

# In The News and Elsewhere

## HIV/AIDS Articles

### **Girls bear the brunt of new HIV infections, assessment suggests**

Girls are more than twice as likely to contract HIV than their male counterparts, a recent UNICEF analysis suggests. The agency says nearly 98,000 adolescent girls were infected with HIV in 2022 alone. The data, released as part of an annual snapshot on children and HIV/AIDS, suggests that gender inequality, limited access to health care and a dearth of educational programs put girls at particular risk for HIV worldwide. Although the analysis found “tremendous gains” in HIV prevention and treatment, it notes that 71 percent of new infections among adolescents ages 10 to 19 are among girls.

In sub-Saharan Africa, which has the largest proportion of children and adolescents with HIV, prevalence among girls and young women is triple that of males. “It is unacceptable that adolescent girls, who should be planning their futures, continue to bear the heaviest burden of HIV infection,” said Anurita Bains, UNICEF associate director of HIV/AIDS, in a news release. “We — the UN, communities, governments and organisations must eradicate the obstacles that make HIV a threat to their health and wellbeing. This includes ensuring the sexual and reproductive health and rights of adolescent girls and young women are met.”

[Link to [Washington Post article](#) and attached]

## Tuberculosis Articles

### **Tuberculosis and Inequality: How Race, Caste, and Class Impact Access to Medicines**

The elimination of tuberculosis cannot be achieved if medicines are locked in a “patent panoply,” according to Indian author and journalist Vidya Kishnan.

Speaking to Garry Aslanyan on the most recent episode of Dialogues, a new series from the Global Health Matters podcast, the author of “Phantom Plague: How Tuberculosis Shaped History” said that “everything that happened in COVID has been happening for decades with TB.

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

## Malaria Articles

### **Could new malaria drug give babies a better chance of survival?**

When Rose Akinyi’s baby, Jayla Joy, would not eat or stop crying one night, she thought her newborn had a stomach upset. She gave her some mild pain medication, but her condition grew worse. “She was burning hot, so I removed her clothes and gave her [more pain medication],” said 30-year-old Akinyi, from Kisumu, a port city in western Kenya on Lake Victoria.

It was late at night so she could not get to the nearest hospital, which was several miles away, and calls to doctors went unanswered. By the time she reached hospital the next

morning on a motorcycle taxi, the baby's temperature was 39.8C (103.6F). "At that point, I was thinking I could lose my child," said Akinyi. The diagnosis of malaria shocked Akinyi. Like many people, she assumed her baby would be protected from the disease by maternal immunity.

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

### **WHO adds second malaria vaccine to UN procurement list; 'Milestone' for prevention**

The World Health Organization (WHO) has added the R21/Matrix-M malaria vaccine to its list of 'prequalified' vaccines, paving the way for bulk procurement and mass deployment of the new vaccine across malaria-endemic countries by UNICEF and other global health agencies.

The prequalification of the world's second malaria vaccine, developed by Oxford University and manufactured by Serum Institute of India (SII), is expected to greatly expand access to malaria vaccination, particularly in malaria endemic regions of sub-Saharan Africa where supplies of the already available RTS,S vaccine cannot alone meet the high demand, said WHO in a statement on Thursday.

Some 100 million doses of the new vaccine are reportedly ready for rollout by SII, a major supplier of vaccines in Africa.

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

## **Global Health and Pandemic Preparedness**

### **Africa eyes vaccine 'independence' as new pop-up factories make debut**

The stack of gleaming, pristine shipping containers could be in an industrial hall anywhere in the world, but outside are the lush green hills of Rwanda's capital. The six white units are bolted together at a new production facility in Kigali, to form a ground-breaking vaccine factory. Tens of millions of doses of jabs are eventually expected to roll off this production line, potentially one day protecting against some of the continent's worst infectious diseases. The containers flown here earlier this year by vast Antonov cargo planes are the first milestone in plans to one day build a network of portable, 'modular' vaccine factories. By squeezing a high-tech laboratory into easy-to-transport-and-assemble containers, the scheme aims to set up production almost anywhere in the world.

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

### **What the major bilateral and multilateral donors funded in 2023**

This year, several unprecedented challenges put immense pressure on an already struggling development sector from the ongoing wars in Gaza and Ukraine to the remnants of the global economic crisis brought by the pandemic, to numerous natural calamities, to some of the leading development agencies finding themselves in hot water for varying reasons.

Donors are being asked to respond to multiple crises that are likely to require billions to address. But what did they prioritize this year? In this article, we looked into official reports and news articles such as those published by Donor Tracker and the United Nations Office for the Coordination of Humanitarian Affairs Financial Tracking Service, or FTS, data to identify some of the biggest funding in 2023 from the major bilateral and multilateral donors in the world.

[Link to [Devex article](#) and attached]

### **How we treat animals is – and will be – key to our own survival**

In 1985, Ingrid Newkirk, the founder of People for the Ethical Treatment of Animals (PETA) entities worldwide, said, “When it comes to having a central nervous system and the ability to feel pain, hunger, and thirst, a rat is a pig is a dog is a boy.” Many were incredulous and mocked her statement.

A few decades on, the idea that all animals have physical needs and the capacity to experience suffering the way humans do is not such a wild thought. After all, we share a common ancestor with other vertebrates not only mammals but amphibians and reptiles, too. We all evolved from a fish-like animal who lived in water.

[Link to [Euronews article](#)]

### **Climate Change, Conflict and Disease Outbreaks All Loom as Global Health Threats at Close of 2023**

In the wake of COP28, WHO will press ahead with calls for fossil fuel phase out, stepped up commitments for health sector decarbonization, and a new resolution on Climate and Health, set to go before the World Health Assembly in May 2024. Those were key takeaways from an end-year WHO global press briefing by WHO Director General Dr Tedros Adhanom and other senior officials in an end-year press briefing Friday before the Geneva press corps.

Health and humanitarian crises associated with raging conflicts in Gaza, Sudan, Myanmar, Haiti, DR Congo and other conflict hotspots were also top on the agenda of WHO, as well as other UN agencies in a second press briefing Friday morning, looking back on 2023. In addition, WHO warned that a more dangerous clade of mpox, the virus that swept the world in 2022 and 2023, is now being transmitted by sexual contact in the central and western Africa, including female sex workers as well as men who have sex with men – and its spread also represents a potential global threat. Even so, “not a single dollar” of donor funds has been raised to support the scale up of diagnosis, treatment, vaccination or monitoring and surveillance in DR Congo and other African states where the virus is most active and spreading, said Maria Van Kerkhove, a WHO Health Emergencies specialist.

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

### **Global Health Spending Reached Record Level During Height of COVID Pandemic**

Global spending on health increased during 2021 at the height of the COVID-19 pandemic, reaching a record \$9.8 trillion or 10.3% of global gross domestic product (GDP) – mostly as a result of governments devoting more domestic resources to health,

Country spending was highest on hospitals, accounting for 40% of expenditure, followed by ambulatory care (outpatients) providers (19%–24%) and pharmacies (16%–23%). The fastest growth in spending was on preventive care providers, such as public health institutions and disease control agencies. This is according to the World Health Organization’s (WHO) Global Health Expenditure Report 2023, based on data from 50 countries.

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

### **EU Hoarding Then Dumping COVID Vaccines Highlights Pandemic Accord Equity Challenge**

Days after government officials took a break from frenetic pandemic accord negotiations, news broke that European countries had destroyed at least 215 million unwanted COVID-19 vaccine doses valued at over €4 billion. The 19 countries surveyed dumped 0.7 doses per resident – with Estonia and Germany being the most wasteful, according to Politico, which broke the story this week.

In 2021, the European Union (EU) bought the equivalent of three doses per resident in secret deals with drug companies – hoarding these when African countries did not have access to any vaccines, not even for health workers.

Ending this cycle of waste and want is at the heart of the current pandemic agreement negotiations hosted by the World Health Organization (WHO). The talks are due to conclude in May 2024 with an agreement to govern countries' conduct during pandemics – but parties seem to have entrenched disagreement about how best to ensure equitable access to vaccines and other medical products in future pandemics.

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

### **Opinion: The climate crisis is driving a global public health emergency**

This year with record-shattering high temperatures, explosive wildfires, intense drought, massive flooding, and destructive storms no region has been immune to the signs of a warming climate. This is our new normal. Even under the most optimistic scenarios, including the historic decision from the 28th United Nations Climate Change Conference, or COP 28, to transition away from fossil fuels, we will continue to see more climate-related crises with greater frequency and severity.

And climate change is killing us.

The health impacts of climate change can be felt both directly and indirectly. It is changing the patterns of infectious disease transmission, making deadly outbreaks and pandemics more frequent; elevating the risk of heat-related illnesses; exacerbating noncommunicable diseases; worsening mental health; and affecting maternal and neonatal health.

[Link to [Devex article](#) and attached]

### **Poor countries' debt problems are keeping too many in destitution**

It is just under four years since the world became aware of Covid-19. This triggered a huge decline in economic activity, followed by a swift overall recovery, the Russia-Ukraine and now Gaza wars, soaring prices (especially of food and energy) and rapidly rising interest rates. In the background, climate change is becoming increasingly evident. What does all this mean for the world's poorest? The answer is that past progress in eliminating extreme poverty has slowed sharply. In the countries that contain most of the world's poorest people, it has simply stalled. If this is to improve, these countries will need more generous assistance from official donors.

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

### **Nurse Shortage is a 'Global Health Emergency' – Yet Governments Fail to Invest in Staff Retention**

The worldwide shortage of nurses should be considered a "global health emergency" – yet governments are failing to invest in measures to retain these essential workers, according to Howard Catton, CEO of the International Council of Nurses (ICN).

"The US has lost 100,000 nurses since 2020 and is predicted to lose up to 600,000 by 2027. The number of nurses leaving the UK register is also up since 2020. And in

Switzerland, the dropout rates of new nursing students in their first year and second year is between 18 and 36%,” Catton told a briefing hosted by ACANU, the Geneva UN press association. Despite increasing evidence of nurses leaving or planning to leave the workforce, “governments are not in sufficiently prioritising investment in the nursing workforce”, he added. “Improved working conditions and support and investment for the current nursing workforce need to be a priority to hold those nurses that we have.”

Governments are more focused on recruitment than retention of nurses, added Catton – and international recruitment by certain wealthy countries is decimating the healthcare in less affluent countries.

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

### **Opinion: Africa’s climate-health crisis needs swift and decisive action**

The intersection between climate change and human health is a critical area for policy intervention on the African continent. Key areas to consider include strategic risk assessments, greenhouse gas emissions reductions, collaborative partnerships, a unified global response, and swift action to safeguard the health and well-being of African populations.

For a long time, discussions on the climate crisis had often centered around mitigation, loss and damage, and green energy rightfully so. However, recent events have highlighted an aspect that needs equal emphasis and resources, which is the nexus of climate change and health, specifically, how changing climatic conditions is impacting people’s health now and for the future. Two recent reports, the World Malaria Report 2023 and Climate Change and Epidemics2023 report both emphasize the growing burden of climate-amplified diseases and epidemics.

[Link to [Devex article](#) and attached]

### **At COP28, the Climate-Health Nexus Turned a Corner, for Better and Worse**

History was made at the twenty-eighth Conference of the Parties (COP28) of the UN Framework Convention on Climate Change (UNFCCC) in Dubai. The most celebrated moment was the first-ever call for countries to contribute to “transitioning away from fossil fuels in energy systems, in a just, orderly and equitable manner” made in the Decision on the Outcome of the First Global Stocktake. The conference was also historic in elevating health in climate diplomacy, breaking the pattern of marginalization seen at previous conferences.

Health’s new prominence arrives, however, as the scale, frequency, diversity, and costs of climate-related health threats increase, which exposes the magnitude of decades of diplomatic failures on mitigation and adaptation. The attention health received at Dubai is a dose of harsh realism, like the decision about transitioning energy systems away from fossil fuels. Although COP28 accorded health a place at the climate policy table, it made the road ahead for health responses to climate change more difficult.

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

### **No Time for Hot Air: the Climate and Health Intersection is Gendered**

In early December, I was one of the nearly 100,000 delegates at COP28, the biggest climate conference ever held. As a senior health professional and campaigner for gender equity in health, I was pleased to see the adoption of the first ever COP health declaration.

Who among us can still deny that climate change is a direct threat to human health? Ours is an age when humanitarian disasters as a result of wildfires, flooding, heatwaves and hurricanes have become the norm. The WHO tells us that 3.6 billion people already live in areas highly susceptible to climate change. That's nearly half of us humans. Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from undernutrition, malaria, diarrhoea and heat stress alone. We know that women and children are 14 times more likely to die as a result of a disaster than men and that women and girls are more likely to be malnourished than men and boys, so it is clear that climate risks are not equally shared.

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

## Other Articles

### **A new Suez crisis threatens the world economy**

Over a thousand miles from Gaza, a naval crisis is unfolding that could transform the war between Israel and Hamas into a global affair with implications for the world economy. Since December 15th four of the world's five largest container-shipping companies, cma cgm, Hapag-Lloyd, Maersk and msc, have paused or suspended their services in the Red Sea, the route through which traffic from the Suez Canal must pass, as Iran-backed Houthi militants, armed with sophisticated weapons, escalate their attacks on global shipping flows. As one of the world's major trade arteries suddenly closes, America and its allies are ramping up naval activity in the Middle East, and may even attack the Houthis, in order to re-establish free passage.

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

### **Court Challenge to Uganda's Anti-Homosexuality Act Begins as Researchers Reject Directive to Report 'Offenders'**

The court challenge to Uganda's Anti-Homosexuality Act, one of the harshest anti-LGBTQ laws in the world, began in Kampala on Monday before five Constitutional Court judges.

The Act, which was passed by an overwhelming majority of Members of Parliament in May, includes penalties such as a life sentence for same-sex acts between consenting adults, 10 years in prison for "attempted homosexuality;" the death penalty for "aggravated homosexuality" and 20 years in prison for "promotion of homosexuality".

However, there is unlikely to be much more live court action after Deputy Chief Justice Richard Buteera, chair of the hearing, agreed to entertain written submissions rather than live hearings.

This followed a request by the lawyers representing the eight petitioners, including MP Fox Odoi-Oywelowo, and LGBTQ leaders Frank Mugisha and Pepe Onziema, that they wished to proceed by way of written submissions.

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

### **An anti-L.G.B.T.Q. law in Uganda is hurting the economy**

Sitting on a sofa in his tiny office, Simon Azarwagye, the owner of a travel company called Azas Safaris, points to numbers on his laptop visual aids for a story that still makes him miserable to tell. "See that?" he says, gesturing to a graph marked "quote requests." It represents the 89 prospective customers he was communicating with earlier in the year.

All of them had inquired about tours of Uganda's lush forests; the expeditions cost about \$15,000 per couple for 13 days of hippo and gorilla spotting.

That was before the country's Parliament started debating one of the harshest anti-L.G.B.T.Q. laws in the world. It included a death penalty provision for "aggravated homosexuality" defined as same-sex relations with someone who is disabled, H.I.V.-positive or elderly, among other categories and criminalized defending gay men and lesbians in public.

News of the bill made international headlines. On the day it was signed in late May, President Biden and leaders around Europe threatened sanctions that Uganda, which has an economy that lags in size behind those of Libya and Sudan, can ill afford. Within weeks, 60 of Mr. Azarwagye's 89 potential clients, most of whom hail from either Europe or the United States, had canceled their plans or stopped returning messages.

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

