of an outbreak, when the chance for containment is highest.”

“This platform was created by researchers from institutions around the world including Oxford, Harvard, Northeastern, The Gorgas Institute, Boston Children’s Hospital, Georgetown, University of Washington, and Johns Hopkins Center for Health Security....”

For more on this platform, see [Global.health: a scalable platform for pandemic data integration, analytics, and preparedness](#) (2022)

(Chapter) - Principles and Practice of Emergency Research Response: 28 Financing Emergency Research Response During Infectious Disease Outbreaks: Lessons from the World Bank and Other International Financial Institutions

By M Paté et al. https://link.springer.com/chapter/10.1007/978-3-031-48408-7_41

“Recent infectious disease outbreaks have stimulated multiple institutional and operational efforts by governments, international organizations, and the private sector to ensure the world is better prepared to respond to epidemics. One of the critical advances has been the greater engagement of international financial institutions (IFIs) in supporting preparedness for and response to emerging and re-emerging infectious diseases (EIDs) with epidemic potential. Despite progress on preparedness and response, including the launch of initiatives such as the Coalition for Epidemic Preparedness Initiatives (CEPI), the world is not well prepared for the next pandemic, and research and development (R&D) for medical countermeasures against EIDs requires more attention, coordination, and investment. IFI investments in health security have so far focused primarily on disease surveillance, laboratory capacity, outbreak readiness, and human resources for health security, under initiatives that have not so far included sufficient focus on R&D for preparedness and accelerated development of new vaccines, therapeutics, and diagnostics (VTD) against novel pathogens.”

“This chapter examines how IFIs can better contribute to the advancement of EID preparedness and response. It describes IFI initiatives, including those by the World Bank, that complement other global efforts to galvanize emergency research during EID outbreaks. IFI initiatives seek to strengthen national and regional infectious disease response systems. Through IFI financial management expertise, leveraging IFIs’ comparative advantage in fund management services and their use of development lending, IFIs also seek to bolster core capacity at the intersection of health systems and clinical research. This chapter also notes some constraints faced by IFIs in financing clinical research and examines lessons and opportunities for IFIs to accelerate investment in emergency research.”

Nature (World View) - Why the next pandemic could come from the Arctic — and what to do about it

C Sonne; <https://www.nature.com/articles/d41586-024-02830-7>

“Only a unified approach across disciplines can reduce the underappreciated threat of emerging diseases arising in the north.”

Journal of Global Health - A roadmap to equity in pandemic preparedness, prevention and response

<https://jogh.org/2024/jogh-14-03031>

By P Walckiers et al.

UHC

Lancet GH (Comment) – Strengthening surgical systems in LMICs: data-driven approaches

H-L Kluyts; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00375-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00375-9/fulltext)

“The Lancet Global Health reports two substudies from the FALCON trial on reducing surgical site infections, a complication that substantially burdens health-care systems in low-income and middle-income countries (LMICs).”

See Lancet GH - [Microbiology testing capacity and antimicrobial drug resistance in surgical-site infections: a post-hoc, prospective, secondary analysis of the FALCON randomised trial in seven low-income and middle-income countries](#)

And Lancet GH - [Mechanisms and causes of death after abdominal surgery in low-income and middle-income countries: a secondary analysis of the FALCON trial](#)

Planetary health

ODI - A fair share of climate finance? The collective aspects of the New Collective Quantified Goal

L Pettinotti et al; <https://odi.org/en/publications/a-fair-share-of-climate-finance-the-collective-aspects-of-the-ncqg/>

“2024 is a critical year for international climate finance. Set to be agreed at COP29, it is hoped the **New Collective Quantified Goal** will learn from the challenges of its predecessor, the \$100 billion climate finance goal. **With many elements of the NCQG yet to be agreed, a lot of attention is being paid towards the 'collective' aspects of implementation, whether that is a burden-sharing mechanism or a broadening of the contributor base,** as highlighted by the co-chairs of the NCQG process.”

“Recognising this, **ODI and the Climate Resilience Alliance (previously known as the Zurich Flood Resilience Alliance)** have been exploring these two issues together for three years in our **'fair share' series.** Despite hitting the \$100 billion goal two years late in 2022, **over half of developed countries failed to contribute their 'fair share',** with the US' paying just 32% and leaving a shortfall of over \$30 billion. Italy, Canada, the United Kingdom, and Spain also failed to achieve their 'fair share'.”

“Given this, we **present our updated findings regarding burden-sharing and broadening the contributor base** in the hopes of supporting constructive deliberations around the NCQG over the critical months to come....”

Climate Home News - Leaders are cutting fossil fuel finance – next comes unlocking clean energy for all

N Jones; <https://www.climatechangenews.com/2024/08/29/leaders-are-cutting-fossil-fuel-finance-next-comes-unlocking-clean-energy-for-all/>

“While international public finance for coal, oil and gas has fallen by two-thirds, little of that money has gone to boost green energy in poorer countries.”

“It’s a quiet climate success story: over 40 countries and public finance institutions have cut their international public finance to fossil fuels by two-thirds over the past three years.”

Climate Home News - UN climate chief calls for “exponential changes” to boost investment in Africa

<https://www.climatechangenews.com/2024/09/05/un-climate-chief-calls-for-exponential-changes-to-boost-investment-in-africa/>

“Action on clean energy and adaptation can be the single greatest opportunity to lift up African people and economies, Simon Stiell says”

Guardian - Publish data on ride-hailing apps ‘to cut exploitation and emissions’, say campaigners

<https://www.theguardian.com/business/article/2024/sep/02/ride-hailing-apps-data-drive-miles-wages-carbon-emissions>

“Uber and other ride-hailing apps should be forced to publish data on drivers’ workloads so that regulators can tackle exploitation and cut carbon emissions, campaigners argue.”

“Analysis by the pressure group Worker Info Exchange suggests drivers for Uber and its smaller rivals may have missed out on more than £1.2bn in wages and costs last year because of the way they are compensated. **Its report claims** that ride-hailing apps – and food delivery services such as Deliveroo – are able to operate “a business model reliant on an oversupply of vehicles to service an always-on, on-demand marketplace and the exploitation of workers often trapped in debt and in-work poverty”.....”

Nature Communications - Green spaces provide substantial but unequal urban cooling globally

<https://www.nature.com/articles/s41467-024-51355-0>

“...Here, we assess global inequality in green spaces, which urban residents critically rely on to mitigate outdoor heat stress We show a striking contrast, with Global South cities having ~70% of the cooling capacity of cities in the Global North (2.5 ± 1.0 °C vs. 3.6 ± 1.7 °C). A similar gap occurs for the cooling adaptation benefits received by an average resident in these cities (2.2 ± 0.9 °C vs. 3.4 ± 1.7 °C). This cooling adaptation inequality is due to discrepancies in green space

quantity and quality between cities in the Global North and South, shaped by socioeconomic and natural factors. **Our analyses further suggest a vast potential for enhancing cooling adaptation while reducing global inequality.**”

Ecological Economics - Reviewing studies of degrowth: Are claims matched by data, methods and policy analysis?

<https://www.sciencedirect.com/science/article/pii/S0921800924002210>

Interesting paper. Authors draw **8 conclusions**.

But do check the debate re the paper as well: see eg

<https://x.com/haugejostein/status/1831378553327308894>

Ecological Economics -Varieties of capitalism and environmental performance

F Jordan; <https://www.sciencedirect.com/science/article/abs/pii/S0921800924002593>

“**This paper investigates the role of institutions in decoupling economic growth from environmental impacts, employing the Varieties of Capitalism framework.** It finds that **Northern European countries have achieved more significant decoupling than other Western OECD countries since the 1980s, as measured by the Ecological Footprint of Consumption.** Differences in corporatism, as well as the amount and type of public social expenditures, are hypothesized to play a crucial role in explaining this pattern. Multiple regression analysis reveals that **larger proportions of GDP allocated to universal social expenditures** — not contingent on work status — are robustly associated with stronger decoupling. This suggests that the **considerable investments of Northern European countries in universal social benefits have been key for effectively reducing the environmental impacts associated with economic growth.**”

WEF (blog) - 3 key priorities to avert a climate-driven health catastrophe by 2050

S Bishen et al; <https://www.weforum.org/agenda/2024/09/3-key-priorities-to-avert-a-climate-health-catastrophe-by-2050/>

“**14.5 million additional people could die by 2050 because of global warming.** The world's most vulnerable people will pay the highest price as climate change wreaks its worst havoc on developing nations. **Averting this bleak future is possible** — but we must start work quickly and collaboratively, based around **three key priorities.**”

“... 1. Focus on making local healthcare systems climate-resilient; 2. Unleash innovation in healthcare, life sciences, and academia targeting climate-induced health conditions; 3. Allocate government resources and enact policies to enable a robust global response in both developed and developing nations....”

Here’s how to support each of those goals, in detail.

Nature Medicine - A time-stratified, case–crossover study of heat exposure and perinatal mortality from 16 hospitals in sub-Saharan Africa

C Hanson et al; <https://www.nature.com/articles/s41591-024-03245-7>

Showing an **association between heat exposure in the week leading up to the birth and perinatal mortality.**

Nature (Comment) - No basis for claim that 80% of biodiversity is found in Indigenous territories

<https://www.nature.com/articles/d41586-024-02811-w>

“A much-cited statistic about how much of the world’s biodiversity is under Indigenous stewardship is unsupported — and could harm the cause it is meant to support.”

Science News - More damaging than tornadoes, hail may finally get the scientific attention it deserves

<https://www.science.org/content/article/more-damaging-tornadoes-hail-may-finally-get-scientific-attention-it-deserves>

“With drones, mobile radars, and 3D printers, first major field campaign in 45 years to bring hail research “into the 21st century””.

Carbon Brief - Just 15 countries account for 98% of new coal-power development

<https://www.carbonbrief.org/guest-post-just-15-countries-account-for-98-of-new-coal-power-development/>

“**Over the past 10 years, the global energy transition away from coal has accelerated.** The number of countries with coal power under development (pre-construction and construction) has nearly halved from 75 in 2014 to just 40 in 2024. In addition, **nearly all of the coal-power capacity under development (98%) is now concentrated in just 15 countries, with China and India alone accounting for 86%.** This is according to [Global Energy Monitor](#)’s latest [Global Coal Plant Tracker](#) (GCPT) results, completed in July 2024.”

AMR

Nature Medicine - Advancing global antibiotic research, development and access

L J.V. Piddock et al; <https://www.nature.com/articles/s41591-024-03218-w>

Re the “... increasing role for public and philanthropic funding in supporting antibiotic R&D via the creation of nonprofit public–private partnerships, including Combating Antibiotic-Resistant Bacteria

Biopharmaceutical Accelerator (CARB-X) and the Global Antibiotic Research and Development Partnership (GARDP), industry support for the AMR Action Fund, and pilot schemes to evaluate and reimburse antibiotics in innovative ways. **Now is the time to raise the urgency, ambition and commitments of the world's leaders to fully support the antibiotic R&D ecosystem**, incentivizing all sectors to conduct public health-driven antibiotic R&D and make effective antibiotics accessible to all who need them.”

NCDs

Reuters - No link between mobile phones and brain cancer, WHO-led study says

[No link between mobile phones and brain cancer, WHO-led study says | Reuters](#)

“ There is no link between mobile phone use and increased brain cancer risk, according to a new World Health Organization-commissioned review of the available published evidence worldwide.”

“Despite the huge rise in the use of wireless technology, there has not been a corresponding rise in the incidence of brain cancers, the review, published on Tuesday, found. The final analysis included 63 studies from 1994-2022, assessed by 11 investigators from 10 countries, including the Australian government’s radiation protection authority....”

- See also [the Guardian – Mobile phones not linked to brain cancer, biggest study to date finds](#)

“Mobile phones are not linked to brain and head cancers, a **comprehensive review of the highest quality evidence available commissioned by the World Health Organization** has found. **Led by the Australian Radiation Protection and Nuclear Safety Agency (Arpansa).**

NYT -Rethinking Addiction as a Chronic Brain Disease

<https://www.nytimes.com/2024/09/03/health/addiction-disease-choice.html>

“Some researchers argue that the roles of social environment and personal choice have to be considered in order to make progress in treating people addicted to drugs.”

“.... **For decades, medical science has classified addiction as a chronic brain disease**, but the concept has always been something of a hard sell to a skeptical public. That is because, unlike diseases such as Alzheimer’s or bone cancer or Covid, personal choice does play a role, both in starting and ending drug use. The idea that those who use drugs are themselves at fault has recently been gaining fresh traction, driving efforts to toughen criminal penalties for drug possession and to cut funding for syringe-exchange programs. But **now, even some in the treatment and scientific communities have been rethinking the label of chronic brain disease...**”

“In July, behavior researchers published a critique of the classification, which they said could be counterproductive for patients and families. ... In the recent critique, researchers contended that, rather than emphasizing the brain’s brokenness in perpetuity, an addiction definition should include the motivation or context in which the person chose to use drugs. That choice, they said, is often about seeking an escape from intractable conditions such as a fraught home, undiagnosed mental health and learning disorders, bullying or loneliness. Generations of family addiction further tip the scales toward substance use. And in many environments, they added, drugs are simply more readily available than healthier, rewarding options, including education and jobs. **Choosing drugs**

could then be understood not as a moral failing but as a form of decision making, with its own bleak logic....”

BMJ - Dementia: Africa’s unique opportunity for prevention amid rising cases

<https://www.bmj.com/content/386/bmj.q1637>

“Africa’s youthful demographic is seen as a buffer, but it could give the continent a **greater chance to prevent dementia**, writes **Yemisi Bokinni**”.

Guardian - Weight-loss drugs ‘slow down the ageing process’, scientists suggest

<https://www.theguardian.com/science/article/2024/aug/31/weight-loss-drugs-ozempic-slow-down-ageing-process-study>

“Semaglutide – contained in Ozempic and Wegovy – has ‘far-reaching benefits’, with people dying at lower rate from all causes.”

“Weight-loss drugs are poised to revolutionise healthcare by slowing down the ageing process and by allowing people to live for longer and in better health. That is the dramatic message from leading scientists after studies were presented last week at the European Society of Cardiology Conference in London.....”

Preprint - A framework for chronic care quality: results of a scoping review and Delphi survey

Grace Marie V. Ku et al ; <https://www.medrxiv.org/content/10.1101/2024.08.21.24312364v1>

« Frameworks conceptualising quality of care abound and vary; some concentrate on specific aspects (e.g., safety, access, effectiveness), others all-encompassing. However, **to our knowledge, tailoring to systematically arrive at a comprehensive care for chronic conditions quality (CCCQ) framework has never been done.** We conducted scoping review and Delphi survey to produce a CCCQ framework, comprehensively delineating aims, determinants and measurable attributes....”

«Through this exercise, a comprehensive CCCQ framework encompassing the journey through healthcare of people with chronic conditions was developed. **The framework specifies seven CCCQ ‘aims’ and identifies health system determinants which can be acted upon with ‘organising principles’ and measured through chronic care quality ‘attributes’ related to structures, processes and outcomes....”**

Mental health & psycho-social wellbeing

Nature (World Report) - African scientists must not be priced out of mental-health research

V Chebii; https://www.nature.com/articles/d41586-024-02831-6?utm_medium=Social&utm_campaign=nature&utm_source=Twitter#Echobox=1725376336-1

“Under-representation of African populations in mental-health studies perpetuates inequities — change is needed.”

London School (report) – Value for money: How to improve wellbeing and reduce misery

<https://cep.lse.ac.uk/pubs/download/special/cepsp44.pdf>

Focus on the UK. **A report from the LSE Centre for Economic Performance** (by David Frayman, Christian Krekel, Richard Layard, Sara MacLennan and Isaac Parkes)

- Related coverage via the Guardian – [Extra cash for mental health would help UK more than new roads, study says](#)

“LSE report suggests chancellor should downgrade projects such as Lower Thames Crossing in favour of services.”

“**Spending extra cash on mental health services would boost economic growth and improve the nation’s wellbeing more than building new roads, according to an academic analysis.** The report from the London School of Economics (LSE) argues that a rethink is needed inside Whitehall about how to approach spending decisions, **with more focus on how the money actually improves people’s lives, particularly in terms of wellbeing.....**”

Nature Medicine - Could video games be good for your health?

K O’Leary; <https://www.nature.com/articles/d41591-024-00066-6>

“A large causal analysis based on a natural experiment suggests that gaming improves psychological well-being, but these **benefits tapered off after more than 3 hours of gaming per day.**”

Guardian - People with greater mental resilience may live longer, study finds

https://www.theguardian.com/society/article/2024/sep/03/people-with-greater-mental-resilience-may-live-longer-study-finds?CMP=tw_t_b-gdnnews

“Peer-reviewed study finds link between higher mental resilience and lower risk of death, especially in women.”

Guardian - 'Better than medication': prescribing nature works, project shows

<https://www.theguardian.com/environment/article/2024/sep/04/better-than-medication-prescribing-nature-works-project-shows>

"Scheme helping people in England connect with nature led to better mental health, report finds."

Social & commercial determinants of health

BMJ Opinion - The ultra-processed food industry has no business in sponsoring health and nutrition events

S Gillespie et al; <https://www.bmj.com/content/386/bmj.q1894>

"A recent event "Nourish and flourish: The role of nutrition in improving women's health outcomes" organised by media platform Devex in partnership with Nestlé is the latest example in a long history of corporate infiltration of public health policy discourse. The event had been planned to take place on 17 July, but after a flurry of criticism via social media and open letters, Devex first postponed the event, before later cancelling it, along with the wider partnership with Nestlé...."

"Devex is an international news organisation and a media partner of the United Nations and covers global development. Nestlé is one of a handful of transnational food behemoths who for decades have employed well honed industry tactics to make friends and influence people in the world of global health and nutrition policy. ... The "deadly Ds" of policy interference include denying harms, disputing evidence, sowing doubt, disguising involvement (via front groups), and deflecting criticism with small scale, but high visibility partnerships like this one...."

PS: "Devex has in the past highlighted the threats posed by Nestlé and other infant formula manufacturers and the need to uphold and strengthen the International Code of Marketing of Breast Milk Substitutes. "

"So why did Devex engage with Nestlé in the first place? We wrote to the executive editor to ask this question. She responded to say this was an "advertising partnership" that was deemed acceptable as "we were explicitly not addressing the topic of infant nutrition and because Nestlé is a regular partner and funder of global health organisations...."

PS: "Recently, the World Health Organization released a practical tool to help member states decide whether, when, and how to engage with the private sector. The tool includes a due diligence process to follow and exclusionary criteria to "exclude engagement with private sector entities that harm public health." This includes "the avoidance of all partnerships with entities from the food and beverage industry that violate the International Code of Marketing of Breast-milk Substitutes." Along with other formula companies, Nestlé has come under criticism on numerous occasions for the way in which it markets baby milk formulas..."

"... On 16 August, Unicef released new guidance to help advocates counter industry opposition to code implementation. Argument 19 of 36 focused on conflicts of interest, including sponsorship, stating Unicef's unequivocal position that such conflicts cannot be managed, and they need to be avoided altogether...."

BMJ GH (blog) - Countering Big Tobacco's Influence in Kenya to Protect Young Africans

<https://blogs.bmj.com/bmigh/2024/09/01/countering-big-tobaccos-influence-in-kenya-to-protect-young-africans/>

By A Ashraf et al.

IJHPM - How Could We Establish Monitoring and Surveillance of Health-Harming Corporations and Can Governments Be Trusted to Do It?; Comment on "National Public Health Surveillance of Corporations in Key Unhealthy Commodity Industries – A Scoping Review and Framework Synthesis"

https://www.ijhpm.com/article_4649.html

By Anna B. Gilmore et al.

Sexual & Reproductive health rights

SRHM (Editorial) – Finding the cosmos of intimacies: where pleasurable safe sex dances with liberation

A Philpott et al ; <https://www.tandfonline.com/doi/full/10.1080/26410397.2024.2398939#d1e101>

Editorial of a new [special collection](#) on sexual pleasure.

Neonatal and child health

CAP 2030 webinar – The politics of data for child health and wellbeing

https://cap-2030.org/wp-content/uploads/2024/08/cap-2030-webinar_politics-of-data_report_jul24-2.pdf

CAP 2030 refers to the 'Children in All Policies 2030 (CAP-2030) consortium'.

This is a short report of their recent webinar (30 July) - "The Politics of Data for Child Health and Wellbeing" – with some key insights and findings from the session.

BMJ Editorial - Global childhood malnutrition

<https://www.bmj.com/content/386/bmj.q1874>

"Policies that prioritise nutrition, regulate industry, and empower women could end it."

Re **Unicef's 2024 report on child food poverty** .

JAMA - Neurological Symptoms and Cause of Death Among Young Children in Low- and Middle-Income Countries

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2823090>

by S Ajanovic et al.

Access to medicines & health technology

Lancet HIV (Comment) - Novel anti-obesity drugs for people with HIV

[https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(24\)00151-6/abstract](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(24)00151-6/abstract)

Related **tweet Medicines Patent Pool**:

“We were privileged to co-author an article ‘Novel Anti-#Obesity Drugs for People with HIV’ published in @TheLancetHIV which **explores new incretin mimetics to tackle obesity and related health issues in #HIV patients.**”

Lancet GH - Paving the way for affordable and equitable liposomal amphotericin B access worldwide

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00225-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00225-0/fulltext)

See also [MSF Access – Lancet Global Health: Paving the way for affordable and equitable liposomal amphotericin B access worldwide](#)

“**Liposomal amphotericin B (LAmB) is a crucial, lifesaving medicine for treating many infectious diseases, but people in low- and middle-income countries (LMICs) lack access to affordable and quality-assured versions of the medicine.** In this article in the Lancet Global Health, MSF Access Campaign’s Jessica Burry and co-authors identify the barriers to accessing LAmB and suggest how they could be addressed.”

Human resources for health

International Journal of Health Planning & Management - The World Health Organisation Global Code of Practice and migration of health workers from Zimbabwe

Abel Chikanda; <https://onlinelibrary.wiley.com/doi/full/10.1002/hpm.3837?campaign=woletoc>

“... This short communication seeks to reignite debate on the effectiveness of the World Health Organisation (WHO) Code as a tool for managing the migration of health workers from the South. While the WHO Code was somewhat effective in reducing the migration of health workers from countries such as Zimbabwe during the first five years of its implementation, demand for health workers in the UK after Brexit and the COVID-19 pandemic has accelerated the rate of migration of health workers from countries facing critical shortages. Clearly, new solutions are needed that strike a balance between the right of health workers in the South to migrate and the right of citizens in the region to a stable supply of health workers.”

FT (Big read) – The risk of using ‘physician associates’ to take the strain for doctors

<https://www.ft.com/content/5a533507-f11d-42b2-b67e-e10c0d7c9fb8>

“In everything from nursing to anaesthesia, medical systems worldwide are relying on support staff more than ever. Are there dangers to our health?” (focus on HICs in this analysis)

Decolonize Global Health

IJHPM - Countering Coloniality in Global Health; Comment on “The Rhetoric of Decolonizing Global Health Fails to Address the Reality of Settler Colonialism: Gaza as a Case in Point”

https://www.ijhpm.com/article_4648.html

By Autumn Asher BlackDeer.

Miscellaneous

Devex - AI-supported telemedicine brings health care to refugees

<https://www.devex.com/news/ai-supported-telemedicine-brings-health-care-to-refugees-108198>

(gated) “Artificial intelligence-backed health services bringing virtual care to the continent.”

“Nonprofits are working smarter at delivering health care to refugees in Africa as artificial intelligence-powered telemedicine makes humanitarian inroads on the continent. The technology is able to overcome a slew of barriers to **connect refugees in camps to specialist doctors based within and outside Africa.....**”

The Continent – Bill Gates, Big Agriculture and the fight for the future of Africa’s farmland

<https://continent.substack.com/p/bill-gates-big-agriculture-and-the>

“The Microsoft founder wields enormous influence over agriculture in Africa. He may be trying to end hunger, but critics say he is ‘playing god’ – and getting it wrong.”

IISD - UN General Assembly Adopts Multidimensional Vulnerability Index

<https://sdg.iisd.org/news/un-general-assembly-adopts-multidimensional-vulnerability-index/>

“The High-level Panel of Experts on an MVI for SIDS developed the Index and presented its conclusions in a 2023 report. In its resolution, the UNGA decides to advance the MVI, stressing that its use is voluntary and that the Index “should not be used directly or indirectly as a criterion to limit or hinder the ability of any developing country to access development cooperation””

Papers & reports

Book - Navigating Uncertainty: Radical Rethinking for a Turbulent World

https://www.politybooks.com/bookdetail?book_slug=navigating-uncertainty-radical-rethinking-for-a-turbulent-world--9781509560073

By Ian Scoones (IDS).

WHO Bulletin – September issue

<https://www.ncbi.nlm.nih.gov/pmc/issues/469680/>

“In the editorial section, Megan B. Diamond et al. outline policy approaches for global wastewater surveillance.”

- See [Policy dimensions of global wastewater surveillance](#)

“...Wastewater and environmental surveillance gained global attention during the coronavirus disease 2019 (COVID-19) pandemic. Confronted with a scarcity of diagnostic data, public health authorities, academics and research institutions turned to analysing sewage to understand the changing burden of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in communities. Today, over 70 countries worldwide use wastewater surveillance tools in some capacity. However, the underlying policy frameworks supporting wastewater surveillance remain weak, as governments constructed them in a time of crisis through ad hoc mechanisms and practical collaborations. As the world transitions towards other global health priorities and prepares for the next pandemic, progress towards scaling up wastewater surveillance should not be lost.....”

“... Here, we outline a two-pronged, policy-based approach for the sustainable use of multipathogen wastewater surveillance for public health.”

But do check out also the rest of the WHO Bulletin September issue.

SSM Health Systems - Resilience in interconnected community and formal health (and connected) systems

M Fortnam et al; <https://www.sciencedirect.com/science/article/pii/S2949856224000205>

“... **To date, health system resilience research has focused on formal government health systems**, yet emerging evidence points to the importance of families, communities and connected systems (such as disaster management, water, sanitation, social protection and gender disparities) that influence the health status of people, and health system functioning and capacities to respond to shocks. **We argue that resilience capacities in both formal and community health systems, and connected systems, be considered in health system resilience conceptual frameworks**, and that well-established literature on community resilience capacities from diverse disciplines can help frame research on community health system resilience.”

BMJ Collection - Promoting women's health in China

<https://www.bmj.com/collections/womens-health-in-china>

“Women in China are now healthier than ever, but as the economy grows and China’s culture becomes more westernised, the country faces new challenges due to changing social norms and expectations. **In this BMJ collection, a collaboration with Peking University, experts from China analyse the current state of women’s health; review achievements and remaining challenges in the contexts of women’s empowerment and rights, labour force participation, and family and community dynamics; and make recommendations for promoting women’s future health, with a focus on sexual and reproductive health.** The articles set out successes and challenges for the country in an era of growing rights and falling fertility.”

- Start with the **Editorial – Women’s health in China in the era of growing rights and falling fertility**

<https://www.bmj.com/content/386/bmj.q1774> (in-Ling Tang, China editor & Jocalyn Clark)

“A BMJ collection sets out the successes and challenges for the country.”

International Journal for Equity in health - Power and positionality in the practice of health system responsiveness at sub-national level: insights from the Kenyan coast

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-024-02258-5>

By Nancy Kagwanja, L Gilson et al.

Journal of Global Health - Preventing a global health care systems collapse through low-tech medicine

Marine Sarfati et al. <https://jogh.org/2024/jogh-14-03035>

With four axes.

And a link:

- Global Health: Science & Practice - [Promising Practices in Capacity Development for Health Supply Chains in Resource-Constrained Countries](#)

Tweets (via X & Bluesky)

Ben Phillips

(re a new Lancet HIV Editorial)

“BREAKING: The Lancet backs UNAIDS call on Gilead to drop the price & share the tech for the new HIV prevention medicine that only needs two injections a year. Their Editorial demands “the price will need to be a lot lower” and warns “the world is watching to see how Gilead acts.”

Habib Khan

“Take the Taliban to the International Criminal Court instead of inviting them to international events. The Taliban are perpetrating a gender apartheid against 20 million women and are responsible for the deaths of tens of thousands of innocents.”

M Kavanagh

(on the expert meetings ahead of INB 11) “Am I mistaken or are there more participants from IFPMA than there are from the entire African continent?”

Commenting on an earlier tweet from Nithin Ramakrishnan : “This is really concerning not to have even 1 from 290 scientists who supported stronger PABS in tomorrow's #INB meeting, where 41 resource persons are invited. Why @DrTedros?”

The People's Medicine Alliance

“None of the scientists in favour of a more equitable pathogen access and benefits-sharing system invited to join. More participants from Big Pharma than from Africa. How does @WHO think this is OK?”

M Kavanagh

“At the g20 Health Working Group in Brazil, big discussion today on how to build global alliance on regional and local production of meds, vax, and diagnostics that could help disrupt the the current inequalities driving pandemics and NTDs.”

Fifa Rahman

“Yesterday, when on a call with an American colleague, she criticised an African government for human rights violations pertaining to free speech/protest. I said, “you know your government is financing genocide, right?” She made a constipated face. I realise many Americans, even those in global health, have not confronted this reality. Yes, there are plenty of governments committing human rights violations. And we should be criticising them all - but Americans especially should have more awareness of what their government is doing before they open their mouths to criticise others.”

Friederike Röder

“For those wondering what's happening in France: while there is still no PM in sight, the caretaker government has started preparing next year's budget bill, deciding to cut aid by 18%. Biggest cut planned in 2025, 2nd year in a row (after a 13% cut this year). #ODA @GlbCtzn”.