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FOCUS

Infectious diseases

The Covid-19 pandemic showed us that global health requires international cooperation. There has been marginal progress since, but serious challenges persist. Health infrastructure remains inadequate or does not exist at all in far too many places. Where poverty is common, infectious diseases are particularly dangerous. Far too many disadvantaged communities are still denied both prevention and cure. How well Africa can contain the current mpox outbreak will tell us to what extent the international community has learned its lessons.

Title: Mpox treatment in DRC's South Kivu province.
Photo: picture alliance / Associated Press / Moses Sawasawa





 **Our focus section on infectious diseases starts on page 21. It pertains to the UN's 3rd Sustainable Development Goal (SDG): Good health and well-being.**

sion of supporting countries with low and middle incomes.

Nonetheless, fundamental challenges persist. Vaccine doses are not being distributed fast in Africa. Only 5 million of 10 million needed doses have been promised so far, according to the online platform Think Global Health. The AU wants 60% of needed vaccines to be produced in Africa by 2040, but it still has a very long way to go. So far, Africa only produces about one percent. Moreover, the continent needs its own agency for the approval of medicines.

The greatest problem, however, is the lack of appropriate health infrastructure, which is needed for treating patients and monitoring diseases. Mpox is only an example in case. Just consider the “Big Three” infectious diseases: tuberculosis, HIV/AIDS and malaria. They wreak havoc particularly where poverty is common and tend to kill people who have no access to healthcare or only get it too late. These communities are denied both prevention and cure. To be effective, any public-health policy must include poverty reduction.

The challenges for these three diseases alone remain enormous:

- In 2022, tuberculosis claimed 1.3 million lives and was the most deadly infectious disease after Covid-19. Drug resistance is an increasingly urgent global challenge.
- A recent UNAIDS report revealed huge funding gaps in regard to Africa’s fight against HIV/AIDS, adding that excessive sovereign debt is making matters worse in many places.
- According to the WHO, global malaria progress has stalled in recent years. On the upside, there are now two innovative malaria vaccines recommended by the WHO.

The 3rd Sustainable Development Goal (SDG3) is to ensure healthy lives and wellbeing for all. To achieve it, more international cooperation is necessary. One must not forget, after all, that some severe diseases are hardly known in high-income countries, but cause serious problems in disadvantaged world regions. Medical research has neglected them for a long time – and that too must change.



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Lessons of failure

In mid August, the World Health Organization (WHO) declared the rapid increase of mpox cases in Africa to be a „public health emergency of international concern”. It was the second such warning in recent years for this potentially fatal viral disease after the first one in 2022.

The latest outbreak is mainly caused by a new virus strain called clade Ib. The Democratic Republic of the Congo (DRC) and Burundi are the worst affected countries. Other sub-Saharan countries have reported cases too. Beyond the continent, clade Ib infections have so far remained very rare.

Experts do not consider mpox to be the new Covid-19. The virus has been known for decades as “monkeypox”. It is related to smallpox. Symptoms include fever, aching muscles and a painful rash. It is not as infectious as Covid-19. Most likely, the existing vaccines are effective against the new strain.

The degree of success in containing the mpox outbreak and treating the patients will show to what extent the international community has learned the lessons of Covid-19. That virus spread fast and in an uncontrolled manner. Long existing disparities

“The degree of success in containing the mpox outbreak and treating the patients will show to what extent the international community has learned the lessons of coronavirus.”

became even more obvious. In high income countries, for example, vaccines became universally available much sooner than in those with low incomes. Valuable time was lost in reducing pandemic impacts.

We do see some progress today. Multilateral organisations are cooperating on a shared mpox strategy, and one of the parties involved is the AU’s Africa CDC (Centres for Disease Control and Prevention). The global vaccine alliance Gavi says it can spend up to \$500 million on mpox vaccines for African countries affected by the latest outbreak. The Pandemic Fund, moreover, has fast made almost \$130 million available to 10 African countries. This fund was set up during the Covid-19 pandemic with the mis-

ELECTROMOBILITY

Ethiopia energised

Ethiopia is the first country in the world to impose import restrictions on combustion engine cars. The move is celebrated as a leap in development. At the same time, large parts of the country still lack roads and an adequate power supply.

By Getachew Zewdu

In February, Ethiopia presented a plan that was as surprising as it was courageous: the country's transport minister announced that future imports of cars powered by pure internal combustion engines would be prohibited. Hybrid engines will continue to be allowed. No other country has yet gone this far.

International media called it a prime example of "leapfrogging", a term widely used in development policy to refer to a country skipping "development stages" and moving straight to more advanced solutions.

It would not be the first time for Ethiopia. Today, even in the remotest villages, people have Chinese smartphones or at least old Nokia cell phones. Very few have ever held a landline phone in their hands.

Ethiopia's leap towards electromobility is made possible by the huge amounts of electricity the country produces from renewable energy. It has a similar energy mix to Norway: 95% of its electricity comes from hydropower.

Africa's largest hydroelectric power plant is located at the Grand Ethiopian Renaissance Dam (GERD), which spans the Blue Nile in the north-west of the country. Its output is expected to reach around 6,000 megawatts – comparable to the world's largest nuclear power plants. The rest of the electricity in Ethiopia is supplied by wind. Fossil-fuelled power plants are virtually non-existent.

NEED RATHER THAN PRINCIPLE

Ethiopia's move to embrace electromobility is driven more by need than by principle. It is not just about protecting the climate and the environment but also about a shortage of petrol and diesel. The high fuel price has recently intensified poverty in the country.

With no direct access to the sea, Ethiopia faced a \$4.2 billion bill for imported fuels in 2022. To put this into perspective, the



national budget this year is \$15 billion. Fuel consumption has become a growing burden on the economy – including the public sector, because petrol and diesel are heavily subsidised by the state.

In 2023, the multiple crises of recent years forced the government to cut those subsidies. From 2020, the Covid-19 pandemic set the economy and society back. Then a two-year civil war in the north paralysed the country after a power struggle escalated between the renegade regional government in Tigray and the national government in Addis Ababa. A peace agreement was finally signed in November 2022.

What is more, many districts in the country, especially in the south, continue to be affected by endless droughts as a result of the climate crisis. The district of Abaya, for example, experienced an unusually long dry season for the third time in a row in 2023, followed by heavy rainfall. The harvest was poor.

That problem was compounded by Russia's attack on Ukraine, which hindered grain imports. As a result, basic food prices soared. The cut in petrol and diesel subsidies also made life harder. The price of fuel doubled within a year and the higher transport costs had a knock-on effect on food prices.

Inflation was officially around 30% nationwide in 2023. But in some regions, the price of certain staple foods has risen by 50% to 60% within a year. This places an extreme burden on the poorest families in particular. Practically every cent they earn goes on food.

TEN MILLION DONKEYS

This is the case, for example, in Hambela Wamena, a district with 200,000 inhabitants in the south of the country. It is hard to



On the road in Hambela Wamena, a district in Ethiopia. In many parts of the country, it is unclear how electromobility is to be implemented.

imagine how electromobility will work here – and not just because of the high cost of a car. Outside the main town, hardly any settlement of the district is supplied with electricity. There are also no paved roads, only dirt tracks. People mainly travel on foot. The privileged have a donkey to carry their loads. Across Ethiopia, there is only one car for every hundred inhabitants but there are around ten million donkeys – more than in any other country.

Half of Ethiopia's 1.2 million motor vehicles honk and creep through the smog and congested roads of the capital Addis Ababa.

Electric vehicles, mostly from Chinese factories, are already becoming increasingly present here.

However, most of the country is less like Addis Ababa and more like Hambela Wamena. There is no industry, virtually no skilled craft sector, hardly any commerce. Practically the entire population lives off subsistence farming. Many suffer from hunger.

Before Ethiopia can successfully switch to electromobility, the rural population must achieve a decent standard of living. This requires, at the very least,

sufficiently reliable data on rural life (see box) to provide a basis for prudent political decisions and sustainable development projects.



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Precious data

In many rural areas, there is a lack of reliable data on people's actual living conditions. One solution is to enlist people from the relevant regions to collect data.

Only one in ten families in the district of Hambela Wamena in Ethiopia has access to clean drinking water. The rest drink from watercourses and watering holes that are also used by livestock. One consequence of this is that a tenth of people's tiny income goes on medication for diarrhoea.

Family fields are smaller than a football pitch – they do not yield enough to feed the average family of seven. As a result, 70% of families go hungry for five to eight months of the year.

Data of this depth is not usually available in rural Ethiopia. It has to be collected. In mid-2023, Swiss aid organisation "Menschen für Menschen" thus enlisted Ethiopian interviewers to question a total of 373 randomly selected families and document their personal circumstances.

Based on the findings and recommendations of that base-

line study, activities were identified for a three-year development project. Implementation commenced in spring this year. Among other things, the study indicated the catastrophic state of drinking water supply. As a result, ten defective wells are now being repaired and 16 new water points provided. Around 6000 people will benefit from these measures. To ensure sustainability, so-called water committees are being trained; responsibility for maintaining

the wells in future will be in local hands. The committees also collect the water charges for any repairs, which can then be carried out independently.

The baseline study also revealed that families had virtually no access to financial services. Poor farmers cannot obtain money from banks. Their only option is to borrow from private moneylenders, who traditionally charge 100% interest. So, if families borrow money to buy food or seed for the next season, they have to use a large part of the next harvest to service the interest. For this reason, one focus of the

project is on creating cooperatives and savings groups that have access to fair microloans.

The savings groups are aimed specifically at women, who also receive a wide range of training there, for example on family planning. The baseline study further revealed that 55% of families do not use contraception. Of these, 38.5% stated that they do not practice family planning due to a lack of knowledge.

The agents of change are native advisors who live in the villages and travel daily from farm to farm. They help with improved seed, with livestock provided on a microloan basis and by passing on their knowledge of adapted farming practices. Within three years, 3,600 families with a total of 25,000 members are expected to improve their lives significantly – for example by producing surpluses for the market.

Whether the plan succeeds will be revealed by a follow-up survey of the same families in three years. The evaluation results can then be compared with the figures and indicators of the baseline study to determine whether the families have made any economic progress – and to what extent precisely. GZ



Anyone who wants to know where these people are going and what worries them must ask them. There is a lack of such data in many areas.



As many as 250 people are accommodated in these hangars. There is no protected area for women – sexual assaults are a regular occurrence.

HUMANITARIAN CRISIS

Risking collapse

The war in Sudan is causing the world's largest displacement crisis. According to the UN, around 10 million people have fled their homes since April 2023. Against this backdrop, worldwide cutbacks in development cooperation and humanitarian aid are fueling disastrous consequences: malnutrition, child labour, sexual exploitation, forced marriage, social discord and environmental destruction.

By Fabian Böckler

Around 2 million displaced people have left Sudan. Many of them have found refuge in Ethiopia, which has become one of the biggest migrant recipient countries in Africa – and not just since the start of the present war. Only Uganda takes in more refugees. In Ethiopia, the influx of people is not primarily perceived as a burden but as an opportunity for development – because by offering

refuge the country hopes to benefit from more infrastructure, schools, health centres and economic growth.

But as the situation in western Ethiopia shows, the international aid system is collapsing. This is due to the swingeing cuts made to humanitarian- and development-aid budgets by governments worldwide. There is a glaring disparity between the scale of need and the support provided.

Around 300 million people worldwide are currently dependent on humanitarian aid. Due to massive underfunding in recent years, the UN has already reduced the number of people it actually seeks to reach to 180 million. To meet that target, it needs \$48.9 billion. But according to the Financial Tracking Service of the UN Office for the Coordination of Humanitarian Affairs (OCHA), only \$11.5 billion – not even a quarter of the required funding – is available.

In Kurmuk and Ura, a town and village in the Benishangul-Gumuz Region of western Ethiopia, it is possible to observe in real time what happens when good programme work is not adequately funded.

KURMUK

According to the Ethiopian Refugees and Returnees Service (RRS), 22,803 refugees are currently accommodated at the Kurmuk Transit Centre, one kilometre from the border with Sudan.

The transit camp now comprises four zones. Since the end of 2023 alone, the number of people there has increased by around 4000. To provide a roof over their heads, the UN's international refugee agency UNHCR has built 20 additional hangars. Each one accommodates 250 people. Due to the lack of financial resources, no arrangements have been made to provide protection for girls and women. They need to share the accommodation with boys and men. Sexual assaults are a regular occurrence.

Only 200 children visit the child-friendly area every day. That is around four percent of those who urgently need this service. Plan International's Temporary Learn-

ing Space can also cater for only 190 children aged seven and eight. That is just 2.5% of the 7474 school-age children.

At the same time, the transit centre itself still offers the greatest security for children. Outside the camp, people resort to what are euphemistically referred to as “negative coping mechanisms”: In order to survive, boys are forced to work in illegal gold mines and girls and women to engage in prostitution.

In addition to the problems of precarious accommodation and the lack of protection for children, girls and women, minimum humanitarian standards are not met. The nutritional status of the children at Kurmuk is alarming: nearly one in four children under the age of five is acutely malnourished – a total of more than 1000. Many of them will suffer the consequences for the rest of their lives. Since April 2023, more than 120 children in the camp have starved to death or died due to a lack of medical care.

Originally, the refugees were only supposed to be registered at the transit centre and then distributed to one of the three refugee camps in the surrounding area. But those camps are already overcrowded – so people have been kept at Kurmuk not just for days but months and, in many cases, over a year.

URA

In the search for a solution to the untenable conditions in Kurmuk, UNHCR and RRS agreed on a new approach. Instead of a refugee camp, a so-called settlement for 30,000 refugees will be built as an extension of Ura, a village located further inland. Around 23,000 refugees will then be added to Ura’s population of approximately 3500 residents. After discussions with the host community and representatives of the Central Refugee Committee, a self-organised council of refugees from Kurmuk, and joint inspections of the site, construction of the accommodation began.

Instead of isolating the refugees from Kurmuk in a camp, the idea is to integrate them into the host community. Cost is also a major factor. There will be no need to create a social infrastructure for the refugees; they will use the existing one in Ura. Given the additional infrastructural upgrades that the project is expected to bring, local acceptance is high.

In the middle of June, 2705 people were relocated to Ura in the first phase of a three-year planning framework. The remaining refugees from Kurmuk will follow in stages over the subsequent 12 months. A new road has been built to provide access to the future settlement site.

But the project is in danger of failing. Just \$2.6 million of the required \$15 million funding is available, so for the time being only 500 households will be able to find a new home at Ura. And that will only be in temporary accommodation, consist-



ing of a wooden frame and plastic sheeting. There is no money for sheet-iron roofs. The result is not a settlement but another stop-gap measure.

Experience shows that people will then take matters into their own hands. The surrounding woodland is likely to be stripped bare within a year, used for building materials and fuel. Environmental damage and conflicts with local people over resources will invariably ensue.

The funding gaps run through all sectors. There is no money for a distribution centre, for example, or for the biometric registration of refugees. The UN Refugee Agency has been forced to prioritise the health, water, sanitation and hygiene (WASH) and education sectors. Protection – including child protection and protection from gender-based violence – is the actual core mandate of UNHCR. Failure to prioritise it due to lack of money is met with great incomprehension among actors in Ethiopia and international observers.

In addition, the existing infrastructure of the village is not designed for such a large number of people. The small health post

that operates in Ura at present will need to be replaced by a hospital or at least a health centre, and the primary school does not have anywhere near the required capacity. It currently has eleven classrooms for around 800 pupils. If another 7474 were to come from Kurmuk, 55 more classrooms would be needed, operating in double shifts. Then there is the fact that the Sudanese children speak Arabic, not Benishangul, the language spoken in Ura, so they will be unable to follow lessons.

There are growing fears that the international funding shortfall will prompt UNHCR to transfer care for the refugees to the host communities and the Ethiopian authorities. The consequences of that are already foreseeable. In Ura, local actors agree that the same negative coping mechanisms as in Kurmuk will take place and conflicts with the host community are likely to arise because the expectations raised will not be met and resources become dramatically scarce.

At the same time, Kurmuk ought to be restored to its original purpose. The place should be developed as a transit centre and used as such. However, there are no signs that the untenable conditions will change.

Western Ethiopia could actually become a shining example of the humanitarian-development-peace nexus approach – bringing together humanitarian assistance, development cooperation and peacebuilding. But instead of helping deliver a sustainable, adequately funded solution in these areas, governments around the world are failing to provide more money and thus prompting or aggravating humanitarian disasters.

The present crisis is practically taking place in the shadows due to a lack of media attention to the plight of people in Sudan. It could be alleviated and even turned around to yield benefits for local communities. But for that to happen, governments need to realise that the humanitarian-development-peace nexus means enabling people to survive and live in dignity, creating prospects for those in adversity and paving the way for peaceful coexistence.



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Refugees fleeing to South Sudan in March 2024.

INTERNATIONAL LAW

Sudan's re-erupted civil war

In view of devastating mass atrocities in Sudan's ongoing conflict, the International Criminal Court's prosecutor is expected to request arrest warrants soon. He deserves support from across the international community.

By Tom Dannenbaum

In July, famine was officially declared in Zamzam camp, where over half a million – and possibly up to 800,000 – civilians have sought shelter near El Fasher in North Darfur, Sudan. Other areas in Darfur and the rest of the country are potentially also experiencing famine. Masses of people throughout Sudan are certainly at risk of it.

The declaration of famine, by definition, is always an alarm that comes too late. It is a mark of shame regarding what has already been done. And make no mistake, this is a human-made catastrophe.

The Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) have been waging a civil war replete with atrocities for 16 months. At its heart has been mass starvation. Forces on both sides have reportedly looted food, destroyed food systems, pre-

vented people from reaching sustenance and blocked the delivery of humanitarian aid.

In late May, the Clingendael Institute projected that 2.5 million Sudanese civilians could starve to death by September. Many of them are children. Those who survive will have endured torturous suffering of the kind that tears the social fabric and reverberates for generations.

For many, hunger will not be the only criminal wrong inflicted upon them. SAF and RSF fighters have been accused of brutal massacres, attacks on healthcare and journalists, destruction, forced displacement, pillage, sexual and gender-based violence (SGBV) and crimes affecting children.

Once again, analysts and advocates are using the term “genocide” to capture the enormity of what is unfolding. The last time they did so was in the early years of this century. That previous period of atrocious violence echoes through to the present.

Back then, the international community failed the people of Darfur despite the newly articulated “Responsibility to Protect” (R2P for short). Among other things, the concept was supposed to mean that the international community has an obligation

to act effectively to stop atrocities when the state in which they are occurring fails to do so.

Two decades ago, activists at least mobilised internationally to draw attention to Darfur. Today, the conflict there is overshadowed by the wars in Ukraine and Gaza. Sudan is largely being ignored by the global public. Global indifference condemns civilians to horrific violence.

There is, however, one result of the international mobilisation in the early 2000s that has carried over to the present. In 2005, the UN Security Council adopted Resolution 1593, which referred the situation in Darfur to the fledgling International Criminal Court (ICC). This resolution was the first of its kind. The second one followed in 2011 and concerned Libya. Crucially, the USA abstained from the Darfur decision, even though it could have vetoed it. Then President George W. Bush had otherwise taken a stance of open hostility to the ICC.

Ordinarily, ICC jurisdiction depends on either the state where alleged crimes occurred or of which the alleged perpetrators are nationals having joined the ICC or consented to its proceedings. At no point has Sudan ratified the ICC Statute or consented to its jurisdiction. In such a setting, the only path to ICC jurisdiction is through a Security Council referral.

It is awkward, to put it mildly, that three veto-wielding permanent members of the Security Council have remained outside

the ICC system for its duration: the USA, Russia and China. Khartoum was quick to call out the double standard.

A deeper controversy arose four years later, when the ICC issued an arrest warrant for then Sudanese President Omar al-Bashir. Initially he was accused of war crimes and crimes against humanity and subsequently also of genocide.

TENSE AU-ICC RELATIONSHIP

Ordinarily, sitting heads of state have immunity against arrest warrants by other states, unless their state has waived that immunity (as in the case of ICC ratification). Sudan never engaged in such a waiver. Many African states, however, have joined the ICC. The African Union (AU) balked at the notion that these member states would be required to arrest al-Bashir.

Because of this dispute, the AU-ICC relationship deteriorated over the next decade. The tensions only subsided once al-Bashir was removed from office in 2019. For a fleeting moment, it even seemed as

though Sudan might transfer al-Bashir to the ICC. In 2020, Fatou Bensouda, who was then the Court's chief prosecutor, travelled to Khartoum, hoping to facilitate cooperation. It did not materialise.

When the current violence erupted 16 months ago, al-Bashir had already been convicted of corruption and money-laundering in Sudanese court. He was also facing a domestic trial relating to the coup that had brought him to power in 1993. There was no prospect of an ICC transfer.

Al-Bashir was not the ICC's only suspect. His erstwhile henchman, Ali Muhammad Ali Abd-Al-Rahman ("Ali Kushayb") was transferred to the Court after surrendering himself in the Central African Republic in 2020. His landmark trial for war crimes and crimes against humanity in Darfur is expected to be completed by the end of this year. He is the alleged former leader of the Janjaweed militia.

Today's fighting pits the successor forces of each of these men against one another. The RSF, led by General Mohamed Hamdan Dagalo ("Hemedti"), arose from

the Janjaweed. General Abdel Fattah al-Burhan leads the SAF and the government of Sudan. As the atrocities of their troops mount, a new round of arrest warrants looks likely.

Global attention is focused on Ukraine and Gaza, and Karim Khan, the ICC's current prosecutor, has made notable moves in those contexts. The most prominent were his requests for arrest warrants for the top leaders of Russia, Israel and Hamas.

Nonetheless, Khan is not neglecting Sudan. On 6 August, he described the situation in Darfur as "hell on earth". He warned the RSF and SAF, as well as their enablers, that his office was investigating. His message to the Security Council was straightforward: "I hope by my next report [six months from now], I will be able to announce applications for warrants of arrest regarding those, or some of those individuals that are the most responsible for what we are seeing at the moment."

Khan's statement could hardly have been clearer. And yet, several legal complexities remain.

Legal failure, limited impact

In early June, Mongolian authorities failed to arrest Russia's President Vladimir Putin when he was paying a state visit to Ulan Bator. As Mongolia has joined the International Criminal Court, it had the obligation to do so. The ICC had issued an arrest warrant for Putin in March 2023. The Russian leader is accused of war crimes in Ukraine.

Mongolia's failure is disappointing. It confirms the precedent of a member country not living up to ICC obligations. For several reasons, however, the international implications are not as far-reaching as those of South Africa's failure in 2015 to arrest Omar al-Bashir, Sudan's then president (see Tom Dannenbaum).

The main reason is that Mongolia is a very small and rather isolated country, whereas South Africa is a – and perhaps even the – heavyweight of its continent. Mongolia has a bit more than 3 million people. Its huge territory is sandwiched between two geopolitical giants, Russia and China. Mongolia therefore has no neighbours which might be influenced by its actions. It does not belong to important regional organisations which might be expected to stand up to Russia or China.

When South Africa let al-Bashir escape, it reinforced anti-ICC sentiments that were spreading in Africa, including in countries that belong to both the African Union and the ICC. South Africa's stance thus under-

mined the international legitimacy of the court in a way that Mongolia's action now will not. South Africa's Supreme Court of Appeal later called the government's conduct "disgraceful".

Mongolia depends on both of its giant neighbours. In the current global scenario, moreover, China and Russia are allies, so confronting one of the two would imply provoking the other one as well. Had Mongolia arrested Putin, its government would immediately have been under very heavy pressure to

release him again. Most likely, the government would never have been able to extradite him to the ICC in the Hague. After all, any airplane with him on board would have had to cross long stretches of either Russian or Chinese territory, and neither government would have allowed it to fly all the way to Europe.

It is regrettable, of course, that this episode has helped Putin project his power internationally. Mongolia let him defy the authority of the ICC. Fearing arrest, he had actually shied away from attending the BRICS summit in South Africa last year. The plain fact that Mongolia is a very small player on the international stage with two very powerful neighbours, however, means that it hardly serves as a model for other countries' action at all. The political relevance of this legal failure is therefore only minor. DEM



First of all, the durability of the two-decades old referral has yet to be tested. Clearly, the ICC's authority is not limited to action taken before a referral. Cases have been opened against alleged perpetrators in both Darfur and Libya for conduct that occurred years after the referral in each situation on the basis that the crimes were "associated with the ongoing armed conflict underlying the referral."

LONG-RUNNING STRIFE

Given that the current violence in Darfur is a new escalation in a context of long-running strife and conflict and that it involves repeat players from the period that first drew ICC scrutiny, it is legally plausible to consider that the Security Council referral of 2005 remains valid. Most likely, the ICC will decide that it is. In political terms, it would be difficult for the Court to hold back given how urgent the situation has become. Nonetheless, the question of when its referral-based jurisdiction will end requires attention.

Beyond the question of time is the fact that the ongoing atrocities are not limited to Darfur. To be clear, the region has seen much of the worst violence and it is the site of the famine declaration. However, starva-

"To undermine the ICC and its prosecutor elsewhere, notably in the context of Palestine, is to weaken its standing everywhere."

tion, sexual violence and killings have been inflicted on civilians across several regions of the country.

It would be peculiarly selective if the ICC were to act only in relation to crimes in one part of the country today because that was the focus of international attention 20 years ago. And yet, the original Security Council resolution was clear in its language and no case to date has pushed its geographic boundaries.

Given the intensity of the crimes there, Prosecutor Khan can make a strong argument for starting with arrest-warrant requests that relate to Darfur. Most likely, he will. The questions are

- whether he will seek to expand beyond that
- and, if so, whether the Court will authorise it.

In the background of all of this is the question of ICC legitimacy. For its first decade and a half, the Court was condemned for its exclusive focus on situations in Africa. Since then, it has taken meaningful steps toward a more global perspective, but not without running into some significant political headwinds. It is now at a crossroads.

Accountability efforts are unambiguously warranted in Sudan. Governments that recognise this fact should support Prosecutor Khan's investigation and rally behind the ICC. At the same time, they must acknowledge that the Court's success depends on its credibility in acting regardless of what countries are affected. To undermine the ICC and its prosecutor elsewhere, notably in the context of Palestine, is to weaken its standing everywhere. If justice is to be supported and facilitated, this must be done regardless of the identity of the victims or their alleged perpetrators.



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Meeting of the G20 Finance Ministers in São Paulo in February.

DEVELOPMENT POLICY

Triangular cooperation at eye level

Triangular cooperation deserves attention in development policy. It has the potential to break up neocolonial structures in institutions in favour of promoting global public goods. Brazil is using its G20 presidency to gain more partners for this form of cooperation.

By Ulrich Müller and Luiz Ramalho

In 2024, Brazil took over the rotating presidency of the Group of 20 (consisting of 19 industrialised and emerging-market countries as well as the European Union and, since 2023, the African Union) at a time of significant geopolitical challenges. The climate crisis is worsening. On top of Russia's war of aggression against Ukraine, there are now also wars between Hamas and Israel and in Sudan, all of which have developed into humanitarian catastrophes. Competition between China and Western countries, particularly the USA, is intensifying. The list goes on.

Meanwhile, it is becoming increasingly clear how differently the industrialised countries of the G7 and the countries of the so-called global South view these challenges. Dialogue between the blocs is dwindling and multilateral action and shared values are becoming more difficult to agree on. Some older alliances are being called into question and new ones are being formed. In this context, the legacy of colonialism in existing institutions is rightly coming under increasing criticism.

It is precisely in these circumstances that the Brazilian presidency sees an opportunity. Unlike the UN, with its constant Security Council vetoes, the informal club of the G20 can offer a more open space for understanding and building trust.

Beyond summit diplomacy, which will peak at the Group's meeting in November 2024 in Rio de Janeiro, the G20 process offers numerous opportunities for exchange through expert working groups and minister meetings. There are also so-called engage-

ment groups: organisations focused on civil society (C20), the international women's movement (W20), unions (L20), think tanks (T20) and many more. The Brazilian presidency places great value on the participation of all stakeholders and is planning to organise a Social Summit, for example, in the run-up to the G20 Summit in Rio.

The G20 Development Working Group (DWG) is being given a good opportunity, too. Promoting gender equality and antiracism as well as fighting hunger and social inequality will be in the foreground, given that these are Brazilian President Luiz Inácio Lula da Silva's development policy priorities. They have become even more important now that the African Union is a member of the G20.

INTERNATIONAL TRIANGULAR COOPERATION

Work on these issues is now focusing on new forms of international cooperation without a colonial history and character, especially South-South and triangular cooperation.

Triangular cooperation is a development project that is jointly planned, financed and implemented by three or more partners that engage in three roles: beneficiary, pivotal and facilitating. Experience shows that during the lifespan of the trian-

gular projects each of the partners involved can be the beneficiary, knowledge bearer or facilitator. Each partner learns, contributes their knowledge and experience and takes on responsibility.

André de Mello e Souza, an economist at the Instituto de Pesquisa Econômica Aplicada (IPEA), a Brazilian government-led think tank, and a frequent contributor to D+C/E+Z, emphasises that Brazil rejects any kind of hierarchy in development projects that involve more than one partner. Correspondingly, Brazil stressed in a G20 paper that trilateral cooperation builds trust and replaces traditional donor-recipient dynamics through innovative partnerships and shared learning. The idea is that triangular cooperation both helps to overcome the burdens of the colonial past and localise official development assistance (ODA). Brazil distinguishes the terms trilateral (horizontal) and triangular (more vertical) cooperation. Germany and other countries use both terms synonymously, aiming in either case at a horizontal relation between the partners.

Brazil is using its G20 presidency to convince other powerful states of the merits of this instrument. Best practice examples should be prepared to show that triangular cooperation works and how. An international conference organised by Germany and Brazil at the end of May in Salvador da Bahia offered an ideal stage to do so and sent a strong signal shortly before the third DWG meeting under Brazil's G20 presidency. The DWG has unanimously supported and openly welcomed the topic.

The number of completed and documented projects with trilateral cooperation has increased dramatically. With over 200 projects, Germany has now implemented the most in the world. The majority of Germany's activities have focused on Latin America, but Asia, the Pacific region and Africa are catching up. Interest in cross-regional cooperation is growing particularly sharply.

The rise in numbers is also due to the fact that triangular cooperation, which frequently takes place under the umbrella of global, regional and bilateral programmes, is now being better recorded. To this end, Germany has introduced a marker for triangular cooperation.

It is important to continue the trend towards more evaluation in this area. In

the regional fund for triangular cooperation with partners in Latin America and the Caribbean, all completed projects have been independently evaluated since 2015. The fund, which is managed by Germany, relies on Latin American evaluating institutes. The evidence shows that the effectiveness of triangular cooperation continues to grow.

In 2020, the German Institute for Development Evaluation (DEVal) concluded

“The role changes that occur in trilateral cooperation mean that existing convictions will sometimes be fundamentally called into question.”

an evaluation of triangular cooperation as a modality. It showed that the instrument has a political-strategic and programmatic-thematic dimension. The OECD came to a similar conclusion in 2018. It identified six dimensions: building ownership and trust; promoting complementarity and increasing coordination in development cooperation; sharing knowledge and learning jointly; co-creating solutions; enhancing the volume, scope and sustainability of triangular cooperation; and achieving global and regional development goals through strengthened partnerships for sustainable development.

Academic researchers are also increasingly interested in triangular cooperation. Topics that have been or are being addressed in master's theses and dissertations include, for example, the meaning of triangular cooperation as a modality for post-colonial development policy, the role of China in triangular cooperation and the question of joint evaluations.

CHANGING ROLES

Carrying out the aforementioned joint evaluations, as was agreed, for instance, in the 2023 joint action plan between the German Federal Ministry for Economic Cooperation and Development (BMZ) and the Chinese cooperation agency CIDCA, is a particular challenge. In order for triangular cooperation to build a bridge between South-South and North-South cooperation, the evaluation criteria of the OECD's Development As-

sistance Committee cannot simply be used as a benchmark. The principles of South-South cooperation that can be traced back to the Bandung Conference of 1955 must also be taken into consideration. Conducting joint evaluations will require finding a shared language and agreeing on what criteria to apply. The differences that arise during this process can enrich the development discussion and reveal opportunities for the future.

The role changes that occur in trilateral cooperation mean that existing convictions will sometimes be fundamentally called into question. Germany, for instance, has proven less practised at being a learning partner than the BMZ strategy requires. Much needs to be done if Germany does not wish to lose its connection to current dynamics in partner countries and squander trust that has been built up over decades. Hopefully the Brazilian G20 initiative will create opportunities for reflection that other member states will also take advantage of.

LINKS

BMZ: Triangular cooperation.

<https://www.bmz.de/en/ministry/working-approach/triangular-cooperation>

GIZ, 2024: VII Regional Conference on Trilateral Cooperation with Latin America and the Caribbean 2024.

<https://fondo-cooperacion-triangular.net/2024/06/06/mensajes-clave-de-la-vii-conferencia-regional-de-cooperacion-trilateral-con-america-latina-y-el-caribe-2024-superando-obstaculos-construyendo-puentes/>
OECD, 2018: Toolkit for identifying, monitoring and evaluating the value added of triangular co-operation.

https://www.effectivecooperation.org/system/files/2019-06/TOOLKIT_TrC_August_2018.pdf



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ENVIRONMENTAL HEALTH

Why smallholder farmers must reconsider approach

In West Bengal, the green revolution made high-yielding rice cultivation attractive. Four decades later, the associated environmental problems have increased – and the climate crisis is further compounding them.

By Boro Baski

Ramranjan Ghosh is a marginal farmer in the Indian state of West Bengal. He cultivates rice and seasonal vegetables on his ancestral land. He used to harvest rice twice every year, but in 2022, his family stopped growing summer rice. Ramranjan must now feed his family from the rice he grows in the monsoon season and free food grains provided by the government.

This is not an isolated story. Many marginal farmers and sharecroppers in the Birbhum District are suffering hardship. Ramranjan says that the “high cost of electricity, chemical fertiliser and pesticides” are one reason, while “low market prices” are the other.

The problem, however, runs deeper. To understand the issue, one needs to know the history of agricultural development in the past 40 years.

Before the green revolution that began in late 1960s, paddy farming in Ramranjan’s village was done with water from the ravine and its underground springs. Later, four big water tanks were built to support the cultivation of vegetables and various winter crops that do not need much water.

The green revolution had a massive impact. The high-yielding variety of rice was introduced in the 1980s. It is locally called “Boro”. The irrigation system was improved, because this variety needs much water. In the late 1980s and early 1990s, rice production increased immensely, not only in West Bengal.

The high-yielding variety is grown in the summer. The state government allowed farmers to extract groundwater for this purpose. Boro production helped to im-

prove both food security and the employment situation. Indeed, seasonal labour migration started from the poorer neighbouring state.

As farmers grew more rice, they began to abandon traditional crops such as wheat, pulses, mustard and vegetables. Private-sector companies began selling more high-yielding seed, which increasingly displaced traditional varieties that farmers could breed by keeping part of the harvest for the next planting season. Farms became dependent on buying seed year after year. The same companies, moreover, provided pesticides to keep a check on rice beetles that would otherwise have thrived on the new variety of rice.

Over the years, farmers’ dependency on companies and their products increased. Labour migration intensified too, with buses and even trains moving workers around. Wealthy farmers stopped using bullock ploughs. They bought tractors with bank loans. Barren fields and lowlands, which

had been used for livestock grazing, were converted into agricultural fields.

It was a golden time of farmers, and it went on for more than two decades. Eventually, it became obvious that the overextraction of ground water and the use of chemical fertilisers were detrimental to the environment. In some areas, moreover, arsenic was found in deep tube wells that were used for drinking water. The state government began to peddle back from supporting rice monocropping.

The climate crisis is compounding problems. Summers are becoming longer, and the rain is increasingly irregular. Both phenomena have impacts on the ponds as well as on the ravine and its springs. Ramranjan and his neighbours sometimes run out of irrigation water. Moreover, the use of tractors has made the soil hard, while chemical fertilisers have depleted its natural fertility. Chemicals, moreover, killed various types of beneficial earthworms. Their ecosystem service consists of stabilising the soil structure and providing nutrients.

Economically disadvantaged and marginalised people, including, for instance, Adivasi villages, are affected in other ways too. They traditionally depended on naturally available food such as small fishes and snails from local water bodies as well as wild vegetables that grew in the ravine and the lowlands. These resources are not abundantly available anymore.



Chicken rearing can make business sense for smallholders in West Bengal's Birbhum district.

COSTS AND REVENUES

Farmers must pay increasingly higher prices for farm inputs as well as for irrigation water and migrant workers. The prices rice harvests fetch have not been rising at the same rate. Accordingly, rice cultivation looks less and less attractive in plain business terms.

Things are particularly difficult for sharecroppers who grow rice on leased fields. A state law regulates what share of the harvest they owe the landowner. It is based on the assumption that sharecroppers do not spend much money on inputs, for example, because they use manure to fertilise the fields. They hardly do so anymore, but while their share of the harvest has not changed, they alone bear the rising costs of inputs.

The state government is supporting farmers in various ways. They get a compensation when extreme weather makes crops fail. They are also encouraged to use composted manure to restore the soil's natural health. The government recommends starting fruit orchards or to cultivate lentils in order to generate less water-intensive



incomes. In Ramranjan's village, however, lentil cultivation proved disappointing due to poor soil quality.

Some farmers are now testing various alternatives to high-yielding rice on small plots. Non-governmental organisations are involved in such efforts too. Reliance on natural fertilisers is a top concern. Social enterprises like Dularia are raising awareness for eco-friendly farming in the district.

Such activities are making a difference. Farmers have several options, but many find it hard to give up – or merely

reduce – rice farming. Experience shows, however, that mono-cropping makes them vulnerable. Wheat, millet, maize, sesame, finger millet and mustard can be grown with comparatively little water, and the crops fetch stable and high prices in markets.

Orchard farming can be profitable too. In order to stem erosion, it makes sense to plant mango, papaya or banana trees on the slopes of the ravine and the banks of ponds. It can be economically attractive to rear chicken, ducks, goats or pigs. Projects can be launched and run on small budgets.

The government can do still more to help, however. It should give even more advice on what climate change will mean – and how best to adapt.



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RURAL DEVELOPMENT

Pay attention to local voices

Due to the climate crisis, agricultural policy needs a rethink – and it is already happening internationally, according to Mathias Mogge of Welthungerhilfe, the Bonn-based non-governmental organisation.

Mathias Mogge interviewed by Hans Dembowski

Where do people suffer food insecurity most?

The situation is worst

- where war is raging,
- where the impacts of climate change are harsh and
- where specific groups suffer social marginalisation, for example in regard to access to land, money and other resources.

High food prices are a huge problem too. Though we see inflation going down in high-income countries, things are different in low-income countries. Many people simply can no longer afford what their families need.

Are prices still rising because the countries concerned depend on food imports?

Well, that is one of the reasons, but not the only one. Relevant issues include the quality of transport and storage facilities. Food security is a complex challenge, so we need multidimensional solutions. Well functioning value chains are crucial. Where agricultural production, food processing and distribution occur in close vicinity, things tend to be rather good, including in the sense of

prices suiting the social context. Prices must be affordable to consumers, but also ensure good livelihoods to farming families. Strong rural infrastructure is always a precondition, including roads, mobile telephone networks, water and power supply but also education and healthcare. Where local economic cycles function well, food security is generally better than where this is not the case.

Is the climate crisis disrupting settings that so far worked quite well?

Yes indeed, and dramatically so. Almost every country is affected. In southern Africa, for example, droughts have become longer and more severe. Zimbabwe used to have a quite productive agriculture, but harvests are now declining because of an increasingly unfavourable climate. East Africa too has seen far too little rain in recent years. People are literally losing their livelihoods. It was hardly surprising that protests erupted in Kenya when the heavily indebted government decided to start taxing food items. People are desperate and angry in many places.



Kenyan project practicing holistic farming.

Will areas with harsh climate impacts need humanitarian aid in the long run?

No, not necessarily. That said, Germany's Federal Government recently set the wrong signal in the current global scenario by cutting the budget for humanitarian aid. In war-torn regions, the situation is catastrophic, and I am not only thinking of Sudan and Gaza. It is most worrisome that warring parties pay less and less attention to international humanitarian law. Unfortunately, that is true of both sides in Gaza. In joint appeals with other humanitarian agencies we have called for an immediate Gaza ceasefire several times – without success. International humanitarian law is ever more often being breached without international consequences. This trend is undermining western credibility and making it easier for Russia to become engaged in Africa. The demand for humanitarian aid is increasing for other reasons too, however, and more official development assistance is needed as well. Nonetheless, our Federal Government has cut those budgets.

What kind of development strategies can enable climate affected regions to stay self-sufficient in regard to food supply?

We must build resilient systems, and we know good approaches for doing so. It is important to involve all people concerned at the local level. Therefore, the voices of village people in the remote areas of low-

income countries matter very much. Agricultural ecosystems tend to be quite fragile. Moreover, they differ from place to place. If they are to become more resilient, the specific local conditions must be taken into account right from the beginning.

What can be done to boost resilience?

Some interventions are actually quite simple. It is possible to irrigate rather large fields with solar-powered pumps. The most important thing, however, is to invest in ecologically sound soil management. This approach makes fields more productive, lets them store carbon and makes them more resilient to drought and flooding, because they are not swept away as easily by stormwater. It would make sense, moreover, to certify carbon storage in order to generate additional farm revenues. I see scope for many win-win settings.

So it is wrong to rely on heavy inputs of chemical fertiliser and pesticides?

Well, what we call conventional farming in Europe and North America is certainly not the only solution. Fertiliser and pesticide usage should not be condemned per se. Using heavy machinery in tropical and subtropical areas, however, is problematic too. A destructive result is compressed soils. The point is to use appropriate machines. Growing plants that suit local conditions, including potential drought or flooding, is

essential. It is crucial to develop systems in a way that is appropriate to local conditions and, as I said, the consistent involvement of all local stakeholders is important because they know these conditions.

Is it international consensus to pay more attention to the wishes and demands of local communities?

Yes, we can only succeed in cooperation with the people and with nature. I see a rethink going on around the world. The core question is how can – and must – agriculture adapt to the fast changing climate. This rethink is not only happening among African governments who know that they cannot simply copy northern models. It is also evident in international institutions like the FAO (Food and Agriculture Organization of the United Nations) or IFPRI (International Food Policy Research Institute). Bilateral agencies like Germany's GIZ, an agency we are cooperating with well, are involved too, of course. On the other hand, it is obvious that huge investments are needed, and they will require the support of donor governments.



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How eucalyptus trees hurt the environment

Agroforestry is a big business in Kenya. Certain tree species, moreover, are preferred over others. One such tree is the eucalyptus tree. Kenyan legislators, however, are moving to restrict the planting of eucalyptus, due to its associated risks to the environment.

Eucalyptus trees are a common sight on the Kenyan landscape. Many farmers grow them along rivers and other water bodies. They give good quality timber and mature in a short time. They are valued for wood products, charcoal production, shade and use as electricity wire-line transmission poles.

By its nature, the eucalyptus tree is known to be quite “thirsty” and often depletes water wherever it is planted. The drying up of some rivers has been attributed to the heavy presence of eucalyptus along the banks.

Kenyan legislators are seeking to ban the cultivation of eucalyptus along riparian lands, such as riverbanks, along lakes or in swampy areas. In so doing, they hope that they will preserve the environment from damage.

Environmentalists have lauded the parliament for the move, which comes at a time when there is a renewed focus on climate change mitigation, particularly as Kenya recovers from a four-year-long prolonged drought and massive flooding.

Senator Kamau Murango, a Kenyan legislator, is particularly passionate in his stance against the eucalyptus tree species. He says that eucalyptus trees “require high amounts of water through their growth and have deep root systems that extract water from the soil at a rapid rate.”

He opposes the continued planting of these trees along water bodies. “Their cultivation on riparian land depletes the water in the riparian ecosystem, often resulting in the drying up of streams, aggravating the effects of climate change, particularly the infrequent and insufficient rainfall currently being experienced in the country.”

Eucalyptus is exotic to Kenya. It was introduced by British colonial settlers in the 19th century. Even though the National Environment Management Authority (NEMA) has passed regulations prohibiting the cultivation of this species within 30 metres of riparian areas, this regulation has not been enforced in many parts of the country.

There are alternatives to the planting of eucalyptus. Government officials are advocating for the replacement of eucalyptus with the less thirsty but also commercially viable bamboo. “Bamboo trees need very little manure and time to mature, they generate less waste too. Their by-products can equally be fabricated to make very unique, classy and beautiful furniture and other items of various uses worth lots of money and be a source of income to the creative carpenters,” says Benjamin Mutinda, an officer at Kenya Forestry Research Institute (KEFRI).

The move by Kenya’s central government has received support from regional governments. Bomet County, for instance, has debated the issue. Petitions in the county assembly have sought to strengthen the county’s oversight on the cultivation of the species, and the county has responded with strategies that include creating awareness among local communities on the disadvantages of planting the species along riparian zones.

The proposed legislation will likely face opposition and scepticism from interest groups, but the formulation of such legislation marks a first step in the right direction. At worst, the debate will awaken farmers to seek alternatives. After all, the reality check occasioned by adverse weather impacts has enlightened many Kenyans.



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Sustainable development requires global awareness and local action.

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A protest four years ago in Cape Town. The situation has not improved much.

CORRUPTION

Challenge the system

Development cannot take place without fighting corruption. Nevertheless, corruption systems still exist in many countries. In Africa, \$140 billion is lost to corruption every year, according to estimates by the African Union. South Africa is a particularly serious case. But if the necessary mechanisms are effectively supported, the fight against corruption can be won.

By Hafte Gebreselassie Gebrihet and Fabio Andrés Díaz Pabón

Corruption offenses are not isolated events. Rather, they exist in contexts where social actors create ecosystems in which individuals repeatedly accept and offer bribes. If we think of corruption as a system, we can describe how different actors create a political economy that works to further their self-interests, often to the detriment of society over time.

The promise of a democratic South Africa after 1994 was supposed to bring development to the majority of the population and help those who were exploited by apartheid to become more prosperous. However, considering how much money the country has already invested in development, it

is clear that South Africa continues to fall short of its potential.

Corruption systems behave like a living organism seeking to ensure its own survival. They thrive on the existence of corruption networks – complex webs of individuals who work together to exploit public resources for personal gain, disregarding the principles of accountability and transparency. In South Africa, this can be illustrated by the corruption legacy of former President Jacob Zuma and the so-called state capture corruption scandal. While this affair has made the country's corruption systems more visible, even years after Zuma's departure and Cyril Ramaphosa's inauguration, some of their networks are still active.

Corruption schemes use sophisticated tactics to commit and conceal illegal or unethical activities, making them difficult to detect. However, there are ways to fight them. On the African continent, the following four could prove particularly effective:

1. Supporting whistleblowers. They have access to information about the network of corrupt actors and thus become crucial players in dismantling these networks and exposing systems of corruption. In South Africa, there is a lack of protection for whistle-

blowers. Instead, they are subject to reprisals, which stifles accountability efforts and promotes a culture of silence. Strengthening legal protection for whistleblowers is therefore essential to encourage them to disclose information and ensure their safety.

2. Creating favourable conditions for exposing systems of corruption. An important factor here is the independence and efficiency of supervisory bodies. In South Africa, the work of the Zondo Commission (Judicial Commission of Inquiry into Allegations of State Capture, Corruption and Fraud in the Public Sector including Organs of State) and the role of the Public Protector have proved pivotal in challenging existing systems of corruption and promoting accountability.

3. Maintaining the independence of the media and civil society. As the case of South Africa shows, journalism and civil society have been central to exposing wrongdoing by politicians and have fulfilled their mandate to inform the public.

4. Supporting principled leadership that champions integrity and accountability. Principled leaders must set an example of the social norms that prevail in a country.

Only through such institutional strengthening and the promotion of a culture of accountability can South Africa and other countries overcome the scourge of corrupt systems and realise aspirations for inclusive development and good governance in various dimensions.



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The Maasai see their land and culture threatened by the Tanzanian government's moves against them.

ism and allow particularly wealthy tourists unhindered access to wildlife. For example, 580 square kilometres of grazing land have been annexed to create an exclusive game reserve for the Dubai royal family who have long hunted in the area.

DISPLACEMENT OF COMMUNITIES

The Maasai are not the only people facing such challenges. Across Tanzania, indigenous communities are being displaced by powerful investors under the pretext of conservation or development. Tanzania is a signatory to numerous international treaties, including the United Nations Declaration on the Rights of Indigenous Peoples, and should uphold the rights of indigenous cultures and the right to self-determination. Yet the government continues to violate these treaties with impunity.

Unhindered participation in elections is a cornerstone of democracy. Article 21 of the Tanzanian constitution guarantees every citizen the right to participate in public affairs, either directly or through freely elected representatives. But the Maasai see their voices silenced and their rights trampled upon.

The Tanzanian government has a duty to protect all its citizens, including the Maasai and their unique way of life. Indeed, the Maasai are an integral part of Tanzania's national identity. They deserve to be heard and respected. However, their culture, their traditions and their very existence are under threat.

It is imperative that the global community stands by them in their fight for justice. National and international human-rights organisations as well as all Tanzanians who believe in justice must speak out against the blatant violations of the rights of the Maasai.

In a true democracy, every vote counts. The Maasai people deserve the same rights and protection as any other citizen. All attempts to disenfranchise them must be reversed. The government must be held accountable, and Ngorongoro must be reinstated on the electoral roll. Anything less would be an affront to justice and human rights.



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INDIGENOUS RIGHTS

Maasai are citizens too

The Tanzanian government is systematically disenfranchising Maasai in Ngorongoro. Most recently, all polling stations there were closed, and voters were directed to polling stations in areas sometimes 600 kilometres away, as human-rights activists report.

By Kizito Makoye

According to community representatives and activists, the Independent National Electoral Commission (INEC) has already transferred their names to other areas, although they still live in the Ngorongoro Conservation Area (NCA). The government allegedly wants to relocate the Maasai to these new areas.

The government's latest move can be seen as part of a broader strategy to evict the Maasai from their ancestral land under the guise of conservation. The Maasai are known for their deep attachment to their land. As custodians of the Ngorongoro Crater – a UNESCO World Heritage Site known for its breathtaking landscapes and rich biodiversity – the Maasai have coexisted with wildlife for generations. However, in 2021, the Tanzanian government suddenly announced plans to relocate around 82,000 Maasai from the NCA by 2027. They justified this with the need to protect wildlife and accused the Maasai communities of destroying important wildlife habitats and

water sources. It is estimated that more than 100,000 people still live in the NCA.

This justification is not valid. The traditional practices of the Maasai are inherently conservationist, as studies have shown. Yet the government's actions appear to be aimed at weakening the Maasai's attachment to their ancestral land. In April 2023, human-rights activists reported that essential services such as health care and education in the NCA were being systematically reduced, making life increasingly difficult for the remaining Maasai pastoralists. There have also been reports of violent evictions, the confiscation and auctioning of Maasai cattle and clashes with government authorities in which the Maasai have confronted police firearms with arrows.

The ultimate goal seems to be to drive them off their land to pave the way for tour-





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TB patient in the Indian state of Uttar Pradesh.

FOCUS

Infectious diseases

Tackling river blindness

By Enan Adamani and Michel Mandro-Ndahura (p. 22)

Neglected tropical diseases deserve global attention

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Vaccine production in Africa

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The challenge of multi-drug resistant TB

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India needs multi-pronged TB strategy

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Polio once again threat to Gazan children

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RIVER BLINDNESS

Dangerous tiny worms

Onchocerciasis, commonly known as river blindness, is classified as a neglected tropical disease (NTD) by the World Health Organization (WHO). Almost all people affected by the disease live in sub-Saharan Africa. Adequate medical care and community awareness are crucial to prevent more people from going blind as a result of the infection.

By Enan Adamani and Michel Mandro-Ndahura

Onchocerciasis is caused by a parasitic infection that is transmitted to humans through the bite of black flies. These flies breed near fast-flowing rivers and streams, so people who live or work nearby are at risk.

The parasites are roundworms called *Onchocerca volvulus*. They are transmitted through the blackfly bite and settle under the skin, where they can live for many years and produce tiny larvae that spread throughout the body. When these larvae die, they cause severe itching and skin problems such as discoloured patches. Another consequence can be blindness.

Onchocerciasis is one of the NTDs classified as a priority to be eliminated by the WHO. At least 244 million people in 30 countries suffer from the disease, according to the WHO. Of these, 99% are in sub-Saharan Africa, with the remaining one percent living on the border between Brazil and Venezuela.

River blindness is treated with preventive chemotherapy using the drug ivermectin. Community-led treatment with the drug is a key strategy to combat the disease. Communities organise mass administrations of ivermectin once or twice a year. The tablets are donated by the Mectizan Donation Program to organisations like the Christian Blind Mission (CBM) that distribute them. They cost an average of one dollar to produce worldwide. The average 2.8 tablets needed per person annually are taken at once. Although the drug kills immature parasites, long-term treatment is required as adult parasites can live for 10-15 years.



Community health workers in the DRC must bring medication to remote areas.

USE OF LARVAE POISON

In medicine, the carriers of the pathogens that cause infectious diseases are called vectors. In the case of river blindness, black flies are the vectors. Vector control has played a decisive role in the fight against onchocerciasis in Africa. In 1946, larvicides were used for the first time in Kenya to eliminate adult black flies and prevent the transmission of *Onchocerca volvulus*. This led to the eradication of the parasite in Kenya and provided the impetus for the first international initiative to control onchocerciasis in Africa, the Onchocerciasis Control Program (OCP) in West Africa. This large-scale initiative aimed to eliminate onchocerciasis in eleven West African countries through vector control.

For vector control, larvicides are primarily sprayed into rivers where black flies breed to kill the larvae. Although this is effective, it is not without problems: larvicides are expensive, require expert application and can harm the environment. Despite the success of the OCP in West Africa, the fight

against onchocerciasis continues in other parts of the continent.

THE SITUATION IN THE DRC

The Democratic Republic of the Congo (DRC) is particularly affected by river blindness. In 2022, it was estimated that more than 54 million people are at risk of contracting the disease. It is the country with the most people in need of treatment.

Onchocerciasis has been known in the Congo Basin since 1903. Émile Brumpt, a French parasitologist, discovered the first cases of onchocerciasis in humans in the region. It took almost 90 years before the DRC's national Onchocerciasis Control Program was launched in 1992 to implement strategies to control and eliminate onchocerciasis as a public health problem in the country. This involved working closely with key partners such as The END Fund (with CBM as implementing partner), the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the African Programme for Onchocerciasis Control (APOC), Sightsavers and the United Front Against River Blindness (UFAR). Although progress has been made in eliminating river blindness, the lack of accurate data at the start of formal studies means that the figure today is higher than in 1992.

In 2016, the DRC government set up the National Program to Combat Neglected Tropical Diseases with Preventive Chemotherapy. Gradually, all health districts (a geographical area considered as a health intervention unit) where onchocerciasis and lymphatic filariasis are endemic were brought under treatment. Lymphatic filariasis, commonly known as elephantiasis, is a disease also caused by parasitic worms which affects the lymphatic system and can lead to abnormal enlargement of body parts.

Current figures show that river blindness is endemic in 472 of the DRC's 519 health districts. Of these, 271 are receiving ivermectin treatment and 175 have yet to be mapped for onchocerciasis elimination to redefine eligibility for treatment.

THE SITUATION IN NIGERIA

With more than 43 million people in need of treatment, Nigeria is responsible for almost 20% of the worldwide onchocerciasis cases. Onchocerciasis treatment in Nigeria

began with clinical trials of ivermectin in 1989, expanded to large-scale treatment in 1991 and achieved full coverage in 2000. In 2010, the programme here was also merged with efforts to combat lymphatic filariasis to increase its reach and effectiveness.

The WHO has established guidelines to support countries in their efforts to eliminate onchocerciasis. A crucial step in this process is the formation of Onchocerciasis Elimination Committees (OECs), which help determine the strategy and milestones to achieve zero onchocerciasis. The Nigerian OEC was founded in 2015 to accompany the country on its path to eradicating the disease by 2025. The progress of the individual states is evaluated on a rolling basis, and strategies are adapted as necessary. In 2022, over 25 million people were treated.

Civil-society organisations are crucial in supporting governments in their efforts.

One of the most active organisations is the Christian Blind Mission (CBM), which supports the Nigerian, Congolese and other governments in the fight against onchocerciasis (see box). CBM contributes to the effective implementation of disease-control programmes by providing resources, expertise and knowledge.

The aim is to reduce the need for mass drug administration by 80% and end the transmission of the disease in Nigeria by 2030. While great progress has been made in the north and south-east of the country, CBM is also focusing on the south, where challenges remain. Across Africa, CBM partner-project staff reached over 37 million people in 2023 as part of the comprehensive treatment of river blindness.

The progress made in Nigeria and the DRC in eradicating onchocerciasis is a testament to the commitment and joint efforts of

governments, donors, civil-society organisations and local communities.

However, the mission is far from over. Further collaborative efforts by all stakeholders are needed to achieve the goal of eliminating onchocerciasis as a global public health problem.



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Medication distribution is not enough

Kangawode is 75 years old and has lived most of his life in Tagwa in the northwest of the Democratic Republic of the Congo (DRC). His house is just 50 meters from the Ubangi River, which marks the border with the Central African Republic. Kangawode has been blind for many years due to river blindness. His two eldest sons – aged 40 and 45 – are also blind as a result of the disease. While Kangawode's other three sons were spared this fate, they suffered from other symptoms of onchocerciasis, as the disease is formally known – severe itching and the characteristic “lizard skin”.

Despite several years of annual treatment with ivermectin to control the parasites, there is evidence that transmission continues in Tagwa and that additional preventive

measures are needed to eliminate the disease. Numerous people have been found to have nodules under their skin, indicating the presence of breeding adult worms that release millions of microfilariae into the bloodstream.

Equally worrying was the finding that almost three per cent of those surveyed in the village suffered from epilepsy, which is often associated with onchocerciasis. This includes two of Kangawode's grandchildren.

There are many families like Kangawode's in the DRC and many obstacles to be overcome in the fight against river blindness. In 2022, a study in the province of Kasai in the south of the DRC showed that it is not enough to simply distribute medication to the population: preventive chemotherapy

with ivermectin did not appear to be as effective as expected. Further investigations showed that half of the residents were excluded from treatment due to local conflicts.

The Christian Blind Mission (CBM) subsequently provided additional funding in 2023 to support communication and sensitisation of the population during the mass distribution campaign. The



CBM supports campaigns in the DRC for treatment with ivermectin.

aim of this initiative was to strengthen the population's commitment and improve the treatment rate and thus the impact for the whole village. A follow-up visit in January 2024 showed encouraging signs of progress.

CBM has been a committed partner in supporting the Neglected Tropical Diseases (NTD) programme in the DRC since 1989, initially through the African Programme for Onchocerciasis Control (APOC) and more recently through direct support to the national NTD programme in various regions (see main story).

CBM remains committed to strengthening the onchocerciasis programme in the country, focusing on expanding access to treatment to prevent conditions such as skin lesions, blindness and epilepsy. The inclusion of epilepsy prevalence studies in onchocerciasis-endemic areas and the ongoing improvement of therapeutic coverage surveys are critical steps in this effort. EA, MMN

NEGLECTED TROPICAL DISEASES

Overshadowed by the “Big Three”

When it comes to important infectious diseases in the global south, most people inevitably think of the “Big Three”: HIV/AIDS, malaria and tuberculosis. But the situation is much more complicated. For that reason and others, the term “neglected tropical diseases” was coined at the beginning of the new millennium. Some of these diseases are now appearing in industrialised countries too, with consequences for research.

By Max Klein

Global healthcare is characterised by severe inequality. This is true with regard to both noncommunicable and infectious diseases. There are many reasons for this skew. An important one is the fact that commercial medical research is oriented towards achieving high profits rather than meeting people’s actual health needs.

The resulting research gaps are therefore especially evident when it comes to diseases of poverty like neglected tropical diseases (NTDs). Traditionally there has only been limited interest in them in the global north. NTDs occur primarily in Latin America, Asia and Africa. However, climate change and globalisation are increasingly forcing political actors and populations in industrialised countries to pay greater attention.

NTDs usually affect poor people in rural regions; women and children are especially at risk. They are often chronic illnesses that are almost always caused by infections. They frequently occur in parallel, meaning that patients suffer from co-infections.

The World Health Organization (WHO) maintains a priority list for NTDs that currently has 21 entries. They include more well-known illnesses like leprosy and scabies, as well as many that receive less attention, like yaws (endemic treponematoses) and mycetoma. It would be wrong, however, to assume that these diseases are unimportant: most Germans may never have heard of or read about trachoma, but it is the leading infectious cause of blindness worldwide.

In addition to bacteria and viruses, various worms, protozoans, ectoparasites

and fungi can play a role in specific NTDs. Infection cycles are sometimes complex and can include wild or domesticated animals in addition to humans. For example, schistosomiasis, a parasitic worm infection, relies on freshwater snails as an intermediate host. Like many NTDs, schistosomiasis is a zoon-

osis. Zoonotic diseases can be spread from animals to humans or the other way around. Poisonings from snake bites represent a special case from a variety of perspectives. The reptile – for example, an Indian cobra or a carpet viper – transmits toxins directly, but victims are not contagious.

is only found in humans in a handful of countries, leprosy still occurs in over 120 countries according to the WHO. According to WHO data, however, just 16 countries bear the burden of 80% of all NTDs, including Egypt, Tanzania and the Philippines. Generally speaking, poor data often make it difficult to get an overview and hamper targeted countermeasures.

What all neglected tropical diseases have in common is a close connection to poverty and its complex effects. Poor access to clean drinking water and adequate sanitation infrastructure plays an impor-



Tests to check for schistosomiasis parasites, a worm disease, in Zimbabwe in 2023.

tant role. Since girls and women typically perform water-related activities like water transport, washing and cooking in many societies, gender has a direct impact on infection risk. Gender roles have another important consequence: worldwide, girls and women are primarily responsible for caring for children and sick people, which also makes them more likely to contract an NTD.

Noma is a particularly dramatic example of the impact of extreme poverty. This bacterial infection usually develops quickly and destructively in the faces of small children. It is caused by malnourishment, hy-

CONNECTION BETWEEN NTDs, POVERTY AND GENDER

NTDs occur worldwide, but there are significant regional differences. Whereas dracunculiasis, which is caused by Guinea worms,

Photo: picture-alliance/Xinhua News Agency/Tatara Mugwara

giene problems and prior illnesses such as measles. Noma occurs in severely underserved areas where health services are hard to obtain – which is also true of many other NTDs.

HUGE RESEARCH GAPS

To make matters worse, our medical tools to fight these diseases are often blunt or sometimes non-existent. This is true despite the fact that human familiarity with some of these illnesses – like rabies – even predates antiquity. Mwelecele Ntuli Malecela, the former head of the WHO’s NTD programme, once aptly pointed out that in this field, tools from the 19th century are still being used in the 21st.

Many medications that are used to treat NTDs are old, have severe side effects

or are not suitable for all patients. Through the widespread and preventive use of a few selected drugs, we are also encountering worrisome trends towards resistance. There are often even larger gaps when it comes to diagnostics. Rapid tests for specific diseases frequently do not exist, even though they would be extremely important in structurally weak areas.

Vaccines are also almost completely lacking. One exception is dengue fever (see box). However, vaccines are particularly difficult to develop for parasitic infections. People in the global south who are bitten by venomous snakes or encounter spitting cobras face especially dramatic problems. Although there are tens of thousands of deaths per year, many countries have an extreme shortage of suitable and affordable antivenoms.

EXTREME DIFFERENCES IN FUNDING

Looking at funding for NTD research, it quickly becomes clear once again why the focus on infectious diseases in the global south has to go beyond the “Big Three”. Professional analyses reveal extreme differences in financial support. Data of the project G-FINDER, which investigates investments in research and development, shows that in 2022, about as much money was spent on malaria vaccine research alone as was spent on chagas, leishmaniasis and sleeping sickness combined (including diagnostics, medications, vaccines, etc.).

Some commercial companies are increasingly using the issue of NTDs to improve their image. It is worth taking a critical view of these efforts, for instance with regard to the sustainability of medication do-

The exception of dengue

Neglected tropical diseases (NTDs) receive far too little attention, particularly in the area of research and development. Many profit-oriented companies simply do not consider them lucrative enough to make the necessary investments (see main text). In recent years, however, one specific neglected tropical disease has been exerting a strong pull on firms from the free market: dengue fever.

The simple reason is that when a disease, particularly an infection, is perceived as a serious health or security problem for people in richer countries too, more funds flow into research. This is not a polemic but rather a lesson from history, including from the early phase of the AIDS pandemic and the response to Ebola.

The fever, which is transmitted by various species of mosquito, is primarily concentrated in the global south. In past years, large portions of

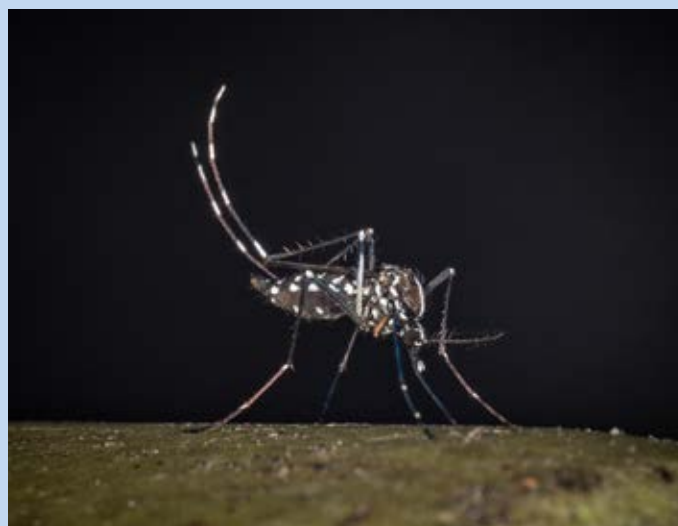
Latin America and Southeast Asia in particular have suffered tremendously from extensive and repeated outbreaks. What made headlines in German media, however, were several cases of dengue in Paris and near Lake Garda, a popular holiday

destination for Germans in Italy.

The Robert Koch Institute (RKI) in Berlin is the central institution of Germany’s Federal Government in the field of disease surveillance and prevention. It determined that as yet there has been no documented evidence of dengue transmission through insects within Germany. Nevertheless, suitable

vectors in the form of Asian tiger mosquitoes can now be found in the country. According to the RKI, the local affinity for far-flung travel destinations like Brazil and Thailand led to an unusually high number of cases in Germany, too, at the beginning of this year.

Travel medicine and the treatment of people in affluent markets promise significant returns. The research pipeline for dengue is now notably filled, with the exception of a few small weak points. Experts have long since started asking, increasingly publicly, whether the disease is still truly commercially “neglected” in a narrower sense. What sounds like a rather theoretical thought experiment has practical implications. Within the group of NTDs, a familiar dynamic is threatening to accelerate: some diseases are attracting significantly more attention, not least because of their growing importance for richer countries, while others are more or less being forgotten. MK



The Asian tiger mosquito can transmit dengue – and is spreading in Europe.

nations. It is undeniable that the majority of NTDs do not offer enough monetary incentives for strongly profit-oriented companies to invest in targeted research – at least not in humans. Animals infected with, for example, echinococcosis, a tapeworm disease, are probably more likely to benefit from innovations from commercial research. The reason is that remedies for production losses in agricultural livestock definitely increase expectations of profit.

PUBLIC RESEARCH IS IRREPLACEABLE

Ultimately, the importance of public research and research funding into NTDs as a way to fill these gaps as effectively as possible cannot be overstated. Epidemiological

studies and “tools for the 21st century” are being worked on at public universities and with tax money worldwide, increasingly in cooperation. These activities are irreplaceable, which is why they should be adequately funded even in times of tight budgets.

The UN Sustainable Development Goals (SDGs) include under SDG3 (Good health and well-being) ambitious plans for NTDs in general and, very prominently, a vision for universal health coverage (UHC). This goal is of vital importance not only for people with NTDs. Since diseases of poverty primarily effect marginalised populations whose voices are rarely heard, they are a litmus test for how serious we really are about achieving global health equity. And that is directly connected to research equity too.

LINKS

WHO on NTDs:

<https://www.who.int/news-room/questions-and-answers/item/neglected-tropical-diseases>

G-FINDER project:

<https://www.policycuresresearch.org/g-finder/>

BUKO Pharma-Kampagne:

<https://bukopharma.de/de/vernachlaessigte-tropenkrankheiten> (in German)



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Photo: Andreas Boueke

MEDICAL CARE

Supporting local vaccine production in Africa

Only about one percent of the vaccines that are needed in Africa is produced on the continent. As a result, Africa is heavily dependent on global supply chains, as the Covid-19 pandemic clearly showed. Together with other partners, Germany is supporting local production through a variety of projects.

By Anna Lotte Böttcher and Katja Pohlmann

Vaccines against Covid-19 were considered an important milestone in the effort to control the pandemic. In the beginning, though, they were scarce and later unequally distributed: they were significantly more available in industrialised countries than in middle- and low-income countries. Vaccines often do not reach the places where they are urgently needed because of a lack of infrastructure and inadequate health systems. Over 30 countries around the world are considered fragile; most of them are located on the African continent. The crises and armed

conflicts that dominate the region are an enormous impediment to the distribution of vaccines.

The expansion of vaccine and pharmaceutical production in African countries – especially after the Covid-19 pandemic – is an important tool to combat and prevent future global pandemics, as well as to fight widespread infectious diseases like malaria and tuberculosis. It is also of vital importance given Africa’s emerging sharp increase in noncommunicable diseases such as cardiovascular diseases, metabolic diseases and cancer.

The African Union (AU) has set itself the goal of producing around 60% of all the vaccines it needs in Africa by 2040. Germany has supported the AU and its member states in this effort since 2021 and is promoting bilateral and multilateral projects within the framework of development cooperation. It is engaged in close dialogue with European partners and private indus-

try and is involved in multilateral organisations, for instance to develop new financing mechanisms like the African Vaccine Manufacturing Accelerator (AVMA), which was launched by the public-private vaccine alliance Gavi.

Engagement and activities in this area are therefore multifaceted and multilayered, just like actors and challenges. For that reason, coherent coordination and integration of initiatives by various multilateral donors is key. Germany’s involvement is closely embedded in a pan-European approach that comprises the European Commission as well as other EU member states. Within the Team Europe Initiative MAV+, vaccine and pharmaceutical production in Africa is being promoted in a coordinated way. These efforts are based on the insight that it is not enough to simply build factories. Instead, successful private sector investment requires a “conductive ecosystem”.

Creating this specifically involves:

- developing and strengthening regulatory authorities to approve locally produced medical products and ensure quality,
- developing a local entrepreneurial ecosystem to promote private industry,
- education and further training of professionals specialising in vaccine and pharmaceutical production,
- infrastructure development,
- access to financing,



Construction of a vaccine-production plant supported by Germany and the EU by Biontech and the Institut Pasteur de Dakar in the Dakar region, 2022.

- technology transfer and
- targeted support to make locally produced medical products competitive on local markets.

All efforts should be coordinated and partner-oriented at the national and international level.

AFRICAN COMPANIES PRODUCE VACCINES

This is precisely where German development cooperation comes in. It can already point to some successes. For example, nine African companies are already producing vaccines, including Aspen and Biovac in South Africa and the Institut Pasteur de Dakar in Senegal. They are joined by several smaller manufacturers in North Africa (Algeria, Egypt, Morocco and Tunisia) and Ethiopia. German development cooperation has not (co)financed any investments by companies, but instead has supported

partner governments in establishing the necessary national framework for these investments.

Yet it is not enough to produce vaccines and medications. They must also be approved, purchased and distributed. This is the role of the African Medicines Agency (AMA) and the aforementioned financing mechanism AVMA by the vaccine alliance Gavi. In future, AMA should coordinate the standardisation of medical product regulation in Africa, pool expertise and capacities and monitor select medical products from a regulatory standpoint. As of June, AVMA is absorbing the initially higher production costs of African manufacturers. It will continue to do so for a period of ten years. This measure should help manufacturers stay competitive in the medium term, especially against competitors from Asia.

Despite various successes (see box), many challenges remain: climate change

and the associated rise in certain diseases, political conflicts and wars combined with shrinking development budgets in many donor countries are increasingly decoupling financial resources from the need for support. The majority of initiatives require good coordination, and fading memories of the horrors of the pandemic are shifting priorities on the political agenda. Promoting local vaccine and pharmaceutical production, however, is about more than just one (trendy) issue. It is about sustainable health and economic development, which are central to German development cooperation with Africa and also reflected in the Sustainable Development Goals (SDGs) of the 2030 Agenda.

In order to adequately meet rising needs in light of expanding crises and smaller development budgets, international coordination and market design are required. Since vaccine manufacturing is

a bulk business, not all countries can establish their own production. As a matter of fact, they should not, if the sector is to be economically sustainable. The same is true for other pharmaceutical products. It therefore makes sense to provide targeted support wherever the chances of success in the market are highest.

Another essential success factor for local production is the assurance that the products can be sold. Without this, African manufacturers will not be able to produce a business model. Therefore, it is essential that African partner countries and multi-lateral organisations like UNICEF and Gavi likewise commit to purchasing regionally produced products.

With AVMA, Gavi took an important step this year to transition African countries to independent production. Germany has made important contributions to this effort and will continue to support local production in Africa in order to keep working towards the goal of global health security.

The renewed mpox outbreak in Africa will be the first test of whether this can succeed. In reaction to rising case numbers, the WHO declared a public health emergency of international concern (PHEIC) on 14 August 2024.

In order to scale up the response, the WHO has released around \$1.5 million from its Contingency Fund for Emergencies (CFE) and plans to release more. Moreover, the WHO is working with Gavi, UNICEF, Japan, the USA, the EU, Africa CDC and vaccine manufacturers to ensure fair access to vaccines, therapies, diagnostics and other supplies. Germany is donating vaccine doses, participating in the local response, providing funding and contributing additional services through its membership in the aforementioned organisations. Time will tell whether these efforts have an impact.

We know that the next pandemic is not a question of “if” but rather of “when”. Early prevention, therefore, is a good investment in the future.

LINK

African Union Development Agency (AUDA-NEPAD): African Medicines Agency (AMA).
<https://www.nepad.org/microsite/african-medicines-agency-ama>



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Success in Senegal and South Africa

Germany's Federal Ministry for Economic Cooperation and Development (BMZ) is working with various partners to promote local production of vaccines and pharmaceutical products in Africa (see main text). Two examples illustrate that its efforts to date have been worthwhile.

In Senegal, Germany is helping the government and private sector to create the conditions to produce more vaccines and other pharmaceutical products for the local and regional market. The goal is to strengthen the country's regulatory and institutional capacities and expand its production capacities. The focus is on implementing reforms and

improving conditions for local vaccine and pharmaceutical production, for example with regard to training, procurement and production costs.

Specifically, the “delivery unit” within the Senegalese Ministry of Health is receiving support to fulfil its role as the coordinating unit for the implementation of the national strategy to revitalise the pharmaceutical sector. In addition, the Senegalese regulatory authority ARP is being advised on how to achieve WHO maturity level 3 in order to be able to approve vaccines and pharmaceutical products itself. This process includes support during digitalisation, among other things. At the same time, Germany is

helping Senegal plan how to meet the need for a qualified workforce in the pharmaceutical sector and provide educational opportunities.

Moreover, local vaccine and pharmaceutical manufacturers are being advised on expanding their local production, for example through training in modern production methods, such as in biotechnology. Studies are also being designed on topics like energy efficiency, and partnerships between Senegalese and European actors in the field of vaccine and pharmaceutical production are being established.

In order to improve vaccine access for people who live in remote areas, 120 health stations in the regions of Saint-Louis, Louga and Kolda are being equipped with solar modules that will make it possible to keep vaccines cool, for example.

South Africa also wants to achieve independence in vaccine production. There are favourable conditions in place thanks to internationally competitive research, an innovative economy and an established regulatory authority (SAHPRA). For all of these reasons, the WHO selected South Africa in 2021 to be the location of its mRNA hub.

The mRNA vaccine that the hub is currently developing is based on Moderna's Covid-19 vaccine. After its efficacy and safety have been demonstrated, the development phase should conclude within a few months. The first clinical trials have been planned for this year, and the South African firm Biovac will test the production. In the future, the hub will also develop mRNA vaccines against diseases like tuberculosis, malaria and HIV/AIDS and share the technologies with African companies. ALB, KP

TUBERCULOSIS

When new medications lose their efficacy immediately

Antibiotic resistance is a major problem in the fight against tuberculosis. In order to manage it, the health infrastructure must be strengthened in affected countries.

By Viola Dreyer, Christian Utpatel, Christiane Gerlach and Stefan Niemann

Tuberculosis (TB) is a bacterial infection that primarily manifests in the lungs and sometimes other organs as well. It is caused by pathogens of the *Mycobacterium tuberculosis* complex. Tuberculosis was called “consumption” in the past because symptoms include fever and weight loss in addition to severe coughing. The WHO estimates that about a quarter of the global population is infected with the tuberculosis bacterium. TB is spread through the aerosols of people with active infections, but only about five to 10 percent of those infected develop active

“At the political level, investments in health infrastructure and overcoming poverty are indispensable preconditions for reducing the number of new infections.”

TB in the course of their lives. The disease does not break out in the rest because the immune system can keep the pathogens in check.

According to the Global Tuberculosis Report by the WHO, over 10 million people worldwide fall ill with TB every year. In 2022, TB was the second leading cause of death from a single infectious agent, after Covid-19. In 2018, the UN held its first high-

level meeting on TB. Since then, political commitment to end the TB epidemic has grown. A second UN meeting took place in 2023 following global progress in the fight against TB – but also setbacks, for example due to the coronavirus pandemic.

In principle, TB is treatable and curable, but treatment requires taking antibiotics for at least six months. Patients with antibiotic-resistant TB face even longer treatment – six to 18 months or longer, depending on the resistance – with medications that can sometimes cause severe side effects, like irreversible hearing loss or blindness. This treatment also costs significantly more.

TUBERCULOSIS RESISTANCES AS A GLOBAL PROBLEM

Resistance is a combination of external influences and pathogen adaptation. External influences include treatment using just one drug (monotherapy), a lack of patient compliance and poor-quality medication. Unlike in other bacteria, resistance in *Mycobacterium tuberculosis* complex strains typically develops through spontaneous mutations in the genome of the bacterium. Monotherapy, for example, kills the original bacterial population, and the spontaneously

Tuberculosis in Mozambique

Mozambique is one of the countries in which progress in the fight against tuberculosis (TB) is most urgently needed. Over 60% of people there live in extreme poverty. Access to clean drinking water is a serious problem, exacerbated by regular natural disasters like flooding caused by cyclones. In addition, Islamist terrorist attacks are destabilising the political situation in the northern province of Cabo Delgado.

According to the WHO, in 2021 there were over 360 TB cases per 100,000 residents in Mozambique, one of the

highest incidences in Africa. The number has remained at a consistently high level over the past ten years, while the mortality rate from tuberculosis has roughly halved over the past 20 years. Drug resistance is also a major problem: the WHO estimates that in 2021, Mozambique saw 4,800 new cases of the RR-/MDR-TB strains (see main text).

Researchers from an international consortium have now detected an alarmingly high level of fluoroquinolone resistance and increasing resistance to bedaquiline in

strains of MDR-TB (multidrug-resistant tuberculosis). Fluoroquinolone and bedaquiline are key drugs for the treatment of patients with MDR-TB. These resistances threaten the success of a new treatment that is recommended by the WHO and was actually considered quite promising. Moreover, the researchers documented the spread of MDR-TB strains that carry resistance mutations to rifampicin, currently the most effective medication.

The study poses fundamental questions about the development and introduction of new drugs to fight TB. Rapid development of resistance makes new drugs ineffective within a short time. In order to counter

this risk, effective diagnostics are needed. Their results must be implemented directly in the form of drugs that are adapted to the respective resistance.

The uncontrolled transmission of MDR-TB strains in Mozambique and other parts of Africa presents an enormous challenge to the fight against TB in the 21st century. It stresses the importance of effective diagnostics and TB-monitoring based on comprehensive molecular methods like sequencing technologies. VD, CU, CG, SN

LINK

Study on TB resistance:
[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(23\)00498-X/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(23)00498-X/fulltext)



The body of a man who died of tuberculosis in Port-au-Prince is taken to the morgue. Tuberculosis is generally treatable and curable.

formed, resistant bacteria can reproduce. Eventually the entire population is made up of resistant bacteria and the medication is no longer effective. Importantly, resistant and multi-drug resistant TB strains can be transmitted, leading to a multiplication of the resistance problem in various regions, such as Eastern Europe.

The fact that important medications do not work is a serious global problem. Particularly significant is resistance to rifampicin (RIF), the most effective medication. Rifampicin-resistant TB is abbreviated as “RR-TB”. If there is also resistance at least to the drug isoniazid, a patient is said to have “multidrug-resistant tuberculosis” (MDR-TB). There can also be resistances to other antibiotics.

Globally, an estimated 410,000 people fall ill with RR-TB or MDR-TB every year. India, the Philippines and Russia account for 42% of these cases. Some African countries show concerning developments as well, including Mozambique (see box).

Early diagnosis and appropriate treatment are the keys to slowing transmission of

resistant strains and preventing the development of new resistances. The gold standard of drug-resistance testing is phenotypic testing, which involves monitoring bacterial growth under the influence of antibiotics in a laboratory. As *Mycobacterium tuberculosis* complex strains reproduce very slowly, these tests take up to six weeks. Molecular tests are faster; they can not only detect TB, but also predict RR-TB within a few hours. In general, however, these tests can only look for mutations in very limited parts of the genome. An analysis of the entire genome is more informative, but also very expensive and complex and therefore impossible to broadly implement at the moment.

FIGHTING DISEASE AND STIGMATISATION

At the medical level, it is vital to ensure improved diagnostic procedures and the consistent and correct application of antibiotic treatments. In order for patients to access these services, local health centres need to be strengthened, particularly in rural areas. Since medications need to be taken for

a long time, close contact between health-care professionals and patients is essential to the success of the treatment. Moreover, monitoring and reporting systems should be expanded in order to accurately record TB cases and take early measures to break the chain of infection.

At the political level, investments in health infrastructure and overcoming poverty are indispensable preconditions for reducing the number of new infections. Migration and mobility make it necessary to not only monitor the spread of TB at the national level, but also analyse cross-border spread and break infection chains. Social measures like education campaigns to prevent stigmatisation of sick people and their families can also be part of the solution.

Target 3.3 of the UN’s 17 Sustainable Development Goals (SDGs) calls for an end to epidemics like HIV/AIDS, TB, malaria and neglected tropical diseases by 2030. This can only be achieved through a holistic strategy that combines medical, health policy and economic aspects.

LINK

WHO, 2023: Global Tuberculosis Report 2023. <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023>



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Overcrowded Mumbai slum: health workers screening for TB during the Covid-19 pandemic.

TUBERCULOSIS

Multi-dimensional challenge

According to the World Health Organization (WHO), India should try to reduce the incidence of tuberculosis by 80% until the end of this decade. The Indian government wants to achieve an even more ambitious goal by eradicating new pulmonary TB cases next year. Either way, it will need a multi-pronged strategy.

By Chahat Rana

Internationally, tuberculosis (TB) kills 2.5 persons every three minutes. India has one of the highest rates of TB and drug-resistant TB in the world. This is a long-standing problem, but the Covid-19 pandemic made it worse. The WHO reported 18% more TB cases in India in 2021 than in 2020.

The country needs a multi-pronged approach for tackling TB because its disease burden is so high, and drug resistances are quite prevalent. Apart from treatment itself, this approach must encompass preventive measures such as vaccination, improved nutrition and comprehensive testing.

Even treating a standard tuberculosis infection is difficult. Patients must en-

sure a course of heavy antibiotics for several months. Drug-resistant tuberculosis is even more difficult to treat and sometimes nearly impossible (see Viola Dreyer et al. in this issue). When bacteria do not respond to the standard medication, patients require a second-line treatment, which typically involves expensive and rather toxic drugs. In some cases, the bacteria do not even respond to those drugs, so only very few treatment options remain.

In August 2024, the Indian government announced a new set of rules for treating patients with drug-resistant tuberculosis. This regimen is called BPaL and is expected to make a significant difference. So far, the success rate for the treatment of multi-drug resistant TB was 56% and only 48% for extremely drug resistant TB. The new BPaL programme will make second-line treatment more generally affordable and help to shorten treatment periods (see box).

Since the new regimen is yet to be rolled out, there is no guarantee that these drugs will achieve a success rate of 100%. And even if it does, there is no assurance that all infected individuals will be diag-

nosed and treated in a timely manner. The prevention of TB infections thus remains indispensable.

India already has several TB prevention strategies in place. The TB Mukht Panchayat Abhiyan (Campaign to End TB at the Village Level) is a worthy example. It empowers local communities to assume ownership of national control programmes at the grassroots level. The idea is that local officials and healthcare workers raise awareness, test and trace suspected cases and then provide first-line treatment to patients. A strong point of the initiative is that it fosters healthy competition among villages, motivating people to eliminate TB in their respective areas.

Vaccines are another crucial preventive tool in India. The Bacillus Calmette-Guérin (BCG) vaccine is the primary vaccine to protect children. It has been part of India's Universal Immunization Programme (UIP) since 1985. According to recent figures, the coverage rate is now 91%. Unfortunately, however, the BCG vaccine has limited efficacy. It effectively prevents severe forms of TB in children but offers only limited protection against common manifestations of TB in adults.

In recent years, Indian scientists have been testing two new vaccines. Both may prove more effective. However, clinical trials are still going on, so it will not be possible to administer either of them to the masses anytime soon.

SOCIO-ECONOMIC AND ENVIRONMENTAL DIMENSIONS

Even if vaccine effectiveness improves, other challenges must be considered. TB is a complex disease. It is particularly dangerous in environmental and socio-economic settings in which the bacteria thrive. Accordingly, TB tends to affect poor communities in particular.

In India, the prevalence of self-reported TB is six times higher among the 20% of the poorest people than among the 20% of the wealthiest. This disparity is linked to the strong connection between economic status and various risk factors for TB. Cramped neighbourhoods and heavily polluted environments are particularly dangerous. According to the WHO, both air pollution and smoking are major risk factors for TB. Additionally, living in overcrowded

spaces with poor ventilation allows the infection to spread rapidly in poorer neighbourhoods.

The implication is that urban planning and sanitation matter very much. Indeed, many Indians live in informal settlements without adequate sanitation. Insufficient waste management and lack of access to clean water contribute to poor health. The affected communities are more vulnerable to infections like TB. Only better urban planning will lead to better housing conditions with better sanitation. Socio-economic factors are important when it comes to reducing TB transmission.

People’s nutritional status matters too. Experts reckon that as many as 61% of female TB patients and 57% of their male

counterparts in India suffer undernutrition. For obvious reasons, a low body-mass-index is among the major TB risk factors. Undernutrition weakens a person’s immune system, making infections more likely and allowing diseases to progress faster. Contact with the bacteria is more likely to cause infection, and since the body’s ability to fight severe disease is diminished, patients’ recovery can prove difficult even if they get the right treatment.

To eliminate TB in India, undernutrition must therefore be tackled too. The government is running relevant programmes such as the National Nutrition Mission. These programmes must continue in parallel with India’s National TB Elimination Programme.

Recent steps taken by the Indian government are commendable. However, TB remains fundamentally a social disease, closely linked to factors such as hunger, poverty and lack of sanitation. To tackle the complex issues, India must address all risk factors. In other words, it needs a holistic approach to achieve the government’s ambitious goal of eradicating pulmonary TB by 2025 – or at least meet the WHO-recommended target of reducing TB incidence by 80% by 2030.



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The promise of BPaL

The Indian government is taking a promising new approach towards treating the most dangerous cases of tuberculosis (TB). The BPaL regimen will now apply to all patients who suffer from either multi-drug resistant or extensively drug resistant TB. This treatment relies on three pharmaceuticals: Bedaquiline, Pretomanid and Linezolid.

The new approach is important for several reasons:

- The BPaL regimen generally delivers good treatment results.
- It can also cut the treatment period in half, making it more likely that patients complete it in full. Completion is important because bacteria are otherwise more likely to mutate and develop a resistance against the drug in use.
- The national TB programme will cover the costs.

Costs matter very much of course, and patent protection normally makes innovative drugs expensive. In India,

TB survivors and activists had been campaigning against pharma companies that use patents to maximise profits, instead of making life-saving drugs available to everyone in need. A patent grants a company exclusive rights to manufacture and sell a particular drug. This monopoly allows it to charge high prices. In India, those prices made treatment unaffordable to masses of people.

The most important BPaL drug is Bedaquiline. In India, the US based multinational Johnson & Johnson (J&J) held a patent until July 2023. TB campaigners contested its request to extend the patent until 2027. The Indian government ultimately decided not to do so. Therefore, Indian companies can now produce cheaper generic versions of the drug. As a result, the monthly treatment costs per patient are set to drop by up to 80% and the government can now procure Bedaquiline at comparatively



Rally demanding affordable medication in Kolkata in the spring of 2024.

low costs for the national TB programme.

The programme will make the drug available not only in major cities, but also in smaller towns and even remote rural areas. That is where access to life-saving TB medication has been particularly limited so far.

The new BPaL regimen means that:

- patients will get more effective treatment,
- will not be overburdened by the costs and

- will be able to complete treatment faster.

Combined, these three aspects should make a big difference regarding the risks of drug-resistant TB. Success, however, will hinge on awareness raising as well. Many patients seek treatment from private practitioners and remain unaware of publicly funded programmes that offer free treatment. Without this knowledge, some patients will find treatment unaffordable and, as a result, may not complete their course. CR



A boy receiving his dose of polio vaccine in a Gazan refugee camp on 2 September 2024.

LAPSED IMMUNISATION

“A lot of genocidal rhetoric”

In Gaza, the first case of polio after 25 years is a harsh example of what the collapse of healthcare means in times of war. This crisis is human-made, and Israel bears responsibility, as medico international's Chris Whitman told Hans Dembowski in an interview.

Chris Whitman interviewed by Hans Dembowski

In a scenario of devastating war destruction, is it possible to contain a disease like polio? In some ways yes, in other ways no. How the war is being waged matters. In Gaza, people are concentrated in small areas. Most of the attacks are done by air strike. There is not much interaction between combat soldiers on the ground and the civilian population. People can't leave Gaza, so the polio outbreak there will most likely be contained there geographically. In Ukraine, where there are more troops on the ground, in contact with the civilian population and enemy fighting force, and the war affects

a huge territory and much larger and dispersed population, that might not be so. Inside Gaza, however, the polio outbreak is very serious. Since the war began, some 60,000 babies have been born, and due to the collapse of healthcare, most of them did not get the vaccinations they need. Polio is at its most dangerous for children up to the age of five or so, why inoculation is done during this time period. There are 300,000 to 400,000 children under the age of five in Gaza. Before the war, the disease had been eradicated there for 25 years, and it is a terrible sign that it has now re-emerged.

How could it re-emerge if it was eradicated?

To fully eradicate the disease, every child must be vaccinated twice. If they are vaccinated only once, they are safe and will not be maimed by the disease. However, they can still pass it on if they have been infected, even after many years. Fully eradicating polio is therefore a long-term challenge. When parents know their kids are

safe, they don't worry too much about the second dose. Where daily life is difficult, as it has been in Gaza for a very long time, parents are even more likely to focus on other, more urgent things. It also matters that polio is most likely to spread where people live in unsanitary conditions – and as airstrikes have largely destroyed most of the infrastructure, the situation in Gaza is now extremely bad.

Does a brief truce suffice to run the needed immunisation campaign?

No, it does not. The first round took place in the first half of September, and about 90 % of the 640,000 targeted children under the age of ten actually got their vaccination. That is clearly not enough, and the logistics were very difficult. Normally, vaccination teams would go from door to door, but in Gaza they had to wait for parents to show up with their kids at vaccination centres. It is indeed important to cover 100 %, but that was not feasible. Israel did not refrain from attacking during the short truce periods. We have numerous documented instances of airstrikes and artillery fire very near to agreed upon vaccination centers, for instance, the one in Deir Al-Balah.

So Israel did not adhere to the ceasefire?

The cabinet never gave a formal approval, some ministers approved it, Prime Minister Benjamin Netanyahu formally did not. The army had announced that they supported it and would enforce it, yet as I mentioned, there were multiple attacks.

UN agencies' assessment is more positive than yours. They say, for example, that they perhaps overestimated the number of children who belong to the target group.

Everyone wants this to succeed, and no one wants to be the “negative Nancy” at such an initiative, so they emphasise what worked and downplay what didn't. A second round is planned to give kids the second dose, but Gaza is not on track towards eradicating polio.

Israel's government claims to be acting in self-defence, but what its troops are doing often looks like a revenge campaign, and some people speak of genocide. What is really going on?

Nothing that Israel is doing in this war is new. We have seen it all before:

- the restriction of food, medical supplies and other forms of aid,
- the destruction of vital infrastructure, including hospitals,
- the displacement of people, who are then forced to gather in smaller and smaller areas, and
- the occupation or reoccupation of land.

All of these things, however, have been incredibly ramped up, beyond what we have ever seen. Officially, the government claims that its war goals are to free the hostages and to eliminate Hamas' military and political capabilities. A lot more is happening unofficially. The background is that a racist and supremacist mindset has been taking increasingly deep roots in Israel over the past decades. Young people tend to be more affected than the older generation, though the underlying attitude can be traced back to the Nakba, the mass displacement of Palestinians in 1948. This mindset has been driving the radical Israeli settler movement in the West Bank from the very start, and their influence has grown dramatically. Many of them are keen on building settlements in Gaza too. To a large extent, this mindset is now shaping soldiers' actions. Considering that the percentage of the Israelis who come from the “national religious” camp and are typically settlers in the combat units of the

army is estimated to be at least 35%, despite being 15% to 18% of the overall population, this shouldn't shock anyone.

Is the government doing anything to rein it in?

No, it is not. It is actually fanning the flames. Security Minister Itamar Ben-Gvir and Finance Minister Bezalel Smotrich are extremist figures who come from the national religious sector and are settlers themselves, but they are just representatives or symbols of a larger change in Israeli society that is hard for people on the outside to understand. Smotrich and Ben-Gvir speak to the growing radical sector. They endorse the idea that Israelis are free to do whatever they want, not only to keep Palestinians under permanent occupation and subjugation, but also to gain more land. In their eyes, antisemitism is wide-spread internationally, especially within the UN, and they must respond with force. It is telling that Israeli violence is currently escalating in the West Bank. The religious Zionists' underlying message is something like “If we don't control them, kill them, suppress them, and even cleanse them from ‘our’ land, they will kill us.” That attitude existed before the Hamas attacks last year, but the attacks have given it a boost, specifically in mainstream media. There actually is a lot of genocidal rhetoric. If you go onto Telegram or other social media platforms on any day of the week, you'll find new posts from Israeli soldiers who say they want to punish all Palestinians, to the point of even killing them all or cleansing them. They even brag about war crimes as some sort of national desirable achievement.

So Israel is disobeying the International Court of Justice, which in January, March and May issued or reiterated several orders to prevent genocide. Among other things, it wanted Israel to end genocidal rhetoric and improve the humanitarian situation.

Israel's government does not accept those orders, and the humanitarian situation keeps deteriorating dramatically. According to the Israeli government's website, some 200 to 250 trucks are delivering supplies to Gaza every day. That is only one third of what the UN recommends for aid alone. However, many of the trucks do not serve humanitarian purposes. Only 8 to 10% of trucks entering Gaza right now are explic-

itly aid trucks. The others are called “commercial” trucks. They usually have some aid like materials on them, but they're for profit, along with other goods which are highly profitable such as tobacco. The goods they bring in are then sold on black markets at very high prices, and enrich people who collaborate with Israel. With global attention shifting North and focusing on Israel's attacks on Hizbullah, things are unlikely to improve.



What does that mean regarding other health problems, maternal health for example?

Every month, the number of caesarean sections that are done without anesthetics in unsafe conditions is in the hundreds, if not thousands. We know that about 5000 mothers give birth every month, and complications become more, not less likely in times of desperate need. The nutritional diversity for pregnant women and breastfeeding mothers, let alone the overall calorie intake, has been documented to be way below what it should. Hepatitis A specifically, but also B, is getting worse, and so are acute respiratory diseases and dysentery. Cases of appendicitis, which could easily be treated in normal times, are now becoming deadly. We mustn't forget chronic diseases, of course. People who suffer from hypertension or diabetes need to take their pills regularly. Before the war, those pharmaceuticals were usually available. Now they aren't any more, and people are dying unnecessarily.



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Ethiopia moves into e-mobility. In many parts of the country, it is unclear how this is to be implemented.

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Photo: Rainer Kwiriek/Menschen für Menschen