

EPISODE 50. CHILD HEALTH IN THE METACRISIS

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Garry Aslanyan [00:00:08] Welcome to the Global Health Matters podcast. I'm your host, Garry Aslanyan. We have reached the end of our fourth season. If you just found us, we have over 50 episodes for you to explore. Choose the topics that most interest you, yet I promise you will want to hear them all. If you haven't yet, follow or subscribe wherever you get your podcasts, so new episodes land straight into your feed. Season 5 is launching on October 12, 2025, at the World Health Summit in Berlin, with our first live recording. If you are in Berlin, be sure to come and say hi. The episode will also be streamed on our YouTube channel. For our final episode of this season, we turn our attention to one of the vital questions of our time. How do we ensure the health and well-being of our children in a changing world? For that, I'm joined by two distinguished leaders in global child health, Landry Dongmo Tsague and Debra Jackson. Landry is the director of the Africa CDC's Centre for primary health care. He has also held senior roles at UNICEF and is the co-founder of the Pan-African Medical Journal. Debra is the Takeda Chair in Global Child Health at the London School of Hygiene and Tropical Medicine, and an extraordinary professor at the School of Public Health at The University of Western Cape in South Africa. Together, Landry and Debra help us reflect on the remarkable progress made in child health over the past decade, the pressing new challenges that lie ahead, and the strategies needed to secure a healthier future for the world's children. Hi Debra, hi Landry, how are you today?

Debra Jackson [00:02:14] Great, happy to be here.

Landry Dongmo Tsague [00:02:16] Happy to have us today.

Garry Aslanyan [00:02:17] So let's get started. So, it's an extremely important conversation we need to have in preparation for this. I read a report highlighting that we actually made significant progress in child health, if you look at the last 30, 35 years since 1990 and global under five mortality has fallen by over 60%. And of course, vaccination programmes have reached historical high coverage nowadays. What do you see, Landry, let's get started with you as the most critical drivers behind this remarkable progress. In your case, you're in Africa and of course in other countries as well.

Landry Dongmo Tsague [00:03:01] Thank you so much, Garry. We need to acknowledge the progress that was accomplished, especially on child mortality reduction and child survival. As you mentioned, we recorded unprecedented gains over the past two decades. I think we want to highlight here some of the key factors that we have recorded in those countries. Beside the fact that most of those countries have recorded significant allocation of resources, domestic resources, particularly towards public health. If you look at countries in Northern Africa, where the reduction happened earlier and has been sustained, you will definitely understand that domestic allocation to primary healthcare has been a significant driver. Now, if you move south on the continent, what has made a difference, if you look at countries like Rwanda, Ethiopia, Senegal, Ghana, Tanzania, even Kenya, there has been a critical investment in primary health care, particularly community-based primary care. I think we want to highlight the significant impact that community of work have had in those countries. And they have been instrumental in bringing those high-impact interventions, immunization, nutrition, maternal care to the most underserved population.

Garry Aslanyan [00:04:28] Debra, from your perspective, does this progress inspire hope or warrant cautious optimism?

Debra Jackson [00:04:35] I think prior to 2020, I would have said hope and optimism. We were very excited about what we were seeing. But since COVID-19 and as we're seeing in the last five years, the increasing impacts of climate change and conflict, I would say there's now serious concern that these gains will be lost. In fact, in a recent analysis that LSHTM did for a climate and child health white paper, We showed that even with the best case scenario of climate, which is 1.5 degree warming, that most projects projected would be undermined by the continued warming, you'd still see improvements, but much less than you might've had been seeing. Whereas if we move to 2.5-degree warming, the mortality and preterm birth, those sorts of things, they're going to rise significantly, swamping all the advances that we've made to bring death rates down. And I think what's very discouraging is that as of last year, 2024, we reached or exceeded the 1.5-degree target, according to the global estimates. So, I think there's still optimism, but we have to address emerging challenges and take those into account if we're going to maintain those reductions.

Garry Aslanyan [00:05:47] Despite all of this good work or some cautious optimism or maybe a bit of worry in terms of climate, we of course still have 4.8 million children globally dying and that was in 2023, the data we have, and nearly half of these occurring in the first month of life, so this is a critical period. Today we'll discuss maybe three major challenges hindering child health and wellbeing, such as conflict, you mentioned already, climate, and of course, capital. Landry, let's delve deeper into how conflict shapes childhood. And in regions from, we see it, from Gaza to South Sudan, children are coming of age amid violence, trauma, and shattered infrastructure around them. What are the immediate and long-term consequences for a generation raised under such conditions?

Landry Dongmo Tsague [00:06:51] Now, Garry, we want to also highlight the fact that we have to be very cautious because those gains are also being threatened by the crisis and the special insecurity that is protracted in most of areas of our continent, being the Eastern DRC, the Sahel region, Sudan. We need to highlight that those areas are pocketed where if we do not bring peace and sustain peace we continue to have high risk children who will continue to be far from high impact prevention and care services, and just coming back to your concern on the impact of conflict and this crisis on children. I think children definitely are going to continue to be the first to suffer in situations of conflict. They are the one who become orphan. They are one who will most likely be deprived from basic services, nutrition, immunization, and also, they are going to be the one at risk of diseases linked to lack of safe water right now, and most likely to die because of lack of services. I think we also underestimate the impact on health in protracted situation of conflict that adolescent, especially growing in a situation of conflict, will suffer. I think if we want to provide that environment, we need to bring peace. We need to invest into peace, especially in Africa, as part of a comprehensive approach, a multi-sectoral approach.

Garry Aslanyan [00:08:26] Debra, anything to add for that?

Debra Jackson [00:08:29] I think as Landry mentioned, the well-being, if we look at threats, particularly in the under five and then again in the adolescence, that's when the brain is growing. That's when brain is developing. Those are the rapid periods when you start to look at a life course approach. And we know that stress or like, you know, critical events in those periods of a child's life can really change the brain growth and their emotional as well as development. And so, protecting children as much as we can in these environments and having programmes to address that stress is really important.

Landry Dongmo Tsague [00:09:07] And as part of our approach to primary health care, Africa CDC, we do not only advocate for primary care to be prioritized as a priority system for investment. We are also advocating for primary health care that ensure continuity of services, particularly in situations of crisis or emergency, or in this case conflict. And at Africa CDC, we support, as part of our emergency response

team, the deployment of the African volunteer health corps, and also the involvement of community health workers in response to emergency. Because in general emergency, you want to ensure that children continue to receive a comprehensive package of immunization, nutrition, because they are the most vulnerable in those situations and we need to ensure that continuity of services is preserved.

Garry Aslanyan [00:10:04] Let's go back to the climate change issue, Debra, you already spoke to that, and clearly it poses a severe threat. We have dug out a report that UNICEF estimates that half of the world's children live in areas facing extreme climate risks and raising temperatures. So, can you tell us what are the direct and indirect health consequences for children in Africa, let's say, in this case?

Debra Jackson [00:10:31] This is really important. So, the first one is temperature extremes. Mostly we think of heat, but you can also have increased cold extremes, but mostly we think about the heat because everybody, it's been in summer in Europe and North Africa and all we think about is how hot it is and how much hotter it is than it has been. And what we know is that high temperature in particular impacts pregnancy and increases preterm birth substantially anywhere from about 8% to 26% increases in premature birth, which then of course have lifelong consequences for that child and also increases mortality, particularly the neonatal mortality that you mentioned earlier, Garry. So that's really critical, also rising sea levels and salination, the Pacific Island and island states, they're really struggling and there's lots of concerns for future, as that, you know, they might lose their entire island and then you're going to have climate migrants. As we've seen in Texas, as we saw last year in Spain, floods, which devastate infrastructure completely. And then drought, where we're seeing, and Landy I'm sure can speak more about drought in sub-Saharan Africa, but also in South Asia. And so, both of those, both come and they're like one end of the other, but they're both really a problem for infrastructure. Then windstorms and wildfires. So, wildfires in California, wildfires in Europe now, we see them in certainly where I live in South Africa. And so once again, it's the destruction of infrastructure and people's homes, people's crops, people's, you know, the health facilities, that sort of thing. And finally, ambient air pollution, not air pollution's a bit different, but very important because basically the carbon emissions that are causing climate change, also cause increased air pollution. And then also when you're talking about wildfires, clearly increases ambient air pollution and that temperature extremes, particularly heat and air pollution can often go together. So those are your direct effects that we have to prepare for, both in communities and in our health facilities to ensure access during and after any of these extreme events. But there are also indirect threats to livelihoods and human rights when we talk about loss of homes, loss of fields, loss of job sites are going to be threats. We see displacement and migration. There are lots of climate migrants. A lot of the people we see moving within Africa are because they can't grow food where they are, and they need to move someplace else. And then the weakened health systems and infrastructure which then aren't there to help the communities. And then impacts on food and water systems. UNICEF's written a lot about the impact on water, and clean water and I think maybe mentioned diarrhea and then food, so we see increases in malnutrition, increases in diarrhea, mortality, that sort of thing. And another one that a lot of people talk about is climate sensitive diseases, in this case, infectious and vector borne diseases and neglected tropical diseases, which TDR takes on, but you're talking about Malaria, you're talking about Zika, yellow fever, dengue, and these are happening even in Europe where sandflies carry leishmaniasis, and what you're seeing is that the areas that are warm enough for those vectors are expanding and even in the places that they already have it, the length of the season that supports those vectors is longer. And so, that's a real concern. And finally, the exacerbation of social determinants and inequalities so that we know that the most vulnerable are always hit the hardest by any of these things, whether it's conflict or climate, but these things also create more vulnerability. We know that during extreme heat, we've got very good data on extreme heat that we see increased gender-based violence, you know, that post floods or drought, when you've got destruction of infrastructure, that you see more child marriage, you see more gender-based violence.

So, I think it's really impacting, you know, our social structures and our physical structures and of course, mental health, because the stress of it across the board is difficult for children and their families.

Landry Dongmo Tsague [00:14:53] I think Garry, just on this one, the biggest challenge today from a system perspective, if you look at the way primary healthcare on the continent has been designed over the years and what are the heavy trends that we have to face today. I think we are definitely going to draw down to how do we invest, from a whole of government or whole of community approach into a social system that are climate sensitive. And how do we design also community-based strategies that will allow us to have early warning? Because at the end of the day, climate events, we need to detect them early and activate our response mechanism.

Garry Aslanyan [00:15:39] Landry, you mentioned obviously that more is needed to be done in preparing and that will cost, but obviously we also have a situation where coping with these funding cuts you've alluded to in the very beginning. So, in your discussion with different leadership and different governments that you work with, how are things going and have there been any unexpected innovations that may have come up?

Landry Dongmo Tsague [00:16:06] Garry, I think this is an ongoing situation. And as you know, over the past four years, if you compare 2021 to 2025, the official development assistance towards health on the continent, we have recorded a 70% decline and most of our member states on the continent were not fully prepared to cope with it. But it is what it is, and the head of states of our continent under the African union stood up to the challenge and the champion of domestic financing, his excellency, President Paul Kagame, President of Rwanda and his peers brought together key stakeholders last February, to design what is now a blueprint on how we should on the continent, the continent should redefine or reinvent health financing. In this new era, we are really in the new era, an era whereas a continent, we still continue to face high burden infectious diseases. Debra mentioned the multiplayer effect of climate change and conflict. I think Africa CDC recorded between 2021 to 2025, a 41% increase in the number of public health events. But what is critical Garry to highlight here is that while our member states are taking charge, they are clearly articulated the direction of travel. They articulated three critical areas where we should explore and mobilize innovative financing or domestic financing for health on the continent. The first area is through domestic budget. I think we all are advocating for member states to achieve the 50% Abuja Declaration target or to go beyond. At the moment, we have recorded about three member states. And definitely there's a clear call to action to start by looking at our domestic resources. But on the other hand, this domestic resource is constrained by what we all know around the debt servicing, which continue to see fund close to \$61 billion of our, let's say, overall domestic GDP on the continent. So that's first source of, let say, domestic or innovative financing for health is constrained, let's acknowledge. The second track that our head of state recommended that we pursue, is the area of innovative financing. And this is a space where it's about looking at solidarity funds to support through levies, levies either through importation of goods, levies through airline ticket, or levies on the syntax, levies on alcohol and commodities. And on this innovative financing, there's one that we have not yet tapped significantly in, it's what we are calling the diaspora remittance. Do you know that annually the continent receives close to 95 billion U.S. Dollars in diaspora remittance. But that option of innovative financing can be channeled towards some type of spending in the health sector. There's a third area of innovative approach that our head of state have endorsed, which is now the blended finance. The blended finance is that modality that will be attracted to the private sector to support much more structural changes, like infrastructure for primary care, digitalization, local manufacturing of vaccines, therapeutics, and the industry. And beyond that, what is going on now, because those three are in those three tracks may take time to be achieved. But what's going on now is definitely working towards efficiency gains, doing more with what we have. We don't allow the narrative

of doing more with less, I think what we have, we can do more with we have, so fostering integration of services, increasing our efficiency, reducing those logistic and transaction costs by leveraging projects like digital health.

Garry Aslanyan [00:20:44] Debra, do you have any reflections on the impact some of these financial situations might have on children on the continent in this case?

Debra Jackson [00:20:52] Yeah, I mean, obviously we are in the short term, we're seeing reduced availability of commodities like HIV treatment, contraceptives, vaccines, along with closing of health facilities and reduction of health workforce. And that, as always, children are there, they're the most vulnerable, they are going to be impacted first by any crisis, financial or climate or conflict. So, we might expect to see increases in both child morbidity and mortality. And that I think for me, another concern is that once you've stopped these health programmes, and these building blocks of a health system are, it's difficult and very costly to rebuild. It sounds very doomsday, I recognize, but I do think the initiatives that Landry spoke about are so important and that we need innovation, integration and collaboration between our national, local and global stakeholders to protect the health wellbeing of the vulnerable, so that as we look at those budgets, those budgets need to address children, they need to address vulnerable populations and the greatest impacts can be achieved by getting the resources and improving access to services where the gaps are most profound. And so, I think in a recent, the global strategy, it said we need to invest more in women's and children's health, adolescent health, but we also need to investment more wisely. And so that means addressing the most vulnerable. Where you're going to get your best bang for your buck as they often say.

Garry Aslanyan [00:22:26] Yeah, so you already spoke to this in terms of, I mean, really, it's not only money, it's also how things need to be done, right? So, we've covered some of the issues, we've looked at really the underlying challenges and all of those are still with us. If we were to look into the future a little bit and spend a bit of last part of this conversation to see how to build on this conversation, to see, how can children be thriving and not just in their health, but also in terms of their autonomy, relationships, learning, education. Can I hear from both of you on this? Maybe we can start with Debra, what changes are needed in our approaches and strategies to promote more holistic health and well-being of children within their unique contexts, rather than looking at children as, you know, this is with disease and this is the other disease and this the other vaccination and all of that. Can you take us there?

Debra Jackson [00:23:38] I spoke briefly earlier about a life course approach, understanding that what happens early and ongoing impacts the child and the family and the future community. So, we have to worry about their health, social, economic, environmental factors at all stages of life, from infancy to adulthood. And we have worry about equitable health and wellbeing for all. Two really key pieces I think are integration of services because by integrating, you're going to increase efficiency on comprehensive integrated primary health care, rather than vertical programmes, which often lead to duplication, inefficiency, sub-financing. I think the other thing we really need, and which linked to what I was saying before is funding for information systems. Information systems are often seen as extra, not as core to our work in health. And when funding is tight, maybe that's one of the things that goes. And it really is core, and we need to think of it that way, and we needs to convince our governments of policy makers that particularly when we're talking about vulnerable populations, the investments in data collection can target an actual use at the local level to know where do we send those vaccines? Where do we need the HIV meds? We don't need them everywhere; we need them in certain places. Information systems will help us to target our interventions and so making sure that you're sending your resources and building your infrastructure in the right place to make sure you're getting the right people. And so, I think information systems are going to be critical if we're going to address this.

Garry Aslanyan [00:25:06] Landry, maybe we can hear from you, particularly because you are now in this role of being the director of primary healthcare at Africa CDC. I don't even know where I start to imagine how busy that sounds, of course, but I'm sure you've had some thinking around new approaches or strategies that are needed in delivering primary healthcare or primary care to African children in more holistic, integrated and culturally relevant way. Where are you thinking and where are future plans for you, Landry?

Landry Dongmo Tsague [00:25:41] Thank you so much, Garry. Let me take a step back to touch on some of the critical determinant. I think we need to put things in context. The continent needs peace for all its children. And without peace, there is no health. I mean, just during this conversation we articulated the impact of conflict on the child well being of the continent. The second point or heavy threat that we have observed through a recent study done by UNICEF looking at immunization data over the past 20 years across the continent. Besides conflict, the other determinants of goods and sustained immunization coverage was economic development. I think economic development is very much connected to the whole conversation we are having about domestic resource allocation to have the higher your GDP and the higher your allocation to the health sector, the more likely if it is child sensitive budgeting, the more likely you are going to invest on the right interventions and the approaches that Debra also described. And the third factor was good governance. I think that study also highlighted that good governance was a heavy trend at continental level, looking at our 55 member states, it may be beyond the mandate of Africa CDC, but that's the evidence coming from the data. We're working with the African Union and the head of state to ensure that as part of the Lusaka Agenda, the Lusaka Agenda which is an agenda of strengthening health systems on the continent. We look at the conditions that are needed to create that primary health care system that is not only domestically funded, it's a system that will ensure universal health coverage primarily to the most vulnerable, in this case our children, and it's the system that we also provide the cushion in case of threats or in case for epidemic, a system in this is case epidemic and pandemic ready. I think that's the vision at Africa CDC, and that's also a vision that will allow us to create an environment where our children will not only survive, but they will also thrive, and they will express their full potential.

Garry Aslanyan [00:28:14] In the last couple of months even, I've heard that there were several new promising treatments or approaches to, let's say, malaria or new pediatric formulations for schistosomiasis. If you were to use this approach, what strategies would you recommend to ensure that these interventions are implemented in a way that supports this integrated child centre care? What would you do when you were introducing this? Because we're going to see some of this coming the way and if they're not applied correctly, we may end up in the same place. Maybe Debra, you can start and then Landry.

Debra Jackson [00:28:55] For me, two critical things, one we haven't mentioned and one we have. Implementation research, implementation science and community engagement. I think are really two things that we need. Programmes need to be co-created at the national and local levels to assure they meet the needs of our children and the families and that they're context specific. We often know what works, but we don't translate this into implementation on the ground. And so, we must work with the health managers, healthcare workers, and the communities so that these important innovations actually get to where they're needed. They actually get to the children or the families. To do that, you need to look at implementations, implementation research, implementation science. You have to talk to them about their local challenges, even within countries, you've got differences. It's never one size fits all. And so, you've got to look at those differences and the only way you're going to understand those differences is by working with those communities and working with local health facilities.

Landry Dongmo Tsague [00:29:58] I think, Garry, what Debra touched on is so important. We need evidence-based programming for local research. I think local research is going to be more and more critical. But let me highlight three points. The first one is what Africa CDC sees as the top priority in this context of new innovation. The first one is local manufacturing. I think we have learned from the COVID era that our head of state have given that clear mandate that the continent should produce and procure or utilize by 2040, 60% of the vaccines locally. And this means that the local manufacturing is already not, it's not taking, has already taking the top priority on the agenda of the continent. Linked to that is the digital transformation. I think primary health care transformation has put a heavy emphasis on infrastructure and digital transformation if we want to achieve that climate resilience and that epidemic-ready problem. And the third area, Garry, that we need to highlight, which will have a huge impact on our children, is the whole critical area of preparedness, pandemic preparedness, and response. I think if you look at the new pandemic treaty, the whole needs to have access to benefit when we are facing a new threat. It's going to be critical because our children are in most cases the most affected in case of new outbreaks.

Garry Aslanyan [00:31:44] Thank you for that, and I hope that we can wrap up by both of you maybe giving us a little bit of future game-changing outlook, if you can. So, our listeners who are working in different parts, both in Africa and other parts of the world and global health can also get inspired. So maybe Debra, what are your parting words?

Debra Jackson [00:32:06] Once again, I think communities are key and I'd love to give a positive example at the end of all this. We're working on our high horizons project, but looks at heat impacts on mothers, newborns, and children, and we're working in Kenya, Zimbabwe, and South Africa. In Zimbabwe, we were working in an area called Mount Darwin, very rural, very hot, and Landry mentioned early warning systems. And so, we were developing an app, what we call Mother Heat, which then would warn the community health workers, the community, the facility health workers and the mothers, it's going to be hot, you know, you're going to expect extreme temperatures in the next three days or whatever. But we don't want to just tell them, we wanted to help them understand what to do to protect themselves and their families. But we wanted that to be locally generated information. We didn't want to just tell him what to, oh, go drink more water or wear light clothes or whatever that was, we wanted it to engage the community in that. And so, what we did is we, gave moms, pregnant women and postpartum women, cameras, phone cameras, and talked to them about recording their lived experience of heat while pregnant or with a new child. That seems like the simple part, but the more exciting part was as part of that, the mothers all curated like a poster of what they saw and they had a huge community event where the mothers stood next to their posters and the community walked around and the mothers talked about their stories. And so, it was not only the mothers who were learning about this, they were then becoming advocates and telling the community about the issues around heat and then after that, they had community meetings to talk about what they were going to do about it. And I think that emerges as its own thing without us, and it was a very exciting kind of idea. And so, I think, that's where communities will take these things on when they understand. And there are different ways to do that, and I think that these are really exciting examples that are relevant no matter where you are, that you work with these communities and the mothers and they're there to protect their families and their children.

Garry Aslanyan [00:34:16] Landry

Landry Dongmo Tsague [00:34:19] I can't be optimistic without highlighting the strength that the continent has in its young people. I think the workforce gap that we are facing on the continent today, in the health sector particularly, can be significantly reduced if we invest in our young people, in their

tech savvy, this is a tech savvy generation. The continent is planning to have 2 million community health workers by 2030. We have now reached a half point. So, I think the young people can definitely make a difference in what we are calling the community-based primary health care. Within their community, they can be an agent of change. They can be the champion for child survival. They can be the one to reach that child who is missing immunization. They can be the ones deployed as part of the first responders in case of climate threat or emergency. The second point I really want to highlight is the financing. We are at the beginning of an era where we are seeing definitely our member states, the leadership of our head of state being illustrated through increased allocation of domestic resources towards the health sector. We're going to see more and more innovative financing, I mentioned that the diaspora, remittance, is definitely an area we haven't tapped into enough. And the African Union consider the diaspora as the 50th member state or region. And definitely we have a long way to go also around the blended financing, which will definitely attract the private sector to look at the 1.4 billion people of our continent. It's a market where if you invest if they really want to get higher return on their investment.

Garry Aslanyan [00:36:12] Thank you for this interesting conversation on a very big challenge, a lot of work ahead. So, thanks for your insights on this and good luck with all of your plans and endeavors.

Landry Dongmo Tsague [00:36:25] Thank you for having us.

Debra Jackson [00:36:27] Thank you, Garry.

Garry Aslanyan [00:36:31] As you've heard, Debra and Landry shared powerful perspectives on child health in a rapidly changing world. First, I was impressed by the solid foundation built through investments in primary and community-based care, efforts that have saved millions of young lives. Second, I am reminded of how fragile those gains are and how three forces, conflict, climate change, and shrinking health budgets threaten children's survival and place immense strain on health systems. And finally, I'm encouraged by the examples of community-led solutions and innovative financing strategies that can help meet these challenges and ensure the next generation not only survives but thrives. With that let's hear from one of our listeners.

Jorge Mendez [00:37:33] Hey, Garry. My name is Jorge Mendez. I'm a Master's of Public Health student in International Health Development at Nagasaki University in Japan. I've been listening to your show for quite some time now. I think a lot of the topics that we often cover in public health and in global health can be quite technical, boring, and inaccessible, especially for people who aren't in our field. Because of this, I think what you're doing is so, so important, making these topics accessible and entertaining for all kinds of audiences. If I can suggest a future topic, I would love to hear more from professionals who are currently working on combating misinformation and disinformation in health. I think it's a really important and relevant topic, especially in today's social and political climate. Love what you've been doing with the show. Keep up the good work and have a great day.

Garry Aslanyan [00:38:34] Jorge, I'm so glad you found value in topics we explored in Season 4. Thank you for your recommendations for future episodes. And to all of our listeners, thank you for your continuing support. I love to hear your ideas for upcoming topics. So, keep an eye on our social media for details on how to share your suggestions for Season 5. To learn more about the topic discussed in this episode, visit the episode's web page where you will find additional readings, show notes, and translations. Don't forget to get in touch with us via social media, email, or by sharing a voice message, and be sure to subscribe or follow us wherever you get your podcasts. Global Health Matters is produced

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