IHP news 561: “Unstoppable”

(28 Feb 2020)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

“Coronacruise”, “Coronahotel”, “Corona-coalition” (in my country 😊)... the list of corona-terms gets longer and longer. As others have pointed out, it begins to look as if ‘Covid-19’ will have a really hard time to become a household name (unlike ‘new coronavirus’). Anyway, the disease always sounded like a car license plate in the first place, so perhaps it’s not much of a surprise.

If you’re like a (greying) colleague of mine, chances are you already have more than enough of the coronavirus by now, but let’s face it, this seemingly ‘unstoppable’ thing is not going away anytime soon. If Shakespeare worked for WHO, he probably would have declared solemnly, earlier this week, ‘Is it a pandemic, or isn’t it one?’ This is the 21st century, however, and WHO’s great speechwriter decided to just skip the tricky pandemic question altogether and go straight for “resilience”, saying the world “better be prepared”. True, Bruce Aylward, just back from a mission in China, got a bit carried away while bringing this message, singing the praise of the Chinese ‘warlike’ (and not exactly rights-based) response as if he was on Xi’s payroll (and dreaming of some sort of “Great Response Leap Forward”). But let’s just blame his jetlag. And at least he had removed his mask by the time he got to Geneva 😊.

There was also other news this week, albeit few, and some great publications, among others on NCD policy cubes and “Peak Health”. Related to the latter question, whether we will manage to get beyond “Peak Health” in the 20s (or not), perhaps an ultra-short reflection:

If you look carefully, there’s, in a way, a weird sort of “justice” about the current global situation. We no longer live on the planet we used to know in our childhood, due to the climate emergency. Many of us – certainly the more ‘liberal’/cosmopolitans among us - increasingly also don’t “recognize” the countries anymore where we live (US, UK, India, ... the list gets longer and longer). Like ET, we don’t feel ‘home’ anymore. That’s frightening, yes, even terrifying, but there’s also some bizarre justice in it. Because, in case you forgot, this is the very thing quite many (often older) citizens also tend to say, when voting for right-wing populists: “We don’t recognize our neighbourhood anymore” (due to migration, mostly). While we might not like that stance much, the fact that now all of us feel alienated is, in a way, interesting. Refugees of course confront this reality far more urgently and painfully than most of us. Still, it’s a remarkable situation and a sign of great disruption. And that was before Covid-19 decided to ‘go SDG-style’, “leaving no one behind”. The one billion dollar question then, becomes: how do we go from ‘Alienation for All’ to ‘Health for All’, in this decade, and towards real ‘justice’ for all human beings? You tell me.

Enjoy your reading.

Kristof Decoster
Featured Article

The many faces of the COVID-19 epidemic response

By Antoine de Bengy Puyvallée, PhD fellow at the University of Oslo’s Centre for Development and the Environment

Managing an epidemic requires tackling the health consequences of the outbreak, as well as its social, political, security, and economic dimensions. This implies setting priorities and making trade-offs between various interests and goals – in short, a lot of politics.

The biomedical angle: science versus politics in epidemic response?

Coverage of the COVID-19 epidemic – especially in global health circles – has widely commented on the implementation of public health measures; praised scientific accomplishments (the sequencing of the virus, the race to develop a vaccine, the transparent sharing of information enabling global cooperation); or deplored ‘infodemics’ - the spread of unsubstantiated rumors by social media. It has also highlighted healthcare workers’ and scientists’ key role at the frontline of the response, often describing them as ‘heroes’ working tirelessly and putting their health (or lives) at risk to treat patients or find a vaccine or treatment for the new virus.

This biomedical angle emphasizes that an appropriate response should be ‘evidence-based’, implying ‘objective’ and ‘scientific’. It frames scientific rationality as essential to save lives and argues that the response should be free from so-called ‘political interference’. For instance, politicians have been blamed for hiding information, delaying the response, or setting-up a political ‘theater’ with measures deemed at best inefficient, in some cases even dangerous and discriminatory. The WHO has similarly been accused of being ‘political’ by not declaring a public health emergency of international concern earlier (than 30 January) or, more recently, for postponing the declaration of a pandemic, while global leaders are deemed guilty of neglecting health preparedness and lessons learnt from previous outbreaks.

To understand these so-called ‘political interferences’, one has to look at aspects of the response that lie outside of the health sector – including economic and diplomatic interests.

The economic angle: emergency in a globalized capitalist system

An economic approach to the outbreak emphasizes potential and actual economic losses due to social distancing measures: how much may the crisis cost to the global economy? How will the luxury industry, the fashion week or the tourism sector cope with cancellations from Chinese customers? The key question raised by this approach is how to minimize the economic consequences of the epidemic, particularly for our own economy. It rightly highlights that in a highly uncertain context, striking the right balance between economic and public health interests is incredibly difficult.
Interestingly, the risks posed by the epidemic are not primarily assessed in this approach by health authorities, but by the financial sector. Stock markets and rating agencies such as Standard & Poor’s sent, for instance, clear signals over the last few days that they now expect a pandemic with substantial economic consequences.

This economic angle also sheds light on the interdependency of the global economy and on the world’s vulnerability to trade and supply chain disruption. Concerns have emerged regarding the availability of basic medical supplies needed for the emergency response (medical masks, personal protective equipment, disinfectant), but also on possible shortages around the world of goods mainly produced in China, including medicines for other diseases that are vital to patients’ survival.

Policies promoted by the economic approach typically highlight the need for public-private partnerships to foster an efficient response. For instance, in late January 2020, the WHO and the World Economic Forum launched a global public-private initiative called “The Pandemic Supply Chain Network” that gathers over 350 private sector organizations involved in the production of personal protective equipment to ensure adequate supply of this item. The network aims to foster market visibility and coordination to efficiently allocate available stocks to where they are most acutely needed from a global response perspective.

The diplomatic angle: geopolitics, nationalism and global solidarity

Finally, diplomatic interests have been key in the response to COVID-19. On the one hand, China’s enforcement of mega-quarantines and the livestreaming of the construction of a hospital in just a couple of weeks’ is not only part of a health response, but also an attempt to project the strength of its regime to the world (as well as to its own citizens). Similarly, the Chinese diplomacy has been active to pressure partner countries participating in China’s Belt and Road Initiative not to close borders or implement travel restrictions. The case of Taiwan, prevented by China from being member of the WHO, also reveals how geopolitics may impact the coordination of a global response.

On the other hand, many countries – including the USA – have adopted a nationalist approach including discriminatory measures implemented against Chinese citizens, or the evacuation of their own citizens from quarantined areas. Some members in the Trump administration also seem to use the epidemic as an argument in the trade war with China, arguing that the epidemic shows the “US has offshored too much of its supply chain” or proclaiming that “in crises like this, we have no allies”. Russia is suspected to use the epidemic in a similar realpolitik approach with a disinformation campaign aiming to destabilize Western democracies.

Lastly, the WHO aims to foster a global response based on “solidarity, solidarity, solidarity” as reiterated over and over again by its Director-General Dr. Tedros. The WHO’s response should be read in light of these geopolitical struggles: dependent on maintaining the cooperation of, and good relationships with its member states, the WHO has little room to criticize unilateral measures or human rights infringements. WHO’s capacity to raise funds for its COVID-19 response will be a good indicator of the diplomatic climate. The EU sent recently a strong signal by pledging €114 million to the WHO, and €232 million for the global response.

To conclude, policymakers around the world must make difficult decisions in this COVID-19 outbreak that involve prioritizing various aspects of crisis (health, economy, security, diplomacy). At the same time, they face considerable pressure from media, social media and public opinion to show that they are fully in control of the situation. Science, respect for human rights and sound public health
practice must inform their decisions, but we must acknowledge that other interests cannot simply be reduced to ‘political interferences’, but are key components of an epidemic response.

**Highlights of the week**

**Plos Med (Editorial) – Plans and prospects for the 2020s: Beyond peak health?**

[https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003075](https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003075)

Interesting editorial and an interesting concept, ‘Peak Health’. Let’s hope we haven’t reached it yet.

The Plos Editors conclude, “**Despite the positive vision embodied by the SDGs, could “peak health” have already been reached?** Although the analogy with peak oil may be debatable, there are signs that life expectancy in the United States and United Kingdom has reached a plateau, and may be declining. Health inequalities abound. It is anticipated that improved disease prevention and health provision in developing countries will continue to deliver improvements in life expectancy and reductions in life-years lost to disability and ill health but, in all countries, new health challenges will undoubtedly emerge. **We must hope that progress in population health does not slip into reverse gear in the coming decades, driven by factors that could include the transition to non-communicable diseases, vaccine hesitancy, environmental stressors, and anticipated but unpredictable hazards such as antimicrobial resistance. ... ... Must we wait until the gains in health made over recent decades are lost?”

**Lancet – Offline: The pretensions of global health elites**

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30429-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30429-3/fulltext)

Gloomy piece from Horton, related to a meeting in Wilton Park in the UK earlier this month to discuss the idea of “**Healthy Societies for Healthy Populations**”. Starting from the assessment that the global health emperors are starting to realize they have no clothes. Self-doubt is the beginning of all wisdom, though. Including for the global health elite, it is hoped. As somebody put it on Twitter, ‘may the decolonization conversation continue’.

Among others, Horton argues global health has to be totally reconstructed. Will be easier said than done.

**Covid-19 – “Pandemic Potential” (WHO) & shifting epicentre**

It’s probably no coincidence that in the very week that world markets began to panic, the same seemed true for Donald Trump and his administration (as D Drezner put it in The Washington Post).
But the Donald found a way around it, putting his faith in his vice (Pence). In other words, it’s time to pray to God for the Americans, was the implicit message:)

You already hear talking about “2008-level economic damage...” - (Guardian) Coronavirus 'could trigger damage on scale of 2008 financial crisis'.

Anyway. After drinking a hell of a lot of coffee before daring to start writing up this Covid-19 section, we organize this section more or less like last week: (1) updates & key news from past week; (2) financing of the response; (3) vaccines, treatment news & science; (4) Analysis. (5) some other resources.

Not comprehensive. But extensive, yes – with a focus on IHP’s interests. You’ll have noticed that many mainstream media haven started daily briefings on the Coronavirus, like for example, the New York Times Coronavirus Briefing.

Updates past few days & key news from past week

Great daily updates also in Stat News, Cidrap, HPW, Science, ... We’re sure you get your fill every day. Some headlines from the last days & past week, not really in a particular order.

And of course, you might want to read the daily media briefings from Tedros. See for example the one from 27 Feb - WHO - Tedros media briefing 27 Feb.

Tweet: “@DrTedros “we are at a decisive point.” There is a positive signal (in China). .. but outbreak can go in any direction based on how we handle it. Countries should be prepared for all scenarios: single cases, 1st cluster, 1st community transmission, sustained community transmission.”

See HPW for coverage of this last briefing (from yesterday) - Seven More Countries Report COVID-19 Infections: New Cases Abroad Exceed Those In China For Second Day Running

“...“We are at a decisive point,” said Dr Tedros Adhanom Ghebreyesus in a daily WHO press briefing on the COVID-19 crisis. “My message to each one of these countries is: This is your window of opportunity. If you act aggressively now, you can contain this virus....” And (UN News) - No country should make ‘fatal’ mistake of ignoring COVID-19: Tedros

Cidrap News (28 Feb) - COVID-19 expands reach, fueled by trio of global hot spots

Current hotspots: Iran, Italy and South Korea.

Guardian – Coronavirus found in sub-Saharan Africa as WHO says spread could 'get out of control'

“Coronavirus has spread to sub-Saharan Africa for the first time as stock market losses around the world deepened amid investor alarm over a potential global pandemic. Nigeria’s health minister, Osagie Ehanire, said the first case in the region was an Italian citizen who worked in Nigeria and had returned from Italy to Lagos on 25 February.”

HPW - Countries Pursue Aggressive Containment Measures As New Cases Outside China Grow


(26 Feb) “Governments around the world are ramping up COVID-19 containment measures as new infections outside of China surged by 497 cases over the past 24 hours, outnumbering those inside the country for the first time ever during the epidemic. The increase abroad was largely linked to an acceleration of COVID-19 outbreaks in Italy, Iran, and South Korea, which also were spilling over into other countries, in Europe and the Middle East. Officials were aggressively restricting movement in areas with confirmed local transmission in an effort to curb person-to-person spread of the contagious virus.”

As for the question ‘pandemic or not’, in the eyes of WHO:

“Despite the escalation of cases in multiple countries, the WHO director-general emphasized that, for the moment, the COVID-19 emergency had not reached “pandemic status” as there was no “sustained and intensive community transmission” of the virus, nor was there “large-scale severe disease or death.” However, he underlined that all countries, whether they have cases or not, must prepare for a “potential pandemic”. …”

“…. Meanwhile, Algeria confirmed its first case of COVID-19 on Tuesday, just days after Dr Tedros met with African Ministers of Health at an emergency meeting on the coronavirus outbreak on 22 February. …”

Virology Down Under - Past Time to Tell the Public: “It Will Probably Go Pandemic, and We Should All Prepare Now”

J Lanard et al; https://virologydownunder.com/past-time-to.tell-the-public.it.will.probably.go.pandemic.and.we.should.all.prepare.now/

Great piece from last week, already then disagreeing with the WHO. It’s, yes, more likely than not, a pandemic. And if it isn’t yet, pretty soon it’ll be.

Reuters - WHO says no longer uses 'pandemic' category, but virus still emergency

“The World Health Organization (WHO) no longer has a process for declaring a pandemic, but the COVID-19 coronavirus outbreak remains an international emergency, a spokesman said on Monday....”

Observers didn’t quite like that stance on Twitter.

As a reminder, see different stages (2009): [WHO phase of pandemic alert for Pandemic](https://www.theguardian.com/world/2020/feb/26/more-new-coronavirus-cases-outside-china-than-inside-says-who)

**Bloomberg (op-ed) - Why the WHO Won't Call the Coronavirus a Pandemic**

Bloomberg:

Nice one. “The question of whether to call Covid-19 a pandemic goes to the heart of the World Health Organization’s internal conflicts.”

**Guardian - More new coronavirus cases outside China than inside, says WHO**


Also one of WHO’s key messages of late. A tipping point has been reached, it seems, as there are now more coronavirus cases outside China than in the country. The positive side of this: Latest figures on new infections suggest Beijing’s strict response to the crisis is paying off.

Having said that, at the same time there are huge doubts about these Chinese figures.

**Science (news) - The coronavirus seems unstoppable. What should the world do now?**


One of the many ‘now what’ pieces. Great and informative read.

See also for example the Telegraph - [As the virus spreads the world will move from containment to mitigation, say experts](https://www.theguardian.com/world/2020/feb/26/as-the-virus-spreads-the-world-will-move-from-containment-to-mitigation-say-experts)  Will depend from country to country, clearly. “...Mitigation follows containment in the public health response to major new outbreaks. While containment strategies aim to stop or hold back a disease, the goal of mitigation is to reduce its impact on society....”
HPW - World Needs Mindset Shift On COVID-19: Head Of WHO Delegation Issues Stirring Call For Action Upon Return From China


“COVID-19 can be beaten – but it will take a big mindset shift on the part of the global community to achieve what China has done – which is dramatically curb transmission of the new, mysterious and deadly coronavirus using traditional public health measures for diligent tracing of contacts, isolating those found to be ill; and providing intensive care, including advanced respiratory treatment, for the 20% of serious cases. That was a key message from Bruce Aylward, the head of a WHO-convened independent commission of experts that just returned from a 10-day trip to China studying the massive public health effort now underway there....”

See also Helen Branswell (Stat News) - WHO tells countries to prepare for coronavirus pandemic, but insists it’s too soon to make that call

Or in the words of Mike Ryan, throughout the week:

“It is time to prepare, not declare. Mike Ryan on the question re calling COVID-19 a pandemic. The epidemic differs in each country.” He probably nailed it.

PS: “…the WHO-led international joint mission (led by B Aylward visited Beijing, plus Sichuan and Guangdong provinces, and also Wuhan. Tedros also announced six special WHO envoys who will provide advice to countries in different parts of the world.... “

Guardian - Coronavirus: US says Russia behind disinformation campaign


“Thousands of Russian-linked social media accounts have launched a coordinated effort to spread misinformation and alarm about coronavirus, disrupting global efforts to fight the epidemic, US officials have said.... “ Doubt the Russians are the only ones, though.

Cidrap News - WHO chief warns Africa


Tedros over the weekend:

“In the wake of warning earlier this week that the window for containing COVID-19 has narrowed, World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus, PhD, met with African health ministers in an emergency meeting about preparedness, which was organized by the African Union and Africa Centres for Disease Control and Prevention....”
“The WHO has voiced deep concern over the potential spread of the virus to countries with weak health systems, especially those in Africa....”

For an African CDC statement (22 Feb), see Statement by the Chairperson on preparedness and response to the coronavirus disease in Africa

“...Africa CDC also established the Africa Task Force for Novel Coronavirus (AFCOR) to coordinate preparedness and response across the continent....”

PS: the Middle East also seems increasingly worrying.

Stat - Once widely criticized, the Wuhan quarantine bought the world time to prepare for Covid-19

Stat News;

“When the Chinese government blocked most travel into and out of the city at the center of the Covid-19 outbreak in late January, many public health experts took to social media and op-ed pages to decry the measure as not only draconian and a violation of individual rights but also as ineffective: This largest quarantine in history — the city, Wuhan, has a population of 11 million, and the lockdown has been expanded — would have little effect on the course of the epidemic, they argued. As the U.S. and other countries imposed travel restrictions, even the World Health Organization questioned whether they were a good idea. But early evidence is causing some disease fighters to reconsider....”  PS: Bruce Aylward was also a great fan (see his press conference earlier this week).

“Scientists are still gathering data on the effect of travel restrictions and the historic quarantine — and, in particular, whether they reduced total cases and deaths or just postponed many of them without lowering the eventual cumulative toll. The answer will have broad consequences for future outbreaks, perhaps putting large-scale quarantines back on the list of health officials’ epidemic countermeasures, including in countries that value individual liberties more than China does....”

Some international organisations & Covid-19

- WB - How the World Bank Group is helping countries with COVID-19 (coronavirus)

Overview of mechanisms the WB uses to help with the outbreak response & preparedness (no mention here of the pandemic bonds, but see below for more on that).

- IMF - Remarks by IMF Managing Director Kristalina Georgieva to G20 on Economic Impact of COVID-19

Remarks by Georgieva after the G20 Finance Ministers and Central Bank Governors Meeting, last weekend in Ryadh, Saudi Arabia.
• ECOWAS: [West Africa: ECOWAS Countries Require $50m to Battle Coronavirus]

Some more (news) links

• Stat News - [New data from China buttress fears about high coronavirus fatality rate, WHO expert says] After Bruce Aylward’s visit to China.

• AP - [Trump, US officials send mixed messages on virus risk here] They basically kept on doing this, throughout the week. And will probably continue to do so, even now that there’s some sort of Covid-19 “czar” with Vice-president Pence. [Trump puts VP Pence in charge of COVID-19 response] (Cidrap)

Other reads related to the US (political) situation re the coronavirus: [Coronavirus triggers swift bipartisan backlash against Trump] (Politico); Daniel Drezner in the Washington Post - [Is this the week that Trump panics about covid-19?] On Wednesday, The Donald sounded strangely re-assuring. No doubt, trying to assure voters that all will be fine (so that he can be re-elected in November). So far, his message didn’t convince stock markets. Nor the public.

The [Washington Post] on the mess-up from late last week, with [Americans flown back from the now notorious cruise ship] (both coronavirus-infected ones and not infected ones on the same plane). What happened between the State Dept, CDC & other stakeholders?

PS: Yesterday, [Pence appointed US Global AIDS Coordinator, Debbie Birx, as White House Coronavirus Response Coordinator]. That sounded more reassuring.

• Xinhuane - [Xi appreciates support from Bill & Melinda Gates Foundation in China’s fight against COVID-19]

• Devex - [Coronavirus could collapse health systems in South and Southeast Asia]

• WHO has criticized China for failing to share data on coronavirus infections among health care workers (see Washington Post).

Financing of the response

As you know, late last week [Tedros called (again) for more funding in the coronavirus fight]. So far, mainly European countries (France, Germany, Sweden, …) (and the EU ) seem to have responded. At least, to support WHO in its fight.
Tweet: “Germany is making an additional 50 million euros available to WHO, earmarked specifically for acute measures to fight the coronavirus. WHO had requested an additional 670 million euros in the short term to stabilise the situation in the less developed countries.”

- EC - EU working on all fronts, €232 million for global efforts to tackle outbreak

“To boost global preparedness, prevention and containment of the virus the Commission announces today a new aid package worth €232 million. Part of these funds will be allocated immediately to different sectors, while the rest will be released in the next months. … … Out of the €232 million aid package: - €114 million will support the World Health Organization (WHO), in particular the global preparedness and response global plan. This intends to boost public health emergency preparedness and response work in countries with weak health systems and limited resilience. Part of this funding is subject to the agreement of the EU budgetary authorities.

- €15 million are planned to be allocated in Africa, including to the Institute Pasteur Dakar, Senegal to support measures such as rapid diagnosis and epidemiological surveillance. - €100 million will go to urgently needed research related to diagnostics, therapeutics and prevention, including €90 million through the Innovative Medicines Initiative, a partnership between the EU and the pharmaceutical industry. …”

PS: the outbreak will also top the agenda when European and African officials gather this week in Ethiopia.

AP - White House unveils $2.5B emergency coronavirus plan

“The White House on Monday sent lawmakers an urgent $2.5 billion plan to address the deadly coronavirus outbreak, whose rapid spread and threat to the global economy rocked financial markets. … … The administration is requesting $1.25 billion in new funding and wants to transfer $535 million more in funding from an Ebola preparedness account that’s been a top priority of Democrats. It anticipates shifting money from other HHS accounts and other agencies to complete the $2.5 billion response plan....”

Later during the week, Trump said, however, that whatever funds are needed for corona, they’ll be found. At least for the situation in the US, of course... See BMJ News - “Trump said he had asked Congress for $2.5bn to fight the virus (from the Ebola response budget), but Congressional Republicans had suggested $4bn and Democrats had pushed for $8.5bn. He indicated he would accept whatever Congress decided....”

Not much US support yet for WHO or other global institutions, as far as I can see.

- FT - World Bank’s pandemic bonds sink as coronavirus spreads

“Investors are betting that a special pandemic bond issued by the World Bank will pay out relief funds to countries affected by the coronavirus, as the death toll from the outbreak continues to mount.”
For more analysis of these pandemic bonds, see CBC - [Pandemic bonds were supposed to fund the cost of fighting the coronavirus — so why aren't they paying off?](CBC)

And for an insightful analysis (14 Feb) - [An inside look at the debate around pandemic bonds, which have $425 million hinging on how deadly the coronavirus ends up being](Markets insider)

See this tweet from Devi Sridhar: “If you’re waiting for World Bank pandemic bonds to pay-out, don’t hold your breath. Even if they do on 23rd March, would only be $196 million for 76 countries affected. China has spent $10 billion on coronavirus already. “

PEF = too little, too late to make any difference.”

For the latest update on these pandemic bonds (and debate around them), see the Guardian (28 Feb) - [World Bank’s $500m coronavirus push ‘too late’ for poor countries, experts say](Guardian)

“… A flagship $500m World Bank scheme to help the poorest countries deal with a health emergency is “too little too late” for the coronavirus outbreak, say health experts. The first pandemic emergency financing (PEF) bonds were launched in 2017 by Jim Yong Kim, the bank’s president at the time, after the Ebola outbreak in west Africa. Designed to potentially “save millions of lives and entire economies” by speedily funneling money to nations facing pandemics. But critics say the “insanely complicated” terms of the high-interest bonds are heavily skewed towards investors, while for the victims any payouts may come too late, if at all. One economist described the bonds, payouts from which depend on how deadly the outbreak is, as “obscene”….”

- [Global institutions must act urgently and decisively to tackle COVID-19](Op-ED)

(27 Feb) - “The COVID-19 outbreak is not just a public health crisis, it’s rapidly becoming a global crisis – of health, economics and politics.”

“…I believe our greatest weapon against uncertainty and panic is trust, which in much of the world is at a historic low. To regain it, our global powers, including the World Bank, International Monetary Fund (IMF), and leaders of the G7 and G20, must make decisions that demonstrate they see this as a global crisis, and continue the current containment approach while also preparing for the worst. … Anything less than an urgent initial commitment of $10 billion from the World Bank leaves us at risk of much greater costs later and long-term catastrophe. … The investment should be used to bolster the public health response in the most vulnerable countries, coordinated through the World Health Organization, and to develop diagnostics, treatments and vaccines. If COVID-19 burns out, then the hours and money spent on our response will not have been wasted but will represent a crucial investment in global health. Likewise, the IMF needs to ensure it allocates appropriate capital to support central banks across the world. …”
The consensus seems to be that treatments will be there quicker than a vaccine. Anyway, some reads (in steno style):

- Lancet - https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30420-7/fulltext

(by Tedros & Soumya Swaminathan) – on last week’s scientific forum in Geneva.

- Science News – Singapore claims first use of antibody test to track coronavirus infections

“In what appears to be a first, disease trackers in Singapore have used an experimental antibody test for COVID-19 to confirm that a suspected patient was infected with the coronavirus. The patient was one of two people who together formed a missing link between two clusters of cases that each occurred in a Singaporean church. Researchers around the world are racing to develop antibody tests, also called serological tests, that can confirm whether someone was infected even after their immune system has cleared the virus that causes COVID-19. The group that developed the test, at Duke-NUS Medical School in Singapore, is among the front-runners, although its assay has to be validated before it is taken into production and deployed widely....”

- Stat News - Coronavirus vaccines are far off, FDA official says, but drugs to treat patients could come sooner

Fortune - The first US trial for a coronavirus treatment has started

Cfr a tweet: “The race for treatment is on --> all eyes on remdesivir (antiviral drug). First US trial already launched by the NIH.”

See also Time - COVID-19 Vaccine Shipped, and Drug Trials Start “Moderna Therapeutics, a biotech company based in Cambridge, Mass., has shipped the first batches of its COVID-19 vaccine. The vaccine was created just 42 days after the genetic sequence of the COVID_19 virus, called SARS-CoV-2, was released by Chinese researchers in mid-January. The first vials were sent to the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH) in Bethesda, MD, which will ready the vaccine for human testing as early as April....”

- NYT - Gilead to Expand #Coronavirus Drug Trials to Other Countries

- Stat - Lawmakers to Trump: Don’t give ‘monopolies’ to companies that develop coronavirus treatments with taxpayer funds

So far, the sounds made by Azar in this respect are not very reassuring...
• Microbes and Infection - Is COVID-19 Receiving ADE From Other Coronaviruses?

“One of the most perplexing questions regarding the current COVID-19 coronavirus epidemic is the discrepancy between the severity of cases observed in the Hubei province of China and those occurring elsewhere in the world. One possible answer is antibody dependent enhancement (ADE) of SARS-CoV-2 due to prior exposure to other coronaviruses…”

• Nature biotechnology - Coronavirus and the race to distribute reliable diagnostics

“International teams worked at speed to make tests for the virus available in record time.”

• CNN - Biotech company Moderna says its coronavirus vaccine is ready for first tests

Early April, first tests would start. In other vaccine news, see Stat - A Chinese biotech partners with GSK to boost its coronavirus vaccine development.

• Cidrap – (24 Feb) Study of 72,000 COVID-19 patients finds 2.3% death rate
• Caixin - 14% of Recovered Covid-19 Patients in Guangdong Tested Positive Again Means recovered people may still carry the virus.

Analysis

• Time - Inside the Efforts to Prepare African Countries for COVID-19

Overview of the situation there, what countries are doing, and how WHO, African CDC, Gates Foundation and others are helping.

Quote: “Dowell says the Gates Foundation... ... estimates there were as many as four undetected outbreaks in Africa by mid-February.”

• Amy Patterson in the Washington Post - The coronavirus is about to hit Africa. Here are the big challenges.

“Many Africans don’t trust the health system. That complicates the response.”

• Think Global Health - Africa’s Response to COVID-19

“Success against coronavirus will require national leadership, engaged local responders, and strong cooperation with NGOs.” (by C Holmes, R Katz et al)

Must-read by the African CDC director.

“...To help develop a common strategy that will allow for effective coordination, collaboration, and communication, the African Union Commission, Africa Centres for Disease Control and Prevention (Africa CDC), and WHO, in partnership with African countries, have established the Africa Taskforce for Coronavirus Preparedness and Response (AFTCOR). The partnership has six work streams: laboratory diagnosis and subtyping; surveillance, including screening at points of entry and cross-border activities; infection prevention and control in health-care facilities; clinical management of people with severe COVID-19; risk communication; and supply-chain management and stockpiles.”

He lists 4 important things. Including: “... any effective preparedness and response strategy for COVID-19 requires a committed political will; as such, the African Union Commission, Africa CDC, and WHO convened, on Feb 22, 2020, in Addis Ababa, Ethiopia, an emergency meeting of all ministers of health of 55 member states to commit to acting fast and collectively to develop and implement a coordinated continent-wide strategy. AFTCOR taskforce was formed, and a continent-wide strategy was endorsed at the end of the emergency meeting, with a call for strong coordination of efforts....”

• Science (news) - ‘A completely new culture of doing research.’ Coronavirus outbreak changes how scientists communicate

“...the COVID-19 outbreak is transforming how scientists communicate about fast-moving health crises. A torrent of data is being released daily by preprint servers that didn’t even exist a decade ago, then dissected on platforms such as Slack and Twitter, and in the media, before formal peer review begins. Journal staffers are working overtime to get manuscripts reviewed, edited, and published at record speeds....”

“...Early this week, more than 283 papers had already appeared on preprint repositories, compared with 261 published in journals. Two of the largest biomedical preprint servers, bioRxiv and medRxiv, “are currently getting around 10 papers each day on some aspect of the novel coronavirus...”

• Devex - Will vaccines reach low-income countries during a global pandemic?

“If COVID-19, the novel coronavirus, becomes a global pandemic, it will raise new questions about how to rapidly scale up vaccination efforts in low- and middle-income countries, according to the head of Gavi, the Global Vaccine Alliance. ... ... Global health experts now face the potential challenge of having to figure out how to develop and deliver to LMICs a vaccine that is also in broad global demand. That could raise some difficult questions about how to ensure equitable vaccine distribution, according to Seth Berkley, CEO at Gavi....”

• Scientific American - How to Report on the COVID-19 Outbreak Responsibly

By B Hanage & M Lipsitch. Great read (and advice), for both media & scientists.
“...To help in this effort, we think reporting should distinguish between at least three levels of information: (A) what we know is true; (B) what we think is true—fact-based assessments that also depend on inference, extrapolation or educated interpretation of facts that reflect an individual’s view of what is most likely to be going on; and (C) opinions and speculation....”

- BMJ blog - Robert Peckham: The covid-19 outbreak has shown we need strategies to manage panic during epidemics

“Panic is a word that’s been widely used during this outbreak, yet Robert Peckham argues that this social phenomenon is little understood.”

“The ongoing covid-19 outbreak has underlined the need for more research on the nature of panic and its drivers. The strategies we have for communicating about risk and engaging with communities are insufficient. We need to better understand the links between panic, rumour, fear, and anxiety. To what extent is panic universal or are panics in fact culturally specific? How precisely is panic linked to issues of trust—whether that is trust in the government, media, or experts? ... ... Panic is still too little studied and far too little understood. It is easily dismissed as a distraction to the main task at hand of containing an epidemic. And yet the management of panic is likely to be key to managing infectious diseases in an ever more connected world.”

- Lancet - COVID-19 control in China during mass population movements at New Year (by S Chen & T Bärnighausen et al)

Interesting analysis (including also with some lessons). “...As for COVID-19 in China, this combination of an outbreak-control closure period for social distancing and a range of accompanying epidemic control measures [including extension of Chinese new year] seems to have prevented new infections, especially in provinces other than Hubei, where new infections have been declining for more than 2 weeks...”

- M Pillinger in Foreign Policy - Virus Travel Bans Are Inevitable But Ineffective

“Experts can't stop restrictions, but they can mitigate them.” Recommended and nuanced analysis, with also an eye for politicians’ incentives.

- Letter Chinese nurses in the Lancet - Chinese medical staff request international medical assistance in fighting against COVID-19

Poignant letter on the situation on the ground in Wuhan. Was widely picked up in international media.

However, the Lancet Global Health now says the paper is retracted: “On Feb 26, 2020, we were informed by the authors of this Correspondence that the account described therein was not a first-hand account, as the authors had claimed, and that they wished to withdraw the piece. We have therefore taken the decision to retract this Correspondence.”
• **Stat** - [Coronavirus cases among health workers climb, underscoring the chaos on an outbreak’s front lines](https://www.statnews.com/2020/02/04/coronavirus-cases-among-health-workers-climb-underscoring-the-chaos-on-an-outbreaks-front-lines/)

“Thousands of health care workers, largely in China, have been infected amid the ongoing coronavirus outbreak, a sign of the immensely difficult working conditions for medical staffers, who should be among those best protected against infection. The infections, along with the deaths of several doctors in China, underscore the deeply challenging, chaotic environment that health care workers confront when toiling on the front lines of a major outbreak. They face long hours, changing protocols, potential medical supply shortages, and risks to their own personal health and that of their loved ones....”


• **FT** - [Coronavirus is speeding up the decoupling of global economies](https://www.ft.com/content/7380597c-90a8-11ea-805a-10fa2c30d0b9) - The coronavirus outbreak looks set to become a further element in the ongoing deglobalization.

• Yanzhong Huang - [Coronavirus and the World Economy](https://www.thinkglobalhealth.org/coronavirus-and-the-world-economy)  - (Think Global Health) - Recommended ‘big picture’ read. “A pandemic longer than a year may lead to business failures, mass unemployment, and a world thrown into global recession”.


Tom Frieden lists 8 things. Recommended read. “...we must do eight things -- some immediately and some in the coming months -- as we shift from the initiation phase of the pandemic to the acceleration stage...”

• **Lancet** - [Potential association between COVID-19 mortality and health-care resource availability](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30223-1/fulltext)

Comparing Wuhan with other provinces in China. “...in-depth analysis of these data show clear disparities in mortality rates between Wuhan (>3%), different regions of Hubei (about 2-9% on average), and across the other provinces of China (about 0-7% on average). We postulate that this is likely to be related to the rapid escalation of the number of infections around the epicentre of the outbreak, which has resulted in an insufficiency of health-care resources, thereby negatively affecting patient outcomes in Hubei, while this has not yet been the situation for the other parts of China...”

• FT (op-ed) - [WHO must learn from the IMF to stop pandemics](https://www.ft.com/content/720b3bc8-98a2-11ea-8ed7-10fa2c30d0b9) (by P Jha)

“A global group is needed to gather outbreak data and stress test public health authorities”.

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Excerpt: “...To address this issue, the world should consider establishing a global surveillance facility, modelled after the hugely successful Gavi, the vaccine alliance. Such a facility, based in the World Health Organization but with independent accountability, would provide countries with funding and technical assistance during outbreaks. It would help to build resilient systems before epidemics strike. If the world’s largest economies collectively contributed $2bn a year, that would allow us not just to build the fire station and pay firefighters but also to prevent fires.

... Public health systems can learn lessons from the global financial sector, which has appropriated epidemiological terms such as contagion or surveillance. In the 1960s, the IMF made its lending contingent on national income accounts. It invested heavily in helping countries improve their data allowing it to track financial flows. Bank regulators now stress test banks, and a new epidemics body could use the IHR to test whether countries can provide complete, quick and transparent reporting....”

- IHP - Novel Coronavirus disease (COVID-19): How to Leverage Health Care Agility from a UAE Perspective?
  A view from Mohammed Bin Rashid School of Government professors on the situation in the UAE – and the importance of agile government.

- Lancet - The psychological impact of quarantine and how to reduce it: rapid review of the evidence
  Rapid review.

- NYT - Why the coronavirus seems to hit men harder than women.

- CGD Notes - China’s “Counterpart Assistance” Approach to Coronavirus: Lessons from the Wenchuan Earthquake Response

“In early 2020, a new type of coronavirus epidemic (COVID-19) emerged suddenly and spread steadily from China’s Wuhan City, Hubei Province, disrupting China’s social order. The epicenter of the epidemic, Hubei Province lacked medical personnel and epidemic prevention supplies; assistance was urgently needed. This note identifies the Chinese government’s “counterpart aid” strategy in response to the epidemic and explores the strategy’s utility, drawing on earlier experiences with disaster response. Our analysis is based on an earlier research paper examining Wenchuan earthquake relief....”

- Lancet World Report - How to fight an infodemic

“WHO's newly launched platform aims to combat misinformation around COVID-19. John Zarocostas reports from Geneva. ... Immediately after COVID-19 was declared a Public Health Emergency of International Concern, WHO’s risk communication team launched a new information platform called WHO Information Network for Epidemics (EPI-WIN), with the aim of using a series of amplifiers to share tailored information with specific target groups....”
Some other Covid-19 related resources

- Lancet resource:  [Covid-19 resource centre](#)

  “...This resource brings together new 2019 novel coronavirus disease (COVID-19) content from across The Lancet journals as it is published...” (all free access)

- European Commission resource -  [The EU's response to Covid-19](#)

**Ebola DRC**

**WHO – Situation report (20 Feb)**

[WHO](#)

“During the past week, the incidence of new Ebola virus disease (EVD) cases has remained low. From 12 to 18 February, one new confirmed case was reported. ...”

“To maintain operations and prevent re-emergence of the outbreak, WHO is requesting funding. Under the Strategic Response Plan (SRP 4.1), WHO’s financial need for the Ebola Response from January to June 2020 is US $83 million. Thanks to the generosity of many donors during 2019, WHO has some carry-over funding, which has been applied to maintain operations through February 2020. USD $40 million is currently needed to ensure continuity of response and preparedness activities to bring the case incidence to zero, and continue building strong, resilient health systems...”

Or in the words of Tedros himself (tweet): “Even though new #Ebola cases in #DRC have thankfully declined, we remain in full response mode. But there is a lack of funding for @WHO activities beyond February. We still need support from the international community to end this outbreak for good.”


For some reason, Jeff Bezos & Bill Gates never run out of money.

The Brussels Times - No new Ebola cases reported in the DRC for a week
(26 Feb) And the latest update: “The WHO said on Wednesday via Twitter that no new cases had been confirmed or reported for the past seven days, nor had any deaths been confirmed. The epidemic is now reduced to a single sanitary zone, Beni, in the east of the country, WHO added....”

Healio - West African Ebola epidemic cost $53 billion, according to new estimate
Healio;

Based on a paper from 2018, but good to keep in mind as Covid-19 is wreaking havoc around the globe, including economically. “The Ebola virus epidemic in West Africa was the largest of its kind, resulting in more cases and deaths than all previous outbreaks combined. According to newly published study findings, the economic value of those who died is the most significant component of a new “more comprehensive” assessment of the epidemic that devastated to Guinea, Liberia and Sierra Leone, which found that it cost approximately $53.19 billion dollars....”

Malaria

BMJ Feature - WHO's malaria vaccine study represents a “serious breach of international ethical standards”
https://www.bmj.com/content/368/bmj.m734

“Experts are troubled by the apparent lack of informed consent in a large, cluster randomised study of the malaria vaccine. Peter Doshi reports.”

“A large scale malaria vaccine study led by the World Health Organization has been criticised by a leading bioethicist for committing a “serious breach” of international ethical standards. The cluster randomised study in Africa is already under way in Malawi, Ghana, and Kenya, where 720 000 children will receive the RTS,S vaccine, known as Mosquirix, over the next two years....”

Rare Diseases day (29 Feb)

Lancet Editorial - Rare diseases need sustainable options
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30457-8/fulltext

“Feb 29 marks Rare Disease Day, an opportunity to reflect on the lives of the estimated 400 million people globally who are affected by one of 6000–8000 rare diseases, most of them genetic. These diseases were long neglected, but large international initiatives such as EURORDIS and Rare As One have been set up to represent patients’ voices, highlight the disease burden (including psychological aspects) on patients and their families, share data and knowledge, promote collaboration, and fund research into the causes of rare diseases and novel therapeutics. As yet, targeted drugs are available for only a few hundred of these disorders, leaving millions of patients without any specific treatment options....”
UHC

BMC Health Services (Editorial) - Rehabilitation Is a Global Health Priority

“The World Health Organization (WHO) launched an initiative in 2017 to promote universal access to rehabilitation when it hosted “Rehabilitation 2030: A Call for Action”. Attended by more than 200 rehabilitation experts from 46 countries, this meeting highlighted the unmet need for rehabilitation services and called for coordinated action and joint commitments by all stakeholders to raise the profile of rehabilitation...”

Critical work is being undertaken by the WHO to enhance access to rehabilitation, particularly in low- and middle-income countries. ... ... “It is evident to us that rehabilitation must be integrated fully into a nation’s health system and be strengthened specifically at the primary care level in order to increase access and achieve its full potential. As the WHO highlighted, we agree that health systems must be strengthened to assure that everyone who needs rehabilitation receives it. ... ... As editors-in-chief of rehabilitation journals, we unanimously accepted the invitation to participate in WHO’s Rehabilitation 2030 meetings and we embrace the concept of function as WHO’s third health indicator along with mortality and morbidity. We recognize the increasing importance of health policy planning in improving access to rehabilitation services.”

NCDs

NCD Alliance - NCDA and WHO formalise a decade-long collaboration


“The NCD Alliance (NCDA) is pleased to announce the signing of a Memorandum of Understanding with the World Health Organization to formalise over ten years of existing close collaboration on the prevention and control of noncommunicable diseases (NCDs). The MoU was signed on Friday, 21 February, 2020, by Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization, and Katie Dain, CEO of NCD Alliance (NCDA), at the World Health Organization Headquarters, Geneva, Switzerland....”

Other NCD Alliance news: New partnership to improve care for people living with NCDs in LMICs

“...the NCD Alliance and The Leona M. and Harry B. Helmsley Charitable Trust announced a new multi-year partnership that seeks to advance UHC and improve care for people living with chronic noncommunicable diseases (NCDs), including type 1 diabetes, in LMICs....”
“We assessed the technical content of sugar, salt and trans-fats policies in six countries in relation to the World Health Organization ‘Best Buys’ guidelines for the prevention and control of non-communicable diseases (NCDs). … … We captured findings in a ‘policy cube’ incorporating three dimensions: policy comprehensiveness, political salience and effectiveness of means of implementation, and equity/rights. We compared diet-related NCD policies to human immunodeficiency virus policies in relation to rights, gender and health equity. All six countries have made high-level commitments to address NCDs, but dietary NCDs policies vary and tend to be underdeveloped in terms of the specificity of targets and means of achieving them. There is patchwork reference to internationally recognized, evidence-informed technical interventions and a tendency to focus on interventions that will encounter least resistance, e.g. behaviour change communication in contrast to addressing food reformulation, taxation, subsidies and promotion/marketing. Policies are frequently at the lower end of the authoritativeness spectrum and have few identified budgetary commitments or clear accountability mechanisms. Of concern is the limited recognition of equity and rights-based approaches. Healthy diet policies in these countries do not match the severity of the NCDs burden nor are they designed in such a way that government action will focus on the most critical dietary drivers and population groups at risk. **We propose a series of recommendations to expand policy cubes in each of the countries by re-orienting diet-related policies so as to ensure healthy diets for all.**”

**Road safety**

**WB – Guide for road safety opportunities and challenges in LMICs: Country profiles**


It is the first data report to cover all 125 LMICs with comprehensive road safety country profiles.

**Planetary health**

**Lancet Planetary Health – February issue is out**

[https://www.thelancet.com/journals/lanplh(issue/vol4no2/PIIS2542-5196(20)X0003-9](https://www.thelancet.com/journals/lanplh(issue/vol4no2/PIIS2542-5196(20)X0003-9)

Do start with the Editorial - **Weighing the risks**. The last paragraph is the key one:
“...we appear to be firmly ensconced in an era of post-truth debate and increasing personal and political populism. This polarisation, combined with the fundamental challenge that living within planetary boundaries poses to the sociopolitical and economic status quo make the process of turning knowledge into real change more challenging even than generating that knowledge in the first place. Much as we need to continue to refine our understanding of key sustainability challenges and map out viable solutions, it is insight into the theoretical and practical means to achieve acceptance and implement change that will most determine planetary health in the coming decades...”

Noteworthy are also, among others:

**Climate change and gender-based health disparities** (by Kim van Daalen et al).

**Carbon-neutral medical conferences should be the norm.**

Guardian - JP Morgan economists warn climate crisis is threat to human race


Every day is a day for ‘innocent cynics’, nowadays : )

Guardian - G20 sounds alarm over climate emergency despite US objections

https://www.theguardian.com/world/2020/feb/23/g20-sounds-alarm-over-climate-emergency

“*Group’s first ever reference to global heating* signals growing economic concerns over climate change.” So, before you get too carried away, the G20 concern is mainly economic, for now. Still, progress.

Deutsche Welle – Climate change leads to more violence against women, girls

DW

“Rape, domestic violence, forced marriages: A new study shows the effects of climate change are leading to an increase in violence against girls and women in many corners of the world.”

For the study, see IUCN - Gender-based violence and environment linkages
Global Health Governance & updates Global Health Initiatives

Policy processes *sans frontières*: interactions in transnational governance of global health


“National policy on global health (NPGH) arenas are multisectoral governing arrangements for cooperation between health, development, and foreign affairs sectors in government policy for global health governance. To explore the relationship between national and global processes for governing global health, this paper asks: in what forms of interaction between NPGH arenas and global health governance are learning and networking processes present? In a multiple case study of Norwegian and Swiss NPGH arenas, we collected data on intersectoral policy processes from semi-structured interviews with 33 informants in 2014-2015. Adapting Real-Dato’s framework, we analyzed each case separately, producing monographs for comparing NPGH arenas. Analyzing both NPGH arenas for relational structures linking external resources to internal policy arena processes, we found five zones of interactions - including institutions, transgovernmental clubs, and connective forms. These interactions circulate ideas and soften arenas’ boundaries. We argue that NPGH is characteristic of transnational governance of global health.”

Think Global Health - Diagnostic Gaps in Global Health

C Boehme & M Pai; [https://www.thinkglobalhealth.org/article/diagnostic-gaps-global-health](https://www.thinkglobalhealth.org/article/diagnostic-gaps-global-health)

« Lack of diagnostic capacity in primary care impacts patient outcomes, damages health systems, and lowers health security. »

“...The diagnostic capacity of a health care system is therefore a critical factor in the achievement of universal health coverage (UHC), which relies upon the detection of large numbers of people with treatable conditions. Despite this, *diagnosis is now the weakest link in the cascade of care*.”

The authors also offer some suggestions for doing something about it.

Global Fund Observer – new issue

[https://www.aidspan.org/gfo_article/global-fund-board-approves-1357m-and-%E2%82%AC257m-portfolio-optimization-awards-23-countries](https://www.aidspan.org/gfo_article/global-fund-board-approves-1357m-and-%E2%82%AC257m-portfolio-optimization-awards-23-countries)

Do read, among others:

- Implementation of Global Fund’s Sustainability, Transition and Co-Financing policy, is ‘transformative’, says thematic review

- A ‘top 20’ ranking of countries with the largest Global Fund 2020-2022 allocations for the three diseases “Using the Global Fund’s data service, Aidspan takes a look at which countries received increases in their total allocations of 50% or more, as well as the top 20
countries with the largest allocations for each of the three diseases in this 2020-2022 cycle (Mozambique, India and Nigeria for HIV, TB and malaria, respectively).”

- **Allocations increase of $780 million to West and Central Africa** in 2020-2022 funding cycle will speed up progress towards achieving the Global Goals by 2030

- **Global Fund grants’ co-financing used more to buy commodities than to strengthen health systems, in practice**  “The Global Fund’s policy on sustainability, transition, and co-financing allows countries to spend part or all of their co-financing on strengthening their systems for health. A sample of Global Fund allocation letters for the 2020-2022 cycle reveals that countries and the Secretariat prefer to spend co-financing funds to purchase health commodities.”

CSIS (Brief) - Sustaining U.S. Support for Gavi: A Critical Global Health Security and Development Partner

“...The United States has recently announced a commitment of $1.16 billion to Gavi over four years, essentially sustaining the annual commitments of $290 million through FY 2023. This sends a strong message to other donors, as well as eligible countries, that the United States remains confident in Gavi’s ability to deliver results. To reinforce its support, the United States should also:

1. encourage other donor countries to sustain or even increase their support for Gavi over a multi-year period;
2. identify opportunities to strengthen bilateral engagement on immunization programs, advocacy activities, and the mobilization of domestic resources for vaccines in priority countries; and
3. continue to support Gavi as it navigates the challenges to immunization programs posed by demographic change, urbanization, conflict, and migration over the 2021-2025 period and beyond....”

WHO Academy - France pledges US$100 million (€90 million) for WHO Academy

[https://www.who.int/news-room/detail/24-02-2020-france-pledges-us100-million-for-who-academy](https://www.who.int/news-room/detail/24-02-2020-france-pledges-us100-million-for-who-academy)

For some reason, I always have to think of ‘Star Academy’ when hearing about the WHO Academy. Even more as it’s going to be based in Lyon 😊.

“Geneva: France’s Minister for Europe and Foreign Affairs, Mr Jean-Yves Le Drian, and Dr Tedros Adhanom Ghebreyesus, Director-General of WHO today met at the Permanent Mission of France to the United Nations in Geneva to discuss the WHO Academy, which will be the world’s largest and most innovative lifelong learning platform in global health. The WHO Academy aims to reach millions of people worldwide, offering high-tech learning environments at a “hub” in Lyon with “spokes” in the six WHO regions. The Academy will provide learning opportunities for leaders, educators, researchers, health workers, WHO staff and the broader public, and will deliver high
quality, multilingual learning, both online and in-person, alongside a cutting-edge simulation centre for health emergencies. The discussion today follows a Declaration of Intent signed by Emmanuel Macron, President of the French Republic and Dr Tedros on 11 June 2019, and a pledge by France in the amount of US$ 100 million (€ 90 million) to WHO to support the creation of the WHO Academy, which will be established as an internal division within WHO. ... By propelling and strengthening digital innovations and lifelong learning opportunities around the world, the WHO Academy will play an instrumental role towards achieving WHO’s triple billion goal by 2023 and the health Sustainable Development Goals: 1 billion more people will benefit from universal health coverage; 1 billion more will be better protected in health emergencies, and 1 billion more will enjoy improved health and wellbeing.”

The Lancet–SIGHT Commission on peaceful societies through health and gender equality

P Friberg et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30158-6/fulltext

“... Improved health and gender equality could help to increase social stability, reduce inequities, and prevent or mitigate conflict, but there is insufficient evidence on these relations and the mechanisms for change. To address this gap, The Lancet and the Swedish Institute for Global Health Transformation (SIGHT) have convened a Commission to examine how improved health and gender equality can contribute to more peaceful societies. Chaired by Tarja Halonen, the former and first female president of Finland, this Commission is an independent, international, and multidisciplinary group of experts from research, development, and multilateral organisations. The Secretariat at SIGHT will draw on Sweden’s university network and history of political neutrality, peace, and civil society advocacy. The Commission, which had its inaugural meeting in May, 2019, in Stockholm, Sweden, is examining the interlinkages between SDG3 on health, SDG5 on gender equality, and SDG16 on peace, justice, and strong institutions. ...”

HPV

LSHTM - HPV vaccination found to prevent more cases and deaths than previous estimates

LSHTM;

“HPV vaccination has higher health benefits and is more cost-effective than previously estimated, according to a new study published in The Lancet Global Health. The research, led by the London School of Hygiene & Tropical Medicine, updated a mathematical model with new methods and data about population growth, ageing, and the number of women who get cervical cancer in different countries. The study team estimate that HPV vaccination will now prevent 26% more cases and 51% more deaths of cervical cancer when nine year old girls are vaccinated compared to previous estimates at the global level. ... The researchers urge for more African countries to introduce and scale-up HPV vaccination.”
A few papers and reports of the week

BMJ Global Health (Editorial) - Paradigms, policies and people: the future of primary health care

Susan B Rifkin; https://gh.bmj.com/content/5/2/e002254

“... Achieving health in line with its WHO definition is only possible when there is a shift in paradigm ... ... In applying this concept to health policy and health provision in the case of PHC, the shift in paradigm needs to move from viewing health as a result of a linear, predictive set of biomedical interventions to viewing it as a dynamic, iterative process that include social, political and economic factors. Taking actions to achieve health as defined by WHO requires a change in the conceptualisation of its goals and objectives including .... “

... The future of achieving PHC as envisioned by the Alma Ata Declaration requires a paradigm shift that depends on policies and people. It depends on eliminating the continuing confusion between PHC and primary care, creating institutional structures and committed financing to address health improvements in the context of social, political and economic realities and the most important issues of the day such as climate change, and embedding specific mechanisms to include lay people and communities in decisions about healthcare that reflect the context and social determinants of their specific environment....”

BMJ Global Health - Addressing power imbalances in global health: Pre-Publication Support Services (PREPSS) for authors in low-income and middle-income countries

C Busse et al; https://gh.bmj.com/content/5/2/e002323

“The contextual knowledge and local expertise that researchers from low-income and middle-income countries (LMICs) contribute to studies in these settings enrich the research process and subsequent publications. However, health researchers from LMICs are under-represented in the scientific literature. Distally, power imbalances between LMICs and high-income countries, which provide funding and set priorities for research in LMICs, create structural inequities that inhibit these authors from publishing. More proximally, researchers from LMICs often lack formal training in research project management and in publishing peer-reviewed research. Though academic journals may value research from LMICs conducted by local researchers, they have limited time and financial resources to support writing, causing them to reject manuscripts with promising results if they lack development. **Pre-Publication Support Service (PREPSS) is a non-profit, non-governmental organisation that works to meet this need.** PREPSS provides onsite training, peer-review and copy editing services to researchers in LMICs who wish to publish their health research in peer-reviewed journals. Authors are not charged for these services. After receiving PREPSS services, authors submit their manuscript to a peer-reviewed journal. The PREPSS model is one of many interventions necessary to restructure global health research to better support health researchers in LMICs and reduce current power imbalances.”
WHO resource - WHO Symposium on Health Financing for UHC

Includes the meeting report from the symposium (which took place in November last year): featuring A closer look at fiscal space and public financial management issues in health.

Cfr a tweet by A Soucat: “New @WHO ! Latest knowledge on Public Finance issues for health! @WHO Montreux meeting report. A collaborative effort on PFM for health with @WBG_Health @OECD @OpenBudgets @CGDev @results4dev @UNICEF @GlobalFund @GAVI and many others!”

WB (Working paper) - Toward Successful Development Policies: Insights from Research in Development Economics
A Erhan et al; https://openknowledge.worldbank.org/handle/10986/33289

« What major insights have emerged from development economics in the past decade, and how do they matter for the World Bank? This challenging question was recently posed by World Bank Group President David Malpass to the staff of the Development Research Group. This paper assembles a set of 13 short, nontechnical briefing notes prepared in response to this request, summarizing a selection of major insights in development economics in the past decade. The notes synthesize evidence from recent research on how policies should be designed, implemented, and evaluated, and provide illustrations of what works and what does not in selected policy areas. »

NEJM (Perspective) - Transforming Global Health with AI

“Artificial intelligence could revolutionize health and health care in low- and middle-income countries by addressing the large knowledge and judgment gaps that make care delivery poor. But for AI to fulfill this promise, some key challenges will need to be addressed....” Three, in fact.

FIAN (report) – When the SUN casts a shadow

“A new research study sheds light on the human rights risks of the multi-stakeholder partnership Scaling up Nutrition (SUN)“.

“...SUN encourages companies to join the struggle against malnutrition as a ‘smart investment’. The 23 transnational members of the SUN Business Network include companies such as Mars, PepsiCo, DSM, Ajinomoto, Kellogg’s, and Cargill, many of which are leading manufacturers of ultra-processed foods and snacks....”
Some blogs & mainstream news articles of the week

Duke (News) - "We must ask uncomfortable questions": Notes from Decolonizing Global Health 2020
https://globalhealth.duke.edu/media/news/we-must-ask-uncomfortable-questions-notes-decolonizing-global-health-2020

Short report (with some key quotes) of the Duke Decolonizing Global Health 2020 conference (from end of January).

Devex - Why blended finance hasn't taken off

Because it just sucks, I guess.

“Blended finance has been the hot topic in development finance circles for a number of years, but despite the excitement around it, the practice hasn’t taken off....”

Some tweets of the week

- M Pai  (on global health & decoloniality)

“My head is buzzing after a 4 hr flight with @DreJoanneLiu. I Stuff we discussed: 1. Global health is an aristocracy 2. World needs more people who can raise hell 3. Humanitarian work cannot about ‘security’ - it should be about our common humanity To be cont. over lunch next week.”

“Right now, global health programs & degrees in high-income countries heavily emphasize health inequities in low-income countries. This recapitulates colonialism. What if they focused on health inequities & disparities, anywhere they occur (local, national & international)?”

- A Guterres  (on not funding WHO )

“If there is something that is completely stupid to do in today's world, it is not to fully fund @WHO WHO appeals. Because WHO appeals are vital to support Member States & avoid this tragic disease to become a global nightmare - @antonioguterres on #COVID19”

- David Heymann  (on using the term ‘pandemic’)

“@CHGlobalHealth states the word “Pandemic” is a distraction - countries must do whatever they can to contain the outbreak, whatever the word we use to describe of the current public health emergency #COVID19 #coronavirus”
• Charles Kenny (on WB & cancelling conferences)

“World Bank is cancelling conferences *in DC* because of Coronavirus (the Fragility Forum, no less), but it still isn’t paying out on pandemic bonds yet. Sometimes what is needed isn’t financial engineering solutions, sometimes we just need finance.”

Global health events and announcements

BMJ Global Health - International Society for Priorities in Health special series on priority setting and global health

https://www.isph2020addis.org/special-series

“In a collaboration between the International Society for Priorities in Health and BMJ Global Health, we are proud to announce a Special series on priority setting and global health to be published in the BMJ Global Health. Following abstract submission, a selection of high quality abstracts will be invited to submit a full manuscript for evaluation by BMJ Global Health....”

Call is open until April 1st.

The Collectivity (blog) - Cotonou Regional Forum on Community Health: exchanges between Southern countries are more than ever needed

A Thetchia et al; http://blog.thecollectivity.org/2020/02/25/cotonou-regional-forum-on-community-health-exchanges-between-southern-countries-are-more-than-ever-needed/

“The end of 2019 was marked by significant events for community health in the Southern countries. These included the Regional Forum on Community Health in the context of Primary Health Care. It was held from November 12 to 15, 2019 in Cotonou, Benin....”

Coming up – 13 March: Launch of 2020 Global Health 50/50 report on Power, Privilege & Priorities

https://www.eventbrite.co.uk/e/power-privilege-priorities-the-2020-global-health-5050-report-launch-tickets-91595842631

In London. Will be livestreamed also.
Global governance of health

Devex - Experts warn against downgrading World Bank chief economist role


“In the wake of the second consecutive early departure of a World Bank chief economist, experts — including people who formerly held the position — have counseled against diminishing a role that provides an important link between development research and policy.”

UN News - With human rights under attack, UN chief unveils blueprint for positive change


“People’s basic human rights – their birth-right – are “under assault”, UN Secretary-General António Guterres said on Monday, as he launched a Call to Action aimed at boosting equality and reducing suffering everywhere. “Human rights are our ultimate tool to help societies grow in freedom,” he told Member States on the opening day of the UN Human Rights Council’s 43rd session in Geneva. ... Heading the seven-point protocol is a call to put human rights at the core of sustainable development – a reference to the 17 Sustainable Development Goals (SDGs), agreed to by the international community in 2015 under the Agenda 2030 banner.”

New Internationalist – The bleak future of British foreign aid

Nick Dearden; [https://newint.org/features/2020/02/26/bleak-future-british-foreign-aid](https://newint.org/features/2020/02/26/bleak-future-british-foreign-aid)

“The government’s ‘international development’ strategy is a red herring for dubious private financing, argues Nick Dearden.”

Devex - What is 'mutual prosperity' and what does it mean for UK aid?


“The concept has permeated U.K. government rhetoric around aid, but without a clear definition or guidelines, critics say it makes aid vulnerable to misuse.”
And see also Devex – “The U.K. government launched what it calls the largest foreign policy review since the end of the Cold War on Wednesday, prompting renewed questions about how development programs will fare under Prime Minister Boris Johnson’s post-Brexit administration. The review aims for an integrated look at foreign, defense, security, and development policy, with the aim of aligning them all under the U.K.’s “Global Britain” agenda. …”

Devex - Facebook fights fake coronavirus news, wants to build trust with public sector


“With its power to influence global health information, Facebook is now helping fight fake coronavirus news. Following the emergence of the new coronavirus, COVID-19, and the proliferation of bad information about it, the social media giant has already begun removing bogus information about cures and prevention methods. Facebook is also looking to partnerships with the public sector to replace this misinformation with helpful, credible alternatives, said Kang-Xing Jin, Facebook’s head of health, who spoke at Devex’s “Prescription for Progress” event on technology for health in San Francisco, California, earlier this month.…”

Globe and Mail – Canada must boost foreign aid for feminist agenda to have sustained impact, experts say

https://www.theglobeandmail.com/politics/article-canada-must-boost-foreign-aid-for-feminist-agenda-to-have-sustained/

“International development experts say the [Canadian] federal government must boost its foreign-aid spending toward the UN target if it wants its feminist agenda to have a meaningful and sustained impact. Prime Minister Justin Trudeau announced plans last year to gradually increase international funding for women and girls’ health and rights to $1.4-billion annually by 2023, up from the $1.1-billion the government currently spends. The money will mostly come from the international assistance budget, which the government promised to increase by $2-billion between 2018 and 2023. ... However, the annual budget increases have not resulted in a significant boost in development spending as a percentage of Canada’s gross national income (GNI). Canada reached 0.28 per cent in 2018, up from 0.26 in the two previous years, according to the most recent statistics from the Organization for Economic Co-operation and Development. But the government doesn’t appear to have a plan to reach the UN target of 0.7 per cent…."

Global Policy - China's Role in Global Development Finance: China Challenge or Business as Usual?

“China’s economic success has prompted both academic political economists and applied policy analysts to speculate about the implications of a new ‘China model’ of economic development and global economic governance. A particular issue is the degree to which the China model involves developing in opposition to or in cooperation with the pre-existing norms of global economic governance. Recognizing the ambiguity of the China model, we consider two alternative interpretations of China’s role in global economic governance: China Challenge (CC) and Business as Usual (BaU). We flesh out these contrasting interpretations using evidence from the lending behavior of four major development finance institutions in which China plays a leading or determinative role: the Asian Infrastructure Investment Bank (AIIB), the New Development Bank (NDB), the Silk Road Fund (SRF), and the China-Africa Development Fund (CADF) of the China Development Bank. We find that (at least in the restricted domain of international development finance) China’s role in global economic governance is largely characterized by BaU behavior, and although on a regional level this does represent a challenge to the historical role of Japan, it nonetheless suggests that the China model is not so revolutionary as many analysts suppose.”

UHC

Lancet World Report - Medicare for All scrutinised in Democratic primaries

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30458-X/fulltext

“On March 3, 14 states will pick their nominees for the US presidential election. The feasibility of a single payer insurance plan is a key issue. Susan Jaffe reports from Washington, DC....”

HP&P - Shocks, stress and everyday health system resilience: experiences from the Kenyan coast


“Health systems are faced with a wide variety of challenges. As complex adaptive systems, they respond differently and sometimes in unexpected ways to these challenges. We set out to examine the challenges experienced by the health system at a sub-national level in Kenya, a country that has recently undergone rapid devolution, using an ‘everyday resilience’ lens....”

Duke (Working paper ) - Public Financial Management Perspectives on Health Sector Financing and Resource Allocation in Ethiopia

“In this paper, we discuss Ethiopia’s approach to health delivery, trends in health financing trends, focusing on the financing arrangements and expenditure management systems through which health funding is allocated from various internal and external sources. The paper reviews Ethiopia’s public financial management system to identify challenges and opportunities to improve domestic resource mobilization for health and resource allocation within the health sector. With the imminent transition away from external donor support that Ethiopia faces due to economic growth, the paper explores the sources of fiscal space for health in Ethiopia to sustain progress in the health sector through a deep dive of the sources of health financing through tax and non-tax revenues, additional borrowing, future aid prospects, and better fiscal discipline and expenditure efficiency.”

IJHPM - Pay for Performance: A Reflection on How a Global Perspective Could Enhance Policy and Research

L Anselmi et al.; http://www.ijhpm.com/article_3763.html

“Pay-for-performance (P4P) is the provision of financial incentives to healthcare providers based on pre-specified performance targets. P4P has been used as a policy tool to improve healthcare provision globally. However, researchers tend to cluster into those working on high or low- and middle-income countries (LMICs), with still limited knowledge exchange, potentially constraining opportunities for learning from across income settings. We reflect here on some commonalities and differences in the design of P4P schemes, research questions, methods and data across income settings. We highlight how a global perspective on knowledge synthesis could lead to innovations and further knowledge advancement.”


“In 2009, the newly elected FMLN government of El Salvador launched a comprehensive health reform, which gave the National Health Forum (NHF) a key role in developing community participation. This study aims to examine and analyze the content and impact of this social movement during the study period 2009–2018....”

Stat Plus - This CEO running clinics for Apple and Facebook wants to ‘flip’ the primary care model


Gated, though.
Planetary health

Link: Jeff Bezos’s $10 Billion Climate Pledge Is Actually Tiny

By David Wallace-Wells.

“...what is significant about the scale of the gift isn’t its largeness. It’s its tininess. Judged by the standards of the climate crisis, $10 billion is pathetically little — practically speaking, almost nothing. The most optimistic assessment I know of suggests that decarbonizing the planet’s energy systems would cost, up front, $73 trillion dollars — meaning that Bezos’s unprecedented commitment amounts to less than one-seven-thousandth of the job. Here in the U.S., different versions of the Green New Deal come with different price tags, but Bernie Sanders’s is priced at $16 trillion — Bezos’s $10 billion could pay for less than a percent of that....”

Infectious diseases & NTDs

WHO resource – OpenWHO

https://openwho.org/

“OpenWHO is WHO’s new interactive, web-based, knowledge-transfer platform offering online courses to improve the response to health emergencies....”

Globalization & Health - Leaving no one behind: lessons from implementation of policies for universal HIV treatment to universal health coverage


By some of my colleagues. “The third Sustainable Development Goal (SDG – 3) aims to ensure healthy lives and promote well-being for all at all ages. SDG-3 has a specific target on universal health coverage (UHC), which emphasizes the importance of all people and communities having access to quality health services without risking financial hardship. The objective of this study is to review progress towards UHC using antiretroviral treatment (ART) as a case study....”

Their conclusion: “ART coverage has increased at global, regional and national levels to all population groups. However, the gains have not been equitable among locations and populations. Policies towards universality may widen the inequity in resource-limited settings unless countries take precautions and “put the last first”. We argue that primary health care and public health approaches, with multi-sectoral actions and community engagement, are vital to minimize inequity, achieve UHC and leave no one behind.”
Lancet Infectious Diseases - Researching Zika in pregnancy: lessons for global preparedness

E Ades et al; https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30021-9/fulltext

“Our understanding of congenital infections is based on prospective studies of women infected during pregnancy. The EU has funded three consortia to study Zika virus, each including a prospective study of pregnant women. Another multi-centre study has been funded by the US National Institutes of Health. This Personal View describes the study designs required to research Zika virus, and questions whether funding academics in the EU and USA to work with collaborators in outbreak areas is an effective strategy. 3 years after the 2015–16 Zika virus outbreaks, these collaborations have taught us little about vertical transmission of the virus. In the time taken to approve funding, agree contracts, secure ethics approval, and equip laboratories, Zika virus had largely disappeared. By contrast, prospective studies based on local surveillance and standard-of-care protocols have already provided valuable data....”

Devex – Peace Corps offers window into long-term impacts of malaria drugs


“A new report on potential long-term health effects of malaria drugs reached few definitive conclusions. Researchers were clear on one point though: There has not been enough good research into potential links between malaria prophylactics and a variety of health outcomes experienced by people who have taken them. The study, published Tuesday by the National Academies of Sciences, Engineering, and Medicine, sought to respond to questions raised mainly by advocates for U.S. military personnel deployed in malaria-endemic countries. They wondered if some health conditions experienced by service members — particularly neurologic and psychiatric outcomes — might have been precipitated by their exposure to malaria drugs at some time in the past....”

For the study, see here: Assessment of Long-Term Health Effects of Antimalarial Drugs When Used for Prophylaxis.

And a link:

AP - Dozens of HIV-positive S. African women forcibly sterilized

“A scathing new report reveals that dozens of HIV-positive women were forced or coerced into sterilization after giving birth at public hospitals in South Africa. The Commission for Gender Equality’s report this week says it investigated complaints by at least 48 women of “cruel, torturous or inhumane and degrading treatment” at the hospitals. At times it occurred when women were in labor....”
AMR

BMJ (news) - Faeces and vaccines could be the key to tackling antimicrobial resistance

https://www.bmj.com/content/368/bmj.m731

“Relying on the discovery of new antibiotics as the main solution to antimicrobial resistance (AMR) is not realistic and scientists should instead be looking to alternatives such as vaccines and faecal transplantations, according to a researcher from the National Institute for Biological Standards and Control. Gregory Amos, who heads up the microbiome section of the standards body—part of the Medicines and Healthcare Products Regulatory Agency—said that multiple strategies are needed to overcome AMR and, while “new antibiotics would be nice, what we really need to do is reduce our dependency and usage of antibiotics.”…”

NCDs

O’Neill institute - A framework convention on alcohol control? Part 1

https://oneill.law.georgetown.edu/a-framework-convention-on-alcohol-control-part-1/

By M Cina. Second part is forthcoming.

This one focused on actions already taken at the international and national levels that show an understanding of the role that governments can play in curbing the health, social, and economic harms associated with alcohol. In her next post, she’ll discuss the desirability and feasibility of a WHO Framework Convention on Alcohol Control.

Tobacco control (Editorial) - Anniversaries and action

M Daube; https://tobaccocontrol.bmj.com/content/29/2/125

Conflict & Health - Introduction to the special collection: developing valid psychological measures for populations impacted by humanitarian disasters


“...By proposing a special collection of papers in Conflict and Health that focuses on the psychometrics of commonly used measurement tools in disaster contexts, we hoped to provide the field in general with an opportunity to reflect on current approaches to developing valid measures for use in disaster contexts, and a touchstone for moving forward;...”

Sexual & Reproductive / maternal, neonatal & child health

Guardian - The multimillion-dollar Christian group attacking LGBTQ+ rights


“Alliance Defending Freedom reportedly got $55m in donations in 2018 and has lawyers worldwide working against LGBTQ+ people.”

Guardian - Women can be protected from cervical cancer – so why aren't we doing it?


“Amid a global shortage of HPV vaccine, more must be done to steer supplies towards those most at risk: girls in poor countries.”
Conflict & Health - Male and LGBT survivors of sexual violence in conflict situations: a realist review of health interventions in low-and middle-income countries


“Conflict-related sexual violence (CRSV) against women and girls has been the subject of increasing research and scholarship. Less is known about the health of men, boys and lesbian, gay, bisexual, transgender (LGBT) and other gender non-binary persons who survive CRSV. This paper is the first systematic realist review on medical, mental health and psychosocial support (MHPSS) interventions that focusses on male and LGBT survivors of CRSV. The review explores the gender differences in context, mechanisms and outcomes that underpin interventions addressing the health and psychosocial wellbeing of male and LGBT survivors....”

Quick links:

Guardian - Scottish parliament approves free sanitary products for all women

“The Scottish parliament approved plans on Tuesday to make sanitary products freely available to all women, the first nation in the world to do so....”

Globe and Mail - In Mozambique, Canadian aid funds a rare service: safe abortions.

Access to medicines

WHO – WHO launch eEML

WHO;

“ The World Health Organization has launched a new easy-to-access, digital version of its Model list of Essential Medicines (EML). The move will revolutionize the way this core WHO reference tool is used....”
Stat - Sanofi to start pharmaceutical ingredients company, which it says may avert future shortages

https://www.statnews.com/2020/02/24/sanofi-to-start-pharmaceutical-ingredients-company-which-it-says-may-avert-future-shortages/

“Sanofi, the French drug giant, said Monday that it would spin off a new company that will create the active chemical ingredients for drugs, expanding into a market currently dominated by firms in China and India. Sanofi plans an initial public offering for the new firm, which will be based in France and which is forecast to have sales of 1 billion euros in 2022. The need for such a company is being brought “sharply into focus” by outbreaks of a novel coronavirus that threaten pharmaceutical supply chains, Paul Hudson, Sanofi’s CEO, told STAT. Right now, he said, 60% of active pharmaceutical ingredients come from China, and 13% come from India. “The industry needs to be able to make active pharmaceutical ingredients in Europe,” Hudson said. “And if you’re going to do it, let’s do it properly.”…”

See also FT - Coronavirus outbreak causes supply problem for India’s drugmakers

Focus here on Indian dependency on China. “Epidemic drives up ingredient prices and exposes pharma groups’ dependence on Chinese materials.” “…The price of many pharmaceutical ingredients has spiked for Indian drugmakers following panic buying and Chinese raw material shortages caused by the coronavirus lockdown....”

HPW - Former Director Of Italian Medicines Agency Recognized For Drug Transparency Work


“Former general director of the Italian Medicines Agency (AIFA) Luca Li Bassi was awarded the 2019 “International Transparency in Medicines Policies Awards” by the French civil society watchdog group l’Observatoire Médicaments Transparences (the Observatory for Transparency in Medicines), for his efforts in negotiating a milestone World Health Assembly resolution in May 2019 supporting more public disclosure of medicines costs by countries, which are now generally obliged to keep their purchase contracts with pharma suppliers secret under non-disclosure agreements....”

WHO steps up action to improve access to safe blood

https://www.who.int/news-room/detail/26-02-2020-who-steps-up-action-to-improve-access-to-safe-blood

“The World Health Organization’s new action plan to speed up universal access to safe blood and blood products pulls together existing recommendations and recommends new improved ways of
working. It’s the start of a four-year collaborative effort to improve blood transfusion and blood-based therapies in all countries....”

Lancet World Report – Indian pharma threatened by COVID-19 shutdowns in China

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30459-1/fulltext

“As factories in China are closed, India is working to maintain supplies of active pharmaceutical ingredients. Patralekha Chatterjee reports from New Delhi....”

Human resources for health

Miscellaneous

IISD - OECD Introduces Checklist for Sub-National Action on SDG Implementation

IISD;

“A synthesis report on SDG strategies in cities and regions finds that many OECD countries are increasingly seizing the potential of the SDGs as a framework to improve multi-level governance, and in particular vertical coordination. The report introduces a ‘Checklist for Public Action’ to help policymakers implement a territorial approach to the SDGs. The OECD Localised Indicator Framework for the SDGs measures the distance towards the SDGs for 601 regions and 649 cities.”

ODI - Review of public financial management diagnostics for the health sector


“Changes to the aid landscape have led to growing interest in how public funds can be managed more effectively to provide health services. A number of diagnostic tools have been developed to help identify weaknesses in public financial management (PFM) systems that may be undermining this aim. This paper identifies and compares eight of these tools – five tools that look directly at the relationship between PFM and health and three further tools that look at aspects of PFM among a wider range of factors affecting health service delivery. The aim is to provide donors, governments and other practitioners with a menu of options for considering which – if any – PFM and health diagnostic tool might support their objectives. The paper is divided into two sections:
Chapter 1 is the main body of the report, setting out an analysis of the key issues related to PFM and health diagnostics. This draws on a broader literature on the measurement of the quality of governance and institutions in order to pick out important lessons about the strengths and limitations of different diagnostic approaches. Chapter 2 examines each of the tools in detail using a common framework and provides the underlying evidence that informs the paper.

F2P blog - 6 ways Southern Civil Society Organizations interact with marginalized groups; 4 ways they deal with closing civic space

https://oxfamblogs.org/fp2p/6-ways-southern-civil-society-organizations-interact-with-marginalized-groups-4-ways-they-deal-with-closing-civic-space/

Based on a new paper. “Some interesting research on the realities of CSOs in the Global South and their interaction with the aid sector is coming out of the Netherlands (see last week’s post for more on this theme). Check out this new paper by the ‘Civil Society Research Collective’ – Margit van Wessel, Suparana Katyaini, Yogesh Mishra, Farhat Naz, B. Rajeshwari, Rita Manchanda, Reetika Syal, Nandini Deo and Sarbeswar Sahoo....”

Guardian - Austerity blamed for life expectancy stalling for first time in century


On the UK. “Life expectancy has stalled for the first time in more than 100 years and even reversed for the most deprived women in society, according to a landmark review which shows the gap in health inequalities is yawning even wider than it did a decade ago, in large part due to the impact of cuts linked to the government’s austerity policies. Sir Michael Marmot’s review, 10 years after he warned that growing inequalities in society would lead to worse health, reveals a shocking picture across England, which he says is no different to the rest of the UK and could have been prevented....”

See the review in BMJ - Health equity in England: the Marmot review 10 years on.

Emerging Voices

Gates Notes - This doctor/novelist is tackling malnutrition

Bill Gates himself describes the work of Kopano Mabaso (EV 2012), who is the woman behind the Grow Great Campaign in South Africa.