

# In The News and Elsewhere

27 November 2023

## Global Fund Articles

### World Bank, Global Fund team up to tackle health toll of climate change

The World Bank has teamed up with the Global Fund to Fight AIDS, Tuberculosis, and Malaria to fortify health systems in the global south against the effects of climate change.

The two signed a memorandum of understanding on Wednesday “to support more efficient, effective, and sustainable financing to improve health outcomes in the face of climate change.”

[Link to [Devex article](#)]

### Listen Now: The Geneva Health Files Interview with Peter Sands, The Global Fund

This is a podcast of Peter Sands on financing, climate change and governance.

[Link to [Geneva Health Files podcast](#)]

## HIV/AIDS Articles

### The key to overcoming the dual burden of TB and HIV

For people living with HIV, tuberculosis is a big problem. It is the leading cause of death among those with HIV, who are 14 to 18 times more likely to fall ill with the disease than those without HIV, according to the World Health Organization. Latent TB infections can more easily progress to full disease due to the weakened immune system of people with HIV. Around 1 in 3 AIDS-related deaths in 2021 were also due to TB.

The dual risk has been on the global health community’s mind in recent decades, with acknowledgment that the two diseases need to be tackled together: The provision of antiretroviral therapy, or ART, to people living with HIV and diagnosed with TB averted an estimated 74 million deaths between 2000 and 2021.

[Link to [Devex article](#)]

### ‘Remarkable reversal’ of same-sex criminalization enables progress against HIV

Two-thirds of countries no longer criminalise consensual same-sex sex, a “remarkable reversal” since the start of the AIDS pandemic that has enabled global progress against the spread of HIV. This is a key finding of Progress and the Peril, a report on HIV and decriminalisation released this week by Georgetown University’s Global HIV Policy Lab.

While 129 out of the world’s 194 countries, a further 24 countries don’t enforce their criminalising laws, said Professor Matthew Kavanagh, Director of the Center for Global Health Policy & Politics at the university’s O’Neill Institute. “The reason why we’re talking about the decriminalisation of LGBTQ people around the world is because it has a clear link to HIV outcomes,” Kavanagh said at the launch of the report.

[Link to [Health Policy Watch article](#)]

## Tuberculosis Articles

### **Trial Finds Four New Treatment Options for Multi-Drug Resistant Tuberculosis**

Clinical trial results presented at the Union World Conference on Lung Health in Paris on Wednesday provided evidence to support the use of four new, improved regimens to treat multi-drug resistant tuberculosis or rifampicin-resistant tuberculosis (MDR/RR-TB).

The endTB clinical trial found three new drug regimens that can deliver similar efficacy and safety to conventional treatments while reducing treatment time by up to two-thirds. It also found a fourth regimen that can be used as an alternative for people who cannot tolerate bedaquiline or linezolid, staples in current World Health Organization (WHO) - recommended regimens for MDR-TB.

[Link to [Health Policy Watch article](#)]

### **Study: Common antibiotics reduces risk of drug-resistant tuberculosis**

Researchers have found that a widely available oral antibiotic long used to treat bacterial infections such as pneumonia substantially reduced the risk of children and adults developing drug-resistant tuberculosis.

In a phase 3 clinical trial in South Africa, called TB-CHAMP, only five of 453 children who had been exposed to an adult with multidrug-resistant TB, or MDR-TB, and were given the antibiotic drug levofloxacin developed MDR-TB, compared to 12 in the placebo group that included 469 children. Ninety percent of the children in the study were below 5 years old. Children of this age are at higher risk of developing TB and its severe forms as they have weaker immune systems and are therefore more susceptible to the disease.

[Link to [Devex article](#)]

## Malaria Articles

### **In Africa, rollout of life-saving malaria vaccine accelerates**

This week Cameroon became the first African country to receive the Mosquirix malaria vaccine for use as a fully tested preventive in a wide range of healthcare settings. A shipment of more than 331,000 doses arrived yesterday at the airport in the capital Yaoundé. The vaccine underwent a four-year long successful testing program in children in Ghana, Kenya and Malawi.

[Link to [Forbes article](#)]

## Global Health and Pandemic Preparedness

### **Poor people in the developing world have a right to medicine**

Here is a simple moral proposition. No one in America, or anywhere in the world, should die or suffer unnecessarily because they cannot afford a prescription drug which, in many cases, costs a few cents or a few dollars to manufacture.

As Chairman of the US Senate Health, Education, Labor and Pensions Committee (Help) I'm going to do everything I can to develop a new approach to the development and manufacturing of prescription drugs that responds to medical need, rather than short-term shareholder profit. Given the power and greed of the pharmaceutical industry this is not an easy task, but it's one that must be pursued.

The tragic reality is that, today, millions of people around the world are suffering, and dying, from preventable diseases because they can't afford the outrageous prices charged by pharmaceutical companies. According to the World Health Organization (WHO), one third of humanity lacks access to essential medicines. For a staggering number of people around the world, this leads to what the WHO calls "a cascade of preventable misery and suffering."

[Link to [The Guardian article](#)]

### **Turning Crisis Into Opportunity: Building supply chain resilience in Africa**

The COVID-19 pandemic revealed the dire economic and social consequences of Africa's commodity-led export model and overreliance on imported manufactured goods. The global supply-chain disruptions caused by factory lockdowns, transportation disruptions, and nationalistic hoarding laid bare the depth of Africa's vulnerability to external shocks in the global economy and its marginalization in the global supply-chain networks established by multinationals. Africa imports 99 percent of its routine vaccine needs and 95 percent of its medicines. It accounts for 25 percent of global vaccine demand, but less than 1 percent of global supply. The COVID-19 pandemic should be a wake-up call, especially to medical supply and pharmaceutical companies, that Africa cannot continue to be treated simply as a sales market for their products. Increasing geopolitical pressures also favor diversifying and regionalizing critical medical and health-care products. Tensions between the United States and China have led to retaliatory trade tariffs, regulatory restrictions on foreign operations in China, and resulting higher production costs and greater uncertainty for global supply chains. Sourcing from African suppliers and supporting local and regional manufacturing will position global health companies to establish more resilient supply chains and remain competitive in Africa.

[Link to [Think Global Health article](#)]

### **'The silent pandemic': A hotter world makes it harder to stop the spread of deadly superbugs**

Already recognized as one of the leading public health threats facing humanity today, it is feared that a warming world is making it harder to stop the insidious spread of drug-resistant superbugs. Antimicrobial resistance (AMR), which the World Health Organization has referred to as the "silent pandemic," is an often overlooked and growing global health crisis.

The United Nations health agency has previously declared AMR to be one of the top 10 global threats to human health and says an estimated 1.3 million people die every year directly due to resistant pathogens. That figure is on track to "soar dramatically" without urgent action, the WHO says, leading to higher public health, economic and social costs and pushing more people into poverty, particularly in low-income countries.

[Link to [CNBC article](#)]

### **AI, drug development, and big, big bucks**

A leading use case for artificial intelligence in health care is in the development of new drugs. Market researchers agree that employing AI to develop drugs is nascent, but they expect it to grow fast. In a new report, the consulting firm Markets and Markets predicts growth in revenue related to AI's use in drug discovery to rise from \$0.9 billion this year to \$4.9 billion by 2028.

[Link to [Politico article](#)]

### **Opinion: How the climate-health connection shapes global development**

On the eve of the climate conference COP 28 billed by many as the “Health COP” and the first-ever to feature a Health Day on its agenda the argument that the climate crisis is also a global health crisis is gaining momentum. Whether looking through the lens of mitigating the causes or adapting to the impacts of climate change, global health must be a priority and serve as a key indicator for governments and businesses charting the way forward along the 1.5C pathway.

Within this, we cannot overlook the impacts climate change has on poverty-related diseases, particularly vector-borne diseases such as malaria, and how responding to these impacts can improve global health equity and security. After all, these diseases of poverty are prevalent in regions and countries where health care is least accessible and equitable. Given the global community’s commitment to preventing the shift across the 1.5-degree Celsius threshold set out in the Paris Agreement and achieving the U.N. Sustainable Development Goals, raising the current global health care baseline remains a priority.

The impacts of climate change are complex and multifaceted, and the full extent of the challenges they may pose remains to be seen. However, many of these impacts are already apparent and affecting people today, demanding urgency in the way we respond and adapt to them.

[Link to [Devex article](#)]

### **UNICEF Chief: Gaza soon faces a “Public Health Catastrophe”**

It is hard to describe what it means for someone to be “severely wasted,” but when you hold a child who is suffering from this most lethal form of acute malnutrition, you understand, and you never forget. In Afghanistan last year, I met a 3-month-old girl named Wahida who was so malnourished I could barely feel the weight of her in my arms. Her suffering has left an indelible mark on my heart.

[Link to [The New York Times article](#) and attached]

### **Why African pharmaceutical manufacturers struggle for sustainability**

Africa imports most of the medicines its population uses. And while there is a huge need to scale up the pharmaceutical manufacturing sector, companies that have worked to produce drugs locally have the odds stacked against them.

[Link to [Devex article](#)]

### **Devex CheckUp: Unpaid health workers highlight fairness in health programs**

Members of COVID-19 vaccination teams in Nigeria are finally getting paid months behind schedule following the publication of a Devex investigation in early October that highlighted the missing payments. But others are still waiting, and some report that the wrong people may have gotten their money.

[Link to [Devex article](#)]

### **How one UN agency is getting countries to help pay for contraceptives**

UNFPA is a major provider of donated reproductive health products in many LIMCs, but has suffered from funding cuts over the years. Under a new model, governments commit to making mandatory contributions to its supplies program.

[Link to [Devex article](#)]

### **Call to Redirect ‘Harmful’ Government Subsidies to Protect Health From Climate Impact**

If government subsidies for fossil fuel were removed and redirected to addressing the impact of climate change on health, this would free up some \$6 trillion or 75% of what is spent on health annually, said Agnes Soucat from the French Development Agency.

Soucat also called for scrutiny of agricultural subsidies “and how they contribute to our food system, and how this contributes to biodiversity loss and health impacts, such as impact on diabetes and cardiovascular diseases”.

[Link to [Health Policy Watch article](#)]

### **Most Countries Recognise Health Impact of Climate Change – But Many Lack Detailed Plans to Mitigate This**

Almost all countries (91%) have included health considerations in their latest climate-mitigation plans – called nationally determined contributions (NDCs) – but those that have already felt the effects of extreme weather events appear more likely to have more detailed plans.

This is according to an analysis of countries’ 2022 NDCs, the main policy instrument to reduce emissions and build climate resilience as set out by the Paris Agreement, by the World Health Organization (WHO) released on Wednesday.

While almost two-thirds (63%) of countries had health adaptation priorities, virtually all the low- and lower-middle-income countries (87%) had done so. For example, Papua New Guinea and Uganda include measures to improve early warning systems for health risks such as vector-borne diseases. Fiji and Lao include measures to increase the resilience of public health infrastructure.

The health adaptation component least often included is the health workforce (13%). But Georgia, Haiti and Namibia committed to strengthening the capacity of health professionals to respond to climate impacts and stressors, while the Seychelles committed to integrating climate change into the curriculum for health professionals.

[Link to [Health Policy Watch article](#)]

## **Other Articles**

### **Three climate fights will dominate COP28**

The United Arab Emirates, venue for COP28, the latest climate summit convened by the United Nations, is a controversial choice. Some 70,000 climate advocates, diplomats and other hangers-on will attend an event that begins on November 30th in Dubai, one of the gleaming cities built on wealth that fossil fuels have brought to the region. The fact that the world’s most important climate gathering will be hosted by a leading oil producer has sparked outrage among environmentalists. That the summit’s president, Sultan Al Jaber, runs adnoc, the uae’s national oil company (noc), is proof, whisper conspiracists, that the fix is in on behalf of Big Oil.

Yet from Abu Dhabi on the Persian Gulf, the shipping route to global markets for the world’s greatest concentration of oil reserves, to Fujairah on the Gulf of Oman, an entrepot abuzz with tankers carrying Russian oil evading Western sanctions, comes a sense of vulnerability to climate change. The region is short on water and home-grown

food. The rising heat of summer is becoming inhumane. The cities built on these desert sands are at risk from a rising sea level. That the UAE shares the threat from increasing global temperatures makes the gathering no less fraught.

[Link to [The Economist article](#) and attached]

### **The world is (still) failing to come close to its climate goals**

United Nations documents tend to avoid being snarky. It is a mark of deep frustration, then, that the latest edition of the UN Environment Programme's "Emissions Gap" report—released on November 20th—is exactly that. Its title, "Broken Record", points both to the extreme likelihood that this year will end up being the hottest on record and to the fact that global emissions of greenhouse gases are still rising (having grown by 1.2% in 2022). But it is also a waspish reference to the report itself, and reaction to it. It has been published every year since 2010, with every edition outlining the disconnect between what must be done to achieve countries' climate aims and what they are actually doing. Yet the state of affairs, the authors note, is still characterised by the "failure to stringently reduce emissions" in rich countries and to "prevent further emissions growth" in poor ones.

[Link to [The Economist article](#) and attached]

