

# In The News and Elsewhere

## Spotlight on UNGA Side-Event

### A Climate and Health Diagnosis: Five Takeaways

The climate crisis is a health crisis. We are many years into its impact on people's health in countries at the sharp end of a warming climate. Yet the dire implications of the climate crisis for public health has, until now, attracted relatively little global attention. This, fortunately, is beginning to change. In October, the World Health Summit in Berlin will focus on health and climate, and in November, the UN's Climate Change Conference (COP 28) in Dubai will convene its first ever health and climate day.

At the WHO Foundation we are passionate about the need to invest to protect people's health in the face of the climate crisis – equitably and urgently.

We've prepared five quick takeaways on the climate and health crisis, inspired by powerful contributions at the Time to Adapt event organized by Foreign Policy, Foundation S and the Africa-Europe Foundation during UN General Assembly week.

**1. Our Health is Already Suffering** - The climate crisis is propelling heat-exhausted people to seek medical care in cities unprepared to withstand extreme temperatures. It is forcing farmers to leave land they had cultivated for decades in search of food aid. It is accelerating malnutrition and increasing the incidence of waterborne diseases such as cholera and diarrhea, and diseases such as malaria, dengue fever, yellow fever, chikungunya, and zika. Emergencies are increasing in number: in Libya just over two weeks ago, super-charged storms precipitated the flooding that washed 20,000 people out to sea, and left tens of thousands of people without health facilities and facing contaminated water supplies. Behind the headlines, an estimated 12 million people in the greater Horn of Africa are suffering acute malnutrition and nearly 3 million children in 2023 are in need of medical care for life-threatening, hunger-related conditions. WHO predicts 250,000 additional deaths a year due to climate change, an estimate that could well prove to be conservative.

**2. Solutions Exist. They Need to be Scaled up** - People affected by extreme weather can find ways to adapt and protect their health, if the resources and the infrastructure are in place. Tried and tested public health measures can prevent and treat diseases. Investing in, and scaling up, affordable, climate-resilient health measures will save many lives. WHO's investment case shows that every dollar invested in WHO can generate at least \$35 in return, while studies from the Brookings Institute suggest that countries can double or even quadruple their returns for every dollar invested in health.

**3. 'Big Bet' Philanthropy Can Move the Dial** - The climate and health situation is urgent. Where governments are unwilling or unable, philanthropists can make the 'big bets' on new initiatives, provide growth capital and invest in innovations that can protect people against the health effects of extreme weather.

**4. It's the Right Thing to Do** - It's a matter of justice. People whose health stands to suffer most from the climate crisis have benefited least from industrialization and have contributed least to global emissions.

**5. There's No Such Thing as Too Ambitious for this Moment**

[Link to [YouTube video](#) and Link to [WHO Foundation article](#)]

## Global Fund Articles

### **Vaginal rings will boost HIV prevention, says Global Fund**

Three key organisations involved in preventing and responding to HIV in South Africa – AIDS Foundation of South Africa, Beyond Zero, and Networking HIV & AIDS Community of Southern Africa – have placed an initial order of 16,000 Dapivirine Vaginal Rings for HIV prevention with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The pre-exposure prophylaxis ring is a silicone ring that is inserted in the vagina every month and delivers long-acting, topical, and localized HIV prevention.

The DVR is the only PrEP ring approved by regulatory agencies for HIV prevention.

Global Fund said the introduction of the PrEP ring in South Africa would expand options for women beyond oral PrEP, which was often unable to meet the unique needs of all individuals who wanted to use it.

The organisation noted that some people might choose not to use oral PrEP because they struggled with adherence or preferred to use a more discreet option.

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

## HIV/AIDS Articles

### **Vaccine-like drug to prevent HIV ‘could be ready early next decade’**

A vaccine-like drug administered once a year to prevent HIV could be ready just after 2030, according to drugmaker ViiV, transforming management of a virus that has killed nearly 40mn people in an epidemic that has lasted more than four decades.

While there is no vaccine to treat HIV, a virus that can lead to Aids, pre-exposure prophylaxis (PrEP) has reduced transmission rates by offering protection to those who may be exposed to the virus.

Most PrEP therapies rely on taking oral medications daily or when unprotected sex might take place, but the potential emergence of a prevention drug with the characteristics of a vaccine could dramatically reduce the burden on patients and health authorities globally.

[Link to [Financial Times article](#) and attached]

### **The ‘moral disgrace’ of US Congress failure to reauthorize PEPFAR**

The failure of the US Congress to reauthorize the world’s largest aid programme for global health, the US President’s Emergency Plan for AIDS Relief (PEPFAR), by its 30 September deadline doesn’t mean that it will automatically end – but without broad bipartisan support, it limps into an uncertain future.

“In the short term, PEPFAR will be able to continue providing the lifesaving prevention, care, and treatment services in partnership with PEPFAR-supported countries,” said US State Department spokesperson Matthew Miller this week.

“However, the fact that Congress did not reauthorize the program sends a message to partners around the world, especially in Africa, that we are backing down from our leadership in ending HIV/AIDS as a public health threat.”

Miller added while the Biden administration supported a five-year, “clean” PEPFAR reauthorization, the authorisation of certain programs has expired.

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

### **Colombia's Bid for Compulsory License for HIV Drug May Set Precedent in Region**

Colombia's Minister of Health has asked the country's patent office to issue a compulsory licence for an antiretroviral drug, dolutegravir, which is still protected by a patent issued to ViiV Healthcare.

Minister of Health and Social Protection Guillermo Alfonso Jaramillo issued a Declaration of Public Interest on Wednesday indicating that he was taking this step to enable the country to import cheaper generic versions of the HIV medicine.

According to the minister, people living with HIV pay \$100 a month for the drug, which is 50 times more expensive than the generic version available through the Pan American Health Organisation.

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

### **How to DREAMM and end HIV-related deaths**

WHO has recently issued new guidance on critically unwell people with advanced HIV disease (AHD) as a key missing element in the fight to end HIV-related deaths.

Tuberculosis and HIV-related CNS infections are leading causes of HIV-related deaths in low-income and middle-income countries (LMICs).

However, practicable methods to implement recommendations in resource-poor public hospital settings in LMICs are scarce. In our experience, public hospitals in LMICs face systemic barriers in delivering high-quality care, and they require financial investment and strengthening. Effective life-saving interventions exist, and it is simply not acceptable to wait for the potential arrival of better tools (sometimes called techno-optimism) or strategies in the face of continued human suffering and preventable deaths.

[Link to [The Lancet journal](#)]

## **Malaria Articles**

### **Unleashing a new weapon on the mosquito: A mosquito**

In a laboratory in downtown Medellín, Colombia, it is lunchtime: A technician in a white coat carries a loaded tray into a steamy nursery. She walks between rows of white mesh cages, each the size of a mini-fridge, and slides a thin tray of blood into every one. In response, her charges, all 100,000 of them, begin to whirl and emit an excited hum.

This is a mosquito factory. Each week it churns out more than 30 million adult *Aedes aegypti* mosquitoes, with their distinctive white polka dots on their wiry black legs. The brood stock of females is fed on discarded blood bank donations, and horse blood. Eventually, some of their progeny will be released into Medellín, Cali and cities and towns in Colombia's verdant river valleys. Other insects will be chilled into a stupor for a journey up to Honduras.

The elaborate effort is part of an experiment that is making encouraging progress in the long fight against mosquito-borne disease.

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

### **New malaria vaccine approved by World Health Organization**

A highly effective malaria vaccine has been recommended for widespread use by the World Health Organization.

The R21/Matrix-M vaccine, developed by the University of Oxford, is only the second malaria vaccine to be recommended by the WHO. It is the first to meet the WHO's target of 75% efficacy.

Malaria, a mosquito-borne disease, claims half a million lives every year and mostly affects children under the age of five, and pregnant women.

“As a malaria researcher, I used to dream of the day we would have a safe and effective vaccine against malaria. Now we have two,” said Dr Tedros Adhanom Ghebreyesus, director general of the WHO.

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

### **One village, two houses and a new tactic to win the war on mosquitoes**

The world spends at least \$22 billion every year to kill mosquitoes that spread malaria, dengue and other devastating diseases.

That money buys billions of liters of insecticides, millions of kilograms of larvicides and 75 million insecticide-treated bed nets. Hundreds of millions more dollars are poured into research each year on new ways to kill mosquitoes.

But as quickly as humans invent new ways to control them, the insects evolve ways to resist.

What if we left mosquitoes alone? What if we focused instead on fixing the things that make people vulnerable to getting bitten?

[Link to the [New York Times article](#)]

### **Second Malaria Vaccine Gets WHO Approval 100 Million Doses Ready for Rollout**

The WHO has officially recommended a second malaria vaccine for children, the R21/Matrix-M, co-developed by researchers at Oxford University and the Serum Institute of India. Global rollout could greatly improve access to immunization against a disease that kills over 600,000 people a year, 96% in Africa. But experts stress that vaccines can complement but not replace other malaria control strategies.

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

### **The new malaria vaccine will prevent many deaths – but it’s by no means the end of the disease**

A new vaccine against malaria – which kills 600,000 people every year, mostly children – is to be injected into babies’ arms in 18 countries where the disease is most deadly. That’s joyous news. But the unbridled enthusiasm the announcement has generated says as much about the sorry state of malaria control as the brilliance of scientific invention.

Because this is an imperfect vaccine that at best will protect 75% of those given it. That’s the top figure from the clinical trials. In the reality of village life in poverty-ridden parts of Africa, it may keep fewer than half safe. It’s still hugely important to get vaccination programmes going in the 18 countries that will now be funded to run them, because many deaths will be averted. But it’s not the end of malaria. Nowhere near.

The R21/Matrix-M vaccine from Oxford University and the Serum Institute of India, which ran the trials and will manufacture it, is the second to be dispatched into the field. The first was RTS,S – trade name Mosquirix – made by GlaxoSmithKline. It was created in 1987, then trialled and piloted in 2019 in Ghana, Kenya and Malawi.

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

## **Global Health and Pandemic Preparedness**

**Belgium to Put Health Workforce Crisis on EU Presidency Agenda for First Time in a Decade**

Belgium, which takes over the presidency of the Council of the European Union in January 2024, plans to make the healthcare workforce crisis a central item on its agenda, the first time the issue will be prioritized at the highest level of EU policymaking in over a decade.

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

### **German Ministers Call For Investment in Pandemic Prevention, Suggest Cutting Fossil Fuel Subsidies to Pay for Healthcare**

German Ministers urge more investment in the Pandemic Fund and universal health coverage at a high-level pandemic preparedness meeting

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

### **Disease X: How AI could help plan our response to future pandemics**

What if you could interpret large amounts of health data faster to predict how long a patient might stay in the hospital, or input human behaviour into an epidemic model to determine the possible curb of a viral outbreak?

These are some of the ways researchers are testing new artificial intelligence (AI) models to better plan for future viral outbreaks such as “Disease X,” an unknown pathogen that could launch an epidemic akin to COVID-19.

“One of the strengths that we’re seeing with AI-based approaches to analysing large datasets is really the ability to identify early signals of potential anomalies in the public’s health,” Alain Labrique, director of the Department of Digital Health and Innovation at the World Health Organization (WHO), told Euronews Next.

“I think there are many different ways an advanced computational tool like artificial intelligence can be used to enhance the way we detect new epidemics and pandemics, but also respond to those epidemics and pandemics”.

[Link to [Euronews article](#)]

### **Nigeria’s new health minister turned down top Gavi position to make a difference at home**

After working in prestigious international positions, Nigeria’s new health minister has returned to rebuild the health system of Africa’s most populous country.

Excitement turned to disappointment in the global health sector when Dr Muhammad Ali Pate was announced as CEO-designate of the global vaccine alliance, Gavi, then withdrew six weeks before assuming the position.

Pate was an ideal candidate with extensive experience in Africa and globally, including as Nigeria’s health minister, World Bank global director of the Health, Nutrition and Population Global Practice, and Professor of Public Health Leadership at Harvard Chan School of Public Health.

On 22 August, a few weeks after withdrawing from the Gavi position, Pate assumed office as Nigeria’s Coordinating Minister of Health and Social Welfare, a super-ministry that encompasses two huge portfolios – unlike back in 2011 when Pate was appointed as health minister.

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

### **The climate crisis is also a health crisis**

Humankind has never been better at fighting diseases. Researchers are coming up with new vaccines and treatments at an astounding speed. But climate change is making public health gains a lot harder to achieve and undoing some of the world’s hard-earned progress. Consider the mosquito, which kills more humans than any other creature.

Until very recently, fatalities from malaria, which is spread by mosquitoes, were on the decline. The widespread use of insecticides and bed nets had brought the number of deaths from malaria down to fewer than 600,000 in 2021, according to the World Health Organization, from roughly 900,000 in 2000.

But climate change has expanded the warm areas where the most dangerous species of mosquitoes, those that carry deadly diseases, can breed. As a result of those factors, and also because of the rapid evolution of mosquitoes, malaria deaths are once again on the rise, as my colleague Stephanie Nolen, The Times's global health reporter, writes in an astounding new series about the insects and all the ways we have to fight them.

And, it's not just malaria. Increasing temperatures have also been a gift to *Aedes aegypti*, the mosquitoes that transmit dengue, Zika virus and chikungunya. Dengue infections have happened in places that had never seen the virus, like France, and have grown worse in countries that have long battled the disease, like Peru and Bangladesh.

[Link to [New York Times article](#)]

### **A gender-responsive Pandemic Accord is needed for a healthier, equitable future**

From HIV and influenza, to Zika virus, Ebola virus disease, and most recently COVID-19, the gender implications of disease outbreaks and the detrimental effects of a lack of a gender lens in the way governments and societies respond to large-scale and contained epidemics are well documented (panel).

Pandemics create differential vulnerabilities with particular negative implications for women in all their diversities and their health, and further exacerbate long-existing, deep-rooted gender inequalities and social injustices, more severely disadvantaging women in low-income and middle-income countries, women in marginalised communities, and women who are criminalised.

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

### **American Conservatism and Global Health**

In April, the Heritage Foundation published *Mandate for Leadership 2025: The Conservative Promise*. The document forms part of the 2025 Presidential Transition Project, an effort to prepare the "next conservative Administration to govern." Its thirty chapters from "more than 400 scholars and policy experts" make "recommendations for White House offices, Cabinet departments, Congress, and agencies, commissions, and boards."

Among other issues, *The Conservative Promise* addresses global health, mainly in the chapters on the State Department, U.S. Agency for International Development (USAID), and Department of Health and Human Services (HHS). Its perspective on global health policy is important to understand. It informs the abortion-related controversy about reauthorizing the President's Emergency Plan for AIDS Relief (PEPFAR), influences Republican politicians' campaigns for the 2024 election, and will if a Republican is elected president next year shape that administration's foreign policy on global health.

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

### **Photo Finish Likely for IHR Negotiations, While New Pandemic Accord Draft Expected in Weeks**

It's likely to be a mad sprint to submit amendments to the International Health Regulations (IHR) by the World Health Assembly (WHA) next May, according to the working group overseeing this process, which is meeting for the fifth time this week. Meanwhile, the Intergovernmental Negotiating Body (INB) is expected to release a new draft of the pandemic accord within the next few weeks following a flurry of meetings in September. The new draft will be sent to member states ahead of the seventh meeting of the INB,

which is set for 6-10 November, and resuming on 4-6 December 2023. “When the 2005 International Health Regulations were negotiated and agreed, the final meeting finished on the weekend before the WHA started – at 4 am on a Saturday morning,” Dr Ashley Bloomfield, co-chair of the WGIHR, told the meeting on Monday.

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

### **Why multilateralism still matters: The right way to win over the Global South**

In September 2022, when world leaders met in New York for the previous edition of the UN General Assembly, much of the week was dominated by Western officials’ efforts to win over the so-called swing states countries including India and South Africa that were sitting on the fence about the war in Ukraine. But many of these countries were not content to be part of an unreformed United States led Western order. They refused to put their full support behind Kyiv, or even to support a resolution condemning Russia for its violation of Ukraine’s territorial integrity. Instead, they favored an agenda that balanced their own national interests and principles.

A year later, the ambition was largely the same but the script had changed. At the 2023 UN General Assembly, Western officials once again made appeals to the global South’s leading countries. This time, though, these officials calculated that the way to win these countries’ support and backing on Ukraine was to champion new approaches to multilateralism and development partnerships. Part of this campaign has been driven by a heightened awareness of these states’ economic travails, but Washington’s growing rivalry with Beijing, which is itself seeking to lead the global South, is also a driving force. A tug of war to lead the global South has played out in other fora, including the recent G-20, ASEAN, and BRICS meetings.

[Link to [Foreign Policy article](#)]

### **How a Big Pharma company stalled a potentially lifesaving vaccine in pursuit of bigger profits**

Ever since he was a medical student, Dr. Neil Martinson has confronted the horrors of tuberculosis, the world's oldest and deadliest pandemic. For more than 30 years, patients have streamed into the South African clinics where he has worked — migrant workers, malnourished children and pregnant women with HIV — coughing up blood. Some were so emaciated, he could see their ribs. They'd breathed in the contagious bacteria from a cough on a crowded bus or in the homes of loved ones who didn't know they had TB. Once infected, their best option was to spend months swallowing pills that often carried terrible side effects. Many died. So, when Martinson joined a call in April 2018, he was anxious for the verdict about a tuberculosis vaccine he'd helped test on hundreds of people.

Pharmaceutical giant GSK pulled back on its global public health work and leaned into serving the world's most-profitable market, the United States, which CEO Emma Walmsley recently called its "top priority." As the London-based company turned away from its vaccine for TB, a disease that kills 1.6 million mostly poor people each year, it went all in on a vaccine against shingles, a viral infection that comes with a painful rash. It afflicts mostly older people who, in the U.S., are largely covered by government insurance.

[Link to [Salon article](#)]

