IHP news 563: It is a drill, actually

(13 March 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,

As Xi Jinping visited Wuhan earlier this week, carefully orchestrated as you can expect in an authoritarian (and increasingly Big Brother) country, signaling that the country has “turned a corner” under the leadership of the Communist party, it’s good to keep in mind ‘the other side of the coin’. See this analysis by Paul Gardner (the Conversation), China’s coronavirus cover-up: how censorship and propaganda obstructed the truth, or the continuing brave testimonies of Wuhan health care heroes. Good to remember also this ‘other side of the coin’ whenever you hear about “the Chinese draconian public health effort having paid off”, including by WHO officials. Nevertheless, I hope, for China and its citizens, that indeed they’ve had the worst of this - now also “WHO-certified” - pandemic that hit their country first and terribly hard, especially in Hubei province.

Meanwhile, in many countries around the world, it’s all about “flattening the curve” now, and for very good reason. (PS: Epidemiologist and virologists must be among the only Sapiens who want to ‘flatten curves’, but I’m digressing 😊)

In addition, Tedros’ famous mantra, ‘UHC and Global Health Security are two sides of the same coin’ suddenly also rings true in ‘advanced’/‘developed’ countries, in the US among others. Although the WHO DG is right we’re now beyond just health systems: Covid-19 has become a ‘whole of society’ issue, requiring a ‘whole of government’ response; it’s not just a “stress test for public health systems” anymore. And let’s not forget about the global impact & governance needed.

But even if it resembles something of an information “black hole” nowadays, in which every other issue seems to disappear, there’s more than Covid-19, even now. Many observers also hope, witnessing the current frantic global response, that Governments will act [some day, and hopefully soon] with the same urgency on climate as on the coronavirus, with their hopes raised by this (admittedly, a bit rosy) assessment: “...unlike the response to global heating, it has shown how political and corporate leaders can take radical emergency action on the advice of scientists to protect human wellbeing...” Unfortunately, the differences between the two emergencies are obvious as well. Just witness how a new flagship UN study (by the World Meteorological Organization) showing accelerating climate change has just fallen flat. As in ‘totally ignored’.

So no, I’d put it differently. Unlike what dr. Tedros said some days ago, this IS a drill, actually, as it gives us a glimpse of what might happen – total system collapse – if we don’t get the response to the planetary emergency right in the coming years and decades. Indeed, as an astute observer pointed out last week, the Coronavirus entered a world already facing very grave threats, largely due to an unsustainable and very inequitable economic system (with all the political spin-off effects that entailed in recent years). It’s something we tend to (or prefer to) forget, until it comes knocking on our very door (as the Australians experienced recently) - by which time it’s often too
late. The similarity with the Coronavirus (see how everybody is now freaking out, fearing ‘Italian (or Iranian) scenarios’) holds, at least in that respect – Wuhan still felt so ‘far away’ some weeks ago.

So yes, let’s hope that the current global anxiety and massive economic and health impact also lead to a profound moment of reflection, that we need to do things very differently on this planet. Before it’s too late.

Enjoy your reading.

Kristof Decoster

Featured Article

‘South of the border, down Mexico way’: Macho violence in Mexico

Elena Vargas (EV 2014 alumna)

“Hey, aren’t you afraid of dying from the coronavirus? No! I’m afraid of dying dismembered and be blamed for it”, a Chilean cartoonist tweeted a few days ago. And that is more than just a perception for hundreds of thousands of women across Latin America who flocked to the streets on Sunday, in commemoration of International Women’s Day (8 March).

Living and working in one of the biggest cities in Latin America myself, I felt the urge to join the march against the femicide epidemic in my host country. Mexico, that is, where violence is rampant and 10 women are being killed every day according to estimates. ‘México lindo’, where women have had enough of the macho violence and keeping silent because of fear. Now, many of us are angry and have decided to claim the streets. Some even burn whatever crosses their path.

Mexico City’s authorities reported that approximately 80 thousand people participated last Sunday, despite the coronavirus confirmed cases (7 cases at the time of writing) and despite threats in social media claiming that there could be attacks against women participating in these demonstrations.

Additionally, on Monday March 9th, there was also an unprecedented national strike. People massively responded to the call ‘A day without women’, disrupting the usual routine of a hectic and crowded city: most banks were closed, metro stations and shopping centers were empty. The national strike was a call to demand for respect of women’s rights, a call to protest against gender-based violence, inequality and macho culture. Women were asked to miss work, school, abstain from buying and limit their social media activity. Even the private sector supported women who went on strike, despite the economic loss to the Mexican economy (around 1.370 million US dollars).

But why is there so much more anger now than ever before? I found a timeline that helps you understand why a broader spectrum of Mexican society is supporting the feminist movements now:
March 2019 #MeTooEscritoresMexicanos or “Me Too Mexican Writers”

Social media testimonies of sexual misconduct against writers, musicians, actors and journalists. These testimonies were discredited due to the anonymity of the victims.

August 2019 #NoMeCuidanMeViolan or “They do not take care of me, they rape me”

Police officers raped a teenage girl, igniting strikes in Mexico City. Protesting feminist groups spray-painted one of the city’s most iconic monuments, El Ángel de la Independencia.

November 2019

- Strike in UNAM, Autonomous University of Mexico due to sexual harassment accusations made by female students.
- “A rapist in your path”, the Chilean feminist anthem was performed in different countries including on Mexico City’s main square, Zocalo.
- #25 International Day against gender-based violence: police clashes with feminist demonstrators. The police were protecting monuments from being vandalized, which sparked criticism over the protection of monuments instead of lives of women. That same day, Abril Perez, 46 years old, mother of 3, was murdered by her former husband, also a former Amazon Mexico director.
- February 2020: Ingrid Escamilla, 25 years old was killed and disemboweled by her former partner. Crime scene photos and pictures of her body were portrayed on the front page of two national newspapers and their websites. Fatima, a 7-year old school girl went missing and was found naked in a plastic bag not far away from her school.

And the list goes on. On March 8th -March 9th, 21 women were killed.

Mexican president Andrés Manuel Lopez Obrador gave a shameful response to the increase in women’s violent deaths: “I don’t want femicides to overshadow the lottery”. He also suggested that last Monday’s strike was part of a plot against him by his political opponents, and claimed that neoliberalism was the reason there were so many femicides, as if gender-based violence was a by-product of neoliberalism alone and hadn’t existed before. In a similar vein, the governor of the state of Chiapas mocked women striking on Monday, saying they were cleaning their homes.

Official statistics estimate that there are **11 acts of sexual aggression against women for every act performed against men**. Between 2015 and 2018 killings of women increased by 57% (from 2,383 violent deaths in 2015 rising to 3,752 victims in 2018), even though many states increased and reinforced sanctions in an attempt to curb femicides. Over a 4-year-period, 12,378 women were killed. In November 2019, the Mexican Minister of Security stated that 125,000 women had been victim of violence in the country that year alone. Only 1 out of 5 murders are investigated as possible femicide, that is, around 80% of the perpetrators won’t be sentenced the way they should (as there are harsher sentences for femicides than homicides).

With these figures and the testimonies of so many women who have died or had to endure violence due to societal gender roles, I don’t feel indignation for vandalized monuments and graffiti claiming justice and respect for my life and other women’s. I stand for myself, for the women who stood
before us and for the next generations of girls and women that hopefully won’t have to protest in order to keep themselves alive.

**Highlights of the week**

**2020 Global Health 50/50 report: Power, Privilege and Priorities**

Report  [https://globalhealth5050.org/2020report/](https://globalhealth5050.org/2020report/)

As a reminder: “*This (yearly) report reviews the equality- and gender-related policies and practices of 200 global organisations active in health and health policy. The report, and its accompanying Gender and Health Index, provides the single-most comprehensive analysis on gender equality and the distribution of power and privilege in global health.*”

“The 2020 report provides an unprecedented birds-eye view of the global health system today. It reveals that the leadership of the 200 most prominent organisations active in global health continues to reflect power and privilege asymmetries along historical, geographic and gender lines. The report further uncovers a distinct disconnect between the organisational priorities and the gendered burdens of disease around the world. The report warns that these inequalities -- an inequality of opportunity in career pathways inside organisations and an inequality in who benefits from the global health system -- are impeding progress towards health goals.”

**Three key messages:** “One, power asymmetries continue to plague the global health architecture... Two, patterns of privilege drive a troubling lack of gender equality and diversity within global health organisations ... Three, global priorities have not kept pace with changing health needs and fail to adequately address gender. ...”

**Fabulous report.** Also like the way the report is unequivocal about a ‘broken’ global health system.

Great comments and summaries of key messages of the report by:

**M Pai (Forbes) - Global Health Needs To Be Global & Diverse**

[https://www.forbes.com/sites/madhukarpai/2020/03/08/global-health-needs-to-be-global--diverse/#5c8a2ad97659](https://www.forbes.com/sites/madhukarpai/2020/03/08/global-health-needs-to-be-global--diverse/#5c8a2ad97659)

Great analysis, among others focusing on the ‘global health aristocracy’. Must-read.

Would be nice if some social network researcher started mapping this global health aristocracy, providing also yearly updates of the rankings.

Quotes: ““If Davos has a credibility problem, then global health has a ‘Davos problem’.”"
"Currently, men from HICs are ‘leaning in’ and dominating all aspects of global health. For real change to happen, these privileged men need to deliberately ‘lean out’ and create space for women and individuals from LMICs to lean in.’"

Guardian - Seven out of 10 global health leaders are men – and change is half a century away


Very nice coverage of the report. "A small group of privileged men based in Europe and the US preside over a global health system which is 70% male, according to new research. The Global Health 50/50 report, published on Monday by University College London’s Institute of Global Health, warns it could take 54 years until the world’s major health organisations have equality in their leadership. Although women make up 70% of workers in the global health sector, only 5% of leadership positions are occupied by women from low- and middle-income countries, said researchers. Power is concentrated in rich countries, where 85% of global health organisations have their headquarters, according to the report..."

The report said the current global health system has its roots in colonial-era structures that were often focused on specific diseases and preventing their spread to Europe.

Including also some quotes:

“‘It’s a stagnant and stagnating system,” said Professor Sarah Hawkes, co-founder of the initiative, which reviewed the performance of 200 organisations working in health. “It’s not kept pace with the changing nature of disease and it’s also essentially failing to take gender into account.”

Dr Anuj Kapilashrami, a senior lecturer in global health at Queen Mary University of London, said these structures mean much of the health sector focuses on select diseases rather than the structural issues that lead to disease. “We need radical change in the ways aid gets dispersed, and structural changes,” she said....”

HPW - Misaligned Priorities & Gender Inequalities Formed “Cracks” That Contributed To COVID-19 Pandemic

Misaligned Priorities & Gender Inequalities Formed “Cracks” That Contributed To COVID-19 Pandemic

Quote Kent Buse: “‘If we continue to apply a gender-blind approach to healthcare I am afraid we will see additional global healthcare crises in the future.’”

“In the context of COVID-19, the stark gender disparity in mortality rates is an example of how a history of “gender-blind” approaches in global health have contributed to the current crisis, according to Sarah Hawkes, co-founder of Global Health 50/50 and director of University College London’s Centre for Gender and Global Health.”
BMJ Global Health (Editorial) - Reimagining global health as the sharing of power
Kumanan Rasathan & Jennifer Rasathanan; https://gh.bmj.com/content/5/3/e002462

“... we welcome the publication of the third annual GH5050 report and accompanying Gender and Health Index, timed to coincide with International Women’s Day. Taking gender analysis as an entry point, the report examines the policies and composition of 200 organisations working in global health and argues that global health is not fit-for-purpose to deliver on its Sustainable Development Goal (SDG) mandate to ensure health and well-being for all people. Here, we highlight three of its key findings and offer our reflections on the implications and questions the report raises....”

Quote: “Their findings raise the uncomfortable question of whether global health leadership can be anything other than an elite activity.”

PS: My own only minor comment on this year’s Global Health 50/50 report (perhaps something for the next edition ?) would be to make the link between gender and planetary health (which goes a few steps beyond the SDG health agenda, still, in my opinion) more obvious – it’s clear that without the generation of Greta, AOC and many others, we are really doomed. So they better be part of decision making circles, also in ‘global health’, sooner rather than later, with a view on planetary health as well.

International Women’s Day (8 March) - #EachforEqual

Via IDS: “This International Women’s Day the theme was ‘an equal world is an enabled world’. Achieving gender equality and gender justice continues to be a global aim under the UN Global Goal 5 and one that cuts across all aspects of international development.

Commission on the Status of Women (CSW)

UN News - Amid COVID-19 constraints, UN women’s commission meets to push gender equality forward

“Despite constraints imposed by the new coronavirus disease, activists for gender equality gathered at UN Headquarters on Monday for the latest session of the Commission on the Status of Women (CSW), to reinforce the message that women’s rights are human rights. Member States adopted a Political Declaration in which they pledged to step up action to fully implement the landmark Beijing Declaration and Platform for Action on gender equality, agreed 25 years ago.”

Key quote: “We must push back against the pushback”
BMJ blog - Twenty five years after the Beijing Declaration we need to reaffirm that women’s rights are human rights

By Rajat Khosla (Human Rights Adviser for the Human Reproduction Programme at the WHO), Senait Fisseha (Chief Adviser to the Director General of the WHO), Katja Iversen (President/CEO of Women Deliver), Sapana Pradhan Malla and Sofia Gruskin.

See also WHO - Women's health and rights: 25 years of progress?

Lancet Global Health (Editorial) – No time for complacency on the road to gender equality

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30084-X/fulltext

“International Women’s Day, on March 8, is a chance to look ahead to some crucial events later this year on the ongoing agenda to create an equitable world for women and girls. On March 9, the 64th session of the UN Commission on the Status of Women was set to adopt a political declaration reaffirming commitments made in the 1995 Beijing Declaration and Platform for Action. That landmark document, the outcome of the Fourth World Conference on Women in Beijing, China, is celebrating its 25th anniversary this year....”

Some other links:

- In 2020, world “cannot afford” so few women in power

“Women’s representation in political decision-making continues to increase but at a sluggish pace according to new data presented in the 2020 edition of the IPU-UN Women map of Women in Politics. The data’s publication coincides with the 25-year review of the implementation of the Beijing Platform for Action, the world’s most comprehensive agenda for gender equality....”

Among others, “Women ministers are still most likely to oversee family and social affairs, followed closely by environment and energy portfolios....”

- NYT Op-ed: Women’s Unpaid Labor is Worth $10,900,000,000,000 (By Gus Wezerek and Kristen R. Ghodsee)

Lancet Comment - Patchy progress on the ICPD: are we asking the right questions?

D Shaw; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30080-2/fulltext

“The International Conference on Population and Development (ICPD) agenda, set in 1994 in Cairo and revisited 25 years later in Nairobi in 2019, included goals for equitable education of women, reduction of infant and child mortality, reduction of maternal mortality, and access to reproductive
and sexual health services, including family planning, through its well known Programme of Action. The ICPD was ground-breaking in recognising the benefits that empowerment of women and girls would have for themselves, their families, and, ultimately, their countries. Notably, 179 countries signed onto the Programme of Action and focused efforts on providing access to contraception as a basic human right. Yet progress on these goals has been patchy, as evidenced by the advocacy for a late inclusion of contraceptive prevalence as target 5B in the Millennium Development Goals, and the indicator for the current Sustainable Development Goal (SDG) 3.7.1 to meet 75% of the demand for family planning in all countries by 2030. In 2019, the reported estimates varied from 51.1% to 90.1% depending on the country. ...”

Shaw concludes: “...With the efforts towards meeting contraceptive needs over the past 25 years, one might have expected better progress, but it is time to consider the context of women’s lives more broadly to meaningfully address gaps not anticipated by the ICPD. If focused solely on counting the number of women expressing met and unmet need, countries across the world are likely to miss yet another goal, since gender equality and increasing population size are yet to fully manifest their impact.”

HSG - The right balance: Breaking down barriers for women in HPSR

https://the-right-balance.squarespace.com/breaking-barriers

Do explore the website.

And stay tuned for an upcoming webinar (20 April) - https://the-right-balance.squarespace.com/join-the-webinar

For more info on this upcoming webinar, see also this HSG blog.

Covid-19 - At last, a “Pandemic”

Now, it’s time for the dreaded section : )

We will start this long section with (1) WHO’s declaration of a pandemic (and why now).

Then (2) we give a short overview of some interesting resources, (3) key updates of the past week (including funding & new initiatives), (4) other news, (5) science updates & (6) analysis.
On Wednesday, WHO declared a pandemic – at last; the declaration is a ‘call to action’

Stat News - WHO declares the coronavirus outbreak a pandemic

Stat News;

“...The World Health Organization on Wednesday declared the rapidly spreading coronavirus outbreak a pandemic, acknowledging what has seemed clear for some time — the virus will likely spread to all countries on the globe. ... ... Director General Tedros Adhanom Ghebreyesus said the situation will worsen. "We expect to see the number of cases, the number of deaths, and the number of affected countries climb even higher," said Tedros, as the director general is known.

“... Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death. ... ... “Describing the situation as a pandemic does not change WHO’s assessment of the threat posed by this coronavirus,” Tedros said at the WHO’s headquarters in Geneva, in making the announcement. “It doesn’t change what WHO is doing, and it doesn’t change what countries should do.”

At the same time, Tedros said: “This is not just a public health crisis, it is a crisis that will touch every sector — so every sector and every individual must be involved in the fight.”

... “There’s been so much attention on one word,” said Tedros. “Let me give you some other words that matter much more, & that are much more actionable: Prevention. Preparedness. Public health. Political leadership. And most of all, People.”...

- See also the Guardian - WHO declares coronavirus pandemic

“Director general says his organisation is ‘deeply concerned ... by alarming levels of inaction’”

- And Devex - COVID-19 is officially a pandemic, WHO says

“The World Health Organization warned countries not to use this declaration as a justification to abandon efforts to contain the spread of the novel coronavirus.”

“WHO rarely declares pandemics. The last one was declared in 2009 over the H1N1 virus, commonly known as the swine flu.... ... A key reason behind the declaration, according to Dr. Michael Ryan, executive director of the WHO Health Emergencies Programme, is that many countries have failed to adequately prepare for or respond to the spread of the virus. The pandemic declaration is a “call to action,” he said.
WHO now has guidelines for 4 scenarios (see below). It’s clear that the Chinese bought the rest of the world some time — but some countries wasted the extra month to prepare. It’s also clear, by now, that (Foreign Policy) “The virus is as economically contagious as it is medically contagious”.

We all hope that, when this is all over, the world in the 21st century will go “De Swaan” (see (1998) ‘Project for a beneficial epidemic: On the collective aspects of contagion and prevention’), i.e. towards effective global coordination, funding and governance of similar threats in the future. But I wouldn’t bet on it.

NYT – The World Has a Plan to Fight Coronavirus. Most Countries Are Not Using it.

Neat analysis (12 March). “The World Health Organization is supposed to coordinate the global response to epidemics. But the U.N. agency cannot force countries to play by international rules.” Few countries pay attention to the IHR.

A few interesting (mostly WHO) resources

WHO now provides “Rolling updates” on its website

With key updates, on briefings and new reports/guidelines.

We flag a few here already:

• WHO - Critical preparedness, readiness and response actions for COVID-19

WHO has defined four transmission scenarios for COVID-19:

1. Countries with no cases (No cases); 2. Countries with 1 or more cases, imported or locally detected (Sporadic cases); 3. Countries experiencing cases clusters in time, geographic location and/or common exposure (Clusters of cases); 4. Countries experiencing larger outbreaks of local transmission (Community transmission).

This document describes the preparedness, readiness and response actions for COVID-19 for each transmission scenario.

• WHO - A Coordinated global research roadmap
The Scientific Advisory Group of the WHO R&D Blueprint met on 2 March 2020 to review the progress made since the Global Research Forum and to provide advice to WHO on additional prioritization of research actions for this outbreak. This document presents a Global Research Roadmap with immediate, mid-term and longer-term priorities to build a robust global research response on the basis of the deliberations during the Global Research Forum.

The report distils research priorities into nine key areas.

- WHO (10 March) - Guidance includes practical actions and checklists for administrators, teachers, parents and children

- Daily briefings by dr. Tedros: see https://www.who.int/dg/speeches

For the latest one (12 March), see here. Among others, Tedros advocates for countries to take a 4-pronged strategy. (1) Prepare and be ready; (2) detect, prevent and treat; (3) reduce and suppress; (4) innovate and improve.


Some other resources

- Africa CDC - Africa CDC Guidance for Assessment, Monitoring, and Movement Restrictions of People at Risk for Covid-19 in Africa

12 pager.

- WHO Afro situation report (11 March)


Every week, a situation report is published on Covid-19. This is the second one.

- KFF - KFF coronavirus tracker

- Resolve to Save Lives: summaries of scientific articles
“Our team @ResolveTSL has been tracking some of the nearly 300 scientific articles about #COVID19 with informal, unofficial, subjective - but we hope useful - summaries. We’re now posting those on our site and will update them daily....”

- Our World in Data - [https://ourworldindata.org/coronavirus](https://ourworldindata.org/coronavirus)

The ‘Our World in Data’ team (by Max Roser et al) now also has daily updates on Covid-19.

- FT - [Coronavirus tracked](https): “The countries affected, the number of deaths and the economic impact.”

With one very [ominous graph](https) (on trajectories of western countries, almost all seemingly heading for the Italian scenario).

**Key updates of the past week (including on funding)**

By now, you know which media we recommend to get your daily overview articles on the Covid-19 outbreak – Stat News, Cidrap News and Health Policy Watch are all great. We flag a few things here that caught our attention:

**Guardian - Covid-19 outbreak: what do health experts mean by 'flattening the curve'?**


See also this week’s intro- in many countries, it’s about ‘Flattening the curve’ now. “Public health measures can slow the spread of coronavirus to keep the number infected at any one time at a manageable level.”

**HPW - ‘World Is Inching Towards a COVID-19 Pandemic – But One We Can Control’, Says WHO**


This was also a key message from Tedros this week. It might be a pandemic, but it’s the first one in history we can control.
KFF (brief) - Donor Funding for the Global Novel Coronavirus Response

As of 10 March, and regularly updated. Must-scan! “This tracker provides an accounting of publicly available information on donor funding to date. Not included are funding from governments for their own domestic response efforts or commitments focused on economic stimulus or recovery efforts related to the outbreak…”

In general, the picture (in terms of international aid) is still underwhelming, argues The New Humanitarian (12 March).

The Global Preparedness Monitoring Board calls for a Scaled-Up Global Response to COVID-19: Estimated Costs and Funding Sources

Earlier this week, the Global Preparedness Monitoring Board (GPMB) called for the immediate injection of at least $8bn of new funding. Multilateral financial institutions and G7 and G20 governments should provide immediate funding to meet these needs.

6-pager and must-read (and -act).

PS: among others, the call included $1 billion to fund @WHO response and $2 billion to fund vaccine development.

HPW - ‘Sister’ Initiatives Commit US $129 Million to R&D for COVID-19 Vaccines & Cures; Funding To Manufacture Still A Barrier

“The Bill and Melinda Gates Foundation, Wellcome Trust, and Mastercard on Tuesday announced a US $125 million commitment of seed funding to a new COVID-19 Treatment Accelerator – whose aim as its name implies, will be to speed up the development of urgently needed drugs to treat people infected with COVID-19. Just hours later, the Coalition for Epidemic Preparedness Innovations (CEPI), which is engaged in a similar race for new vaccines, announced a $4.4 million investment to advance preclinical and Phase 1 trials of two of the most promising vaccine candidates that it has identified....”

... The downside, however is this. Neither initiative has enough funding right now to fully finance a drug or vaccine to from end-to-end....”

See also FT Health - Charities set up $125m coronavirus drug development fund
"The world’s two largest medical research foundations, Wellcome and the Bill & Melinda Gates Foundation, and Mastercard’s Impact Fund charity are jointly committing $125m in “seed funding” to develop treatments for coronavirus disease. The Covid-19 Therapeutics Accelerator, as they have called it, will be a catalyst to draw in much more money for coronavirus drug development, said Jeremy Farrar, Wellcome director. He hopes other donors will see it as an attractive vehicle to support research. ... ... The world currently has no broad-spectrum antivirals available in case a dangerous new disease such as Covid-19 emerges. Nor are there any licensed treatments specifically for coronavirus infections. The accelerator aims to develop both. ... ... The new accelerator will work with the World Health Organisation, governments and the private sector. It aims to provide “fast and flexible funding” at all stages of development, from research to manufacturing and scale-up. ... ... Its mission for drugs will be similar to that of the Coalition for Epidemic Preparedness Innovations (Cepi), which develops vaccines against emerging diseases, he added.”

**Reuters - $2 billion needed to develop COVID-19 shot, says epidemic response group**

**Reuters**

From late last week (6 March)

“CEPI announced within weeks of the start of the outbreak that it would put $100 million into an initial program of vaccine development with the aim of having potential vaccine candidates in early stage clinical trials in as little as 16 weeks. But on Friday it said these funds would be fully allocated by the end of March. “Without immediate additional financial contributions the vaccine programs we have begun will not be able to progress and ultimately will not deliver the vaccines that the world needs,” Hatchett said.”

Since this call for 2 billion, some new money has already been received (by Germany, among others).

Some links & tweets:

- NPR - [Where That $8.3 Billion In U.S. Coronavirus Funding Will And Won’t Go](https://www.npr.org/2020/03/16/823933895/where-that-8-3-billion-in-u-s-coronavirus-funding-will-and-wont-go)


Majority of the 1.6 billion designated for the international response goes to USAID (986 million); the rest goes to the State Department & CDC.

- Tweet dr Tedros: [Good news from the Government of #China: they are contributing USD 20 million to @WHO to bolster the global fight against #COVID19. ...”](https://twitter.com/TedrosAdhanom/status/1234567890)
Some other news updates

• Reuters – [China says coronavirus peak has passed as epicenter logs single-digit new cases](https://www.reuters.com/article/us-health-coronavirus-china/chinas-coronavirus-epidemic-has-passed-its-peak-its-top-health-commission-said-idUSKBN25Q1ZK)

“China’s coronavirus epidemic has passed its peak, its top health commission said on Thursday, as it logged just eight new infections in Hubei province, the first time the epicenter of the outbreak recorded a daily tally of less than 10. With the marked slowdown of the spread of the virus, more businesses have reopened with authorities cautiously easing strict containment measures….”


(11 March) “The World Economic Forum on Wednesday announced the creation of the COVID Action Platform. The global platform, the first of its kind, aims to convene the business community for collective action, protect people’s livelihoods and facilitate business continuity, and mobilize support for the COVID-19 response. The platform is created with the support of the World Health Organization and is open to all businesses and industry groups, as well as other stakeholders, aiming to integrate and inform joint action.”

Its top priority: let global business pay fair taxes from now on : ) Klaus Schwab will personally see this through.


“The world’s response to the COVID-19 crisis must encompass and focus on all, including those forced to flee their homes. The elderly among the world’s forcibly displaced population are particularly vulnerable, warned today UNHCR, the UN Refugee Agency, launching its initial COVID-19 appeal. UNHCR is urgently seeking an initial US$33 million to boost the preparedness, prevention and response activities to address the immediate public health needs of refugees prompted by COVID-19….”


There’s a lot to say about the vulnerability of the US. As this is not IHP’s focus, just one read here:

“Low-wage workers in service industries without proper medical benefits and sick leave will risk getting sick or spreading the virus.” It appears the Trump administration is going for Covid-19 (exceptional) ‘waivers’ to overcome some of these hurdles.

• NPR - [WHO Official Says Coronavirus Containment Remains Possible](https://www.npr.org/2020/03/16/829284076/who-official-says-coronavirus-containment-remains-possible)

On some lessons to be learnt from China.
Excerpts: “...But Aylward says other countries may be taking the wrong lesson from China by attributing its success to the government’s unprecedented restrictions of daily life in several cities, most famously Wuhan, the city of 11 million people where the outbreak began. "China has 31 provinces, thousands of cities," notes Aylward. "And it was only a few cities where they took those draconian measures. In the vast majority of them they ... really went back to fundamentals of public health." These included ensuring that there was enough testing capacity to quickly identify cases, isolating infected patients, tracing anyone who had contact with them, and when necessary, placing those contacts in quarantine facilities so that they wouldn’t get infected by the sick person or spread the disease further. ... ... In short, Aylward says, "It wasn’t a lockdown everywhere. That’s the wrong way to portray China’s approach to the disease. And that’s leading to some fundamental confusion and failure to do the right things."

.. Still, Aylward says, there is indeed a threshold where it becomes necessary to impose major restrictions on movement. That happens when there is substantial "community-level transmission, where it's spreading in [so] many, many different environments, you can't even differentiate clusters." That's what occurred in Wuhan. ... But even in those instances, says Aylward, it’s crucial not to rely on restrictions of movement as the sole remedy. Public health authorities need to be prepared for a rebound in cases when movement restrictions are lifted and cases start to tick up again....”

• NYT - As death toll mounts, governments point fingers over coronavirus

The 'blame game' has started... “An Iranian official claimed without evidence that the epidemic could be an American bioweapon, after some U.S. officials said the same about China. Saudi Arabia said its cases were Iran’s fault. South Korea lashed out at Japan over travel restrictions and responded in kind. ... ... But as the virus continues its rapid spread, political leaders in many countries seem to have seized on a different question: Who can be blamed?”

• Devex (9 March) - PAHO to deploy extra COVID-19 support to weaker regional health systems

“The Pan-American Health Organization will deploy teams this week to countries in Latin America and the Caribbean that require extra support on their response to the outbreak of COVID-19, the novel coronavirus.”

• Bloomberg - Africa CDC intensifies coronavirus response in 43 countries

“The Africa Centres for Disease Control and Prevention says it’s ramping up expertise across the continent to help fight the spread of the novel coronavirus. The CDC has trained laboratories from 43 countries as Covid-19 cases have been reported in nine African countries, including Nigeria, Egypt and South Africa. Globally, around half the world’s nations have now reported cases of the coronavirus....”

• Devex - UK government to fund coronavirus rapid diagnostic test

From last week on Friday: “The U.K. on Friday announced a £46 million ($60 million) aid package to fight the new coronavirus, including funding for a rapid diagnostic test and assisting health system preparation in vulnerable countries.”
• **UN Climate Negotiations Cancelled In Bonn, Germany**

Just one example of the collateral damage – **cancelling of the UN Climate negotiations in Bonn.**

Excerpt on whether there will be implications for the World Health Assembly in May: 

**WHO’s Director General Dr Tedros Adhanom Ghebreyesus, however, sidestepped the question of whether the World Health Assembly (WHA), which brings thousands of people to Geneva for a week in late May, might be held remotely as well — in light of the COVID-19 crisis and the previously-announced World Bank decision to put its annual Spring Meetings on a virtual platform. Speaking at Friday’s daily WHO press briefing, Dr Tedros said that WHO would have to do a risk assessment regarding the WHA, adding that he supported a broader approach to “virtual meetings”...”

• WHO’s Ryan on likelihood whether the virus might not spread as easily in Europe’s warm summer months - [Reuters](https://www.reuters.com/);

“Ryan, asked whether the virus may not spread as easily in Europe’s warm summer months, said: “We do not know yet what the activity or the behaviour of this virus will be in different climatic conditions. We have to assume that the virus will continue to have the capacity to spread.” He added: “It is a false hope to say yes it will just disappear in summertime, like influenza virus...There is no evidence right now to suggest that that will happen.””


• [Coronavirus Spurs U.S. Efforts to End China’s Chokehold on Drugs](https://www.nytimes.com/2020/03/13/us/politics/trump-coronavirus-drug-dependence.html)

“*The Trump administration says the U.S. is too dependent on China for vital drugs. But it’s unclear how much Washington can do to alter global supply chains.*”

• C Purdy (DKT) on Linked in - [The coronavirus will affect global access to contraceptives](https://www.linkedin.com/pulse/c-purdy-global-access-contraceptives-coronavirus-c-purdy/)


“*Prison labour is being used to shore up supplies of face masks and hand gels in Hong Kong and the USA as campaigners warn that inmates are among the most vulnerable to Covid-19 infections.*”

• [How tech billionaires like Bill Gates are ploughing cash into fighting coronavirus](https://www.telegraph.co.uk/healthcare/coronavirus/)

“As Covid-19 tears across the US West Coast, Americans have been forced to rely on the philanthropy of moguls like Gates and Mark Zuckerberg...”
Science updates

You know, this is not our forte, but we try our best anyway to offer a few overview articles here that give you an idea, mainly via hyperlinks.

- Helen Branswell (Stat News) : [We’re learning a lot about the coronavirus. It will help us assess risk](https://www.statnews.com/2020/03/05/coronavirus-risk/) (as of 6 March)
- Stat News – (March 9) [People ‘shed’ high levels of coronavirus, study finds, but most are likely not infectious after recovery begins](https://www.statnews.com/2020/03/05/coronavirus-spread/)

See also the Guardian - [Coronavirus sufferers symptom-free for five days on average – study](https://www.theguardian.com/uk-news/2020/mar/09/coronavirus-sufferers-symptom-free-five-days-average-study)

(9 March) “Findings suggest the **14-day quarantine period** used around world **strikes a good balance.**”

“People infected with coronavirus are symptom-free for an average of five days, according to a study that reinforces the need for strict quarantine measures. The analysis found that 5.1 days was the median length of time before people started showing signs of illness, although there was a wide range of incubation periods, with a tiny minority of people taking up to two weeks....”

A more recent study from China (Lancet) wonders whether this is enough, though.

- Science news - [Mutations can reveal how the coronavirus moves—but they’re easy to overinterpret](https://www.sciencenews.org/science-news/2020/03/mutations-coronavirus-moves-easy-overinterpret)
  “Study suggests number of cases could have been cut by 66% if China had acted a week earlier.”
- Stat - [Researchers rush to test coronavirus vaccine in people without knowing how well it works in animals](https://www.statnews.com/2020/03/05/coronavirus-vaccine-trials/)
- SCMP - [Coronavirus ‘highly sensitive’ to high temperatures, but don’t bank on summer killing it off, studies say](https://www.scmp.com/news/world/2020/03/05/coronavirus-highly-sensitive-high-temperatures-dont-bank-summer-killing-it)
  “Pathogen appears to spread fastest at 8.72 degrees Celsius, so countries in colder climes should ‘adopt the strictest control measures’, according to researchers from Sun Yat-sen University in Guangdong province. But head of WHO’s health emergencies programme says it is ‘a false hope’ to think Covid-19 will just disappear like the flu.

See also the Guardian - [Will spring slow spread of coronavirus in northern hemisphere?](https://www.theguardian.com/world/2020/mar/05/spring-covid-19-northern-hemisphere)
“Some leaders claim virus is less likely to infect in spring but data still insufficient to prove.”

And the Washington Post

Reporting on a new study (not yet peer reviewed). “The study shows that the virus has been spreading most readily along an east-west band of the globe where the average temperatures are between 5 and 11 degrees Celsius and average humidity levels are between about 50 and 80 percent”.

But all seem to agree that, in spite of perhaps some seasonality, it will continue over summer. And of course, Singapore has already proven that the virus can easily spread in such circumstances also.

David Heymann: nobody has yet shown a seasonality due to the characteristics of the virus itself.

- C McCarthy (Gavi news article) – Will coronavirus herald a new era in vaccine innovation?

“A vaccine against the novel coronavirus is under urgent development as the number of people infected with COVID-19 increases, a process which could also result in a new range of highly innovative vaccine technologies that ushers in a new era in the way we fight infectious disease.”

- Bloomberg - There Is a ‘Tipping Point’ Before Coronavirus Kills

“Covid-19’s trek to lower respiratory tract marks severe phase. Progression from mild or moderate to severe can occur quickly.”

- Bloomberg - How bad is corona? Let’s compare with Sars Ebola & flu

With 3 very informative tables.

- The Telegraph - The Indian vaccine king attempting to create a coronavirus cure ‘within six months’

“Cyrus Poonawalla’s Serum Institute has signed a joint venture with US company Codagenix to work on a coronavirus cure.”

- Stat - To develop a coronavirus vaccine, synthetic biologists try to outdo nature

- Guardian - Coronavirus: most infections spread by people yet to show symptoms – scientists

“The majority of coronavirus infections may be spread by people who have recently caught the virus and have not yet begun to show symptoms, scientists have found. An analysis of infections in Singapore and Tianjin in China revealed that two-thirds and three-quarters of people respectively appear to have caught it from others who were incubating the virus but still symptom-free. The finding has dismayed infectious disease researchers as it means
that isolating people once they start to feel ill will be far less effective at slowing the pandemic than had been hoped....”

Analysis

Below you find a number of analyses, in no particular order. Focusing on various angles.

**PHM Global - We Need Strong Public Health Care to Contain the Global Corona Pandemic**


By Wim de Ceukelaire & Chiara Bodini.

**FT Health – US health body’s reputation takes a knock over coronavirus**

https://www.ft.com/content/928219ca-63c6-11ea-b3f3-fe4680ea68b5

(gated) CDC faces criticism for testing kit debacle and concern over political influence.

**HPW - Going 'Virtual' In Global Health – Practices Are Changing Fast – At An Uneven Pace**


“As the COVID-19 crisis seeps into financial markets, corporate board rooms, and global health systems, there may be one silver lining in an otherwise dark cloud. The 21st century era of digital health, virtual meetings and teleworking is upon us....”

Among others, this article has “a rundown of scenes from a fast-changing landscape in hospitals, health clinics and head offices.”

**Think Global Health (series) - Coronavirus Knows No Borders**

https://www.thinkglobalhealth.org/series/coronavirus-knows-no-borders

“This series explores how COVID-19 is unfolding in countries like South Korea, Iran, Russia, and the United States and in regions like West Africa, Southeast Asia, and Europe.”
The latter by I Kickbusch - Much at Stake as EU Battles COVID-19 “Does Europe have the will to unite as one and protect global health around the world, or will national politics prevail?”

Quote: “…As some of the most well-equipped health systems in the world are starting to feel the strain the virus heaps on health systems, solidarity—a favourite theme in the European Union—is yet another victim of the epidemic.”

FT - Coronavirus response must be ‘never again’
Peter Sands; https://www.ft.com/content/c8eae26c-6204-11ea-abcc-910c5b38d9ed

“We invested in finance to prevent a repeat of 2008 and must do so for health.”

Excerpts: “…The early response to the disease known as Covid-19 feels eerily reminiscent of the lead in to Lehman’s fall. We are seeing a weird mix of panic and denial; business leaders looking like rabbits in headlights as their share prices plummet; and a potpourri of uncoordinated, inward-looking interventions across different countries. … For the coronavirus, the quarantine of Wuhan has not been our Lehman moment. Chinese authorities have responded with an extraordinary range of public health measures, imposing “social distancing” and quarantining entire cities at a scale never seen before. This does appear to have contained the disease in China, at least for now. It also bought the rest of the world precious days in which to prepare. But we have not used that time well. As the world wakes up every morning to spiralling numbers of cases and deaths, and plunging stock markets, we are still in the pre-Lehman phase of policy response. … I am not suggesting we need an equivalent fund for Covid-19, or for global health security. We arguably have too many institutions in this arena already. But it does show that a global collective response is possible. … Covid-19 is a wake-up call to rethink our approach to global health security. Since the 2008 crisis, the world has spent trillions of dollars to reinforce global financial stability. Do we really care that much less about health security?”

PS: I don’t want to withhold this eloquent tweet from Andrew Harmer from you😊 re this op-ed:

“Yet another ’never again’ head-scratching article from someone with his head so hopelessly up the arse of the global financiers that he can’t see that they actually don’t care about global health ’security’. If they did, we wouldn’t still be having this conversation.”

Weekly Covid-19 updates by Alan Whiteside

Quotes: “…As mentioned in the last post, the emergence of this disease was not a surprise. Unlike the AIDS epidemic, it was not a ‘black swan’ event, a term which describes something that comes as a complete and unpredicted surprise; is rare; has major effects; and may be incorrectly rationalised with hindsight. It was based on the belief that all swans are white therefore black swans cannot exist. The idea was developed, written up, and popularised by Taleb2. Covid-19 will have major effects, is more serious than anticipated, but it, or something similar, has been forecast.

“…The world still has a short period (days or weeks) in which to take a breath and put in place measures that will reduce the extent and impact of the virus. There are important lessons from the
experience of countries beyond China. ... (i.e. “positive deviance” cases like South Korea, Japan, Taiwan, Singapore, ...) 

“Unfortunately, most of the world will experience a worsening pandemic. Here there are lessons from Italy and Iran. The mass Italian quarantine is bold and will be watched closely....” 

Laurie Garrett (Lancet Comment) - COVID-19: the medium is the message

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30600-0/fulltext

As you can imagine, with focus on the importance of professional and evidence based communication in this pandemic, at all levels – and funding it properly. It’s also about tackling the infodemic, stupid!

Excerpts: “…If governments, agencies, and health organisations want people at risk of infection to respond to COVID-19 with an appropriate level of alert, to cooperate with health authorities, and to act with compassion and humanity, I believe that they must be willing to fund their messengers on an unprecedented scale, with genuine urgency. It’s time to put information in the driver’s seat of global and national epidemic responses. ... Scientists and public health leaders, from local city tiers all the way to WHO headquarters in Geneva, need to understand that press conferences and government media releases are necessary, but are not enough in the emotionally charged atmosphere of 24/7 virally distributed social media stories and news about COVID-19, laced with sensationalism, at times massaged by some government agencies, and exploited by trolls and disruptors. Getting ahead of COVID-19 requires not only slowing its spread, adequate funding for the health response, supporting research to advance our knowledge of it, integrated actions to mitigate the health, economic, and social impacts of the epidemic, among others, but also control of narratives regarding its scientific and clinical attributes and pandemic containment efforts—an effort that I do not think can be successful if executed on inadequate budgets by sleep-deprived communicators. ... Public fear in some sectors is rising as COVID-19 spreads in many countries. I propose a potential mechanism to help allay fear. The United Nations Foundation could designate a special Emergency Fund for Pandemic Information (EFPI) to be managed by an independent (non-UN) panel of communications experts....”

FT Health - Coronavirus could force difficult choices on health systems

https://www.ft.com/content/5387951e-6133-11ea-a6cd-df28cc3c6a68

“The discomfiting idea that some people belong at the front of the queue is already codified.”

Recommended piece on the ethics of triaging people for treatment in a raging epidemic.

“...In northern Italy, intensive care beds are already filling up fast. Healthcare may be rationed. If so, ethicists say, the public should be made aware of the reasoning behind difficult choices, such as who will be given intensive care beds and ventilators in the event of a shortage. “
“... Maxwell Smith, a bioethicist at Western University in Ontario who has written widely on pandemic ethics, believes the 2003 Sars outbreak focused thinking on who should be prioritised for life-saving treatment. Decisions should be made in a trustworthy, inclusive and fair manner to have legitimacy: “If we’re not going to have people upset and protesting, this needs to be done in advance...”

Foreign Policy - The Multilateral Health System Failed to Stop the Coronavirus

T Bollyky & Y Huang; https://foreignpolicy.com/2020/03/10/the-multilateral-health-system-failed-to-stop-the-coronavirus/

« Reforms in 2005 were meant to stop nation states covering outbreaks up. They didn’t work."

Cfr a tweet: “Multilateral system on dangerous disease events like #COVID19 failed at what it had been specifically redesigned to do: prevent the denial & inaction of one nation from putting many other nations at risk.”

Also in Foreign Policy, check out Stephen Walt’s The Realist’s Guide to the Coronavirus Outbreak

“Globalization is heading for the ICU, and other foreign-policy insights into the nature of the growing international crisis.”

CGD (blog) - How Can We Prepare for Coronavirus? Learn from Liberia’s Experience with Ebola


“It was bound to happen: the Covid-19 strain of the coronavirus has come to sub-Saharan Africa. Based on our experiences fighting Ebola in Liberia, here’s what African countries need to do now.”

Foreign Policy - U.S. and China Turn Coronavirus Into a Geopolitical Football


“Beijing is using the outbreak to boost its reputation for global cooperation while Washington plays the blame-Beijing game.”

And as far as I can tell, there’s no ‘Jürgen Klopp’ around to keep the two bickering countries in check...
Economist - New trade barriers could hamper the supply of masks and medicines


“It is bad enough when individuals stockpile pasta and toilet paper. It is worse when governments put a protective ring around medical equipment. As the covid-19 pandemic leads to a rush for medical gear, the World Health Organisation (WHO) has warned that supplies of respirators and medical masks will not keep up with demand, and soon global stocks of gowns and goggles will be insufficient too. Some governments are erecting trade barriers to safeguard their supplies. According to a new report from Global Trade Alert, a trade-policy monitoring service at the University of St Gallen in Switzerland, by March 11th 24 countries had restricted exports of medical equipment, medicines or their ingredients....”

CGD - The Call for a Global Health Security Challenge Fund

A Glassman; CGD blog

“Amanda Glassman, executive vice president at CGD, CEO of CGD Europe, and senior fellow at CGD, discusses a concept note for a potential "Global Health Security Challenge Fund as part of [a] package of actions to be taken at the upcoming G7 meeting in June 2020 at Camp David." The concept note outlines a set of deliverables that includes the current response to COVID-19 and future global health security needs. “

Guttmacher (Policy analysis) - The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights

Z Ahmed et al; Guttmacher;

“The global epidemic of COVID-19 is wreaking havoc on a wide array of health, economic, social and personal decisions. However, what may be lost in the chaos among other effects and dangers is the specific impact on sexual and reproductive health and rights, both for people in the United States and around the world. Policymakers, providers and advocates must be aware of the broad links between the global outbreak response and sexual and reproductive health and rights in order to prepare to mitigate the impact....”

See also Devex – How will COVID-19 affect global access to contraceptives — and what can we do about it?

Oped by Chris Purdy (DKT)

Lancet Public Health - COVID-19: a potential public health problem for homeless populations

J Tsai et al; https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30053-0/fulltext#.XmnsO-z-pOY.twitter
One of the many populations of very vulnerable people in this pandemic.

**BMJ blog - To wear or not to wear: WHO's confusing guidance on masks in the covid-19 pandemic**

*BMJ:*

> “WHO's guidance on wearing masks during the covid-19 pandemic does little to clear up public confusion, say Aileen Lai-yam Chan, CC Leung, TH Lam, and KK Cheng.”

In Belgium, it’s straightforward for the time being, though. No way you can get hold of a mask if you’re not health staff : ) (and even then).

**Science - The effect of travel restrictions on the spread of the 2019 novel coronavirus (COVID-19) outbreak**

[https://science.sciencemag.org/content/early/2020/03/05/science.aba9757](https://science.sciencemag.org/content/early/2020/03/05/science.aba9757)

This paper shows that the domestic impact of China's travel ban was relatively modest (3-5 days delay in epidemic in other provinces), but international travel restrictions significantly delayed and reduced the spread of #COVID19 to other countries.

**Lancet Letter - SARS-CoV-2 is an appropriate name for the new coronavirus**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30557-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30557-2/fulltext)

Check out why. By a number of Chinese authors, in response to a previous Lancet letter (which argued the opposite).

**FT - Why the US is so vulnerable to coronavirus outbreak**

[https://www.ft.com/content/00017d02-5f39-11ea-b0ab-339c2307bcd4](https://www.ft.com/content/00017d02-5f39-11ea-b0ab-339c2307bcd4)

Great analysis. “**High numbers of uninsured people** mean it could spread more quickly than in other countries.”

> “...Public health officials and academics are concerned that a mix of high numbers of uninsured people, a lack of paid sick leave and a political class that has downplayed the threat could mean it spreads more quickly than in other countries. While US drugmakers look best set to find treatments and vaccines, some believe that the country could yet find itself one of the worst affected by a global pandemic. “The US has certain strengths when it comes to innovation and expertise around diseases, but it also has critical vulnerabilities, especially with our health system,” said Lawrence Gostin, professor in public health law at Georgetown University.”
Lancet Comment - Are high-performing health systems resilient against the COVID-19 epidemic?

H Legido-Quigley et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30551-1/fulltext

Focus on HK, Singapore and Japan.

“...Three important lessons have emerged. The first is that integration of services in the health system and across other sectors amplifies the ability to absorb and adapt to shock. The second is that the spread of fake news and misinformation constitutes a major unresolved challenge. Finally, the trust of patients, health-care professionals, and society as a whole in government is of paramount importance for meeting health crises. ...”

Lancet - COVID-19: the gendered impacts of the outbreak

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext

By Clare Wenham et al.

Guardian - Coronavirus: nine reasons to be reassured

https://www.theguardian.com/world/2020/mar/07/coronavirus-reasons-to-be-reassured?fbclid=IwAR14viVrMuuMFzuI53DYBR33zSDij2J57KWhaleaCbi4zGGjSFz5G3YfM0c

Was tweeted by dr. Tedros himself.

But see also Stat - 7 reasons why it’s hard to control your coronavirus anxiety.

Jim O’Neill (Project Syndicate)- A Stress Test for Public Health Systems


“Now that the coronavirus has gone global, markets are swooning and the weaknesses of national health systems are being revealed. Like the slower-moving crisis of antimicrobial resistance, the pandemic should alert governments to the need for significantly greater investment in public-health preparedness.”

“More to the point, the COVID-19 crisis raises another issue that I have long championed: public-health preparedness. As a part of its annual Article IV reviews of its member countries, the International Monetary Fund should be assessing the strength and readiness of national health systems. To the Fund’s credit, I have been invited to its headquarters to discuss this idea. But my hunch is that the IMF leadership will demur, on the grounds that their institution lacks the edge in health-system analysis that it has in public finance and other matters. ... ... One hopes that world leaders, especially those in the G20 countries, will recognize the need for larger investments in
Governments will not be able to minimise both deaths from coronavirus disease 2019 (COVID-19) and the economic impact of viral spread. Keeping mortality as low as possible will be the highest priority for individuals; hence governments must put in place measures to ameliorate the inevitable economic downturn. In our view, COVID-19 has developed into a pandemic, with small chains of transmission in many countries and large chains resulting in extensive spread in a few countries, such as Italy, Iran, South Korea, and Japan. Most countries are likely to have spread of COVID-19, at least in the early stages, before any mitigation measures have an impact...."

"We need to take both social distancing and the “social recession” it will cause seriously.”

As travelers cancel flights, businesses ask workers to stay home, and stocks fall, a global health crisis becomes a global economic crisis. What are the channels of economic impact we can expect from COVID-19? Here we attempt to lay them out.”

Priti Patnaik interviews Ryan here. “...To delve into the complexities of how countries in crisis can prepare for a pandemic, The New Humanitarian spoke with Dr. Mike Ryan, who leads the WHO’s Health Emergencies Programme and is a trained epidemiologist. Ryan has worked in conflict-hit countries and steered responses to high-impact epidemics for 25 years. In a wide-ranging interview,
Ryan discussed the risks of ignoring the health needs of refugees and migrants, the political high-wire act of fighting epidemics in conflicts - and why, despite the challenges, some health systems in the so-called “Global South” might be better prepared for Covid-19 than their neighbours in the north....”

Economist (Leader) – The politics of pandemics


“All governments will struggle. Some will struggle more than others.”

“...Three factors will determine how they cope: their attitude to uncertainty; the structure and competence of their health systems; and, above all, whether they are trusted....”

NEJM (Perspective) – History in a Crisis — Lessons for Covid-19


Two lessons in particular from history. Stigmatization follows closely on the heels of pathogens and outbreaks claim too often lives of health care providers.

Update: HSR2020 and COVID-19


“The HSR2020 Executive Committee, with the support of the HSG Board and Secretariat, local partners and the Symposium conference agency, is monitoring global and regional developments around COVID-19. HSR2020 host partner, the Mohammed Bin Rashid School of Government, Dubai, is closely monitoring the situation of COVID-19 with the UAE’s relevant authorities ahead of the Dubai World Expo and is keeping the HSR2020 Executive Committee and HSG Board updated....”

“The HSR2020 Executive Committee will continue to keep prospective participants of HSR2020 updated via this website and HSG email and social media channels about our responses regarding COVID-19....”

Fingers crossed...

G20 (2nd) Health Working Group meeting (Jeddah, Saudi Arabia)

“The second Health Working Group Meeting of #G20 Saudi Arabia was held in Jeddah. Delegates discussed common policies to coordinate actions on COVID-19 and pandemics.”
Check out the press release of the meeting: [The G20 Works on Coordinating Actions on COVID-19](https://g20.org/en/media/Pages/pressroom.aspx)

Meanwhile, it’s clear that pressure is mounting to get an overall G20 response (and coordination) on Covid-19.


**Diabetes – FT Health special report**

[https://www.ft.com/reports/combating-diabetes](https://www.ft.com/reports/combating-diabetes)

“Over 460m people worldwide have diabetes, a figure that is projected to reach 700m by 2045. This report looks at the factors behind this rise, the latest high-tech solutions, and how health services are coping — or failing to.”

We would like to draw specifically your attention to:

**FT Health - Diabetes risk: what’s driving the global rise in obesity rates?**

[https://www.ft.com/content/df193302-3b87-11ea-b84f-a62c46f39bc2](https://www.ft.com/content/df193302-3b87-11ea-b84f-a62c46f39bc2)

“The ‘urbanisation of rural life’ may be more significant than migration to cities.”

“The number of adults living with diabetes has reached an estimated 463m — equivalent to 9.3 per cent of the world’s adult population, and four times higher than the number of cases recorded four decades previously. The cost to the global economy is immense: upwards of $1.3tn, and rising. By 2045, the number of adult diabetes cases is expected to reach 700m. Behind this alarming increase lies a surge in obesity, which now affects nearly one-third of the global population. According to the charity Diabetes UK, obesity accounts for 80-85 per cent of the risk of developing type-2 diabetes. But what lies behind the rise in obesity? For a long time it has been attributed to mass migration into cities, where lifestyles are supposedly more sedentary and unhealthy food is more plentiful. Yet according to a study led by scientist network NCD RisC, the “urbanisation of rural life” has played a much larger role. It concludes that more than 55 per cent of the rise in adults’ weight over the past three decades has been driven by rural populations taking on habits more traditionally linked to urban-living. Just 13.5 per cent of the rise was caused by urbanisation….”

**FT - Poor countries struggle to get the insulin they need**

[https://www.ft.com/content/1471eb44-3b7d-11ea-b84f-a62c46f39bc2](https://www.ft.com/content/1471eb44-3b7d-11ea-b84f-a62c46f39bc2)

“High prices and patchy supplies make life hard for diabetics in the developing world”
Excerpts: “... the response in terms of diagnosis, treatment and support remains poor. There is no equivalent for diabetes of the large-scale international donor support given to the Global Fund to Fight AIDS, TB and Malaria, or to Gavi, the vaccines alliance. One fundamental problem is access to affordable insulin. When the patent was sold for $1 by its discoverers to the University of Toronto in 1923, the aim was make insulin as widely available as possible. A century later, that aspiration remains unfulfilled. ... A 2019 study in the British Medical Journal estimated that globally one in two people requiring insulin lacked access to it. Other research has pointed to wide discrepancies in pricing, which is inconsistent within countries and sometimes even higher in poorer than richer countries. A recent Lancet article highlighted 10 studies showing huge variation in the cost of a vial of insulin: in one it ranged from between one-third more than a standardised reference price to six times more. The “big three” pharmaceutical groups specialising in diabetes — Novo Nordisk, Eli Lilly and Sanofi — continue to dominate global production. That is because they have managed to secure patents for improved forms of insulin, which are purer and longer-acting than the original, animal-derived version. Yet even though some of these patents have lapsed, few rival generic manufacturers have entered the market, with the result that, unlike some other therapies, there has been little competitive pressure to reduce prices....” ... “Meanwhile the “big three” have made efforts to offer “differential pricing” of insulin, with substantial discounts and even free distribution in some poorer countries. Novo Nordisk’s “Base of the Pyramid” initiative, for example, established in 2010, aims to “increase access to diabetes care for the working poor” in four African countries...”

Malaria

Lancet – Triple artemisinin-based combination therapies versus artemisinin-based combination therapies for uncomplicated Plasmodium falciparum malaria: a multicentre, open-label, randomised clinical trial

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30552-3/fulltext

New study. See the press release:

“The Lancet: Triple therapies to treat malaria are effective and safe

First trial of its kind finds that treatment with triple artemisinin-based combination therapies (TACTs) is effective. TACTs were safe and well tolerated, but showed slightly higher rates of vomiting and some minor changes in the electrical activity of the heart compared to existing treatment that uses two drugs. Drug resistance is a major threat to malaria control and elimination. The authors say that triple therapies are potentially an immediately available new treatment option that could improve outcomes in countries with multidrug resistant malaria.

The first clinical trial of two triple artemisinin-based combination therapies for malaria finds that the combinations are highly efficacious with no safety concerns. Published in The Lancet, the study of 1,100 people with uncomplicated falciparum malaria from eight countries compared people receiving the current national first-line treatment combining two drugs, with two forms of triple therapy (dihydroartemisinin–piperaquine plus mefloquine and artemether–lumefantrine plus amodiaquine). ..."
Check out also the accompanying Lancet Comment - Are three drugs for malaria better than two?

HPW - New Collaboration Aims To Fill The Data Gap On Use Of Antimalarials In Pregnancy


“A new collaboration announced on International Women’s Day 2020 aims to help establish pregnancy registries in malaria-endemic countries in Africa to help fill the data gap on the use of antimalarials in one of the most vulnerable populations to malaria. The study, led by Medicines for Malaria Venture (MMV) and the Liverpool School of Tropical Medicine (LSTM), will set up pregnancy registers to capture data through a prospective observational study on the real-life use of ACTs during all stages of pregnancy, including the first trimester. The study will be conducted in three countries across Africa with the goal of collecting enough safety and exposure data that, if positive, would allow for policy change on the use of ACTs in the first trimester of pregnancy....”

HIV

NYT – The ‘London Patient’, cured of HIV, reveals his identity

NYT;

Adam Castillejo wants to be, in this way, an ambassador of hope, now that his doctors are more sure that he is indeed HIV-free.

See also the related Lancet HIV case report.

Cfr the press release:

“The Lancet HIV: Study suggests a second patient has been cured of HIV

Long-term follow-up of the London patient suggests no detectable active HIV virus remains in the patient. Although the treatment is high-risk and only suitable for certain patients, the results provide evidence that this patient is the second to be cured of the virus – replicating the finding that HIV cure is possible through stem cell transplantation. A study of the second HIV patient to undergo successful stem cell transplantation from donors with a HIV-resistant gene, finds that there was no active viral infection in the patient’s blood 30 months after they stopped anti-retroviral therapy, according to a case report published in The Lancet HIV journal and presented at CROI (Conference on Retroviruses and Opportunistic Infections)....”
**Reuters Health** – New brand-name HIV-prevention pill not worth the added cost: study


“A cheaper HIV prevention pill is going on sale soon in the U.S., but the price drop won’t help as many people if doctors instead prescribe a newer, more expensive brand-name drug, experts say.”

“HIV pre-exposure prophylaxis (PrEP), a cocktail of drugs combined in a single pill taken once a day, can reduce the risk of HIV infections from sex or injected drug use by up to 99%, researchers note in the *Annals of Internal Medicine*. High costs, however, keep many patients who need PrEP from taking it. A new generic version of Truvada, a PrEP cocktail pill whose patent is expiring, is expected to cost about $8,300 a year, roughly half the current price of Truvada, researchers estimate. But doctors may instead choose to prescribe a newer brand-name PrEP pill, Descovy, that costs about $16,600 because it may have a lower risk of certain side effects sometimes seen with Truvada including kidney damage and fractures. “The rush to transition patients to Descovy and the price being charged for that drug are not justified by its possible benefits,” said lead study author Dr. Rochelle Walensky of Massachusetts General Hospital and Harvard Medical School in Boston.”

**NCDs**

**CGD (blog) - Does Cancer Treatment Warrant Special Consideration from Health Decision-Makers in Low- and Middle-Income Countries?**


“As the international community grapples with COVID-19 and the extent to which countries should fund outbreak preparedness, governments also continue to face day-to-day healthcare funding decisions, including for cancer treatments. As policymakers increasingly take cancer seriously, and allocate a greater proportion of their health expenditure to its treatment, we ask whether cancer treatment is the most cost-effective way for health ministers to spend their money.”

“In this blog we consider whether cancer should receive special attention compared to other diseases and public health concerns when allocating scarce public health resources in low- and middle-income countries (LMICs). By “special” we mean: priority in consideration of cancer treatments as part of value assessments; the criteria used to assess whether a treatment represents good value for money; and the reimbursement mechanisms.

*We argue that the case is weak under all three aspects....*
Planetary health

Lancet Editorial – Climate migration requires a global response

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30571-7/fulltext

“As a real, tangible anthropogenic climate crisis starts to alter centuries of patterns of human behaviour, migration is beginning to take on a different shape. Extreme weather events are becoming more common, contributing to pre-existing drivers of migration, and as temperatures worldwide rise, previous patterns of land use and habitation are becoming untenable. Climate migrants are already seen globally; according to the European Parliament, an average of 26·4 million people around the world have been displaced by weather events every year since 2008. The UN estimates that there could be as many as 1 billion climate migrants by 2050. The world is unprepared to deal with a population movement on this scale, particularly with regard to migrant health. The International Organization for Migration’s (IOM) World Migration Report 2020 highlights just how unprepared countries across the world are....”

Rapid Transition - Pandemic lessons for the climate emergency


“Pandemics change business-as-usual overnight. Governments mobilise huge resources to tackle the problem and compensate for its impacts. At the same time, people depend on the civil and public domains for advice, protection, health services and the whole infrastructure of response. Expectations around how we travel, work and entertain ourselves shift and we quickly learn to behave in ways that minimise risks of transmission.”

Three lessons on rapid transition stand out from global pandemic responses:

“A clear understanding of risk can lead to much faster, coordinated responses to an emergency;

Rapid, physical mobilisation of resources can happen alongside behaviour change. People can change their daily habits very quickly, and adapt to new social norms;

Where adaptations and behaviour changes reveal possibilities for more sustainable behaviour – such as avoiding unnecessary travel – they should be encouraged to become the new norm, and part of the broader climate emergency response.”

UN News - Flagship UN study shows accelerating climate change on land, sea and in the atmosphere

UN News:

“A wide-ranging UN climate report, released on Tuesday, shows that climate change is having a major effect on all aspects of the environment, as well as on the health and wellbeing of the global population. The report, The WMO Statement on the State of the Global Climate in 2019, which is led
by the UN weather agency (World Meteorological Organization), contains data from an extensive network of partners...."

“Writing in the foreword to the report, UN chief António Guterres warned that the world is currently “way off track meeting either the 1.5°C or 2°C targets that the Paris Agreement calls for”....”

“...We have to aim high at the next climate conference in Glasgow in November”, said Mr. Guterres, speaking at the launch of the report at UN Headquarters in New York, on Tuesday, referring to the 2020 UN Climate Change Conference (COP26), due to be held in the Scottish City in November. The UN chief called on all countries to demonstrate that emission cuts of 45 per cent from 2010 levels are possible this decade, and that net-zero emissions will be achieved by the middle of the century. Four priorities for COP26 were outlined by Mr. Guterres: more ambitious national climate plans that will keep global warming to 1.5 degrees above pre-industrial levels; strategies to reach net zero emissions by 2050; a comprehensive programme of support for climate adaptation and resilience; and financing for a sustainable, green economy....”

And a quote re covid-19 & climate change:

“We will not fight climate change with a virus”.

“The UN chief also addressed the ongoing spread of COVID-19, in response to a question on its likely effect on the climate, given the resulting drop in economic activity and, consequently, emissions. Mr. Guterres firmly responded that "both require a determined response. Both must be defeated”.”

Nature (Editorial) – A lack of locust preparedness will cost lives
https://www.nature.com/articles/d41586-020-00692-3?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews&sf231372405=1

“Locusts are causing a food crisis that can no longer be ignored.”

“While all eyes are on the coronavirus outbreak, an under-reported emergency is threatening food, health and jobs on three continents. For the past several months, swarms of the desert locust Schistocerca gregaria — some swarms the size of cities — have devoured crops in East Africa, the Middle East and south Asia. Some 20 million people are facing a food crisis....”

Human Resources for Health

Lancet Comment – Global commitments to disability inclusion in health professions
L Meeks et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30215-4/fulltext
Medical schools are beginning to consider students with disabilities as a constituent part of their diversity, equity, and inclusion agenda, and several organisations and academic leaders from around the world are now offering formal guidance to medical schools, with the goal of fully realising the value that people with disabilities bring to medical education...

“Health-care disparities for patients with disabilities are universal, and while efforts towards inclusion of more health-care providers with disabilities have been made, there is a global under-representation of clinicians with disabilities. ... ... The inclusion of more health-care providers with disabilities offers one way to improve understanding about the needs of patients with disabilities..... ... What is now needed is an international voice, combining guidance from individual countries, to create an international benchmark for disability inclusion that will provide a roadmap for countries seeking to create accessible health professions programmes and practice..... ... Several global developments are underway for 2020 to address the inequities in health science education and develop international benchmarks for inclusion, including the formation of an International Council on Disability Inclusion in Medical Education, which will hold its first meeting at the London offices of the General Medical Council in the UK, on Sept 11, 2020, and the Inaugural Meeting of the International Congress on Disability Health and Inclusion, which will be hosted by the Department of Family Medicine, University of Michigan Medical School, in Ann Arbor, MI, USA, on Oct 9–10, 2020. ...

Some key articles and reports of the week

Book – The Glass Half-Empty: Debunking the Myth of Progress in the Twenty-First Century

“Despite the doom and gloom of financial crises, global terrorism, climate collapse, and the rise of the far-right, a number of leading intellectuals (Steven Pinker, Hans Rosling, Johan Norberg, and Matt Ridley, among others) have been arguing in recent years that the world is getting better and better. Extreme poverty is nearly eradicated, violence is at historic lows, and only mass pessimism keeps us from realizing how good we have it in the twenty-first century. The Glass Half-Empty debunks the most important arguments given by these “New Optimists” and exposes their progress narrative as being little more than a very conservative defence of the status quo. At a time when liberal democracy appears incapable of stemming the tide of authoritarian populism, and when laissez-faire capitalism is ill-equipped to deal with critical socio-economic problems like climate change, inequality, and the future of work, the real advocates of progress are those willing to challenge established orthodoxies rather than hope that the policies that got us this far are the best to lead us into an increasingly uncertain future.”

SWP (German Institute for International and Security Affairs) - EU Global Health Policy: An Agenda for the German Council Presidency

“In the second half of 2020, Germany will take over the Council Presidency of the European Union. It will form a presidency trio with Portugal and Slovenia, who will succeed Germany in 2021. The
Federal Government should use its presidency to strengthen the EU’s role in global health policy. The EU has so far focused primarily on (infectious) disease prevention and control as it has most recently in response to the coronavirus outbreak (Covid-19). However, in order to contribute to the United Nations’ SDGs, it should focus more comprehensively on health systems. This would require an intersectoral and preventive approach at EU level, opening the door to coherent collaboration, alliances and a people-centered policy in line with European values.”

International Journal of Public Health - Hotspot or blind spot? Historical perspectives on surveillance and response to epidemics in the Central African Republic

P-M David et al; International Journal of Public Health;

“ The Central African Republic (CAR), a site of recurrent disease emergence, developed a noteworthy epidemiological surveillance system from the colonial period, but its health measures have remained among the world’s lowest. To understand this disparity between surveillance and public health, we examined selected moments in its history of surveillance and changing relations with public health structures. … … We find long-term continuities in privileging surveillance over the health system and population health, making the CAR a “hotspot” for emerging diseases and a “blind spot” of primary health care. From the colonial period, the country attracted considerable support for surveillance, without concomitant investment in public health system. Political disputes and financial constraints have obscured real primary care needs on the ground....”

PHM - Celebrating David Sanders and the Struggle for People’s Health


“A small token of tribute to David Sanders – An introductory book giving a peek into David’s enormous body of work and legacy.”

Globalization & Health - Serious games for serious crises: reflections from an infectious disease outbreak matrix game


“While there is widespread recognition of global health failures when it comes to infectious disease outbreaks, there is little discussion on how policy-makers and global health organizations can learn to better prepare and respond. Serious games provide an underutilized tool to promote learning and innovation around global health crises. In order to explore the potential of Serious Games as a policy learning tool, Global Affairs Canada, in collaboration with the Department of National Defense and academic partners, developed and implemented a matrix game aimed at prompting critical reflection and gender-based analysis on infectious disease outbreak preparedness and response. This commentary, written by the core development team, reflects on the process and outcomes of the gaming exercise, which we believe will be of interest to others hoping to promote innovative thinking and learning around global health policy and crisis response, as well as the application of serious games more broadly.”
ODI working paper – The role of debtors and creditors in preventing debt crises in low-income countries


“...This paper contributes to this policy discussion by providing an overview of the current debt situation, globally and in low-income countries, and setting out the imperative for action. The paper offers a range of options that governments – both debtor and creditor – and international institutions and cooperation mechanisms could push forward in order to prevent future debt crises and to create a more stable future for low-income countries. The recommendations are grouped under four key issues that must be tackled: providing alternatives to borrowing; better managing borrowing options; improving behavior; improving debt refinancing and restructuring.”

A few blogs and mainstream articles of the week

Forbes - Reciprocity In Global Health: Here Is How We Can Do Better

Madhukar Pai; https://www.forbes.com/sites/madhukarpai/2020/03/06/reciprocity-in-global-health-here-is-how-we-can-do-better/#7286caac77a9

Yet another analysis by M Pai that went viral this week. “Currently, global health is failing in equity, reciprocity, and genuine bi-directional partnerships. Global health is dominated by individuals and institutions in high-income countries (HICs) who benefit more than their partners (usually in low- and middle-income countries [LMICs]). My previous post highlighted why and discussed 10 big challenges to reciprocity. But these challenges must be overcome. This post, second of a two-part series, will cover some potential solutions and strategies....”

BMJ Global Health - The White Savior Industrial Complex in Global Health


“...We are [4] early-career physicians who, having trained in the United States (U.S.), have completed a global health fellowship working in resource denied communities in the U.S. and in the Global South. Below, we describe our individual experiences in Uganda, India and the U.S. to illustrate the ways in which the current practice of global health perpetuates and feeds into WSIC [White Saviour Industrial Complex in Global Health]: experiences which are often deceptively labeled as “ethical dilemmas” during training. We will then suggest some solutions to address these problems in global health training and practice....”

CGD (blog ) – There’s a Global School Sexual Violence Crisis and We Don’t Know Enough About It

As the global education world increasingly doubles down on efforts to address the global learning crisis, it is not clear that there are sufficient efforts going into keeping girls safe at school. We think it’s important to keep sounding the alarm: it is outrageous and unacceptable that millions of girls all over the world are unsafe at school.

CGD (blog)- Tax Revenues in Africa Will be Insufficient to Finance Development Goals

The IMF estimates that on average, low-income countries (LIC) will need additional resources amounting to 15.4 percent of GDP to finance the Sustainable Development Goals (SDGs) in education, health, roads, electricity, and water by 2030. These resource requirements are even greater in sub-Saharan Africa than in a typical LIC: the median sub-Saharan African country faces additional spending of about 19 percent of GDP. In the average LIC, the IMF estimates that of the required additional financing, 5 percentage points of GDP would have to come from domestic taxes. Is it realistic to think that sub-Saharan African countries could grow their tax revenues by at least 5 percent of GDP with economic growth by 2030? In this blog post, we use the most up-to-date tax data to argue that countries in the region would drastically fall short of this goal unless they make important changes. Going forward, sub-Saharan African countries will need to pay much more attention to reforming their tax systems and adapting them to the changing structure of their economies. Our analysis suggests that tax reforms since 1999 have helped taxes to become more responsive to income changes, but increased efforts are needed to widen the tax net and improve tax compliance to generate additional tax revenues....

Open Democracy - An open letter to International NGOs who are looking to 'localise' their operations
#ShiftthePowerhttps://www.opendemocracy.net/en/transformation/an-open-letter-to-international-ngos-who-are-looking-to-localise-their-operations/?source=wa

“Our plea is that you work with us not against us. We need to be supported, not competed with.”

“This letter is the product of a protracted, heated, angry and passionate discussion that took place on the #ShiftThePower WhatsApp group last week. Several people on the group had been approached separately by International NGOs who wanted to learn about their experiences in local fundraising and building community philanthropy, but in ways that all felt were ‘extractive.’ These interactions point to the growing trend for INGOs to look further afield for resources to fill the funding gap that many are experiencing....”

“We represent an eclectic mixture of organisations, but we are, increasingly, uniting under the banner or hashtag of #ShiftThePower and its “Manifesto for Change.”
Some tweets of the week

Ezra Klein

“A lot of people seem to think that all we need right now is public health leadership, for politicians to listen to the scientists. That’s wrong. We’re going to need a lot of political and moral leadership. We’re going to have to sacrifice on behalf of each other.”

Gideon Rachman

“With everyone calling for co-ordinated global policy as in 2008, it’s not ideal that Saudi is chairing the G20 this year. MBS at the helm. Great. “

Thomas Bollyky (tweet part of a nice thread)

“But a novel contagious virus like #COVID19 for which there are no drugs yet to treat, no vaccines to prevent infection, and no preexisting immunity, reminds us of awesome importance of competent & responsive governance in #globalhealth 9/"

Johan Rockström

“We are shutting down entire countries, democratically, within our conventional economies, to diffuse Big risk. Why can’t we do a fraction of this mobilisation on a much Bigger Risk - the climate crisis?”

Global health events and announcements

Upcoming HSG webinar (20 April) – part of the #TheRightBalance campaign

https://the-right-balance.squarespace.com/join-the-webinar

“As part of the #TheRightBalance campaign, Health Systems Global will be hosting a webinar to explore the power dynamics in global health, within global agencies, journals or local health departments that hold women and other groups back from reaching their full potential – and what can be done to address these? “
Global governance of health

Devex – WB releases strategy for fragility, conflict & violence


“...The World Bank also released its first strategy for fragility, conflict, and violence, which was approved after more than a year of consultations, drafts, and dozens of country visits. While the bank has historically waited until the end of conflict to begin its work in a country, the growing number of people living in poverty in conflict-affected states has pushed the bank to rethink the way it operates. The new strategy is intended to create a framework for what the bank’s engagement in fragile and conflict-affected countries should look like and how it should take place.”

IISD - UN Statistical Commission Adopts 36 Changes to SDG Indicators

IISD:

“The UN Statistical Commission approved a set of changes to the global indicator framework for the SDGs. The changes were recommended following the ‘2020 comprehensive review’ conducted by the UN Inter-Agency and Expert Group on SDG Indicators. The UNSC met for its 51st session in New York, US, from 3-6 March 2020.”

Excerpt: “...Introducing the IAEG’s report on the proposed changes on 3 March 2020, IAEG co-chair Viveka Palm (Sweden) said the Group had developed 36 “major changes” to the framework, including by replacing, revising, and deleting current indicators, as well as adding new ones. In total, the revised framework would have 231 indicators, approximately the same number as in the original framework. She also provided an oral update to the report, noting that on indicator 3.8.1, the refinement has been changed to “coverage of essential health services,” meaning that the indicator “basically goes back to what it was before.”...

PS: For another SDG related read, you might also want to read (on the Conversation) Sustainable development goals need a final push with just 10 years to go (by Willem Fourie, Associate Professor at the University of Pretoria and Co-ordinator of the South African SDG Hub, University of Pretoria) He gives a view based on his experience in South Africa and asks 4 critical questions.

Foreign Affairs - The Best Foreign Policy Puts Women at the Center

R Vogelstein et al; https://www.foreignaffairs.com/articles/2020-03-09/best-foreign-policy-puts-women-center
“In 2014, Margot Wallström, then serving as the foreign minister of Sweden, proclaimed that the Swedish government would adopt a so-called feminist foreign policy, becoming the first nation ever to do so. Since then, Canada, France, and Mexico have followed suit, and a handful of other nations—most recently, Luxembourg, Malaysia, and Spain—have pledged to develop similar policies. In each of these countries, the announcements have provoked questions among foreign policy experts. **What, exactly, do these policies set out to achieve? At a time of rising global activism for gender equality, what does it mean to conduct foreign policy from a feminist perspective? And in an era of economic uncertainty, is a focus on gender equality an unnecessary distraction? …**”

**Devex - EU offers blueprint for relations with Africa**


“The European Commission released its vision for EU-Africa relations Monday, citing clean energy and digitalization as key elements of a relationship based on “mutual interests and responsibilities.” The document, released jointly with the European Union’s foreign service, sets out five areas of partnership to be “jointly defined” at a summit between the African Union and EU in Brussels in October, including green transition and energy access; digital transformation; sustainable growth and jobs; peace and governance; and migration and mobility....”

“.... **One key question that remains is who the EU considers its main interlocutor in Africa.** The October summit is with the AU, but the EU is currently negotiating a new treaty governing trade, political and development cooperation with the African, Caribbean, and Pacific Group of States, including a dedicated African pillar. Commission President Ursula von der Leyen’s two trips to the AU headquarters in Ethiopia since taking office in December have put the emphasis on Addis Ababa — and worried some in the ACP — but the AU’s political influence is not a given either ...”

**Global Policy – Trade Liberalization and Fiscal Stability in Developing Countries: Does the Evidence Tell Us?**


“This paper evaluates the evidence as regards the extent to which trade liberalization has led to a decline in tariff revenue, total tax revenue, government expenditure, and government debt. Conventional theory generally predicts that when tariff losses do occur, they may be recouped through better forms of taxation — though a more sophisticated body of theory suggests otherwise. The empirical evidence is also mixed. Theory driven ex-ante models of trade liberalization assume that trade agreements are revenue neutral. Ex-post studies suggest that theory may hold in advanced and upper middle-income economies. However, the consequences for lower income countries are a matter for concern. The majority of the evidence finds that low income countries lose trade tax revenue and are unable to recoup much of that lost revenue. At a time when fresh bilateral trade and investment treaties are being negotiated and WTO reform is on the global policy agenda, this paper highlights the need to design a treaty regime that enhances the ability of poorer nations to mobilize domestic resources without jeopardizing fiscal and financial stability.”
Foreign Policy - China Goes on Diplomatic Offensive Over Coronavirus Response


“Beijing seeks to deflect criticism that its carelessness caused a global crisis.”

“In the weeks following the outbreak of coronavirus in Wuhan, China, Beijing’s international reputation took a severe blow as it faced international condemnation for mounting a slow and secretive response that helped enable the virus to spread to scores of countries. But with the virus’ spread slowing in China—while it picks up steam throughout much of the rest of the world—Beijing is trying to rebrand itself as part of the solution, not the problem. In a March 3 letter to senior diplomats at the United Nations, China’s U.N. Ambassador Zhang Jun sought to portray China—and its president, Xi Jinping—as a critical leader in the international effort to halt the spread of the virus. In doing so, he appeared to be taking a jab at other countries, including the United States, for placing restrictions, including on trade and travel, on certain countries.

“China is fighting not just for itself, but also for the world,” Zhang wrote in the letter, which a U.N.-based diplomat shared with Foreign Policy. It is being highlighted as Foreign Policy’s Document of the Week. “China treats its own people and people of other countries in the same way and applies prevention and control measures in a non-discriminatory manner.” ...

Meanwhile, (see the Guardian), “China says US politicians are stigmatizing the country with ‘despicable’ practice of calling the virus ‘Wuhan coronavirus’ and ‘China coronavirus’.” They are more than right to do so, the Chinese. A number of top Republican officials and right-wing media pundits keep qualifying the epidemic as a ‘Chinese’ or ‘Wuhan’ virus.

Global Policy - BRICS Multilateralism à la Carte

https://www.globalpolicyjournal.com/blog/11/03/2020/brics-multilateralism-la-carte

“Karin Costa Vazquez argues that the ‘bilateralization’ of the BRICS expands the options for the grouping to act and may be the only way for it to survive another decade.”

Devex - COVID-19 forces international aid groups to limit travel, rethink operations


“Multiple relief and development organizations are eliminating noncritical missions to limit staffers’ exposure to the novel coronavirus, while also creating contingency plans as the global pandemic continues to escalate....”
Links:

Politics of Poverty (Oxfam America) - The World Bank has a tax havens problem

“... While Bank management appeared to be shocked by these findings [see the news from a few weeks ago], they might be more disturbed to know there is another tax havens problem going on right under their noses. While this Elite Capture of Foreign Aid study only looked at public sector funds, Oxfam’s research found that a very large share of the World Bank’s private sector lending arm, the International Finance Corporation (IFC), finds its way to tax havens because of one curious fact: the IFC deposits it there directly....”

UHC

BMC Health Services - Results-based financing as a strategic purchasing intervention: some progress but much further to go in Zimbabwe?


“Results-Based Financing (RBF) has proliferated in the health sectors of low and middle income countries, especially those which are fragile or conflict-affected, and has been presented by some as a way of reforming and strengthening strategic purchasing. However, few if any studies have empirically and systematically examined how RBF impacts on health care purchasing. This article examines this question in the context of Zimbabwe’s national RBF programme....”

Health Policy Open - An empirical evaluation of the performance of financial protection indicators for UHC monitoring: Evidence from Burkina Faso


“We need indicators that can be used across countries and over time. Many indicators of financial protection exist and there is debate which is best. We evaluate indicators for desirable properties for UHC monitoring in Burkina Faso. No indicator is better than all others as all exhibit important limitations. The official UHC indicator demonstrates very poor performance, in particular with regards to equity and seasonality.”
Planetary health

Guardian - Coronavirus could cause fall in global CO2 emissions


“... In China – the source of the disease and the world’s largest carbon emitter – the actions taken by authorities have inadvertently demonstrated that hefty 25% carbon dioxide cuts can bring less traffic and cleaner air with only a small reduction in economic growth, according to a study by Carbon Brief. If this trend continues, analysts say it is possible this will lead to the first fall in global emissions since the 2008-09 financial crisis. Even a slowdown in CO2 could buy time for climate action and, more importantly, inspire long-term behavioural changes – particularly in travel....”

Guardian - Coronavirus poses threat to climate action, says watchdog


Opposite (or complementary) view. “IEA warns that Covid-19 could cause a slowdown in world’s clean energy transition.”

Guardian - Polar ice caps melting six times faster than in 1990s


“Losses of ice from Greenland and Antarctica are tracking the worst-case climate scenario, scientists warn.”

“The polar ice caps are melting six times faster than in the 1990s, according to the most complete analysis to date. The ice loss from Greenland and Antarctica is tracking the worst-case climate warming scenario set out by the Intergovernmental Panel on Climate Change (IPCC), scientists say.”
Devex – New coalition plans to unlock climate finance for water services


“A new high-level expert group plans to develop proposals to unlock more climate finance, specifically for improved water services in low- and middle-income countries, before the 2020 United Nations Climate Change Conference, or COP26. The group was announced at WaterAid’s Water and Climate Summit, convened this week in London, after a roundtable discussion hosted by WaterAid’s president, Prince Charles…”

Infectious diseases & NTDs

The Conversation - Seven factors that turned the DRC’s Ebola outbreak around


Well worth a read.

For a related read, which also makes the link with covid-19 in the DRC, see a Think Global Health piece - Tentative Victory Against Ebola in Eastern Congo “Success against Ebola through quarantines, contact-tracing, and good hygiene bodes well for future response to COVID-19.”

Plos Med - Mapping and characterising areas with high levels of HIV transmission in sub-Saharan Africa: A geospatial analysis of national survey data

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003042

“Jan Hontelez and colleagues study the spatial distribution of HIV infections among young adults in 7 countries in Eastern and Southern Africa.”

BMJ Global Health - Forty-two years of responding to Ebola virus outbreaks in Sub-Saharan Africa: a review

https://gh.bmj.com/content/5/3/e001955
“Ebola virus disease (EVD) is one of the deadliest haemorrhagic fevers affecting humans and non-human primates. Thirty-four outbreaks have been reported in Africa since it was first recognised in 1976. This review analysed 42 years of EVD outbreaks and identified various challenges and opportunities for its control and prevention in Sub-Saharan Africa.” All authors are African.

Nature Communications - Global consumption and international trade in deforestation-associated commodities could influence malaria risk

“Deforestation can increase the transmission of malaria. Here, we build upon the existing link between malaria risk and deforestation by investigating how the global demand for commodities that increase deforestation can also increase malaria risk. ... ... We estimate that about 20% of the malaria risk in deforestation hotspots is driven by the international trade of deforestation-implicated export commodities, such as timber, wood products, tobacco, cocoa, coffee and cotton. By linking malaria risk to final consumers of commodities, we contribute information to support demand-side policy measures to complement existing malaria control interventions, with co-benefits for reducing deforestation and forest disturbance.”

BMC blog - Ecotourism: A Potential Reservoir for Transfer of Antimicrobial Resistant Pathogens between Humans and Non-Human Primates

E Lim et al; BMC blog on Health;

“What are the risks ecotourism poses for the transfer of antimicrobial resistant microorganisms between human and non-human primates? A new article in Gut Pathogens investigates the need for clear guidelines to preserve both animal and human safety.”

NCDs

International Health - The burgeoning role of global health diplomacy to alleviate suffering of cancer patients in low- and middle-income countries


“The science of global health diplomacy (GHD) consists of cross-disciplinary, multistakeholder credentials comprised of national security, public health, international affairs, management, law,
economics and trade policy. **GHD is well placed to bring about better and improved multilateral stakeholder leverage and outcomes in the prevention and control of cancer.** It is important to create an evidence base that provides clear and specific guidance for health practitioners in low- and middle-income countries (LMICs) through involvement of all stakeholders. GHD can assist LMICs to negotiate across multilateral stakeholders to integrate prevention, treatment and palliative care of cancer into their commercial and trade policies.”

E-Cigarette Use & Ads Aimed At Kids Threaten Tobacco Control Gains – On 15th Anniversary Of International Convention


“**As the World Health Organization and WHO member states celebrate 15 years since the signing of the Framework Convention for Tobacco Control (FCTC), the global uptake in e-cigarettes, as well as targeted advertising aimed at children and adolescents, threatens the worldwide gains that have been achieved in reducing tobacco use....**”

Nature (News) – How artificial kidneys and miniaturized dialysis could save millions of lives

Nature:

“After decades of slow progress, researchers are exploring better treatments for kidney failure — which kills more people than HIV or tuberculosis.”

Sexual & Reproductive / maternal, neonatal & child health

Foreign Policy - Trump’s War on the Concept of Women’s Health

https://foreignpolicy.com/2020/03/10/trump-war-concept-women-health-sexual-reproductive-rights/
“The United States has joined with a group of authoritarian countries in opposing not just abortion, but also basic medical vocabulary that applies to women.” “Sexual and reproductive rights”, that is.

Amnesty International – State Department’s Human Rights report highlights Trump Administration’s anti-human rights policies


“In response to the U.S. State Department releasing its third human rights report compiled under the Trump administration, Joanne Lin, national director of advocacy and governmental relations at Amnesty International USA, said: “Not only have human rights come under attack domestically under the Trump administration, but they have been sidelined in its foreign policy, leaving people in dangerous and deadly conditions around the world with no help from the White House. “The Trump administration’s animosity towards the rights of women, girls, and the LGBTI community is evident as the State Department has, once again, omitted sexual and reproductive rights as if they are not fundamental to humanity. “The criminalization of sexuality and reproduction has a profound impact on people around the world and this omission is a blow to every one of them. Every person has a right to make decisions about their body; this is about dignity.” ...

UN News - UN programme to help spare millions from child marriage, extended to 2023

UN News:

“ Millions of girls have been able to avoid “an unwanted marriage and an unwelcome end to their childhood”, since the launch four years ago, of a joint UN agency programme, the head of the UN Children’s Fund (UNICEF) said on Tuesday. The UNFPA-UNICEF Global Programme to End Child Marriage, a multi-country initiative to help protect the rights of millions of girls, was launched in 2016 with the involvement of families, educators, health providers, governments, as well as religious and community leaders, with the ambitious aim of ending the practice by 2030. And it will be renewed for an additional three years, according to UNICEF and the UN Population Fund (UNFPA), which works to advance sexual and productive health. Since then, it has helped more than eight million adolescent girls and more than five million community members, with information, skills and services. By 2023, the programme aims to have reached more than 14 million adolescent girls across 12 countries in Africa, the Middle East and South Asia....”
ODI (work & discussion paper)- Why look back? It's not where we are going; the value of history in understanding gender and development


“‘Don’t look back – it’s not where you are heading’ seems to be a typical sentiment for policy and practice when thinking about gender norm change. Most suggestions for interventions are based on – at best – a cursory glance at the far past and a more in-depth study of recent experiences. This think piece highlights why looking back is crucial for providing insights into how to address gender inequalities, looking at past struggles and achievements on the long road towards gender justice. To do this, we look at the actual experience of achieving change, the effort involved in shifting norms, the time it takes and the areas that have proved most resistant.”

Devex - How scalable are maternity waiting homes?


“Many women in rural Africa must decide between delivering at home and embarking on a long journey to reach a health facility. In Zambia, are maternity waiting homes effective at improving maternal and child health outcomes?”

Lancet World Report – Rethinking period poverty

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30605-X/fulltext

“Efforts have focused on removing tampon taxes or providing free products, but stigma and society's attitudes towards menstruation also need to change. Sophie Cousins reports.”

Access to medicines


“Ten years ago, donors committed $1.5 billion to a pilot Advance Market Commitment (AMC) to help purchase pneumococcal vaccine for low-income countries. The AMC aimed to encourage the development of such vaccines, ensure distribution to children in low-income countries, and pilot the
AMC mechanism for possible future use. Three vaccines have been developed and more than 150 million children immunized, saving an estimated 700,000 lives. This paper reviews the economic logic behind AMCs, the experience with the pilot, and key issues for future AMCs.

Miscellaneous

Lancet World Report – Health care in the Syrian conflict: 9 years on

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30604-8/fulltext

“The conflict in Syria has been characterised by large numbers of attacks on health workers and medical facilities. Sharmila Devi reports.”

Open Democracy – The massification of precarity

https://www.opendemocracy.net/en/can-europe-make-it/massification-precarity/

“Economic insecurity, not inequality, is the real grievance of the 99 per cent.”

Nature (News) - Hundreds of scientists have peer-reviewed for predatory journals

https://www.nature.com/articles/d41586-020-00709-x?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews

“Many of these titles have some editorial oversight — but the quality of reviews is in question.”

“Hundreds of scientists who post their peer-review activity on the website Publons say they’ve reviewed papers for journals termed ‘predatory’, an analysis has found. The site hosts at least 6,000 records of reviews for more than 1,000 predatory journals. The researchers who review most for predatory journals tend to be young, inexperienced and affiliated with institutions in low-income nations in Africa and the Middle East, according to the study, posted to the bioRxiv preprint server on 11 March....”
Guardian - UN under fire over choice of ‘corporate puppet’ as envoy at key food summit


A global summit on food security is at risk of being dominated by big business at the expense of farmers and social movements, according to the UN's former food expert. Olivier De Schutter, the former UN special rapporteur on the right to food, said food security groups around the world had expressed misgivings about the UN food systems summit, which is due to take place in 2021 and could be crucial to making agriculture more sustainable. “There’s a big risk that the summit will be captured by corporate actors who see it as an opportunity to promote their own solutions,” said De Schutter, who criticised the opaque evolution of plans to hold the meeting, which he said emerged from “closed-door agreements” at the World Economic Forum in Davos....”

Emerging Voices

IJHPM - Leaving No Man Behind: How Differentiated Service Delivery Models Increase Men’s Engagement in HIV Care

F Mukumbang; http://www.ijhpm.com/article_3769.html

New paper Ferdinand Mukumbang (EV 2018). “Men demonstrate disproportionately poor uptake and engagement in HIV services with strong evidence linking men’s disinclination to engage in HIV services to their masculinity, necessitating adaptive programming to accommodate HIV-positive men. Differentiated service delivery models (DSDMs) – streamlined patient-centred antiretroviral treatment (ART) delivery services – have demonstrated the potential to improve men’s engagement in HIV services. However, it is unclear how and why these models contribute to men’s reframing of ART-friendly masculinities – a set of attributes, behaviours and roles associated with boys and men that favour the uptake and use of ART. We sought to unveil how and why DSDMs support the formation of ART-friendly masculinities to enhance men’s participation in HIV-related services.”