

IHP news 807 : Bye bye 2024

(20 December 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,

The last (work)-week of the year still featured quite some global health policies news, it turned out: among others, [PEPFAR and the Global Fund Targeting the Rollout of the HIV Prevention Injectable lenacapavir](#) in the next few years; WHO staff [weighing in on weight-loss drugs](#); a new & must-read [Lancet Global Health \(January\) issue](#).... This newsletter also features some of the traditional 'end of the year & a look ahead to 2025' analyses (including on the ongoing [Replenishment Season](#)'). And of course, major news was also the official [Opening Ceremony of the WHO Academy](#) in Lyon, France. Its [aim](#): "... *promoting lifelong learning across the health sector leading to a healthier world. It will provide a wide range of in-person and online learning opportunities for health workers, policymakers and WHO's workforce.*"

Speaking of **lifelong learning**, that's clearly something all of us should engage in. With that in mind, perhaps one short reflection to end the year. Borrowing a leaf from Seye Abimbola's quote on global health from last week, here's to hoping that in 2025 we'll also start using the term '**Countries formerly known as high-income and/or developed countries**'. Let me explain why.

On the former ('HICs'), it's obvious that in too many "high-income countries", big chunks of the population (*the poor, precariat, increasingly parts of the middle class as well*) don't exactly feel nowadays as having a "high income" (*nor very 'secure' versus the multiple challenges of the raging polycrisis*). So my suggestion to Global Citizen, Pandemic Action Network & others trying to raise funding for Global Public Goods in the new poly(/perma)-crisis era would be to ditch the preferred 'country' framing of the past decades, and [target the right segments](#) in their campaigns, i.e. a globalized financial elite (*plus perhaps a few more % of often 'tax-optimizing' wealthy people*). Via so called '**populist' framing** moreover. As in "Time to end the era of Billionaires" etc. (*and as it's almost Christmas, maybe Bob Geldof can also come up with a long overdue update of his Band-aid project: 'Do they know it's Billionaires' time at all?'*). Granted, Global Citizen et al have actually started doing so post-Covid, but still too much using sanitized public health & taxation language. Also, just like MAGA fans probably think, "*yes, Musk might be a billionaire but at least he's our billionaire!*" ([for now](#)), I suspect some in Global Health still feel somewhat similar about Bill. Sorry, but no, **in 2025, it's time to pull out all the stops on tax justice**, including in the "[Replenishment Season](#)". I bet they'll find more 'allies' then, even in corners where you perhaps might not expect them. (#soletscreateasocialtippingpoint!)

As for '**developed countries**', well, it was already said at the start of the SDG era, correctly in my opinion, that '*we're all developing countries now*'. In an era of planetary emergency, that's even more the case (*still thinking of some politically incorrect equivalent*). With many (*not all*) trends going in a downright frightening direction, it's clear that most governments and international

organisations don't seem to have much of a clue (*or pretend not to have a clue ?*) on what it really requires to learn to 'live within planetary boundaries'.

Fortunately, transformative change is on the way in 2025: I noticed the upcoming [Davos Forum](#) thinks ' **the Intelligent Age**' is, at last, upon us! (*#timetopopthechampagne*)

Enjoy your reading. And see you in 2025!

Kristof Decoster

Featured Article

Ethics of X: To stay or not to stay?

(Summary of #HSR2024 Nagasaki interactive debate)

By [Katri Bertram](#), [Radhika Arora](#), [Shakira Choonara](#), [Kristof Decoster](#) & [Veena Sriram](#)

Is it ethical for health policy and systems researchers to use X, formerly Twitter? As we began planning our session several months before the [8th Global Symposium on Health Systems Research](#) (18-22 Nov) in Nagasaki, Japan, we wondered whether this topic was too niche. Since November, however, organizations and [people have been leaving X en masse](#) (not only because of our timely session).

In Nagasaki, several of us spoke about feeling conflicted professionally and personally, yet continued to stay on and use X. Reasons to stay included our mission to drive health awareness globally, a commitment to speak truth to power, a continued need to understand different points of view as well as to maintain a dialogue, and the need to differentiate between what we post, and what a platform and others share.

We generally agreed that X is owned by a person who is causing harm - to global solidarity, democracy, and science – yet this is – in the words of one panelist - “a devil we know.” Also, X is where many of us built our professional virtual families and continue(d) to get most of our information. Some of us are unwilling to give up what we consider “our” platform, and our job as health experts and researchers is to continue to fight with facts. Panelists also discussed the voice and space claimed by researchers in the Global South on X, and the implicit and explicit tensions underlying the “exodus” to Bluesky by primarily Global North-based individuals. For some, X is not all bad, and it is not bad nor toxic for everyone.

Till November, the alternatives to X looked fragmented and perhaps raised just as many questions. Would we jump from “the devil we know to the devil we don't”? Rather than leaving X for another platform (with Bluesky as the current preferred alternative), should we not, instead, advocate for strong regulation and legislation for all platforms and at all levels - global, regional, and local - to protect users from risk, combat misinformation, and ensure the ethical and responsible use of these

platforms for good? One audience member also raised the connections between X and Artificial Intelligence (AI), and how the type of discourse on the platform will shape the direction that AI on the platform takes, perhaps an argument for more progressive voices to remain, and also an argument for continued monitoring and regulation of AI.

Despite the complexity and nuances, we also raised red lines in our discussion. We need to set some parameters for what types of political determinants are acceptable and what are not. When do behaviors and actions of industry become too toxic and destructive, and at what point should we consider boycotts as a critical advocacy tool? Can we argue for increased regulation on the one hand and – as participants from the US in particular feel - do so on a platform owned by an individual who is currently dedicated to dismantling regulation and the public sector? We also have to protect our mental health and perhaps question our feeling of dependence on social media for information and networking. By staying, we are supporting a platform that now mainly thrives on disinformation and hate.

Ultimately, we agreed that everyone needs to make their own decisions on whether to stay on or leave X – or social media altogether. In this [age of disinformation](#), this debate has only just begun... and so, to be continued at the next HSR symposium in Dubai, as Gorik Ooms pointed out in his wrap-up?

Session moderators: Veena Sriram, Prashanth NS. Speakers: Gorik Ooms, Katri Bertram (video), Kristof Decoster, Muhammad Riaz Hossain, Radhika Arora, Raffaella Ravinetto, Shakira Choonara (video), Merette Khalil.

Highlights of the week

The read of the week

Speaking of Medicine – The final days of global health

D Reidpath; <https://speakingofmedicine.plos.org/2024/12/17/the-final-days-of-global-health/>

Nailing it. **“Global health is fundamentally grounded in universal values and the human rights framework.** The rights and values distinguish global health from the technical, disease-control focus of mid-20th Century “international health”. While vital, technical solutions are simply tools to reify the foundational rights that ensure equity and dignity in health.... While weaknesses in global health appear particularly salient today, **the reality is that global health has been in decline for 20 years. The decline can be charted over three intersecting waves, each wave further undermining the foundational rights-based principles... “**

Concluding: “...The challenge ahead is monumental. Defenders of global health must rally around its core principles. There are shared, universal values, and they support health and wellbeing. These principles create the reality that health is an end in itself and a means to other ends an individual may pursue. **Defending global health will require a reinvigorated commitment to multilateralism, a**

rejection of transactionalism, and a recognition that technical solutions are meaningless without a normative framework grounded in equity and rights.”

Looking back to 2024

Devex - 6 good news stories from 2024

<https://www.devex.com/news/6-good-news-stories-from-2024-108825>

“A look at what went right in global development this year.” (*I’m afraid some are more convincing than others, though.*)

Devex - The trends that shaped global development in 2024

<https://www.devex.com/news/the-trends-that-shaped-global-development-in-2024-108944>

(*gated*) “Localization, political changes, and budget cuts.”

- For more detail on this, see also Devex Newswire - [Devex Newswire: Looking back at 2024 while preparing for 2025](#)

Nature Editorial - Good COPs, bad COPs: science struggles in a year of environmental summits

<https://www.nature.com/articles/d41586-024-04113-7>

“The system meant to ensure that international agreements are informed by a consensus of rigorous research is under severe stress.”

Quotes: “...In the climate-change sector especially, there’s a view that the processes of the summits known as Conference of the Parties (COP) have had their day or, at the very least, need to be reformed. The research community needs to carefully and systematically study why scientific knowledge is being pushed out, as a first step to finding a way forward...”

“... It’s worth reflecting for a moment on why research is currently struggling to have an impact. When the present system of science advice in UN meetings was originally established, the United States and European countries were the world’s largest economies. Their delegates often dominated proceedings, or at least commanded an outsize presence during talks. Much of the research that underpinned UN environmental agreements also came from these nations, as did the scientists observing the talks and many of the world’s influential media outlets covering them. But that **world is changing**. China is the second largest economy globally and India is on a path to becoming the third. An increasing amount of SDG-related research is now coming from LMICs. At the same time, the place of science in negotiations is affected by this shift in the balance of power. Put simply: **when research is performed, or funded, by high-income countries, it is perceived by some**

in LMICs as being biased in favour of the negotiating positions of the governments of those nations....”

And a few links:

- WEF - [The top global health stories from 2024](#)

“ From **climate change health impacts to the rise of antimicrobial resistance and improving health equity for women**, here are **6 top health stories** of the year....”

- [Medicines Law & Policy - Wrapping up 2024: Noteworthy events in medicines law and policy around the globe](#) (by Ellen ‘t Hoen)

Looking ahead to 2025

Global Nation - Welcome to 2025: can we thrive with less America?

Hassan Damluji and Jonathan Glennie; https://globalnation.substack.com/p/welcome-to-2025-can-we-thrive-with?r=1ppuok&utm_campaign=post&utm_medium=web&triedRedirect=true

Upbeat take (*which I’m sure we all need*). Let’s hope at least some of it materializes.

“...If managed badly, there is no doubt that the world could be taking a step closer to calamity. We will spare you all the reasons that 2025 is fraught with danger (there are plenty of “top risks” analyses you can peruse). But **there may also be a narrow path towards building a better system in the wake of a receding America. We see at least 5 trends that could gather pace in the coming year:...**”

“**2025 will be an important year for multilateralism.** It’s a pivotal moment to rethink how we tackle systemic crises and build coalitions that don’t depend on a singular global hegemon, capitalizing on the structural shifts happening globally... .. **2025 offers plenty of opportunities to test new approaches to multilateralism:...**” Then listing some of these events.

BMJ - Tedros Adhanom Ghebreyesus: peace is the best medicine

<https://www.bmj.com/content/387/bmj.q2629>

“Conflict and attacks on healthcare must cease, as **without peace there can be no health**, writes WHO chief Tedros Adhanom Ghebreyesus.”

Also on ‘**health as a bridge to peace**’.

Devex - Predictions for global development

<https://pages.devex.com/global-views-2024.html>

Series of Op-eds. **“Predictions for the year ahead in global health, food systems, climate, gender equality, AI, and more.”**

Do check out among others:

- Devex Opinion: [The Trump effect on global health and development in 2025](#) (by Peter Singer)

“... Areas to watch in global health”. (*I’m afraid a rather rosy view*)

- [Devex- Opinion: How 2025 could the year to advance fairer global tax rules](#) (by M R Balsera)

“... Here is what to expect in the push for a fairer global tax system.”

“Significant efforts in global tax equity are anticipated in 2025. Here's what to look out for. 2025 presents a critical once-in-a-generation opportunity to overhaul the international financial system and make it more responsive to the pressing challenges of our time — climate change, poverty, debt, and inequality. “ (We certainly hope so.)

- [Devex - Opinion: Why philanthropic infrastructure investment holds promise for 2025](#)

“... In the world of philanthropy, watch out for more of **the 3Ps: philanthropic-public-private partnerships.**” (*the utter horror :)*)

Launch of the WHO Academy in Lyon

<https://www.who.int/about/who-academy/>

The WHO Academy offers high-quality, multilingual learning opportunities and a simulation center for health emergencies, among others. Do have a look: <https://whoacademy.org/>

WHO - President Macron, WHO Director-General, and global health leaders inaugurate WHO Academy in Lyon

<https://www.who.int/news/item/18-12-2024-president-macron-who-director-general-and-global-health-leaders-inaugurate-who-academy-in-lyon>

Press statement. **“The World Health Organization (WHO) Academy in Lyon, France, officially opened its doors yesterday with a high-profile inauguration ceremony.** The event was attended by WHO Director-General Dr Tedros Adhanom Ghebreyesus, French President H.E. Emmanuel Macron, alongside dozens of health ministers, international representatives, donors, and local French partners. The WHO Academy is a **revolutionary project which will contribute to a better trained health workforce around the world, through the most ambitious lifelong training programme ever designed in the field of public health. ...”**

“... Through the WHO Academy, thousands of health professionals will be trained each year. **By 2028, the Academy aims to train 3 million health-care workers, including nurses, clinicians, and**

midwives, along with 900 senior decision-makers and 13 000 public health managers. The WHO Academy will produce 50 to 80 courses annually from 2025 to 2028, totalling approximately 260 new courses by 2028.....”

- Related op-ed by dr Tedros in the Telegraph - [The WHO Academy heralds the dawn of a bold vision for global health](#)

But only ‘part of the solution’ to solve the global health workforce crisis, he argues.

Global Health Governance

BMJ - Trump, the rise of the Global South, and a new world order for health

I Kickbusch; <https://www.bmj.com/content/387/bmj.q2708>

One of the must-reads of the week. “As power shifts from traditional strongholds in the Global North to rising stars in the Global South, Trump’s renewed attacks on multilateralism could have profound consequences for global health, says Ilona Kickbusch.” Also **looking ahead to 2025** (and beyond).

TGH - China's Foreign Policy and Global Health Leadership

Jiyong Jin; <https://www.thinkglobalhealth.org/article/chinas-foreign-policy-and-global-health-leadership>

“Chinese health diplomacy has made progress, but **challenges to China's aspirations to be a leader in global health remain.**”

“Over time, China has shaped its foreign policy to become one of the most important stakeholders in global health. **Using bilateral and multilateral diplomacy, China pursues its vision of "building a global community of health for all"** to promote better health outcomes around the world. China also uses its foreign policy on global health to achieve strategic political ends. Those efforts have made China's desire to be a global health leader more credible. **Chinese foreign policy on global health, however, encounters problems that make achieving that aspiration difficult. Chinese health diplomacy has evolved in a fragmented fashion because of a lack of strategic coordination among China's government agencies. In addition, competition with the United States increases the likelihood that China will prioritize seeking geopolitical advantages in its foreign policy on global health. ...**”

Exemplars - WHO Foundation chief becomes a global health 'matchmaker'

[Exemplars](#);

“Anil Soni, the CEO of the WHO Foundation, reflects on the organization's origins, its unique relationship with WHO, and the critical role it plays in addressing global health challenges, including working with philanthropies, the private sector, and the public.”

Devex - USAID tops localization efforts as other major donors fall short

<https://www.devex.com/news/usaid-tops-localization-efforts-as-other-major-donors-fall-short-108931>

(gated) “For years, donors have pledged to transfer a greater share of resources to local organizations. But **according to a [new analysis](#), only one of the five most prominent donor nations has published the targets, strategies, and evidence to back up those commitments: [USAID](#)....** PWYF looked at **the aid agencies of Australia, Canada, the Netherlands, the United Kingdom, and the United States**, assessing the publicly available information for each.....”

Journal of Law, Medicine & Ethics - The European Union as a Global Health Actor: Challenges and Opportunities

S Negri; [Journal of Law, Medicine & Ethics](#);

“The COVID-19 pandemic served as a catalyst to build a stronger European Health Union to protect the health of Europeans and to develop a new Global Health Strategy to contribute to global health security. **In positioning itself as a key player in global health governance, the EU seeks to assert its responsibility as a global health actor and deepen its leadership in global health law.**”

“...Amid the pandemic, the European Union (EU) reached an unprecedented level of commitment in the field of global health law and governance, seeking to assert its role as a leading global actor in line with one of the European Commission’s political priorities — “A stronger Europe in the world” (2019–2024). The EU became a key diplomatic player in the response to COVID-19. Despite criticisms of its positions on intellectual property and vaccine equity, the EU also took a proactive and engaged stance to advance global health law through the World Health Organization (WHO), contributing to both the amendments of the International Health Regulations (IHR) and the negotiation of a Pandemic Agreement. Its actions under a “Team Europe” approach have laid the foundations for improved leadership in global health at a time of profound changes in global health governance. **This column provides an overview of the political processes and structural reforms that have framed a new EU approach to emergency preparedness and response, with this paradigm shift leading to the creation of the European Health Union and to the development of a new EU Global Health Strategy.** Examining the building blocks of this strengthened and comprehensive European health policy — advancing new strategic priorities for global governance — **this article analyzes the rising EU role in global health, calling for further research on this EU contribution to global health law.**”

PS – re the latter: “...This new scenario suggests the need for new research to understand this re-positioning of the EU in the global health arena, examining EU relationships with other international organizations and global health actors. This is what the **international research group gathered under the umbrella of the newly instituted Jean Monnet Centre of Excellence “New Visions of the European Union’s Role in Global Health” (EU4GH), based at the University of Salerno, has set as its research goal until 2026**, pursuing the ambition of meeting the need for an in-depth, fresh, and critical analysis of the EU role in the post-pandemic global health governance landscape, combining legal, policy, economic, social, and ethical perspectives to understand this rapid evolution in global health law.”

- Related: **CGD (blog)** - [What the Global Gateway Flagship Projects Tell Us about the EU’s Priorities](#) (by M Gavass et al)

“While substantive information about the flagship projects is scarce, **a new list of [46 Global Gateway flagship projects for 2025](#) is now available.** The list of flagship projects selected for 2025 is supposed to help showcase the kind of investments the EU is offering to its partners across the globe. But **the proposed projects for 2025 continue the trend set in 2023 and 2024 of investments largely focused on physical infrastructure and less on important human capital dimensions,** despite [the clear evidence](#) that economic and social returns to infrastructure would be significantly higher if accompanied by similar levels of investment in health and education. **In this blog, we look at the geographical and sectoral distribution of the projects and highlight the scant investment in human capital and the perpetual problem of the lack of transparency of the projects, their financials, their design, and their impact. ...”**

(for health, see 36-41).

BWP - Who’s afraid of the grassroots? IMF policymaking in the era of social discontent

<https://www.brettonwoodsproject.org/2024/12/whos-afraid-of-the-grassroots-imf-policymaking-in-the-era-of-social-discontent/>

“IMF’s *World Economic Outlook* and *Regional Outlook for Sub-Saharan Africa* were released in October 2024. They argue for a **need to quell public rejection of a new raft of austerity measures** and avoid social unrest. **IMF plans to convince public of need for reform through an ill-conceived education and communications strategy.**”

Pandemic agreement, Mpox, Bird Flu... & other PPPR news

Spark Street Advisors – INB12+ and the road ahead for 2025

<https://mailchi.mp/ssc/the-inb8-6416818?e=bbc93ff37e>

State of affairs on the pandemic agreement negotiations by Nina Schwalbe et al.

BMJ Opinion - Recovery is missing in the pandemic treaty

J S Rossman et al; <https://www.bmj.com/content/387/bmj.q2827>

“As the World Health Organization begins a third year seeking consensus for the international treaty on pandemic prevention, preparedness, and response, there is a glaring omission—recovery, write **Jeremy S Rossman** and **Vicky van der Togt.**”

“... Pandemic recovery should not be an afterthought or a passive process. Recovery needs to be active and planned, as it is one of the most critical stages of preparedness for the next pandemic.... ”

Lancet Letter - The first 100 days of the mpox response in Africa

Nicaise Ndembi et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02681-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02681-3/fulltext)

A view by Africa CDC staff on the past 100 days.

And: “... **The next 100 days require bold investments and innovative strategies to close important gaps in the mpox response.** Collaborative efforts should focus on reducing inequities, strengthening health systems, and ensuring rapid deployment of tools to mitigate the outbreak effectively. These investments and strategies require an integrated, multisectoral approach with collaboration across governments, global health organisations, and communities. Success depends on sustained political will, equitable resource allocation, and priority attention given to research, including building regional capacity and addressing gaps in diagnostics, therapeutics, and vaccine delivery. Leaders should act decisively to honour funding and vaccine pledges....”

- For an **update on the Mpox emergency**, see **Africa CDC’s media briefing of Thursday** (as reported in **Cidrap News**): [Africa's mpox outbreak nears 70,000 cases as officials lay out response priorities](#)

“**Mpox activity in Africa continues at a steady pace, with 3,095 cases reported over the past week, 2,632 of them from the main hot spot, the Democratic Republic of the Congo (DRC), a top official from Africa Centres for Disease Control and Prevention (Africa CDC) said today at a briefing.** ... Ngashi Ngongo, MD, PhD, head of Africa CDC's mpox incident management team, said 31 more deaths were reported, 29 of them in the DRC. **Since the first of the year, the region has reported nearly 70,000 cases in 20 countries.** As activity continues to fluctuate, Guinea moved from the controlled stage to active transmission last week, with five countries remaining in the controlled stage: Gabon, South Africa, Morocco, Zambia, and Zimbabwe.”

“**Ngongo said the first 50,000 doses of the LC16 vaccine donated by Japan are expected to arrive in Kinshasa this week, with as many as 3 million doses available starting in February.**”

“.... .. **Ngongo said Africa CDC and the World Health Organization (WHO) this week led a continental review of the mpox response,** which included officials from nine affected countries and seven response partners. **The group identified eight priorities that are urgently needed to tackle the ongoing outbreak,** including mobilizing more resources, intensifying support for the hardest-hit countries, improving data management systems, and speeding and expanding vaccination. Other key priorities were focusing an integrated approach to the response that focuses on the community, addressing coinfections such as measles, sharing lessons learned among countries, and improving surge staffing support....”

Africa CDC Urges Caution in Labeling Unexplained Illness in DRC as “Disease X”

Esther Nakkazi; <https://hejnu.ug/africa-cdc-urges-caution-in-labeling-unexplained-illness-in-drc-as-disease-x/>

“At a press briefing today, **Africa CDC Director General Dr. Jean Kaseya advised against using the term “Disease X” to describe an unexplained illness in Panzi,** a remote area, located 700 km

southeast of Kinshasa of the Democratic Republic of Congo (DRC). He **stressed that the term should be reserved for confirmed novel pathogens to maintain its significance and avoid public confusion.** “We should refer to the situation as a febrile illness of unknown aetiology,” Dr. Kaseya said. “It may turn out to be a disease of known origin, and using ‘Disease X’ prematurely could mislead and undermine the term’s importance.” ...”

Reuters - Congo's health ministry says unknown disease is severe malaria

<https://www.reuters.com/world/africa/congos-health-ministry-says-unknown-disease-is-severe-malaria-2024-12-17/>

“ Democratic Republic of Congo's health ministry said on Tuesday that a previously unidentified disease circulating in the country's Panzi health zone is a severe form of malaria. "The mystery has finally been solved. It's a **case of severe malaria in the form of a respiratory illness... and weakened by malnutrition,**" the health ministry said in a statement.”

- PS: Via JH Center for GH security: “While local health officials have declared the mystery solved, **WHO has not confirmed the findings and is conducting further testing...**”
- And for an update via Africa CDC’s media briefing of Thursday, see **Cidrap News - [Cases, deaths rise in illness outbreak in remote DR Congo](#)**

“ In an acute febrile illness outbreak in a remote part of the Democratic Republic of the Congo (DRC), **a man recently died following hemorrhagic fever symptoms, and samples have been sent to Kinshasa for testing, an official with Africa Centres for Disease Control and Prevention (Africa CDC) said at a briefing today.** Ngashi Ngongo, MD, PhD, who leads Africa CDC's mpox incident management team, **said though malaria has been reported in several samples during follow-up testing, testing on more samples is under way, as is the epidemiologic investigation...**”

“... Ngongo said **officials are weighing two hypotheses:** that severe malaria is occurring against the background of malnutrition and viral infection or that a viral infection is occurring against a background of malaria and malnutrition....”

Telegraph – Why farms, not wet markets, are the pandemic threat you should be worrying about

<https://www.telegraph.co.uk/global-health/science-and-disease/why-farms-not-wet-markets-are-a-pandemic-threat/>

“Many modern-day outbreaks have originated from factory farming. From the virus’s perspective, it’s a numbers game.”

White House – FACT SHEET: Biden-Harris Administration Releases Global Health Security Annual Report Demonstrating the Impact of United States Leadership and Investments

[White House press release;](#)

(11 Dec) “The **final annual global health security report of the Biden-Harris Administration, [U.S. Government Support for Global Health Security – Protecting Lives and Safeguarding Economies](#)**, which highlights progress in global health security and identifies remaining challenges. “

UN News – Avian flu reported in 108 countries across five continents, says UN health agency

<https://news.un.org/en/story/2024/12/1158286>

“Avian influenza has caused the deaths of more than 300 million birds worldwide and the virus “is increasingly crossing species barriers”, according to UN health officers.”

“In an update on the mutating virus - known as H5N1 – Dr. Madhur Dhingra from the **Food and Agriculture Organization, FAO**, said that it had “spilled over into wildlife”....”

“... **Following the emergence of H5N1 influenza virus in dairy cattle, the WHO has joined calls for strengthened surveillance and biosecurity on farms**, to keep animals and people safe.

The UN health agency said that **in 2024, 76 people have been infected with the H5 avian influenza strain, and most were farm workers**. More than 60 cases originated in the US, which has also reported outbreaks of H5 in wildlife and poultry and, more recently, in dairy cattle. ... Dr. **Maria Van Kerkhove, who currently serves as Director of Epidemic and Pandemic Threat Management for the WHO**, said that based on the latest science, “we assess the risk of infection for the public – you and I – is currently low.” But if you work on a farm, she cautioned – and are exposed to infected animals – “we assess the current public health risk to be low-to-moderate,” depending on the level of personal protection taken.”

“There is no evidence so far that the H5N1 viruses have adapted to spread between people and there has been no reported cases of human-to-human transmission. “We must remember, however, that this can change quickly,” the UN pandemic expert added, “as the virus is evolving and we must be prepared for such a scenario.”...”

- Link: **NYT - [For Wild Animals, the Bird Flu Disaster Is Already Here](#)**

Pandemic Action Network – The sound of silence: Ringing the H5N1 alarm bells

<https://drive.google.com/file/d/191yCHz2-Ec6ISOLrGEPLSBv0hIvY4zF8/view>

New report.

“ **As we look toward 2025, we’ve taken stock of our reporting and observations of H5N1’s rise as well as media coverage and policy action (or lack thereof.)** These weekly snapshots of zoonotic transmission and response documented in real-time over the past year show how H5N1 spread first from birds to other species — notably, dairy cows — and then to humans. **A review of the year’s coverage (compendium below) underscores that the world is not adequately paying attention to or preparing for a potential H5N1 pandemic threat.** There are **(five) clear priorities for urgent action** — particularly for the incoming U.S. administration.”

They are: “1. Increase transparency and data sharing; 2. Bolster surveillance, testing, and monitoring; 3. Enhance access to medical countermeasures; 4. Strengthen cross-sectoral collaboration and develop localized strategies; 5. Strengthen multilateral cooperation.”

Lancet Editorial – European health security needs a reboot in 2025

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02789-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02789-2/fulltext)

“2025 marks the centenary of the Locarno Treaties—a series of treaties between European countries after World War 1, negotiated in October, 1925, in Locarno, Switzerland, and signed in London in December, 1925. **These agreements ushered in a period of hopeful optimism and peace for European security: the so-called Spirit of Locarno.** Relations were re-established between European neighbours and Germany was accepted into the League of Nations. The Nobel Peace Prize was awarded to the three main architects of the treaties. **As 2025 looms, with wars continuing in Ukraine and Sudan, unprecedented instability in the Middle East, a new unpredictable US administration, and deep multiple unresolved threats to health, it is time for a new Spirit of Locarno to inform European security policies, including health security....”**

“... The **forthcoming EU Health Summit, to be held in Brussels, Belgium on Jan 28**, is a moment to create a new Spirit of Locarno to protect a vulnerable Europe from escalating regional and global threats.”

Global Health (& development/climate) Financing

Devex - How 2024's big global health replenishments shook out

A Green; <https://www.devex.com/news/how-2024-s-big-global-health-replenishments-shook-out-108955>

Must-read. **“A two-year traffic jam of global health fundraising efforts is finally starting to clear up. But questions remain about the fate of some key players, including the Global Fund and Gavi.”**

“There was some alarm that neither of the two institutions that have so far wrapped up their fundraising efforts — WHO and the [IDA](#) — hit their targets. But experts see some positive signs, including a growing pool of donors. Still, they acknowledge that the current environment — including the overlapping fundraising efforts — seems to be having an impact. And geopolitical turmoil, including the [potential isolationism of the incoming Donald Trump administration](#) in the United States, could make it even trickier to meet replenishment goals.”

With some **early takeaways** on ‘Replenishment season’. (and the **view of Christopher Benn**)

CGD - IDA Prevails, Others Flail—and What Recent Replenishments Portend for 2025

C Landers et al ; <https://www.cgdev.org/blog/ida-prevails-others-flail-and-what-recent-replenishments-portend-2025>

Somewhat different view on how Replenishment season is going.

“Across 2024 and 2025, almost a dozen major multilateral funds are going to donors for additional funding in what we dubbed a “traffic jam” of replenishments. As 2024 draws to a close, three replenishments have concluded (sort of—read on for more). IDA is the largest and the standout: the World Bank’s concessional fund hit the \$100-billion mark even as donor pledges stayed flat. IDA was swimming against the tide of increasingly inward-facing policy agendas across many core donor countries, so just being able to hold steady is a significant achievement. **Others, like the Pandemic Fund and the World Health Organization’s inaugural “investment round,” are encountering bigger challenges, with pledges to date only meeting half their fundraising targets. ...”**

NYT – Trump’s return may worsen financial woes for global health institutions

<https://www.nytimes.com/2024/12/19/health/global-health-funding-us-trump.html>

(gated) “The US provides nearly half of the aid for global health, including childhood vaccination, HIV treatment and disease surveillance.”

Lancet Letter - Pandemic financing should learn from revolving funds

H Holmer, I Agyepong, D Heymann et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02633-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02633-3/fulltext)

“On Nov 22, 2024, WHO identified that mpox remains a global health crisis. Meanwhile, **financing for pandemic preparedness and response is in a permanent state of emergency. A revolving fund model could offer an alternative solution.** The current approach embodied in **The Pandemic Fund has three main limitations. ...”**

“... We believe the Pan American Health Organization (PAHO) Revolving Fund offers a promising alternative model for pandemic financing based on the principles of Global Public Investment, which should be implemented by global funding organisations.... **By embracing the principles of collective contribution, shared benefits, and inclusive decision making,** pandemic financing could move beyond its current state of crisis, leading to a safer and fairer world.”

Results for Development - The Financing Accelerator Network for NCDs

https://r4d.org/projects/the-financing-accelerator-network-for-ncds/?utm_source=newsletter&utm_medium=email&utm_campaign=R4DInsights_Dec_2024

“In 2024, Results for Development (R4D), in collaboration with a new technical partnership between [Access Accelerated](#) and the World Bank, is managing a demand-driven innovation platform to enhance health financing for NCDs and accelerate progress toward Sustainable Development Goal 3 in LMICs.”

“... This initiative will be conducted through **The Financing Accelerator Network for NCDs (FAN)** a global platform under the Access Accelerated-World Bank new technical partnership, in close cooperation with R4D. Positioned across the Sub-Saharan Africa, Latin America and the Caribbean, and Asia-Pacific regions, FAN collaborates with governments and local stakeholders in LMICs to build sustainable health financing systems, enhance their response to NCDs, and codify impact on the

ground.... The **Africa Institute for Development Policy (AFIDEP)** has been appointed the primary regional institution for the NCD Financing Accelerator in Sub-Saharan Africa....”

Lancet Infectious Diseases (Personal View) - Sustainable antimicrobial resistance surveillance: time for a global funding mechanism

C Painter et al ; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00649-2/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00649-2/abstract)

“...Strengthening the knowledge and evidence base for AMR with surveillance and research is one of the five main objectives of the WHO Global Action Plan on AMR. While recent efforts to strengthen diagnosis and surveillance have been encouraging, these are unlikely to be sustainable without continued funding support in most low-resource settings. **We estimated the continued costs of a standard national AMR surveillance system in low-income and middle-income countries (LMICs). For 46 LMICs, the costs would account for more than 2% of their total domestic general government health expenditure (GGHE-D), and for 28 of these countries, the costs are more than 5% of their total GGHE-D. This high cost is not sustainable without a long-term global financing mechanism.**”

Global Fund – Germany and Indonesia Sign Landmark €75 Million Debt Conversion Agreement to Strengthen Public Health

<https://www.theglobalfund.org/en/news/2024/2024-12-16-germany-indonesia-sign-landmark-debt-conversion-agreement/>

“The Federal Republic of Germany and the Republic of Indonesia, with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), have signed a landmark Debt2Health agreement, converting €75 million of Indonesia’s debt into transformative investments for public health. This agreement represents the **largest Debt2Health swap to date** and will significantly enhance Indonesia’s ability to combat infectious diseases and strengthen its health systems....”

AFD-Global Partners Invest \$45 Million to Boost African Vaccine Production

<https://www.afdb.org/en/news-and-events/press-releases/global-partners-invest-45-million-boost-african-vaccine-production-79715>

“In significant efforts to strengthen public health and improve vaccine access in Africa, **the U.S. International Development Finance Corporation, the African Development Bank, and the International Finance Corporation (IFC)** have jointly announced a **\$45 million financing package for VaxSen, a subsidiary of Senegal’s Institut Pasteur de Dakar (IPD)....”**

Devex - US lawmaker presses Samantha Power on \$9.5B USAID global health project

<https://www.devex.com/news/us-lawmaker-presses-samantha-power-on-9-5b-usaid-global-health-project-108975>

“Republican Rep. Mariannette Miller-Meeks of Iowa questioned the long-term sustainability and merits of the **project, which is meant to strengthen supply chains in lower-income countries.**”

CGD (blog) - Development and Climate Finance Targets: The Worst of All Worlds

C Kenny; <https://www.cgdev.org/blog/development-and-climate-finance-targets-worst-all-worlds>

Recommended read.

“Last week, the UN Foundation and the UN Department of Economic and Social Affairs kindly asked me to talk at an informal session on the **coherence between development and climate finance**. I learned a lot, and it helped me **understand a little better the various positions on the issue, including around merging climate and development finance targets**. I (still) came away thinking that unless climate finance agreements address development needs more coherently, the poorest countries are likely to lose out. “

“**Some developing country representatives worry that merging climate and development finance discussions might weaken the comparative legal strength of climate finance targets**. Climate finance transfers are a ([Paris Agreement](#)) treaty commitment and the target level was decided by parties to that treaty (\$100 billion to be met by 2020, [\\$300 billion by 2035](#)). In contrast, while the target of 0.7 percent of GNI in overseas development assistance (ODA) for developed countries has appeared in [various UN resolutions and conference declarations](#) since 1970, it has always been couched in language about “making concrete efforts towards” reaching that target....” Do read on.

Among others, Kenny argues: “...**Fixing the mitigation-adaptation/development problem** is going to take biting the bullet and cross-referencing climate and development finance targets. **In particular, it is going to take climate agreements guaranteeing levels of development and adaptation funding in the form of country-programmable ODA to the world’s poorest countries as the first and primary target of climate finance.**”

New Humanitarian - For humanitarians, climate and conflict are becoming harder to separate

<https://www.thenewhumanitarian.org/analysis/2024/12/16/humanitarians-climate-conflict-are-becoming-harder-separate>

“**In conflicted-affected countries and fragile states, governments cannot be the only governing body for climate finance.**”

“From flooding in refugee camps in Sudan, to militants in Somalia controlling scarce water, **the intersection of climate and conflict is an increasingly important challenge for humanitarians, and fast becoming a key policy area at UN climate summits.**”

“... **This briefing lays out the state of play in the climate-conflict policy space** following COP29 and heading into 2025.”

BWP - COP29 sees MDBs climate finance take centre stage, as civil society brands new climate finance goal a 'betrayal'

<https://www.brettonwoodsproject.org/2024/12/cop29-sees-mdbs-climate-finance-take-centre-stage-as-civil-society-brands-new-climate-finance-goal-betrayal/>

Bretton Woods Project's take on this news from last month: "Rich countries agree to provide a paltry \$300 billion in public finance by 2035, as Small Island States and Least Developed Countries stage walkout; **MDBs commit to provide \$120 billion a year in climate finance to low- and middle-income countries by 2030, as part of public finance goal; MDBs champion private investments and carbon markets, despite debt crises in many climate vulnerable countries...**"

- Related: [Towards economic and climate justice: a Feminist Analysis of Critical Trends](#)

"This Critical Trends Report examines the progress and challenges in realizing the vision of the Feminist Action Nexus for Economic & Climate Justice, as outlined in the Blueprint for Feminist Economic Justice and distilled into our seven key demands. **In this 2024 update, we focus on four thematic areas: 1) debt, 2) the Bretton Woods Institutions (the World Bank and International Monetary Fund), 3) taxation, and 4) climate finance**, highlighting key developments and releases of data between late 2023 and October 2024...."

UHC & PHC

WHO Afro - UHC Day: High health-care costs in Africa continue to push over 150 million into poverty: new WHO report

<https://www.afro.who.int/news/uhc-day-high-health-care-costs-africa-continue-push-over-150-million-poverty-new-who-report>

From last week (UHC Day), but in case you missed this, worth flagging again:

"On Universal Health Coverage Day, a **new report by the World Health Organization (WHO) Regional office for Africa** finds that **most African countries continue to rely heavily on out-of-pocket payments (or out-of-pocket health spending) to fund their health services**, and urges countries to reduce the financial strains that high health-care costs place on their population. ..."

"**The practice of out-of-pocket payments, warns the report, continues to: place a financial burden on over 200 million people, including pushing over 150 million people into or deeper into poverty (latest data, from 2019) across the WHO Africa Region; exact a heavy price on people's health; and hamper progress in attaining universal health coverage.** "

"**In fact, globally, half of all people impoverished because of out-of-pocket payments live in Africa – a rising and worrying trend....**"

Africa CDC - Rwanda's Health Financing Model Offers a Test Ground for Africa

<https://africacdc.org/news-item/rwandas-health-financing-model-offers-a-test-ground-for-africa/>

“Community Health Worker (CHW) programmes in Africa are often hamstrung by two main problems: dependency on external funding and financial sustainability. **By integrating CHWs into its primary healthcare system, Rwanda has institutionalised their role as formal health workers, addressing workforce shortages while addressing remuneration through innovative solutions.**”

“... **The Africa Centres for Disease Control and Prevention (Africa CDC), in partnership with Rwanda Cooperation, conducted an Experiential Learning Program on Sustainable Health Financing for Community Health Worker (CHW) Programs** with policymakers, Members of Parliament, and technical experts from **six African Union Member States: Egypt, Gabon, Côte d’Ivoire, Sierra Leone, Tanzania, and Zambia in Kigali from November 25–29, 2024.....**”

Lancet - Assisted dying, complex systems, and global equity in palliative care

Libby Sallnowa et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02717-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02717-X/fulltext)

Starting from a recent (likely) policy change in the UK.

Authors conclude: “... **Complex systems of death, dying, care, and grief are interconnected, as are financial, migration, or health systems. Changes in practice in one country may have implications for other countries, shifting norms in very different contexts. The changes the UK is likely to make to its death and dying systems, based on its specific context, risk causing shifts in the thinking, norms, and practices that shape other death and dying systems globally, within very different contexts.** Assisted dying could be seen as easier and cheaper than building health equity, for preventive and curative treatments, and palliative care. **Access to universal health care, including palliative care, is an urgent global priority and the Lancet Commission on Access to Pain Relief and Palliative Care describes an affordable model to address serious health-related suffering.** Despite their calls for action, insufficient progress has been made in realising the Commission's recommendations in addressing global inequities in access to pain relief. **Palliative care is not a replacement for curative treatment, and assisted dying is not a replacement for palliative care. Countries must explore, understand, and transform their own complex systems of death, dying, caring, and grieving and make decisions that reflect the needs, traditions, and priorities within them.** These systems are powerful. Norms from high-income countries about what constitutes a good death have been exported and influence practice globally, often at odds with local death and dying systems, and with colonial undertones. Choice can only be exercised when options exist that enable equitable access to comprehensive care. **The urgent priority for the global health community is to address avoidable suffering alongside avoidable mortality. This approach requires universal access to preventive, curative, and palliative interventions, and commitment to address the social and structural determinants of living well and dying well.**”

Lancet GH (Comment) – Global primary care: what it is, what it isn’t, and why it matters to us all

Luke N Allen et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00460-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00460-1/fulltext)

“... **A distinct field of enquiry is crystallising at the confluence of global health and primary care, with roots in the audacious vision set out in the Declaration of Alma-Ata in 1978....** there is much to learn from cross-national experience and experimentation. This is where **global primary care** comes in...” “**Global primary care** is a policy-oriented discipline concerned with the transnational actions required to improve equitable access to high-quality primary care services, as well as the structures, inputs, and functions required to optimise primary care systems. It addresses the

intersection of primary care systems with transcendent global challenges, which include climate change, ageing populations, migration, workforce shortages, digitisation, political transitions, and other tectonic issues that tend to disproportionately affect underserved populations. It is grounded in the principles of equity, multisectoral action, and community empowerment. **Global primary care practitioners focus on models of care**, with an emphasis on generating, synthesising, and applying **cross-border learning**. Primacy is placed on reaching the furthest behind first (see UN Sustainable Development Group principle to [leave no one behind](#))—ie, redressing health inequities within and between countries. Global primary care is not concerned with biomedical interventions or single conditions. It is not particularly interested in individual countries, instead seeking transferable lessons that apply across multiple populations. **It is not just a branch of health services and systems research: it also encompasses capacity building, networking, advocacy, and policy reform**. People do not get involved in global primary care because they want to publish papers or speak at conferences. They **primarily seek real-world impact** and are driven by the mission of ensuring that all people, in all countries, have access to high-quality care.....”

However, Allen et al also note a **paradox**: “... **Arguably, we are witnessing a golden period of policy interest in primary care; however, this apogee belies the financial commitments, data, and human resources that are being allocated to reorient health systems towards this neglected area**. We have a number of assessment [tools and frameworks](#), but the world still does not have decent comparative data on primary care system performance against critical functions, or even basic baseline data on indicators, such as the total number of family doctors. The lineaments of global primary care have snapped into focus at the convergence of national and international policy priorities. **By articulating the current prioritisation paradox, we aim to bring attention to the need for concrete investment in global primary care research**. This work is fundamental to the realisation of universal health coverage.”

HIV/AIDS

UNAIDS - Global leaders commit to accelerating global efforts to end AIDS as a public health threat by 2030

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/december/20241213_pcb55

(13 Dec) “**The 55th meeting of UNAIDS’ Programme Coordinating Board (PCB) has concluded in Nairobi, Kenya, with Board members reaffirming their commitment to end the AIDS pandemic by 2030**. Taking place in Africa for the first time in 18 years, the PCB meeting came at a critical moment for the AIDS response as new scientific advances bring the hope of ending the AIDS pandemic closer than ever and as UNAIDS embarks on developing the next Global AIDS Strategy and building political support for new 2030 HIV goals.....”

UNAIDS (Feat story) - HIV financial data: A transformative power to ensure sustainability of the AIDS response

https://www.unaids.org/en/resources/presscentre/featurestories/2024/december/20241219_hiv-financial-data

“...To reflect on the current use and future potential of HIV financial data, **UNAIDS and the Global Fund to Fight AIDS, TB and Malaria brought together representatives from 10 African countries to Cape Town, South Africa.** During the event, countries shared how they are using HIV financial data to transform their national HIV responses....”

JAMA Network (Viewpoint) - The Urgent Case for Recommitting to Global HIV/AIDS Goals

Carlos del Rio & V Dzau ; <https://jamanetwork.com/journals/jama/article-abstract/2827979>

“This Viewpoint discusses the need to recommit to the fight against HIV/AIDS to reach the United Nation’s 2030 goal of ending the epidemic as a public health threat.”

Via [Politico](#): “Traditional funding models, reliant on government grants and bilateral aid, are increasingly vulnerable to budget constraints and shifting political priorities,” Drs. Victor Dzau, the president of the National Academy of Medicine, and Carlos del Rio of the Emory University School of Medicine, [wrote in JAMA](#) this week. **They point to resources from multilateral development banks and low-interest loans** “to secure sustainable funding for HIV/AIDS programs.””

PS: “ **Starting next year, the State Department plans to set up co-investment agreements with beneficiary countries,** Rebecca Bunnell, principal deputy U.S. Global AIDS Coordinator for PEPFAR, said at a Council on Foreign Relations event in Washington this week....”

Malaria vaccines

CGD (blog) - Malaria Vaccines: Turning a Scientific Triumph into Millions of Lives Saved

R Duncombe, J Sandefur et al ;

<https://www.cgdev.org/blog/malaria-vaccines-turning-scientific-triumph-millions-lives-saved>

CGD blog summarizing a new CGD policy paper. With some **recommendations for GAVI, the Global Fund, bilateral donors, philanthropy, ...**

- The [CGD policy paper – Avoiding Another Lost Decade on Malaria Vaccines](#)

“After decades of research and development, two new malaria vaccines entered routine administration this year, and are projected to save 180,000 children’s lives by 2030. But **under current plans, roughly 2.5 million children will die of malaria unvaccinated over the same period. What’s stopping a faster rollout? Money is the obvious answer.** Nigeria, home to a third of global malaria deaths, has a total health budget of \$10 per capita, and qualifies for only limited international assistance to purchase a vaccine that costs more than \$15 per child for even the generic R21 variety. Poorer countries like the Democratic Republic of Congo have received highly subsidized vaccines, but will struggle to ensure take-up for a four-dose regimen without additional expenditure on community outreach and cold-chain management. **Despite these financing challenges, malaria vaccines appear highly cost effective, at around \$4,200 per life saved, rivaling some of the best buys in global health.** While policymakers must weigh malaria spending against other disease priorities, the advent of vaccines implies malaria can absorb more resources while

maintaining higher cost effectiveness than ever before. **The most ambitious rollout would exceed the malaria budget of Gavi, the Vaccine Alliance, by \$2 to \$3 billion over the next five years. “**

NCDs

JAMA Viewpoint - Obesity and Glucagon-Like Peptide-1 Receptor Agonists

Francesca Celletti, Francesco Branca & Jeremy Farrar;

<https://jamanetwork.com/journals/jama/article-abstract/2828326>

“This Viewpoint discusses factors associated with the prevalence of obesity worldwide and **whether the novel glucagon-like peptide-1 receptor agonists (GLP-1) can help unlock a health systems response to the obesity pandemic.**”

“A new, yet familiar, debate in translational science has erupted. After many years of remarkable advances in basic science, novel therapeutic interventions have emerged, offering the promise of an effective treatment for obesity. Should the world embrace this novel pharmacological solution as the answer to the obesity pandemic? Or should the world be concerned that the medicalization of obesity will dull incentives for healthier lifestyles and allow market forces to perpetuate a profitable cycle of cause and cure?”

- Coverage of this important viewpoint via **Politico: [Weight-loss drugs could transform obesity treatment worldwide, top World Health Organization officials wrote in JAMA today.](#)**

“... But the drugs won't solve obesity on their own, say Drs. Francesca Celletti and Francesco Branca of the WHO's Department of Nutrition and Food Safety and Jeremy Farrar, WHO's chief scientist...”

- And via Reuters - [Weight loss drugs could help end obesity - but risks remain, WHO says](#)

“A new class of weight loss drugs developed by Novo Nordisk and Eli Lilly “**opens the possibility of an end to the obesity pandemic” alongside other interventions, the World Health Organization (WHO) said this week. But the global health agency said it has concerns that unless health systems prepare properly, the drugs could distort the response to the global obesity crisis, risking leaving people behind and overshadowing other steps to improve health.**”

“The **new drugs “have the potential to be transformative”,** according to the WHO's chief scientist, Jeremy Farrar, its director of nutrition, Francesco Branca, and his senior adviser, Francesca Celletti, in an opinion piece **The article is the agency's clearest comment yet on the potential of the new drugs, known as GLP-1 receptor agonists.** But “medication in isolation will not be enough to address the obesity crisis,” they added, calling instead for the innovation to push clinicians, governments, the pharmaceutical industry and the public towards considering the condition a chronic disease that needs further study into how best to prevent and treat it.”

“The article accepts that, while there is good evidence for the effectiveness of policies aimed at healthy diets and regular physical activity, “it is time to recognise that...(they) have so far failed to treat obesity.” Combining them with the new drugs could change that, it said, but **the authors also raised concerns with how the treatments - known by the brand names Wegovy and Mounjaro or**

Zepbound – are being rolled out. For example, they said models that intervene only when people have severe obesity or other related conditions must be replaced with models that see obesity as a chronic disease requiring a social, public health and clinical response. **They also said the drugs need to be available more equitably, cheaply, and at greater scale in order to respond to the obesity crisis in low-income countries as well as among the world’s wealthiest.”**

“The agency is drawing up guidelines for how to use the drugs in adults, including in low and middle-income countries, which are due out in July 2025. In 2023, the WHO decided not to add GLP-1 drugs to its essential medicines list, a catalogue of the items that should be available in all functioning health systems. Another application has been lodged for the agency to again consider their inclusion in the 2025 list update, a spokesperson said on Wednesday.”

- Related: **Project Syndicate** - [The Half Promise of Weight-Loss Drugs](#) (by E Armistead)

“Efforts to expand access to anti-obesity drugs like Ozempic and Wegovy could be a lifesaver for millions of people around the world. But we must not confuse symptoms for the underlying pathology: a dysfunctional food system that is endangering both our health and the planet.”

Excerpt: “... **the overlapping crises our broken food system is fueling** – from the billions of dollars spent each year on diet-related health problems to the environmental degradation pushing our planet to its limits – **cannot be wished away or fixed with technological band-aids. Instead, what is needed is a major shift in dietary habits toward foods that nourish both people and the environment. To this end, the [EAT-Lancet Commission](#)** – comprised of the world’s leading nutrition and sustainability experts – **advocates a diet rich in fresh fruits and vegetables, whole grains, and plant-based proteins while reducing consumption of animal proteins, dairy, and sugars.** Taken together, these recommendations offer a clear blueprint for ensuring health and sustainability.....”

Mental health

FT - Global mental health crisis hits workplaces

[Global mental health crisis hits workplaces](#)

“About 12bn working days lost to depression and anxiety each year, costing global economy \$1tn.”

“A mental health pandemic is engulfing the world’s workplaces, with financial services among the hardest-hit sectors, businesses and economists have warned.”

“... According to the World Health Organization and the International Labour Organization, about 12bn working days are lost every year to depression and anxiety, costing the global economy \$1tn annually.....”

Part of a [FT series](#) that examines how employers and governments are tackling the rise in depression and other conditions — and the new therapies being developed.

Guardian - Consuming arts and culture is good for health and wellbeing, research finds

<https://www.theguardian.com/society/2024/dec/17/consuming-arts-and-culture-is-good-for-health-and-wellbeing-research-finds>

“Exclusive: Engaging with arts improves quality of life, increases productivity and creates financial ‘dividend’.”

“... consuming culture is good for your health and wellbeing – and generates £8bn a year worth of improvements in people’s quality of life and higher productivity. That is the conclusion of the first major UK research to quantify the impact the arts and heritage can have on physical and mental health and the monetary value of the advantages they bring. The study, undertaken for the Department for Culture, Media and Sport (DCMS), was a collaboration between Frontier and the World Health Organization’s Collaborating Centre for Arts and Health, which is based at University College London....”

Social determinants of health

BWP - The B-Ready index: the World Bank’s bluewashing of labour rights

R Diallo; <https://www.brettonwoodsproject.org/2024/12/the-b-ready-index-the-world-banks-bluewashing-of-labour-rights/>

“World Bank’s Business-Ready index includes new measures on workers’ rights and protection: Reductionist approach ultimately rewards countries driving down labour rights in favour of business, as evidenced in Indonesia, Georgia and the Philippines.”

SRHR

Lancet GH – Menopause: a global health and wellbeing issue that needs urgent attention

G Delanerolle et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00528-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00528-X/fulltext)

Excerpt: “...Despite the severity of acute symptoms and the serious implications of menopause for women’s long-term health, access to menopause care varies widely and is particularly scarce in low-income and middle-income countries (LMICs) with little access to health-care professionals with specialist knowledge of menopause. Additionally, cultural and societal factors in some regions can prevent individuals from seeking care, further complicating the management of menopause-related health issues and leading to inadequate support in the workplace and even early retirement. The stigma is such that open dialogue is inhibited in the majority of LMICs and the first-generation migrants from these LMICs to high-income countries (HICs); the paucity of broader understanding and acceptance in society exacerbates the mental and emotional strain of

menopause and can lead to social isolation, particularly in these stigmatised contexts. The various factors in LMICs that contribute to adverse health outcomes in women with menopause—for effective and timely intervention, to prevent these outcomes—are important to understand. As life expectancy rises globally, more individuals spend more of their lives in the post-menopausal phase. **According to WHO, by 2030, over 1.2 billion women worldwide will be menopausal or post-menopausal. This demographic shift, along with the range and impact of the consequences of menopause, amplify menopause as a global health and wellbeing issue and clarify the need for more effective management and equitable access to care.**

With **8 recommendations**.

Planetary Health

HPW - Climate Crisis ‘Catastrophic’ for Global Health, WHO Chief Tells ICJ

<https://healthpolicy-watch.news/climate-catastrophic-for-global-health-who-chief-tells-icj/>

From last week on Friday. **“Climate change poses an immediate and catastrophic threat to human health worldwide, the World Health Organization (WHO) chief warned the UN’s highest court on Friday as it considers a landmark case that could establish fresh legal obligations for nations to cut emissions and pay for climate damages.”**

“WHO director-general Dr Tedros Adhanom Ghebreyesus testified to the International Court of Justice (ICJ) that climate change is “fundamentally a health crisis” that is already “wreaking havoc” on human health, societies, economies, and overwhelming healthcare systems worldwide....”

PS: **“ WHO’s chief legal counsel Derek Walton urged the court to place health considerations at the center of its advisory opinion, emphasizing that “science and technical evidence should be at the heart of the court’s consideration.”**

Ps: **“... Throughout the two-week proceedings in the Hague, which concluded on Friday, major emitters pushed back against the ICJ’s jurisdiction in the case. China urged the court to defer to existing UN climate mechanisms as “the primary channel for global climate governance,” while Saudi Arabia insisted national climate pledges represent only “an obligation of best efforts, not of results.” The United States and several EU members similarly argued existing treaties should be sufficient....”**

- See also **Deutsche Welle - [Landmark climate hearings conclude at world's top court](#)**
- And see **[Devex - Nations turn to ICJ for clarity on climate accountability](#)**

Overall analysis. **“The International Court of Justice has concluded historic hearings with over 100 nations seeking legal clarity on states’ obligations to combat climate change and address its consequences.”**

The Collective - Health at the Mercy of a Poor Climate Deal: Reflections on the Baku COP29 climate summit

By Remco van de Pas; [The Collective](#);

“What is needed for a just climate and health transformation? and how are the two connected? Collective member **Remco van de Pas** gives his three main takes from the COP29 Climate summit. “

With a section on climate & health, among others.

Economist - Earth is warming faster. Scientists are closing in on why

<https://www.economist.com/science-and-technology/2024/12/16/earth-is-warming-faster-scientists-are-closing-in-on-why>

“Paradoxically, **cleaner emissions from ships and power plants** are playing a role.” Though that’s not the only reason.

Science Insider - Earth’s clouds are shrinking, boosting global warming

<https://www.science.org/content/article/earth-s-clouds-are-shrinking-boosting-global-warming>

“**Narrowing storm bands** may be a surprising and dangerous **new feedback of climate change.**”

HPW - Third of Nations Collect No Air Quality Data, Masking Health Risks for One Billion People

<https://healthpolicy-watch.news/third-of-nations-collect-no-air-quality-data-masking-health-risks-for-one-billion-people/>

“**More than one-third of countries worldwide lack government-level air quality monitoring, leaving nearly one billion people in the dark about one of the greatest risks to their health, a new [report](#) showed [last week] on Friday.** The **assessment by non-profit OpenAQ**, which maintains the largest open-source database of air quality measurements, found significant gaps in government tracking and sharing of air quality data, particularly in low and middle-income countries. **The biennial report is the only global assessment of whether and how national governments are producing and sharing air quality data with the public.**”

“Thirty-six per cent of countries provide no government monitoring of air quality, **with 90% of people in nations without monitoring programs living in low and lower-middle-income countries**, where the World Health Organization (WHO) [says](#) higher pollution levels and disease rates make populations especially vulnerable.....”

Climate Change News - As Earth dries out, countries fail to reach drought agreement

<https://www.climatechangenews.com/2024/12/16/as-earth-dries-out-countries-fail-to-reach-drought-agreement/>

“**Countries including the US successfully resisted Africa’s push for a legally binding drought protocol at the “land COP” in Riyadh.**”

“Governments have **failed to agree on a global mechanism for tackling drought** at a United Nations conference in the Saudi capital of Riyadh, despite warnings from scientists of an environmental crisis unfolding beneath our feet. **Talks at the COP16 conference of the UN Convention to Combat Desertification (UNCCD)** took place behind closed doors, but sources told Climate Home that, **while Africa pushed hard for a legally binding drought protocol, the United States and others were opposed.....”**

PS: **“The UNCCD is one of the three “Rio Conventions” born out of the Earth Summit in Rio de Janeiro in 1992 to address environmental and development issues globally.** The other two are the United Nations Framework Convention on Climate Change (UNFCCC) and the Convention on Biological Diversity (CBD).”

- Related: **Devex – [Meningitis surge in Africa is linked to Sahel sand and dust storms](#)**

“The problem is set to worsen as dust storms are exacerbated by climate change, drought, and land degradation.”

“... sand and dust storms have devastating implications for the health of millions of people worldwide, particularly in Africa’s Sahel region stretching from Senegal in the west to Ethiopia in the east. The region has come to be known as **the “meningitis belt,”** where half of all meningitis cases occur. **This is because, in Africa, potentially lethal meningitis spores can hitch a ride aboard sand and dust storms from the Sahara Desert and be transported as far south as central Africa.** And since meningitis outbreaks are linked to high temperatures and airborne dust, epidemics are more common in the meningitis belt than in other parts of the world. Meningitis is seasonal, spiking during the dry season. **The problem is set to worsen as dust storms are exacerbated by climate change, drought, land degradation, and unsustainable or improper land and water management.”**

Carbonbrief - IPBES nexus report: Five takeaways for biodiversity, food, water, health and climate

[Carbonbrief](#);

“Fragmented governance” between biodiversity, climate change, food, water and health is putting all of those systems at risk, according to a major **new report from the [Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services](#) (IPBES).** The report, known as **the “nexus assessment”**, explores the **[interlinkages](#) between climate change, biodiversity, food, water and human health.** It says that focusing on a single element of the nexus at the expense of the others will have negative impacts for both humans and the planet. At the same time, many of the actions that can be taken to address nature loss will have co-benefits for the climate. “

“The report also finds that funding for nature is dwarfed by both public and private finance that goes towards nature-harming activities. However, it says, reforming global financial systems could help address the “funding gap” needed to effectively protect nature. These conclusions form part of a **“summary for policymakers”**, a 57-page document that explains the key messages of the report... **Here, Carbon Brief explains five key takeaways from the IPBES “nexus” assessment report...”:** “1. Biodiversity loss puts food and water systems, human health and the climate at risk; 2. Focusing solely on food security leads to ‘severe trade-offs’ with climate, water and biodiversity; 3. Shifting to sustainable healthy diets will benefit people

and the planet; 4. All available options for restoring nature would also help to tackle and adapt to climate change; 5. Reforming global financial systems can help close the biodiversity funding gap...”

Guardian - Coal use to reach new peak – and remain at near-record levels for years

<https://www.theguardian.com/business/2024/dec/18/coal-use-to-reach-new-peak-and-remain-at-near-record-levels-for-years>

“The world’s coal use is expected to reach a fresh high of 8.7bn tonnes this year, and remain at near-record levels for years as a result of a global gas crisis triggered by Russia’s invasion of Ukraine.”

“There has been record production and trade of coal and power generation from coal since Russia’s full-scale invasion of Ukraine inflated global gas market prices, according to the **International Energy Agency (IEA)**. The IEA said the **coal rebound**, after a slump during the global Covid pandemic, means **consumption of the fossil fuel is now on track to rise to a new peak of 8.77bn tonnes by the end of the year – and could remain at near-record levels until 2027.**”

“The Paris-based agency blamed power plants for the growing use of [coal](#) over the last year, particularly in China which [consumes 30% more of the polluting fuel](#) than the rest of the world put together. In developed economies such as the US and the European Union coal power generation has already passed its peak, the IEA said, and is forecast to fall by 5% and 12% respectively this year....”

OHE partners with LSHTM and CMCC to bridge environmental and health economics approaches to the climate health crisis

[OHE](#);

“A key part of the Wellcome Trust-funded project involves engaging with diverse stakeholders across disciplines, geographies and sectors.”

BMJ Editorial - Degrowth: a new logic for the global economy

O Tayyab, J Hickel et al; <https://www.bmj.com/content/387/bmj.q2781>

Well worth a read, even if I still don’t see a clear ToC towards this – indeed necessary & urgent – logic.

BMJ - The dangers of industrialisation: why we need to rebuild a convivial society

R Smith; <https://www.bmj.com/content/387/bmj.q2577>

“**Writer Ivan Illich** foresaw out current global polycrisis 50 years ago, which he blamed on us succumbing to industrial tools, not least in “health” care, writes Richard Smith. **We need to maximise “convivial tools” that enrich us and minimise “industrial tools” that can enslave and kill us.**”

PS: “...The **dangers of growth are increasingly recognised** (although not by mainstream politicians, for whom it remains a panacea), but **nobody, including Illich, can paint a clear picture of how degrowth might work or what a post-industrial society would look like.**”

Access to medicines, vaccines & other health technologies

Global Fund, PEPFAR Announce Coordinated Effort to Reach 2 Million People with Lenacapavir for PrEP to Significantly Reduce Global HIV Infections

<https://www.theglobalfund.org/en/news/2024/2024-12-17-global-fund-pepfar-coordinated-effort-2-million-people-lenacapavir-prep/>

“The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the United States President’s Emergency Plan for AIDS Relief (PEPFAR) have joined forces with the Children’s Investment Fund Foundation (CIFF) and the Bill & Melinda Gates Foundation (BMGF) to announce today a coordinated effort that will rapidly provide affordable and equitable access to twice-yearly injectable lenacapavir for HIV pre-exposure prophylaxis (PrEP) contingent upon regulatory approval from the U.S. Food and Drug Administration, relevant national pharmaceutical regulators, and a recommendation from the World Health Organization (WHO).”

“The Global Fund and PEPFAR are aiming to secure sustainable arrangements for countries to access this new, potentially game-changing HIV prevention innovation – backed by a significant commitment from CIFF, and with support from BMGF – that **would enable access to lenacapavir for at least 2 million people over three years in countries supported by PEPFAR and the Global Fund...**”

- Coverage via Reuters - [New HIV prevention drug could reach poorest countries by 2025, says health official](#) and HPW - [Pepfar and Global Fund Target Rollout of HIV Prevention Injectable](#)
- Related op-ed Devex: [The world has a new HIV prevention drug. Let’s use it](#) (by J Ratevosian et al) “There is hope for a new 5 by 3 global target of getting 5 million people on long-acting PrEP to prevent HIV by 2030.”

Politico Pro – Drug Price Campaigners on the ropes

(gated) <https://pro.politico.eu/news/access-to-medicines-movement-in-crisis>

See also a **summary** here (Politico): [Doctors Without Borders is ending one of its most high-profile and successful campaigns against high drug prices.](#)

Or check out a related [thread](#) on Bluesky via [@thirugeneva.bsky.social](#):

Starting with: **“The access to medicines movement is under pressure from every direction, as the legendary MSF access campaign is dismantled.** pro.politico.eu/news/access-...”

"DRUG PRICE CAMPAIGNERS ON THE ROPES: The access to medicines movement is in crisis. The far-right is on the rise and cutting funding to health NGOs; philanthropic donors are pulling out; and now Big Pharma’s most formidable adversary is leaving the stage." "Given the increasingly inhospitable political conditions for global health advocates, the decision by Doctors Without Borders (MSF) to shut its access campaign at the end of the year seems to its allies in the access movement more like a reckless folly." "MSF says it will keep working on access to medicines as part of a new structure that’s more aligned with its humanitarian work. Rory has written about the full story here, but we have some extra details for readers of Morning Health Care."....”

Bavarian Nordic Enters License and Manufacturing Agreement for its Mpox Vaccine with Serum Institute of India

<https://www.bavarian-nordic.com/media/media/news.aspx?news=7026>

“Tech transfer of MVA-BN® will help increase global mpox vaccine manufacturing capacity and further expand the equitable access to vulnerable populations. Serum Institute of India obtains license to MVA-BN for the Indian market.”

“Under the agreement, the companies will undertake a technology transfer of the current manufacturing process for MVA-BN® to SII to enable supply for the Indian market, for which SII obtains the license to sell and distribute the vaccine. Furthermore, upon the relevant regulatory approvals, the agreement enables SII to perform contract manufacturing of MVA-BN for Bavarian Nordic which expands the manufacturing capacity, ensuring global access even during outbreaks of mpox.... “

PS: **“ Bavarian Nordic continues to explore additional opportunities to establish partnerships to ensure the equitable access to MVA-BN, including with local African manufacturers....”**

Lancet GH Comment - Monitoring essential medicines access—unfinished business

Andrew Lofts Gray et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00483-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00483-2/fulltext)

Comment linked to a new study in the Lancet GH - [Prices, availability, and affordability of adult medicines in 54 low-income and middle-income countries: evidence based on a secondary analysis](#)

Concluding: “ ... a complete picture of essential medicines availability and affordability remains elusive, not only in low-income and middle-income countries, but also globally. A new standardised method, which is easy to implement by countries allowing for global comparison, might be required....”

Lancet World Report - Making CAR T-cell therapies more affordable

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02719-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02719-3/fulltext)

“CAR T-cell therapies have revolutionised treatment of many diseases, but their expense means many patients are unable to benefit. Kathryn Senior reports.”

Unitaid and Gavi establish new partnership to improve access to cervical cancer prevention

<https://www.gavi.org/news/media-room/unitaid-and-gavi-establish-new-partnership-improve-access-cervical-cancer>

“Unitaid and Gavi, the Vaccine Alliance (Gavi), will pilot integrated cervical cancer screening and treatment with human papillomavirus (HPV) vaccination programs through a new partnership. The initiative will **build off Unitaid’s existing cervical cancer screen-and-treat programs in Côte d’Ivoire and Nigeria**, incorporating vaccination awareness and service delivery with the goal of increasing coverage for both women and girls.”

- And some **quotes on Bluesky via @Balasubramaniam** (from a piece from Politico):

“**TECH TRANSFER NEEDED TO FIGHT NCDs, WTO CHIEF SAYS:** Countries can override patents to pursue equitable access to technology to fight non-communicable diseases (NCDs), the director-general of the World Trade Organization reminded them on Friday.” @wto.org
pro.politico.eu/news/the-ema...” **“To tackle the global NCD disease burden effectively, innovation, not just manufacturing, needs to happen in more countries,”** Ngozi Okonjo-Iweala said at a joint event on boosting manufacturing for NCDs, held with the World Health Organization and World Intellectual Property Organization.”

Lancet Public Health Viewpoint - Improving implementation of needle and syringe programmes to expand, scale up, and sustain evidence-based prevention interventions for HIV and hepatitis C in prisons

Nadine Kronfli et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00275-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00275-5/fulltext)

“**WHO has set ambitious HCV elimination targets by including people who inject drugs (PWID), yet has not prioritised PWID who are incarcerated, a substantial population who have or are at risk for HCV infection.** ... Globally, only nine countries provide prison-based needle and syringe programmes (PNSPs), essential evidence-based interventions to holistically reduce the harms from drug use, of which only three countries extend reach to all prisons. Even where available, these services are accessed by few participants. PNSPs are recommended as an essential element of an effective HIV and HCV prevention strategy in prisons, and studies have shown that they are key to achieving HCV elimination in carceral settings. **This Viewpoint**, based primarily on unpublished data from key country-level stakeholders and expert opinion, **highlights our perspective that implementation factors related to PNSP delivery in diverse settings likely contribute to low adoption and use of these services by PWID in prisons compared with in the community. However, successful expansion of these evidence-based interventions will depend on political commitment, national**

surveillance and monitoring programmes, and state-of-the-art implementation science methods, where inputs from multilevel stakeholders should guide improved implementation. Policy makers are urged to create and support opportunities to scale up PNSPs within countries where they exist and expand them to other countries where they are needed to solidify years of commitment towards the 2030 HCV elimination goals.”

WHO approves packaging and shipping of a prequalified HIV rapid test at African manufacturing site

<https://www.who.int/news/item/12-12-2024-WHO-approves-packaging-and-shipping-of-a-prequalified-HIV-rapid-test-at-African-manufacturing-site/>

(12 Dec) “**The World Health Organization (WHO) has achieved a milestone by approving the addition of a packaging and shipping site for a WHO prequalified HIV rapid test for professional use.** This landmark approval **enables the test to be procured by governments across Africa and major international organizations,** such as the Global Fund and the President’s Emergency Plan for AIDS Relief (PEPFAR).”

“... **The product, developed by SD Biosensor under the brand STANDARD Q HIV 1/2 Ab 3-Line Test, is now approved to be packaged in Nigeria by Colexa Biosensor Ltd./Codix Pharma Group.** With the existing product already available or in use across several African countries, including in Nigeria, many countries are well positioned to adopt and use this regional version. **WHO and the Global Fund will also be assisting countries in adopting this test, as well as other regionally manufactured and/or packaged products when they obtain approvals. This will be done through [rapid verification studies](#)** under a Next Generation Market Shaping Strategic Initiative intervention, which focuses on **creating a sustainable diagnostics market in low- and middle-income countries and expanding access to regionally produced quality-assured diagnostics.**”

Human Resources for Health

Lancet GH (Viewpoint) - Essential shifts in health workforce measurement: a human-centred approach

P Yerramilli, M Chopra et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00422-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00422-4/fulltext)

“**The health sector has faced long-standing challenges in drivers of worker behaviours and performance, such as job satisfaction, which have been worsened by COVID-19.** Structural issues including high workloads and poor working conditions have long contributed to dissatisfaction among health workers. The pandemic escalated unsafe working conditions, causing workers’ deaths, increasing burnout rates, and contributing to exodus from health-care jobs. **To begin to address these challenges, systematising a human-centred approach to health workforce measurement, which emphasises the drivers of worker behaviour, is crucial.** This approach requires **a critical re-examination of historical metrics** including those on absenteeism, caseload, and competence, which primarily characterise health workers as inputs into the health system. Transition should be made towards more human-centred measures of absence, workload, competency, and job satisfaction. **The revision of the World Bank’s Service Delivery Indicators health survey, a large-scale facility-**

based survey that provides within-country and cross-country information on health systems quality, showcases how revisiting widely used metrics through a human-centred lens is needed to yield more fit-for-purpose policy insights that identify health worker wellbeing as key to achieving global health goals.”

“... In this Viewpoint, we argue that widespread adoption of a human-centred approach to measuring the performance of the health workforce, as a first diagnostic step in health systems, is long past due.”

War/Genocide & health

MSF report – Gaza death trap: MSF report exposes Israel’s campaign of total destruction

<https://www.msf.org/msf-report-exposes-israel%E2%80%99s-campaign-total-destruction>

“A new report from MSF highlights how repeated Israeli military attacks on civilians in Gaza, and the systematic denial of humanitarian assistance are destroying the conditions of life. Our teams in the north of Gaza are seeing clear signs of ethnic cleansing as Palestinians are forcibly displaced, trapped, and bombed.....”

- Related Human Rights Watch report - [Extermination and Acts of Genocide](#)

“ Israel Deliberately Depriving Palestinians in Gaza of Water.”

Some more reports & publications

WHO - Drowning deaths decline globally but the most vulnerable remain at risk

<https://www.who.int/news/item/13-12-2024-drowning-deaths-decline-globally-but-the-most-vulnerable-remain-at-risk>

From last week on Friday. “**The World Health Organization (WHO) publishes its first-ever report on drowning prevention, which reveals a 38% drop in the global drowning death rate since 2000—a major global health achievement.** However, the report notes that **drowning remains a major public health issue** with more than 30 people estimated to be drowning every hour and 300 000 people dying by drowning in 2021 alone. Almost half of all drowning deaths occur among people below the age of 29 years, and a quarter occur among children under the age of 5 years. ...”

“... **Progress in reducing drowning has been uneven.** At the global level, 9 in 10 drowning deaths take place in low- and middle-income countries. The WHO European Region saw a 68% drop in drowning death rate between 2000 and 2021, yet **the rate fell by just 3% in the WHO African Region, which has the highest rate of any region with 5.6 deaths per 100 000 people.** This may be influenced by the levels of national commitments to address the issue: within the African Region,

only 15% of countries had a national strategy or plan for drowning prevention, compared to 45% of countries in the European Region.”

PS: “ “Drowning continues to be a major public health issue, but progress is possible, particularly if governments work with strong partners at the local level,” said **Michael R. Bloomberg, founder of Bloomberg L.P. and Bloomberg Philanthropies, WHO Global Ambassador for Noncommunicable Diseases and Injuries**, and 108th mayor of New York City. “**For more than a decade, Bloomberg Philanthropies has supported governments and local organizations that are leading effective drowning prevention efforts.** This new report shows what more countries can do to help save thousands of lives every year.”

Stat - First of two major reports on alcohol finds moderate drinking tied to lower mortality

https://www.statnews.com/2024/12/17/alcohol-mortality-national-academies-dietary-guidelines/?utm_campaign=twitter_organic&utm_source=twitter&utm_medium=social

“**A major report on alcohol’s health effects — which will inform the 2025 Dietary Guidelines for Americans — found moderate drinkers had lower all-cause mortality, and a lower risk of death from cardiovascular disease, than those who never drank.** The findings are sure to cause a stir, especially once a separate panel of experts releases its own alcohol report in coming weeks. “

“**For years researchers and public health officials have been taking a harder stance on alcohol** as evidence has emerged of its associations with various diseases, including certain cancers and liver disease. The head of the National Institute on Alcohol Abuse and Alcoholism, George Koob, has said there are “no health benefits to alcohol.” The **new 230-page report**, released Tuesday by the **National Academies of Sciences, Engineering, and Medicine**, seems to contradict those assertions. ...”

Miscellaneous

HPW - RFK Hits Capitol Hill as Experts Warn His Anti-Vaccine Views Endanger Public Health

<https://healthpolicy-watch.news/rfk-hits-capitol-hill-as-experts-warn-his-anti-vaccine-views-endanger-public-health/>

“**Robert Kennedy Jr, President-elect Donald Trump’s nominee to lead the United States health system, arrived in Washington, D. C. on Monday to rally support from lawmakers for his candidacy amid fears from health experts that the anti-vaccine activist and lawyer could roll back hard-won public health gains credited with saving millions of lives and protecting more from deadly disease.**”

“Kennedy’s campaign on Capitol Hill kicks off following [revelations](#) last week by the *New York Times* that **Aaron Siri, his lawyer** on the campaign trail who is helping him vet picks for federal health officials at the Florida white house in Mar-a-Lago, **petitioned the Food and Drug Administration (FDA) to revoke its approval of the polio vaccine....**”

- Related: **Lancet Letter - [The perils of RFK Junior's anti-vaccine leadership for public health](#) (by Y Tony Yang)**

Excerpt: “....**A stark example of the devastating impact of vaccine misinformation is Samoa's 2019 measles outbreak.** In this island nation of 200 000, more than 5700 people were infected and 83 people died, most of whom were young children. Samoa's Ministry of Health cited Kennedy's visit and his rhetoric as exacerbating vaccine hesitancy at a crucial moment. Kennedy's non-profit, Children's Health Defense, contributed to this atmosphere of mistrust just months before the outbreak. Samoa's experience underscores how even one prominent anti-vaccine figure can ignite a public health crisis.....”

Cidrap News - Health workers think COVID, flu vaccines safe and effective, but many remain hesitant, global survey shows

<https://www.cidrap.umn.edu/covid-19/health-workers-think-covid-flu-vaccines-safe-and-effective-many-remain-hesitant-global>

“A **survey** of more than 7,700 healthcare workers (HCWs) in 12 countries in 2022 and 2023 finds that respondents agreed that COVID-19 and influenza vaccines are safe, effective, and useful, yet 1 in 5 reported moderate or strong COVID vaccine hesitation.”

The study was published in *Public Health*.

PS: “.... The study authors noted that vaccine reluctance was detected worldwide before the pandemic, but the introduction of COVID-19 vaccines has significantly worsened the issue. ..”

Science Insider - 'Silly and pompous': Official new names for viruses rile up researchers

<https://www.science.org/content/article/silly-and-pompous-official-new-names-viruses-rile-researchers>

“An overhaul of viruses’ scientific naming system has incensed some virologists, but others are more accepting.”

“You likely have never heard of *Betacoronavirus pandemicum*—but there’s a good chance you were infected with it at some point the past 5 years. It’s the cause of COVID-19, better known as SARS-CoV-2, for “severe acute respiratory syndrome-related coronavirus 2.” SARS-CoV-2 is one of thousands of viruses that has a new species name as part of a **major overhaul of the naming system for viruses** that has left some scientists incredulous. The U.S. National Center for Biotechnology Information (NCBI), which manages repositories of virus sequences and other data, announced on Wednesday it would be adding **about 3000 new, Latinized names** to its databases in spring 2025. In doing so, it adopts a **system introduced over the past few years**—albeit without drawing much attention—**by the International Committee on Taxonomy of Viruses (ICTV)**.

HPW - Dengue, Oropouche, Avian Flu Top List of Surging and Emerging Health Threats in the Americas

<https://healthpolicy-watch.news/dengue-oropouche-avian-flu-top-list-of-surging-and-emerging-health-threats-in-the-americas/>

Cfr a PAHO press conference from last week.

TGH - Africa's Music Industry Fights Health Misinformation

M Ferragamo; <https://www.thinkglobalhealth.org/article/africas-music-industry-fights-health-misinformation>

“As misinformation grows alongside public health threats, Africa's music industry is stepping in to counter it.”

Global health governance & Governance of Health

BMJ Public Health - What are the priority-setting approaches for HIV/AIDS, TB and malaria programmes in Ghana? A qualitative perspective from key informants

G C Aryeetey, J Nonvignon et al ; <https://bmjpublichealth.bmj.com/content/2/2/e001097>

“This study aimed at exploring the priority-setting approaches adopted by the GFATM-supported programmes in Ghana. »

Conclusion: “While explicit priority-setting approaches are being expanded globally to support resource allocation decisions in health more generally, evidence from our study suggests that their use in the three GFATM-supported programmes was limited.”

Global Policy Forum & Rosa Luxemburg Stiftung - Scope of a UN treaty on business and human rights

C Sudhoff; <https://www.globalpolicy.org/en/publication/scope-un-treaty-business-and-human-rights>

“Which companies should it apply to? Lines of conflict between North and South continue to exist in numerous areas. One aspect stands out in particular: **the scope of the planned agreement, as set out in Article 3 of the current draft treaty.** There is controversy not only among governments but also in international civil society over **the question of which companies the UN treaty should apply to.** While some insist that the treaty should **only concern transnational corporations (TNCs), others are convinced that it must include all companies – including national companies and state-owned corporations...** Against the backdrop of the protracted debate, **this briefing presents the individual arguments on both sides and identifies ways to find a compromise.** Because without a solution to this issue, the negotiations on the UN treaty cannot lead to success.”

BMJ GH (blog) - Summit of the Future: Critical Reflections From Young People

S Bhatla et al ; <https://blogs.bmj.com/bmjgh/2024/12/13/summit-of-the-future-critical-reflections-from-young-people/>

Among others, they argue: “The Summit of the Future, and other global advocacy spaces **fail the youth in some critical ways.**”

UHC & PHC

International Journal for Equity in Health - Access to health insurance amongst people with disabilities and its association with healthcare use, health status and financial protection in low- and middle-income countries: a systematic review

Luthfi Azizatunnisa et al; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-024-02339-5>

« This systematic review synthesized evidence on health insurance coverage and potential effects among people with disabilities in low- and middle-income countries (LMICs)....”

SS&M - Impact of Private Practice of Public Health Workers on Public Health Provision: Evidence from A Natural Experiment

Paula González et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953624010797>

“.. This paper analyzes the effects of private practice on public health provision in **Indonesia** among **doctor heads of primary public health clinics** known as **puskesmas...**”

Using Modified Universal Health Coverage principles to assess innovations in lower middle-income countries: parallel case studies in Nigeria and Indonesia

H, Christopher L; <https://cdr.lib.unc.edu/concern/dissertations/vh53x7059>

Showcasing a new “UHC 2.0” framework.

Via the WEF, though... See: [What is health equity and how can it help achieve universal health coverage?](#)

Pandemic preparedness & response/ Global Health Security

Guardian - Bird flu is a real pandemic threat. Are we prepared for the worst?

Devi Sridhar; <https://www.theguardian.com/commentisfree/2024/dec/16/bird-flu-pandemic-threat-prepared>

“A strain now circulating in dairy cows appears to carry little risk for humans at present, but we need to develop an effective strategy before it mutates.”

Nature Medicine (Communication) - Genomic and transmission dynamics of the 2024 Marburg Virus Outbreak in Rwanda

Y Butera et al ; <https://www.nature.com/articles/s41591-024-03459-9>

“Our genomic data reveals limited genetic variation, consistent with single zoonotic transmission event and limited human-to-human transmission. “

Plos GPH - Pandemic potential of the Nipah virus and public health strategies adopted during outbreaks: Lessons from Kerala, India

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003926>

Review by T S Anish et al.

Planetary health

Climate Change News - After Baku setback, activists call for ‘just transition’ to be front and centre at COP30

<https://www.climatechangenews.com/2024/12/18/after-baku-setback-activists-call-for-just-transition-to-be-front-and-centre-at-cop30/>

“Trade unionists and campaigners seeking a fair deal for workers whose jobs will be affected by the transition away from planet-heating fossil fuels are placing their hopes in next year’s UN climate summit in Brazil following a disappointing outcome at COP29 in Azerbaijan.”

Nature - Northern India and Pakistan are yet again engulfed in a haze of pollution — but a lasting solution is possible

S Guttikunda; [Nature](#);

“Instead of focusing on short-term fixes, cities such as Lahore and Delhi need a comprehensive, year-round plan to reduce air pollution. “

“The problem stems from multiple, year-round sources — vehicular emissions, waste burning and more,” he writes. Major pollution sources must be addressed through measures such as improving public transport networks and establishing a central air-quality authority to oversee industrial practices to drive emissions down. **“It’s time to get serious and treat air pollution as a national emergency.”**

Devex - Are big banks backing away from climate commitments?

<https://www.devex.com/news/are-big-banks-backing-away-from-climate-commitments-108923>

“Some say the Goldman Sachs exit is an isolated move; others see it as part of a larger trend among financial giants like BlackRock and HSBC. What does this mean for the future of sustainable finance?”

CGD (blog) - Investing in Safety Nets Should Be Part of LMICs’ Climate Adaptation Strategies

Eeshani Kandpal et al; <https://www.cgdev.org/blog/investing-safety-nets-should-be-part-lmics-climate-adaptation-strategies>

“... Recent [CGD blogs](#) have argued for anticipatory aid—“cash before calamity” as one blog called it. But it is not always logistically or politically feasible to roll out disaster aid preemptively. It can be hard to predict when and where disaster will hit, and scarce public funds likely have many competing uses, sometimes making it challenging to justify anticipatory aid. Indeed, investments in safety nets even run into questions of cost-benefit and whether [cash aid is really the best value-for-money](#). However, we argue that the broader use of safety nets—not just in response to or anticipating a crisis, like in the examples above—can help mitigate the impacts of crises. Specifically, pre-existing safety nets have the potential to offset the effects of natural disasters and pandemics by serving as a tested conduit for rolling out aid in a reliable and speedy manner. In the aftermath of a disaster, getting aid out quickly can be critical to the success of recovery efforts. Using existing safety net infrastructure can minimize delays in disbursements and significantly reduce the economic toll on affected households. We use evidence from two crises, a natural disaster and the Covid pandemic, and two settings, India and the Philippines, to make this case.

Covid

Science Insider - Infamous paper that popularized unproven COVID-19 treatment finally retracted

<https://www.science.org/content/article/infamous-paper-popularized-unproven-covid-19-treatment-finally-retracted>

“Study on hydroxychloroquine by Didier Raoult and colleagues gets pulled on ethical and scientific grounds.”

Adam Kucharsky (blog) - Noisy origins

https://kucharski.substack.com/p/noisy-origins?publication_id=1496088

“COVID-19 probably did emerge in a Wuhan market – but I can understand why people think it didn’t.”

Critical Public Health (Review Article) - Mining through pandemic crisis: a systematic review of the impacts of COVID-19 management strategies on mining industries in West Africa and Western Australia

<https://www.tandfonline.com/doi/full/10.1080/09581596.2024.2438654?src=>

By Esther Ayaaba.

Infectious diseases & NTDs

NEJM - Bedaquiline Monotherapy for Multibacillary Leprosy

<https://www.nejm.org/doi/full/10.1056/NEJMoa2312928>

“In this open-label, proof-of-concept study in Brazil, bedaquiline showed substantial antimicrobial activity against *Mycobacterium leprae* in nine patients.”

Lancet Comment - Beyond repellents: spatial emanators for the control of malaria in Africa

J K Swai et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02754-5/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02754-5/abstract)

Comment linked to a **new Lancet study** - [Effect of a spatial repellent on malaria incidence in an area of western Kenya characterised by high malaria transmission, insecticide resistance, and universal coverage of insecticide treated nets \(part of the AEGIS Consortium\): a cluster-randomised, controlled trial](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02754-5/abstract)

International Health - Dengue and diabetes comorbidity: an emerging public health threat

Donal Bisanzio et al; <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihae089/7925169?searchresult=1>

“Dengue is of growing global public health concern. Diabetes is a significant risk factor for severe dengue and dengue-related mortality. **Countries with the highest number of reported dengue cases are projected to experience a substantial increase in diabetes by 2050. This likely will result in an increased incidence of dengue–diabetes comorbidity, and, hence, in severe dengue and dengue-related mortality.** Countries that are or will be affected by a high burden for both diabetes and dengue should **urgently design strategies to minimize the health and economic impact that a diabetes–dengue comorbidity could have on affected populations.**”

Telegraph - Antibiotic 'more than halves' TB risk for vulnerable children, say scientists

<https://www.telegraph.co.uk/global-health/science-and-disease/antibiotic-halves-risk-from-drug-resistant-tb-children/>

“UK-funded trial conducted found **levofloxacin** substantially **reduced the risk of children developing multi drug-resistant tuberculosis.**”

“A UK-funded trial conducted in South Africa and reported in the **New England Journal of Medicine** reported that an oral antibiotic called levofloxacin substantially reduced the risk of children developing multi drug-resistant tuberculosis (MDR-TB).....”

NCDs

Science insider - Transgender patients are more likely to experience chronic pain than cisgender ones

<https://www.science.org/content/article/transgender-patients-are-more-likely-experience-chronic-pain-cisgender-ones>

“Study suggests mental health conditions and hormone therapy may raise risk of chronic pain in gender-diverse individuals.”

Social & commercial determinants of health

BMJ GH (blog) - Strengthening civil society actions to combat transnational corporations

<https://blogs.bmj.com/bmjgh/2024/12/13/strengthening-civil-society-actions-to-combat-transnational-corporations/>

By **Sreenidhi Sreekumar**. Re a case in Kerala, India.

Plos GPH - Spatial variation in housing construction material in low- and middle-income countries: A Bayesian spatial prediction model of a key infectious diseases risk factor and social determinant of health

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003338>

Josh M. Colston et al.

Mental health & psycho-social wellbeing

Guardian - More than 140 Kenya Facebook moderators diagnosed with severe PTSD

<https://www.theguardian.com/media/2024/dec/18/kenya-facebook-moderators-sue-after-diagnoses-of-severe-ptsd>

“Lawsuit brought by former moderators against parent company Meta and outsourcer Samasource Kenya.”

Guardian - Pollution exposure linked to mental health hospital admissions, says study

<https://www.theguardian.com/environment/2024/dec/17/pollution-exposure-linked-to-mental-health-hospital-admissions-says-study>

“Exposure to air pollution is linked to an increased risk of hospital admission for mental illness, according to the most comprehensive study of its kind. The research, involving more than 200,000 people in [Scotland](#), found an increase in exposure to nitrogen dioxide in particular was associated with a higher number of people being admitted to hospital for behaviour disorders and mental illnesses....”

Neonatal and child health

Lancet Infectious Diseases (Comment) - A perspective on the 2021 GBD study of diarrhoeal diseases

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00799-0/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00799-0/abstract)

“Using the latest data from the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD), the GBD 2021 Diarrhoeal Diseases Collaborators¹ have published updated estimates of the global diarrhoeal disease burden in *The Lancet Infectious Diseases*. This study used a thorough methodology to provide new, timely, and crucial evidence to support the global strategy for diarrhoeal disease prevention and control....”

- For the study, see **Lancet Infectious Diseases: [Global, regional, and national age-sex-specific burden of diarrhoeal diseases, their risk factors, and aetiologies, 1990–2021, for 204 countries and territories: a systematic analysis for the Global Burden of Disease Study 2021](#)**

Some findings: “ **The substantial decline in the global burden of diarrhoeal diseases since 1990, particularly in children younger than 5 years, supports the effectiveness of health interventions** such as oral rehydration therapy, enhanced water, sanitation, and hygiene (WASH) infrastructure, and the introduction and scale-up of rotavirus vaccination.”

PS: the GBD study also discusses diarrhoea in older children & adults.

Science - 'Safety signal' in Moderna's RSV vaccine studies halts trials of other vaccines for childhood killer

<https://www.science.org/content/article/safety-signal-moderna-s-rsv-vaccine-studies-halts-trials-other-vaccines-childhood>

“Company found signs its shots made some infected kids sicker than expected, casting a new shadow over the previously troubled RSV vaccine field.”

“Recently approved adult vaccines against respiratory syncytial virus (RSV) are already saving lives. But prospects have dimmed for some infant vaccines against the virus, which each year kills up to 100,000 children under age 5 around the world and is the leading cause of infant hospitalizations in the United States. **In recent clinical trials, two experimental RSV vaccines for babies may not only have failed to protect them, but actually made some of them sicker when they got RSV or another respiratory virus.** The findings, [publicly discussed in detail for the first time yesterday](#), have profoundly unsettled many RSV scientists, who recall similar problems with a vaccine trial decades ago....”

Access to medicines & health technology

NYT - Tiny Coffins: Measles Is Killing Thousands of Children in Congo

<https://www.nytimes.com/2024/12/18/health/measles-congo-vaccines.html>

“Problems with getting vaccines to families have left many children unvaccinated and in danger of contracting the virus.”

Globalization & Health - China's position and competitiveness in the global antibiotic value chain: implications for global health

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-024-01089-x>

By Yang Yang, et al.

Lancet Infectious Diseases (Comment) - MMV533, a promising new antimalarial on the horizon

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00730-8/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00730-8/abstract)

by Arjen Dondorp. Comment linked to a **new Lancet Infectious Diseases study**.

TGH – Vaccines for Africa by Africa

M Bemelmans & M Mulumba; <https://www.thinkglobalhealth.org/article/vaccines-africa-africa>

Among others raising some questions on German company BioNTech's **Rwanda-based facility** and the **African Vaccine Manufacturing Accelerator**, Gavi's financing mechanism to support the sustainable growth of Africa's manufacturing base.

Excerpt: “...**True regional production means production not only in the region, but also for and by the region.** A sustainable pharmaceutical industry in Africa that is needs driven and independent from priorities and profit motives in high-income countries requires regional production by local and regional manufacturers. **If public funders such as the EU and Gavi really want to contribute to regional production, they should focus on creating local ownership.** The EU and Gavi can support local manufacturers by investing in early-stage vaccine development and innovation as well as in education to establish a local skilled workforce. Moreover, **they should attach conditions to their funding of regional production initiatives to guarantee local ownership.** In this way, they can enforce that companies participating in these initiatives share their intellectual property and transfer the technologies and know-how needed for production to local manufacturers....”

Human Resources for Health

People’s Health Dispatch - Nursing in Brazil: a story of super-exploitation

<https://peoplesdispatch.org/2024/12/17/nursing-in-brazil-a-story-of-super-exploitation/?ref=peoples-health-dispatch.ghost.io>

“Research reveals alarming data on the **worsening conditions** faced by nurses in Brazil: **falling wages and increased precarization push many to work up to 80 hours a week.**”

- See also the second part of this series (focusing on external drivers of the crisis) - [Nursing in Brazil: from super-exploitation to migration.](#)

BMJ GH (Analysis) - Changing power narratives: an exemplar case study on the professionalisation of community health workers in Liberia

A Neumann et al; <https://gh.bmj.com/content/9/12/e016351>

“Community health policies are formed within the power dynamics of global health practice. We argue that critical investigations of the power dynamics that influence the design of CHW programmes can contribute system-level insights to strengthen their roles. “

“We present a national-level case study of the Liberian Community Health Assistant programme as an exemplar case of successfully introducing a nationwide CHW policy that professionalises CHWs. Using a theory of how power is exercised (Steven Lukes) for our analysis, we argue that **Liberia’s success in overcoming external funder push-back on the payment of CHWs** was enabled by strong political commitment and (re-)claiming government authority in and outside of decision-making processes....”

Guardian - 'Uber for nursing': alarm over use of AI to aid US nurses and healthcare

https://www.theguardian.com/us-news/2024/dec/17/nurses-healthcare-ai-apps-report?CMP=share_btn_url

"Report by Roosevelt institutes argues apps encourages nurses to work for less pay and can threaten patient wellbeing."

Decolonize Global Health

British Journal of Midwifery - Decolonisation of global conferences: unfinished business for women's health advocates

Emily Maclean et al;

<https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2024.0055?journalCode=bjom>

"..... most high-level meetings still take place in wealthy countries where United Nations bodies, major donors and the biggest non-governmental organisations are headquartered. In midwifery, maternity experts from low- and middle-income countries may struggle to take part in discussions because of barriers such as visa restrictions, travel costs and the challenge of breaking into old-school networks. Meanwhile multimillion dollar programmes designed to save mothers' and babies' lives lose out on insights from the very people that they are intended to help. With this in mind, a wave of non-governmental organisations focused on women's health and gender equality are moving their conferences closer to the action. **This article explores a dynamic field, where forces for change are responding directly to evidence on 'conference inequity'. Non-governmental organisations including WomenLift Health and the International Confederation of Midwives explain how and why they are shaking things up."**

Resilience Governance: A New Form of Colonialism in the Global South

David Chandler; <https://www.e-ir.info/2024/12/10/resilience-governance-a-new-form-of-colonialism-in-the-global-south/>

Related tweet: "The reason development projects fail may well be that resilience "experts" necessarily start from problematising local capacities and capabilities rather than building upon them."

Miscellaneous

PHM - The World Bank's 2024 World Development Report, 'The middle-income trap' – Trap Indeed!

David Legge; <https://phmovement.org/world-banks-2024-world-development-report-middle-income-trap-trap-indeed>

Related **draft paper** by David Legge: https://phmovement.org/sites/default/files/2024-12/PHM-Draft_WDR2024_MiddleIncomeTrap%20EN.pdf

“... The 2024 World Development Report (WDR24) offers a policy framework for middle income countries to achieve high income status. The report is beautifully presented, easy to read, and its arguments are set out clearly. However, there is an **arch duplicity behind the story being told and the report fails to acknowledge or evaluate downsides, contrary arguments, or alternative analytic models**. This commentary has demonstrated that far from being a benign disinterested expert guidance, **the World Bank is deeply complicit in the systemic barriers to ecologically sustainable, wellbeing focused economic development in low and middle-income countries**. Far from being the disinterested expert, the Bank is an important player in reproducing the barriers to such development....”

Papers & reports

Lancet Global Health – January issue

<https://www.thelancet.com/journals/langlo/issue/current>

As already mentioned in the intro, a must-read issue with plenty of important reads. Some were already flagged above. But check out also:

- Start with the **Editorial** - [Harm reduction must replace punitive drug policies](#)
- **Lancet GH Comment** - [Contraceptive equity: insights from the progress in 48 FP2030 countries](#)

“In *The Lancet Global Health*, Carolina Cardona and colleagues **examined data from the Demographic Health Surveys of 48 countries** to assess changes in socioeconomic inequalities in modern contraceptive prevalence (mCPR) and demand for family planning satisfied with modern methods (mDFPS). **Cardona and colleagues examined contraceptive equity during three decades.....**”

Book - Population health intervention research: Concepts, methods, applications

<https://www.editions.ird.fr/produit/699/9782709930048/population-health-intervention-research>

De François Alla, Linda Cambon & Valéry Ridde.

World Bank - Preparing Health Systems for Shocks : Japan’s Experience of Enhancing the Resilience of its Health System

<https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099121324152034698/p1785561e3649a0c01a415122f47ebd405b>

« This report focuses on Japan’s experiences to showcase how the country incrementally strengthened the resilience of its health system by enhancing its capacity to prepare for, respond to, and recover from crises, drawing valuable lessons from its experience of major earthquakes, floods, and infectious disease outbreaks.....”

Blogs & op-eds

CGD - How Do Donors “Hear” Evidence?

R Dissanayake; <https://www.cgdev.org/blog/how-do-donors-hear-evidence>

“... **Development organizations (bilateral, multilateral, or philanthropic)** tend to be more technocratic and evidence-driven than most. Given the stakes and the sheer inadequacy of the resources they manage compared to the size of the challenges they seek to address, getting the most bang for their buck matters enormously, so they invest in building evidence into their functioning. Yet it is striking how different their approaches are, and how little we know about how well they work and under what conditions. **I set out four different models used by donors here**, and what (little) we know about their respective merits. At the outset, it’s important to note that **these approaches are not mutually exclusive. Organizations may—and often do—use elements of each....”**

Tweets (via X & Bluesky)

Amy Maxmen

“Neglect, it is. **WHO finds that the direct cause of "the mystery disease" in Congo is malaria, exacerbated by malnutrition.** Malaria can be *cured* by a few cheap pills, as long as it's caught early. **So these are deaths of neglect.”**

Kenneth Roth

“**“The global crackdown against climate activists and groups is clearly part of the fossil fuel industry’s strategy to crush dissent and keep burning the planet.”**”

Thiru Balasubramaniam

(starting a thread on a Politico article): **“A draft resolution proposed by Spain and Egypt calls on the World Health Organization to come up with a global action plan on rare diseases by 2028, but contains only woolly language on equitable access to drugs that count as the most expensive in the world.”**