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Sustaining Health for All – A Receding Horizon?

The Seventy-seventh World Health Assembly (WHA77), the annual meeting of the World Health Organization gathered together 194 member countries. They agreed to crucial changes to the International Health Regulations 2005 (that legally binds countries to rights and obligations during public health emergencies) and included a Coordinating Financial Mechanism to strengthen access to medical products and financing to “equitably address the needs and priorities of developing countries”; a groundbreaking new agreement on transplantation to improve its availability, especially in low resource countries and to prevent and address organ trafficking and transplant tourism. In a historic first, Palestine was recognized as a state when it was given the status of an observer state of the WHO without voting rights.

The WHA77 also agreed to disagree about committing to a global pandemic agreement as planned. Instead, extending the timeline for continued negotiations on it for another year in the hope it will be done within 2024. What makes the pandemic agreement such a contentious one was covered earlier in our French counterpart, Observateur du Fonds Mondial (OFM) in the run-up to the World Health Assembly. Here, we share the article translated by Amida Kariburyo where author [Axelle Ébodé](#) underlines the expectations that the pandemic agreement would signify a real paradigm shift based on equity and justice for all humanity. How difficult shifting the balance of power is came up during a session on [community empowerment](#) on the sidelines of the World Health Assembly.

The WHA77 also saw a report on the public health conditions in occupied Palestinian territory and calls for access to aid in Sudan in the midst of bombardments as the country faces an acute famine, confined for

now, but which threatens to engulf the whole country if the situation continues. The Inter-Agency Standing Committee called for the parties in conflict to ensure the protection of civilians from direct attacks and letting them get to safer areas; to end gender-based and sexual violence and end human rights violations against children. The Committee in its statement also expressed concern over the lag in releasing funds by donors who pledged \$2.7 billion but have released only 16 per cent of it so far, in a scenario where additional monies are required. The WHO itself needs \$11.1 billion for its programs over the next four years and in a first, is actually holding a fundraising event in November for it, something it's never done before!

These crises in financing, the impact of funding for humanitarian aid affecting critical funding for health, among other developmental goals, is reflected in the reports of the [World Bank on the Great Reversal](#) and the [United Nations report on Financing for the Sustainable Development Goals \(SDGs\)](#), both of which we cover in our issue. This is accompanied by an article on the report by the [WHO, on the progress made on the Global Action for Healthy Lives and Well-being for all](#). How far we are from the SDGs and the debt crisis faced by Africa was also reiterated in the session on [Non-Tropical Diseases](#), on the sidelines of the WHA77. Another session on the sidelines had Ministers of Health from African countries discuss what can be done to ensure [sustainability of health systems in Africa](#). In this backdrop, we hark back to the speech by [Serge Yotta at AFRAVIH](#), which calls for decolonization of aid and recognition for peer educators that they deserve.

We welcome our new columnist, Julia Bürgi, who shares her personal reflections of a career shift in 2017 from [writing reports to work in the field in Asia and Africa for a Zero TB initiative](#).

And any thoughts about which aspect in the global health initiative sector you'd like to see covered in our newsletter are always welcome and we'd really appreciate suggestions on who can pen an article on it! Anyone who wishes to voluntarily contribute as a guest columnist and provide an incisive analysis or first-person account of what is happening at micro or macro levels in the field of global health interventions is also welcome. Any feedback and suggestions in French, Spanish, English can be sent to Ida Hakizinka ida.hakizinka@aidspace.org and/or in English to madhuri@aidspace.org

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