IHP news 562 : Generalized Covid-19 anxiety

(6 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,

I remember that a few years ago, after the tragic terrorist attacks in my country, train arrival in Antwerp Central Station led at least for a while to a great deal of anxiety among many, including myself – fearing a ‘Boom!’ on every step of the escalators, so to speak. The sight of serious looking army men patrolling with impressive guns didn’t really help. Earlier this week, even if commuters were not wearing masks (yet?), due to some sound advice from our “no nonsense” Minister of Health (well, one of the nine we seem to have in this tiny country 😊), I could tell that Covid-19 was already on many people’s minds, coughing dryly or not. When this is all over, I reckon many of us will have to check in at a mental health establishment for a few weeks, among others to get rid of our (hand hygienic) ‘fear of fear’ after all this expected handwashing, not touching face etc. - see Vox for some more detailed guidelines - “Wash your damn hands” (“It’s one of the best ways to prevent Covid-19 — and you’re probably doing it wrong!” 😊).

By the way, if somebody knows how one can NOT touch one’s face, let me know. I’m sure it’s an innovation Grand Challenges will want to fund. Even the New York Times admits it’s hard. Fortunately, the new “coronavirus etiquette” (including elbow-bumps, foot shakes, ...) also has its pleasant sides. And in my country, they’re already experimenting with new beer names, to substitute for the (now toxic) Corona beer :) 

Anyway. Now that the global economy is in danger, the “big guys” are obviously getting worried, the G7, OECD, World Bank/IMF, .... When trillions are melting on stock markets, some of these fellas (at last) begin to spend billions. Anyway, good they woke up. Better late than never - the World Bank in particular. Indeed, as dr. Tedros, who also had to calm down the stock markets earlier this week (a “late capitalist era” WHO boss really has to be “a jack of all trades”, it seems 😊), made clear on his birthday, “the coronavirus is different from the flu, which means it can still be contained.” 😊 All help is thus welcome and urgent.

But it’s anything but easy to contain this nasty thing, as many countries with outbreaks are finding out at this very moment. For somebody with a political science background (apparently a major that tends to attract specimen with 'Dark triad' personality traits 😊), it’s just fascinating to see how different countries, regimes, polities, Ministers of Health, global health actors, CDCs... are dealing with this outbreak, often very differently. I’m happy I don’t live under the current Chinese corona “traffic light system”, for one. As for some of our “democracies”, now going through a “populist moment” according to Chantal Mouffe, it didn’t take long before the virus was viewed through a partisan lens – with the US as the most prominent example. These days, that seems almost unavoidable, sadly. Although, obviously, with Trump, it’s even worse than that.
As you could all notice in recent months, unlike most other global health issues, pandemics easily go, ahum, “viral”, online. Omnipresent belligerent language like ‘hunting for’, drawing up battle plans’, ‘war rooms’, ‘state of emergency’... ... helps to “focus” the (anxious) minds even further. Whether it’s wise to do so, is another thing. But then again, some people also tend to enjoy horror movies. #notme!

Enjoy your reading.

Kristof Decoster

**Featured Article**

**The Women in Global Health India Chapter: Towards Gender Transformative Leadership in Health in India**

**Deepika Saluja** *(Independent Consultant and EV 2016)*; **Sumegha Asthana** *(Independent Researcher, JNU)*; **Preethi John** *(Dean, School of Health Sciences, Chitkara University)*; **Sapna Kedia** *(Technical Specialist II, ICRW)*

All four authors are also co-founders of the WGH India Chapter.

*We are thrilled to announce our initiative on the occasion of International Women’s Day (March 8), and in so doing, pay tribute to all the women fighting for equal rights and equal representation at their workspaces worldwide.*

Despite decades of global targets on gender equality, and Sustainable Development Goals (SDG5 in particular) focusing on gender parity and empowering women and girls, the **2019 Global Health 5050 (GH5050) report** found that only 60% of organizations worldwide are committed to gender equality. Furthermore, when looking at the role of women in the advancement of healthcare, women constitute 75% of the healthcare workforce, yet they occupy **less than 25% of the leadership positions globally**.

This distortion is skewed further in the context of India. Nurse-midwives are the defenders of women and advocates of patients’ rights in health care, but in spite of their indispensable contribution, they rarely have a say in the (largely male) doctor-dominated health policymaking in India. While there is only one male for every five female nurse-midwives, among doctors the **ratio changes to one female for every five males**. There is also gross under-representation of women in fields such as surgery and research, and estimates show that men constitute 79 per cent of the professional health workforce at Director and Chief Executive level, while **only 21 per cent of these positions are held by women**.

Surprisingly (or unsurprisingly perhaps), if the estimates are distilled for other coveted positions in the health care sector, like Senior Officials of Special-Interest Organisations, Production and Operations Department Managers, and General Managers, **women seem to have virtually no presence**, as nearly
100 per cent of such positions are occupied by men. With leadership positions in health in India greatly skewed towards men, women are under-represented in decision-making roles, and even when it comes to stepping on the first rung of the career ladder, women are hampered by longstanding biases, structural inequalities and gender insensitive policies in the workplace. This serves to further restrict their access to the top, which in turn threatens gender equality by undermining inclusive policymaking and the attainment of equitable health outcomes.

There is a need to understand the magnitude and causes of the gender-driven leadership gaps in more detail, and it is vital to utilize the available evidence to advocate for policies and programs that promote women’s leadership in healthcare. With this intention, a group of women (and men) working towards gender equality and health in India are developing the Indian Chapter of Women in Global Health (WGH).

Originally started by the four of us, who were connected through Roopa Dhatt (Executive Director of WGH) in January 2019, the team now consists of around 40 members, a small group of amazing advisors from diverse backgrounds, and a growing list of active members and subscribers. Having experienced and fought against gender biases in our own personal and professional spaces, and sharing a passion for working towards addressing these biases, is what brought us together.

Inspired by the global movement of gender transformative leadership, we intend to work towards achieving this in India by: a) bringing forth the ground realities of women from their local context to the decision-making spaces, and engaging different stakeholders through dialogues on gender and its intersectionalities with other factors; b) fostering collaboration and campaigning for gender-sensitive and gender inclusive policies in the workplace, providing adequate recognition for women’s contribution, and supporting their advancement to leadership positions.

The vision of the Indian WGH Chapter with its specific priorities and activities will become refined in a series of workshops that we plan to organize in the next few months.

To co-create a shared vision, WGH’s India Chapter is organizing its first event i.e. a pre-launch Workshop at UChicago Centre in Delhi on 23rd March 2020. The intention behind this workshop is to hear from women about their experiences and journeys of reaching and sustaining leadership positions in health, and to collectively develop a vision for the chapter that is owned by all of us. Special emphasis will be paid to the voices of the women who work towards improving the health of under-represented or vulnerable women groups (such as commercial sex workers, women with disabilities, women sanitation workers, etc.).

Those interested in becoming part of WGH India’s Chapter journey, can register here. For enquiries, please write to wghindia@womeningh.org. For more updates on chapter development, follow us on twitter @IndiaWgh.

All in for equality, there is no limit to what we can accomplish together!

Acknowledgements: We appreciate the efforts put in by all the team members in contributing to the development of the WGH India Chapter.
Highlights of the week

It will come as no surprise that Covid-19 still gets most of the attention in this week’s newsletter, with close to 10000 cases now (27 confirmed ones in Africa as of yesterday), worldwide, and almost 3400 people who died so far.

Coffee supply chains are fortunately still not really affected, so here we go : )

Covid-19 – “The world is in uncharted territory” & more deaths now elsewhere in the world than in China

Below you find updates in steno-style. We start by (1) giving some of the headline news of the past week (including key funding updates); then (2) other updates; (3) science; (4) analyses.

Can’t be comprehensive, so it’ll be a mix of some key news & other analysis that struck our attention.

PS: resources - for an excellent overview of all Stat coverage on Covid-19 so far, see Stat - coronavirus; A similar overview of Vox articles on corona so far here.

Some headline news of the past week

HPW - ‘We Need To Fight ...Now’ – WHO Director General Urges Countries To ‘Face The Fire’ On COVID-19 Threat


(5 March) On yesterday’s press briefing: “WHO Director General Dr Tedros Adhanom Ghebreyesus urged countries to redouble their efforts on COVID-19 containment, saying that China’s stunning success shows that goal still may be attainable – even as 16,470 new cases of the fatal virus mushroomed elsewhere across the globe in the past 24 hours. “This not a drill. This is not the time to give up. This is a time for pulling out all the stops….. We need to fight, we need to fight now,” said the WHO Director General. “Our predictions will come true, if we do nothing.” “This is not a one way street,” he said, “The epidemic can be pushed back.” While “some countries are stepping forward to face the fire,” others, however, were reacting too little and too late, he warned, adding, “We’re concerned that some countries have either not taken this seriously enough, or have decided there’s nothing they can do. We are concerned that in some countries the level of political commitment and the actions that demonstrate that commitment do not match the level of the threat we all face.”

“...In remarks that alternated between a plea and a call to battle, the WHO Director General appealed to the global community to “not give up on a containment strategy,” saying that not only China but also other countries that seemed to be besieged by the virus threat, had pushed back aggressively and demonstrated that it could be contained....”
See also Cidrap News - WHO urges whole-government COVID-19 tack as cases climb globally

“The head of the World Health Organization (WHO) today said some countries are depending on their health ministry to shoulder the battle against COVID-19 and that a whole-of-government approach is needed, as the novel coronavirus spreads to more countries and fuels hot spots across multiple continents....”

“He also said the WHO has launched a new social media campaign called "Be ready for COVID-19" that urges people to be safe, smart, and informed....”

Lancet Editorial – COVID-19: too little, too late?
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30522-5/fulltext

Today’s Lancet Editorial (a must-read) gives a message along more or less the same lines as Tedros’ latest message. “...There is now a real danger that countries have done too little, too late to contain the epidemic.”

While also giving some good marks to the massive Chinese response which appears to have saved thousands of lives.

“...SARS-CoV-2 presents different challenges to high-income and low-income or middle-income countries (LMICs)....” “The evidence surely indicates that political leaders should be moving faster and more aggressively.”

HPW - COVID-19 Death Rate Higher Than Previously Reported; World Faces 40% Shortage in Health Worker Protective Gear

(March 3) On an earlier press briefing from mid this week: “... news that the global death rate from the novel coronavirus was now averaging around 3.4% as compared to around 2% of cases previously reported by WHO. ... ... The new data was released at the WHO daily press briefing, where WHO Director General Dr Tedros Adhanom Ghebreyesus also highlighted the severe worldwide shortage of personal protective equipment (PPE) for health care workers – equipment that will be critical in containing the now running tap of new cases abroad from becoming a larger flood....”

In that important press briefing, Tedros clearly differentiated the new virus from SARS/MERS and also from the flu.

One of the hypotheses (for the higher (WHO) case fatality rate than thought originally) seems to be due to the fact there seem to be less asymptomatic cases than thought.
However, still on the case fatality rate, check out also this tweet by Maia Majumder: “Case fatality rate (CFR) is time- & population-varying. Given that mild cases of #COVID19 are generally identified at a slower pace than severe cases AND that care standards (& demographics) vary across affected countries, responsible discussions about CFR *must* include context. “

She had worked this out in an earlier analysis (Jan 30) - Clarity, Please, on the Coronavirus Statistics

See also Julia Belluz (Vox) on this CFR of 3.4 Why there’s still no single, accurate coronavirus death rate.

**HPW - WHO Raises Global COVID-19 Alert To ‘Very High’ As 1000 Cases Reported Overnight – In China New Cases At Month Low**


Late last week, WHO already raised the global Covid-19 alert to ‘very high’.

**Nature (Editorial) - Coronavirus response: a focus on containment is still apt**


“Despite COVID-19’s spread to new countries, the evidence suggests it is yet possible to curb the virus.” So Nature agrees with dr. Tedros’ rather consistent message in this respect (“*that containment of this virus is still possible*” (unlike for the flu)). But the p-word, pandemic, should remain on the table, they say.

“*There are signs* — in China, for example, where the spread of disease seems to be slowing — *that the virus could yet be contained if the right measures are put in place*...” Singapore is also often used as some sort of ‘role model’.

PS: (update 5 March, via the Guardian) – “Tedros Adhanom Ghebreyesus, the head of the WHO, said countries should be preparing for sustained community transmission and called for governments to play their part in stopping the spread of the coronavirus within their own borders. Tedros said: “Our message to all countries is: This is not a one-way street. We can push this virus back. Your actions now will determine the course of the outbreak in your country.””

**HPW - COVID-19 Begins To Impact Drug Supplies; Infections Accelerate in Iran, Across Europe & United States**

India’s surprise announcement on Wednesday of restrictions on exports of two dozen pharmaceutical ingredients and products, including such common drugs as paracetamol, acyclovir, and the anti-parasitic agent metronidazole, seemed to catch drug agencies and pharmaceutical industry observers by surprise. Until now, it had been widely thought that India’s generics industry could hopefully make up for the shortfalls in China’s manufacturing of key APIs, or drug ingredients, which is still reeling from a month of COVID-19 shutdowns. “China’s manufacturing of APIs still trying to come back online,” Paul Mollinaro, WHO’s head of logistics told reporters at a WHO press briefing on Tuesday, noting the fear that the “ripple effects will create shortages in medicines as well.”

HPW - World Bank Commits US$ 12 Billion To COVID-19 Battle As Death Rate Inches Higher; 40% Shortage in Health Worker Protective Gear


The World Bank on Tuesday announced the immediate release of US$12 billion to support countries struggling to respond to the COVID-19 crisis.

Over to the funding then. “The World Bank on Tuesday announced the immediate release of US$12 billion to support countries struggling to respond to the COVID-19 crisis.”

All detail in the WB press release.

See also Devex - World Bank announces $12B for coronavirus response

The funding “... will be made available from three branches of the World Bank Group — with $2.7 billion in new financing from the International Bank for Reconstruction and Development, $1.3 billion from the International Development Association, and another $2 billion drawn from the bank’s existing lending portfolio. The International Finance Corp., the bank’s private sector arm, will contribute $6 billion, which includes $2 billion from existing trade facilities....”

David Malpass (WB’s boss) also said a few things on the criticism of the WB’s pandemic bonds:

The key criticism: “…A Pandemic Emergency Financing Facility created in 2017 to help the world’s poorest countries facing pandemic risk has been criticized for not disbursing funding in cases where disease outbreaks would appear to warrant it. Payouts require an outbreak to cross an international border and to cause at least 20 deaths in two countries. Because of those criteria, it took over a year for the facility to disburse funds for the Ebola outbreak in the eastern Democratic Republic of the Congo, and it has still not released funding for COVID-19. …”

Malpass: “We’re not the ones that declare ... if the insurance is triggered,” Malpass said on Tuesday. He added that there has been a misperception that a payout would be triggered if the World Health Organization declared COVID-19 a pandemic, which is also not the case. “It’s possible, if it’s triggered ... that money would flow in, let’s say in the second quarter of this year and could be used and would be additional to the $12 billion dollars that I was announcing today,”
Malpass said. Asked whether there are any conversations inside the bank about adjusting the financing facility’s model, Malpass added, “I think there needs to be lots more experience and evaluation of the concepts of financial insurance.”

- And see also a FT Health Op-ed by David Malpass: World Bank: Coronavirus highlights the need to strengthen health systems; https://www.ft.com/content/41b75016-5e06-11ea-ac5e-df00963c20e6

“The World Bank and International Finance Corporation are moving quickly to help countries strengthen local health systems and primary healthcare to safeguard people from the epidemic and make sure that they have access to disease surveillance information and public health interventions. We announced this week an initial package of up to $12bn for countries that need crisis financing of immediate needs from Covid-19. A key component involves the provision of trade finance to enable private sector imports. But addressing emergency health and economic impacts from this outbreak must be followed by longer-term investments to build stronger and more resilient health systems....”

- (must-read) CGD blog on the ‘fine print’: World Bank and COVID-19: Five Unanswered Questions on Funding Sources and Uses (by A Glassman & S Morris)

FT - IMF proposes $50bn in emergency financing for virus-hit countries

https://www.ft.com/content/83c07594-5e3a-11ea-b0ab-339c2307bcd4

“The IMF is proposing up to $50bn in emerging financing for countries stricken by the coronavirus outbreak as the Fund said it would be cutting its economic growth forecast for this year due to the disease. Kristalina Georgieva, the IMF chief, announced the plan on Wednesday as she warned that more “adverse” scenarios about the spread of the epidemic around the world, and their impact on the global economy, were starting to materialise. ... ... “What we’re doing right now is reviewing country by country what are the financial needs, and engaging with these countries to make sure they are aware of this resource and we can immediately respond to them,” Ms Georgieva said. “We’re in an early stage of engagement, but I can assure you that we will act very quickly as requests come.” ... ... Ms Georgieva spoke alongside David Malpass, the president of the World Bank, after the development lender pledged up to $12bn for countries to improve their health systems to tackle the crisis and mitigate the economic impact. Ms Georgieva said that $10bn in emergency funding would be available for low-income countries through a rapid disbursement programme that fell short of a full IMF rescue package. A further $40bn would be available to other members through a different rapid financing instrument. ...”

As for (funding of) some other actors in this global response:

- Meanwhile, countries have only pledged $289 mln so far towards @WHO appeal of $675 mln for the three-month response plan against #coronavirus, @DrTedros said in a speech to #Geneva diplomats.
• Finance ministers from the G7 group of rich countries were ready to take action, including fiscal measures where appropriate (see Reuters) “G-7 finance ministers and central bank governors have said they would use all appropriate policy tools to achieve strong, sustainable growth and safeguard against downside risks from the fast-spreading coronavirus.”

• In the US, the House of Representatives approved an $8 billion coronavirus bill. See FT Health (85 % of which seems to be spent domestically)

“... The House of Representatives has approved an $8bn package of measures to tackle the coronavirus crisis, as officials reported at least 129 total cases of the disease in the US and the death toll rose to 10 after the first fatality in California was reported. The lower chamber of Congress, controlled by the Democrats, passed the funding measures on Wednesday afternoon with overwhelming bipartisan support, after striking an agreement with Republicans who control the Senate. The funding request is much larger than the $2.5bn originally requested by the Trump administration. The White House is expected to support the legislation assuming it is approved by the Senate in the coming days....”

Cfr tweet: “coronavirus funding: $2.2 billion would go to the CDC; $3.1 billion to a public health and social services emergency fund. Another $1.25 billion would go to State Department to help battle spread overseas--evacuation expenses, humanitarian aid, etc

• Some UNAIDS support was announced, though – see this Statement by USAID administrator Mark Green on the commitment of $37 million on assistance to respond to novel coronavirus Covid-19

• WHO - UN releases US$15 million to help vulnerable countries battle the spread of the coronavirus

“UN Humanitarian Chief Mark Lowcock today released US$15 million from the Central Emergency Response Fund (CERF) to help fund global efforts to contain the COVID-19 virus....”

• And Seth Berkley in a tweet about the World Economic Forum:

“Great to be on a call with Klaus Schwab, @JeremyFarrar @DrTedros as the @wef creates a WEF COVID19 Platform to bring private sector engagement to the global effort as 76 countries now have cases.”

Speaking of the private sector, this is also an interesting collaboration – (via Science News)”... A $115 million collaboration to tackle the rapidly spreading viral disease COVID-19, led by heavy hitters of Boston science and funded by a Chinese property development company, kicked off today as the group’s leaders pledged to take on the virus on many fronts....” With the quote: “The coronavirus is not good for real estate” :)

Stat News - The coronavirus could help pharma reset its reputation in Washington

https://www.statnews.com/2020/03/03/coronavirus-save-pharmas-reputation-washington/
"The coronavirus outbreak could be the pharmaceutical industry’s ticket to saving its reputation in Washington. Already, the fervid crusade to contain the epidemic refocused a White House meeting centered on high drug prices onto the industry’s ostensibly more commendable work to develop vaccines and therapies that target the virus. And there are early indications the industry is leveraging the shift in the conversation: new ads from the industry trade group PhRMA, featured recently in several D.C. health policy newsletters, implore readers to “See how the industry is helping.”

“Drug industry critics, however, are unlikely to be impressed by pharma’s goodwill. Already, Democrats are insisting that drug makers should make any coronavirus treatment affordable. And the advocacy group Public Citizen has already criticized the drug industry for neglecting coronaviruses and vaccines more generally for more lucrative projects....”

NYT Editorial - Here Comes the Coronavirus Pandemic

Neat ‘helicopter view’ analysis by the NYT, late last week. “Now, after many fire drills, the world may be facing a real fire.”


The one compiled by Bruce Aylward and his team. Dazzlingly interesting.

“The overall goal of the Joint Mission was to rapidly inform national (China) and international planning on next steps in the response to the ongoing outbreak of the novel coronavirus disease (COVID-19) and on next steps in readiness and preparedness for geographic areas not yet affected.”

NEJM (Perspective) - Responding to Covid-19 — A Once-in-a-Century Pandemic?

By Bill Gates, published last weekend. You know this is a must-read. Gates says a great number of sensible things in this piece, and what needs to be done, both in the short term and in the long run, by a range of stakeholders.

Other updates

In steno style:
- Marketwatch: dr. Tedros calms down the stock markets (on Monday) - World Health Organization chief: Global markets need to stop panicking over coronavirus


“The Global Fund announced today new guidance to enable countries to strengthen their response to the new coronavirus, COVID-19, by using existing grants in a swift, nimble and pragmatic way. Working within its mandate to fight HIV, TB and malaria and to strengthen systems for health, the Global Fund is encouraging countries to reprogram savings from existing grants and to redeploy underutilized resources to mitigate the potential negative consequences of COVID-19 on health and health systems. In exceptional cases, countries may be able to reprogram funding from existing grants to COVID-19 response.”

- HPW - WHO Director General “Thanks” US President Trump For Offering Tehran Support

On a few interesting examples of ‘bridges for peace’.

“I would like to comment on the statement of the United States, in support of Iran,” said Ghebreyesus, speaking at a WHO press briefing, shortly after a WHO team had touched down in Tehran, laden with materials for 200,000 COVID-19 lab tests as well as health worker protective equipment, funded by the United Arab Emirates. ;. “I think we have a common enemy now, and using health, and especially fighting this virus as a bridge for peace, is very, very important,” Dr. Tedros said, adding that the United Arab Emirates support for the aid parcel was “another example of solidarity.” “

PS: WHO also adjusted its travel guidelines: ... Following a spike in cases around the world, which were traced back to travel from the new COVID-19 hotspots of Italy and Iran, WHO issued new travel restriction recommendations, most notably acknowledging that “In certain circumstances, measures that restrict the movement of people may prove temporarily useful.”

- NYT - Trump Makes Room for Experts, but Still Takes a Leading Role on Coronavirus

There’s a lot to say about the US (and Trump administration) & Covid-19, but that’s not really the focus of this newsletter. So just this one, perhaps:

“In confronting the first major health crisis of his presidency, Mr. Trump has made himself the primary source of information to the public with mixed results. Appearing before cameras sometimes multiple times a day to talk about the coronavirus, he has offered a consistently rosier assessment of the situation than health experts and has put forth unproven or even false assertions....” As others have noted, Trump seems to look at the virus with a view on the stock markets and his re-election, mostly.

- Caixin Global - China Faces Growing Virus Threat From Outside the Country

China is increasingly getting worried about “importing” the virus back in. See here on some imported cases from Italy.
NYT - In Coronavirus Fight, China Gives Citizens a Color Code, With Red Flags

“A new system uses software to dictate quarantines — and appears to send personal data to police, in a troubling precedent for automated social control.”

See also Economic Times - “The Alipay Health Code, as China’s official news media has called the system, was first introduced in the eastern city of Hangzhou. People in China sign up through Ant’s popular wallet app, Alipay, and are assigned a color code — green, yellow or red — that indicates their health status. ...”

Reuters - Kenya’s high court orders suspension of flights from China over coronavirus

By R Pomeroy, going into some detail on what WHO communication guidelines on Covid entail. Do’s and Don’ts.

IMF and World Bank Won’t Hold Spring Meetings in Washington Amid Coronavirus Outbreak


“The annual Spring Meetings in Washington will instead be a series of virtual conferences.”

Science Speaks - COVID-19: Groups urge Congress to provide emergency funding needed for domestic, global coronavirus responses

“A coalition of medical, health care, health policy and other groups are calling on the United States Congress to swiftly and meaningfully fund emergency multifaceted domestic and international responses to contain the novel coronavirus that now has spread to 61 countries and led to more than 3,000 deaths worldwide....”

For the moment, though, Congress emphasis seems to lie on funding the domestic response.

Science

Lots of focus of course on the vaccine development (but also the issue of affordable access, including for LMICs)

Devex - Inside the race to find a coronavirus vaccine
The global health community is trying to fast track the development of a vaccine against the novel coronavirus. … Questions are also emerging on global access to the vaccine, once a viable candidate has been developed.:

Quote David Fidler: “Governments have not developed a global governance framework for the equitable availability of vaccines for non-influenza virus outbreaks,” Fidler said. “If the COVID-19 outbreak gets worse and endures with serious morbidity and mortality until an effective and safe vaccine is developed, we could well have an access crisis because high-income countries would be under enormous political pressure to use vaccine made in their territories for their own populations,” Fidler said.

On the affordable access issue (of a vaccine, when it comes, eventually), see also Gavin Yamey in a Stat op-ed A coronavirus vaccine should be for everyone, not just those who can afford it

- FT Health (longread) - Coronavirus and the $2bn race to find a vaccine

“...The start-up leading the US fight to develop a treatment will need state backing and up to 18 months to make it work.”

Excerpts:

“Modern is one of more than 20 companies and public sector organisations worldwide racing to develop a vaccine against Covid-19, which in little more than two months has exploded from a few people suffering from respiratory disease in the Chinese city of Wuhan to a near-pandemic with 95,000 cases and 3,300 deaths worldwide so far. … The Coalition for Epidemic Preparedness Innovations — a partnership of governments, industry and charities, created three years ago to fight emerging diseases that threaten global health — is already sponsoring four Covid-19 vaccine projects, including Moderna’s. It is also on the point of signing contracts for four more, says Richard Hatchett, CEPI chief executive. He estimates that developing Covid-19 vaccines at the speed required will cost about $2bn over the next 12-18 months. … Production capacity will be key if and when licensed products emerge successfully from clinical trials, says Roger Connor, president of global vaccines at GSK. “Everybody will want it immediately. It may then take a period of time to create the supply organisation after that,” he warns. … Cepi has done a lot of scenario planning, including asking whether a Covid-19 vaccine will be needed when it is ready next year. “I don’t think it is plausible any longer that containment will be a success and the disease knocked out,” Hatchett says. “There is a business case that there will be a long-term commercial niche for these vaccines.”

- Stat News - A detailed guide to the coronavirus drugs and vaccines in development

With self-explanatory title.

And some links:
Lancet Global Health - Feasibility of controlling COVID-19 outbreaks by isolation of cases and contacts

Modelling exercise. Conclusion: “In most scenarios, highly effective contact tracing and case isolation is enough to control a new outbreak of COVID-19 within 3 months. The probability of control decreases with long delays from symptom onset to isolation, fewer cases ascertained by contact tracing, and increasing transmission before symptoms....”

Stat - How innovation is helping mitigate the coronavirus threat (with accompanying drone picture :))

Stat - Who is getting sick, and how sick? A breakdown of coronavirus risk by demographic factors

FT - US defence department in race to identify coronavirus treatment

So billions shouldn’t be a problem anymore : )

ABC - Scientists say they’ve identified 2 strains of COVID-19

“One (more severe) strain was common in Wuhan, China, then dropped off significantly.” Preliminary finding though, based on only Chinese cases. Needs confirmation.

See also the Telegraph - Coronavirus has mutated into more aggressive disease, say scientists

With, pretty much the opposite message...: “Coronavirus has evolved into two major lineages and it is possible to be infected with both, a new study shows.” “Coronavirus has mutated into two strains, one which appears to be far more aggressive, scientists have said, in a discovery which could hinder attempts to develop a vaccine. Researchers at Peking University’s School of Life Sciences and the Institut Pasteur of Shanghai, discovered the virus has evolved into two major lineages - dubbed ‘L’ and ‘S’ types. The older ‘S-type’ appears to be milder and less infectious, while the ‘L-type’ which emerged later, spreads quickly and currently accounts for around 70 per cent of cases....”

Anyway, murky picture, that needing ‘more research’ : )

See also this tweet: “Other scientists do NOT think the 2nd #coronavirus strain is more aggressive, but instead, may be due to a statistical artifact (aggressive sampling/sequencing early on), resulting in the Chinese scientists' misleading conclusions.”

Nature - Coronavirus latest: children are as susceptible as adults, study suggests

“Children are just as likely to get infected with the new coronavirus as adults, finds one of the most detailed studies yet published on the spread of the virus, known as SARS-CoV-2. The analysis — based on data from Shenzhen, China — provides a partial answer to one of the most pressing questions surrounding the outbreak: the role of children. Previous studies have suggested that kids were far less likely to develop severe symptoms when infected by the coronavirus, compared with
other age groups. But it was not clear if it was because they weren’t getting infected or if they were fighting off the infection more effectively than others. “Kids are just as likely to get infected and they’re not getting sick,” says Justin Lessler, an infectious-disease epidemiologist at Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland. He co-led the study with Johns Hopkins epidemiologist Qifang Bi, and epidemiologists Ting Ma, at the Harbin Institute of Technology in Shenzhen, and Tiejian Feng, of the Shenzhen Center for Disease Control and Prevention....”

Cidrap News - Short time between serial COVID-19 cases may hinder containment

“A study involving 28 COVID-19 patients in Japan has shown that the virus's serial interval—the time between successive cases—is close to or shorter than its median incubation period, suggesting pre-symptomatic transmission may play a key role in the outbreak and case isolation alone might not be as effective as hoped....”

Analysis

Guardian - Busting some myths


From last week, but one of our favourite analyses of the week. Among others, for this: ‘It is no more dangerous than winter flu’ is total bollocks.

Science - China’s aggressive measures have slowed the coronavirus. They may not work in other countries


Absolute must-read. “‘China has rolled out perhaps the most ambitious, agile, and aggressive disease containment effort in history,’’ the report notes.” (Bonus: Bruce Aylward with his Dick Turpin-mask)

For a somewhat related piece, see Tom Bollyky & Vin Gupta in Foreign Affairs - What the World Can Learn From China’s Experience With Coronavirus

While they admit some lessons can be learned from “Pandemic’s Ground Zero” they also stress: “...No other nation can or should seek to replicate China’s actions. The disregard that the government now demonstrates for the civil liberties and rights of its citizens is inseparable from the policies and actions that contributed to the outbreak in the first place....”
The Atlantic Epidemics Reveal the Truth About the Societies They Hit

“A nation’s response to disaster speaks to its strengths—and to its dysfunctions.” One of many pieces along these lines. True for societies, political regimes and health systems.

Brookings ‘Africa in Focus’ - Preparing for the coronavirus and other epidemics in Africa
Brookings:

Patricia Geli (senior economist World Bank) discusses potential economic impacts of the coronavirus outbreak and provides recommendations on how Africa can prepare for this (as well as future) disease outbreak(s).

Think Global Health - Anticipating Coronavirus in West Africa
https://www.thinkglobalhealth.org/article/anticipating-coronavirus-west-africa

Another must-read. “Interview with Nigeria CDC leader Chikwe Ihekweazu on outbreak detection, preparedness, response, and COVID-19 in Africa.”

CGD (blog) – What COVID-19 Should Teach Us About Smart Health Spending in Developing Countries

“With a number of African countries confirming their first cases of COVID-19 and the continent bracing for major outbreaks, health system resilience and basic functionality emerge once again as the determining factor for a successful response.”

Covid-19 (the SARS-CoV-2) and you

Alan Whiteside’s take. 4-pager.

LA Times - Doctors and nurses fighting coronavirus in China die of both infection and fatigue
Tragic and sad story.

**IHP - Governing global health emergencies: the role of criminalization**


Sandvik focuses here on the partial criminalization of infectious diseases as a strategy of global health governance, and applies this (via a three-fold argument) on the current Covid-19 strategies used in too many countries. “Criminalization hinders global health interventions in three ways. Criminalization might be so repressive that it has severe health-related impacts on the populations concerned. Criminalization also undermines and exacerbates challenges already faced by the public health infrastructure during an emergency. Finally, the repercussions of criminalization are most impactful in situations when the disease itself is the humanitarian crisis and where criminalization directly hampers efforts to contain and mitigate epidemics.”

**Development Today - US think tanks push for new fund to help poor countries combat coronavirus**


(gated) “As concern about coronavirus grows, three Washington-based think tanks are proposing that the G7 launch a new health security fund, managed by the World Bank, to help poor countries cope with a possible future pandemic. A researcher in Oslo warns that such a fund would further fragment the complicated global health architecture and weaken the World Health Organisation.”

For more on this joint think tank proposal, see [Preventing the Next Pandemic: A Challenge Fund to Build Health Security](https://www.internationalhealthpolicies.org/blogs/governing-global-health-emergencies-the-role-of-criminalization/). (includes 6 recommendations to operationalize it)

“A Global Health Security (GHS) Challenge Fund, outlined in a concept note, would help build country capacity where it is needed most by disbursing loans and grants so that countries can make progress on preparedness....”

**Economist (Leader) – The right medicine for the world economy**

[https://www.economist.com/leaders/2020/03/05/the-right-medicine-for-the-world-economy](https://www.economist.com/leaders/2020/03/05/the-right-medicine-for-the-world-economy)

“Coping with the pandemic involves all of government, not just the health system.”

Some more links to other analyses:

- NYT - [How Coronavirus Is Already Being Viewed Through a Partisan Lens](https://www.nytimes.com/2020/03/05/opinion/coronavirus-partisan-lens.html)
“Just how bad will the new coronavirus be? I can’t answer that question, but I have observed the debate splitting into two broad camps: Call them the “growthers” and the “base-raters.” “... The growther approach seems most common among people trained in mathematics, finance, and those who work in technology. ... The base-raters, when assessing the likelihood of a particular scenario, start by asking how often it has happened before. That is, they estimate its base-rate likelihood. And history shows that major pandemics have lately been rare. The SARS and Ebola outbreaks largely petered out, HIV-AIDS was of a very different nature, and the 1957 and 1968 flu epidemics are now distant memories. ... Base-raters acknowledge the exponential growth curves for the number of Covid-19 cases, but still think that the very bad scenarios are not so likely — even if they cannot exactly say why. ...”

“The global progress of coronavirus so far can be seen as a tale of two intersecting curves. One shows the daily number of new Covid-19 cases in China soaring to a peak in early February and declining steeply since then. The other curve, plotting new cases in the rest of the world, is on an exponential upward trajectory and on Tuesday exceeded Chinese cases. Though some have questioned the accuracy of the Chinese figures, independent epidemiologists accept that the country has cut its infection rate substantially. It has done so through an extremely aggressive, even brutal, programme of what public health professionals call social distancing. That meant isolating everyone with the disease and as far as possible all their contacts, with ruthless rigour....”

“Such stringent quarantine measures, including locking down cities for long periods, are unlikely to be acceptable in less authoritarian countries. But if Covid-19 soon becomes a pandemic, as most experts expect, everywhere in the world will have to consider what social distancing measures to adopt.”

An awful lot, they argue.

“IT is time to reflect on what can we learn from what happened at the centre of this crisis in Wuhan, from the social science perspectives. This will be critical for the preparedness for other low and middle-income countries facing a looming COVID-19 outbreak....”
“Countries have closed borders, banned travelers, quarantined foreigners, and rejected cruise ships in efforts to stem the spread of COVID-19. Moving forward, does it make sense from a public health perspective?”

- Think Global Health - [Why is Southeast Asia Responding Differently to COVID-19?](#)

“Fundamental differences and objectives between nation states in Southeast Asia influence their responses to COVID-19.”

- Lancet - [COVID-19 and the anti-lessons of history](#)

By Robert Peckham & recommended. “**Analogies of COVID-19** are rarely extended to encompass these intermeshing social and political environments. **The lessons approach** skates over this history, even as history’s expediency as a tool for instruction is flaunted. Historians need to contest false analogies that obscure, rather than elucidate, the social processes partly driving new infections. They need to challenge efforts to corral and straitjacket the past into summary lessons. By contrast, espousing an **anti-lessons approach to history** might prevent trained incapacity. Such an approach could help to ensure a strategic open-mindedness to emergent threats at a time when borders of many kinds are going up across the globe.”

- Project Syndicate - [The Two Dark Sides of COVID-19](#) (by Peter Singer et al)

“Historically, tragedies such as the ongoing COVID-19 epidemic have sometimes led to important changes. **The probable source of the new coronavirus** – so-called **wet markets**, at which live animals are sold and slaughtered before customers’ eyes – should be banned not only in China, but worldwide.”

- Lancet - [Has China faced only a herald wave of SARS-CoV-2?](#)

By Antoine Flahault. Hope he’s wrong, but indeed not unlikely.

- Lancet (Letter) - [Mass masking in the COVID-19 epidemic: people need guidance](#)

By some Chinese authors. “**As the spread of coronavirus disease 2019 (COVID-19) outside China is accelerating, we urge policy makers to reconsider the role of masking.”**

- MIT Technology review - [The coronavirus is the first true social-media “infodemic”](#)

“**Social media has zipped information and misinformation around the world at unprecedented speeds, fueling panic, racism ... and hope.”**

- CGD (blog) - [Containing the Epidemic: Should Schools Close for Coronavirus?](#) (by A L Minardi et al)

“Governments often close schools to manage disease outbreaks. **During the 2014 Ebola epidemic, five million children in Liberia, Guinea, and Sierra Leone were affected by school closures** lasting six
to eight months. Multiple countries closed schools in 2009 in response to the H1N1 flu pandemic. As coronavirus spreads across the globe, what should education ministers do when cases are reported in their countries? With schools currently closed in Hong Kong, mainland China, Italy, Iran, Vietnam, and elsewhere, we looked at the evidence on whether school closures (and what kind of school closures) are effective in reducing transmission of disease and some of the secondary—often adverse—consequences of school closure...”

- Guardian - Don’t let coronavirus tip society into panic, say psychologists

The take from psychologists: “The looming arrival of a new disease as it spreads across international borders is, naturally, a source of some anxiety. But psychologists warn that the coronavirus outbreak has the ingredients to tip society into a state of panic if not carefully handled. “If you look at the historical record you’ll find that when outbreaks of novel disease emerge they do trigger high levels of anxiety and uncertainty and dread,” said Monica Schoch-Spana, a senior scientist at the Johns Hopkins Center for Health Security. “Fear is going to be up because it’s unfamiliar ... and we don’t have the usual counter-measures like vaccines or medicines.” The invisibility of infectious disease makes it particularly potent as an agent of anxiety, according to Schoch-Spana, whose research focuses on community responses to extreme events....”

Ebola DRC – The end seems near... but ‘cautious, not naïve optimism’

Reuters - Last Congo Ebola patient discharged with end of outbreak in sight

Reuters:

“The last patient being treated for Ebola in Democratic Republic of Congo was discharged on Tuesday, the World Health Organization (WHO) said, bringing the 19-month-old outbreak closer than ever to an end. ... Congo has now gone 14 days without any new confirmed cases. The outbreak can be declared over once 42 days have passed without a new case - equivalent to two cycles of 21 days, the maximum incubation period for the virus....”

And a UN News link - DR Congo: With Ebola on the wane, UN agencies prepare to combat coronavirus

The Conversation - The DRC is on the road to being Ebola free: how it got here

Yap Boum: https://theconversation.com/the-drc-is-on-the-road-to-being-ebola-free-how-it-got-here-132992

Interesting analysis. Excerpts:

“In my opinion, the turning point was the change in leadership to manage the outbreak response. After the elections in 2018 there was a change of government with President Félix Tshisekedi at the helm. In July 2019 the president appointed Professor Jean-Jacques Muyembe as the chairman of the response, leading to the resignation of the Minister of Health, Dr Oly Ilunga Kalenga. These changes
signalled a new, more inclusive approach to managing the crisis. As a result communities became more engaged and involved in the response. People from the affected areas became more engaged in managing a disease that was affecting them....”

“A major development was the WHO’s decision in July 2019 to declare the outbreak a Public Health Emergency of International Concern. I must stress this wasn’t the silver bullet. The outbreak of a deadly disease within a conflict zone – and then in a major city – can’t be solved with a technical solution, such as more funding. But the decision gave the DRC’s Ministry of Health more flexibility to ensure response teams reached even the most remote areas. The decision had a critical effect on the response. It provided a second breath to address the new phase of the outbreak, paving the way to the point we’ve arrived at now....”

“The key lesson from breakthrough to come out of the ending Ebola outbreak is that we don’t solve a complex problem using technical solutions. Implementing an Ebola response requires political and community engagement – globally, at the highest level of the country, and locally....”

Devex – Last Ebola patient discharged — what’s next?

“This is the first time over the past year and a half that the response has entered into an observation period, according to Dr. Abdou Salam Gueye, DRC incident manager at the World Health Organization. “We have cautious optimism, but not naive optimism,” he said.

... ... During the observation period, all surveillance should be maintained and preferably be reinforced, Salam Gueye said. Surveillance systems are coordinated by the government of DRC and supported by WHO and other international organizations. ... ... Though a clear set of plans are in place, funding shortages could complicate efforts, he said. ... ... The current strategic response plan — which outlines the response activities needed to end the outbreak — calls for an estimated $83 million from January to June to fund the response, but WHO said it still needs $40 million. Funds are also needed for surveillance efforts and to keep treatment centers active to manage suspected cases. ...

Lancet World Report – Hope for the Ebola outbreak in DR Congo
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30495-5/fulltext

“The end of the epidemic might be in sight, but health experts warn against complacency. John Zarocostas reports from Geneva.”

“...WHO, UNICEF, and IFRC officials all called for the funds needed to finish the outbreak to be made available. WHO estimates that an extra US$40 million is needed for the response for the period until June. Gueye called on partners to fund the final phase so that the outbreak can be ended, while UNICEF’s Pfaffmann emphasised that “the worst thing that could happen is that we [get] a shortfall of resources right now that would compromise the ongoing activities”.

21
Global Health Governance

Guardian - UNAids chief vows to act after tribunal upholds staff harassment complaint


“Winnie Byanyima pledges to stamp out abuse after International Labour Organization rules that agency breached duty of care.”

The New Humanitarian - The WHO’s other priorities: PHEICs, health worker safety, and a push for preparedness


Must-read from Priti Patnaik - Dispatches from the World Health Organisation’s executive board meetings.

Quote:” Nearly 80 percent of high-impact epidemics now take place in fragile, conflict, or vulnerable settings, aligning the footprint of disease and the footprint of conflict, Dr. Mike Ryan, executive director of the WHO’s Health Emergencies Programme, told a session on health emergencies. “We have to reflect on our capacities to operate in those deep-field environments safely,” he added. …”

World Obesity Day  (4 March)

Press release - All countries significantly off track to meet 2025 WHO targets on Obesity


“Obesity organizations around the world are coming together on 4 March 2020 to mark World Obesity Day and call for more comprehensive solutions, treatment, and shared accountability for addressing the global epidemic that is obesity.”

“On current trends, 1 in 5 adults worldwide are expected to have obesity by 2025, yet all countries fall short of 2025 targets. Low- and middle-income countries are experiencing the greatest rise, highest numbers and lowest likelihood of meeting WHO targets. High BMI is estimated to cost health services globally US$990 billion per year (13% healthcare expenditure). Obesity increases the risk of many diseases, including diabetes, cancer and heart disease. Governments have previously committed to international targets and are urged to prioritize investment in addressing obesity
through obesity treatment services, early intervention and prevention. As part of a new World Obesity Day, leading obesity organizations from across the globe are calling for collective action to address the global obesity challenge.”

See the new World Obesity report Obesity: missing the 2025 targets.

And a tweet:

“Our new report, Missing the 2025 Targets, shows that rates are increasing most rapidly in LMICs including #Vietnam, #Rwanda & #Indonesia.”

AI, Big Tech & global health

WHO Bulletin - Four equity considerations for the use of artificial intelligence in public health
M Smith et al; https://www.who.int/bulletin/online_first/BLT.19.237503.pdf?ua=1

Part of a number of new WHO Bulletin articles on AI (early online).

Forbes - Google Health Is Looking To Disrupt Health-Tech With 500 Employees

“Search engine giant Google is intensely focusing its efforts and heavily investing in the health-tech space. More than 500 people now work at Google Health as its parent company Alphabet tries to improve search results that consumers see when they consult “Dr. Google” ....”

UHC

BMJ (blog) - Learning through partnerships to build stronger health systems for Universal Health Coverage (UHC)
A Razavi et al; https://blogs.bmj.com/bmjgh/2020/03/01/learning-through-partnerships-to-build-stronger-health-systems-for-universal-health-coverage-uhc/

“Increasingly aid is moving towards a bilateral partnership model of institutional health partnerships to complement multi-lateral efforts through bodies such as the World Health Organization (WHO). The UK government, in its recent aid strategy, set out a move towards partnership approaches such as the Better Health Programme (BHP); a co-developed programme of technical collaboration between the UK and eight other countries to strengthen health systems in
their response to the growing burden of non-communicable disease; part of the cross UK government Prosperity Fund portfolio. We discussed some key considerations of how to learn from partners in strengthening health systems and building towards UHC at the recent Prince Mahidol Award Conference 2020 (PMAC)....”

“Countries face similar challenges in implementing or maintaining UHC, despite differing starting points and maturation of the system; this enables shared learning. Immature systems can learn from the mistakes of advanced systems. Mature systems, whose historical structures may not be suitable for modern needs, can learn from innovation in developing systems especially in the use of new technologies, in new ways of achieving efficiencies and effective solutions to what may have been intractable challenges. Institutional Health Partnerships (IHPs) aim to build capacity and strengthen health institutions, through this shared learning, to improve delivery and outcomes....”

IJHPM - Universal Access to Healthcare: The Case of South Africa in the Comparative Global Context of the Late Anthropocene Era

Solomon Benatar et al ; http://www.ijhpm.com/article_3767.html

Now that’s an example of how the UHC debate should be tackled in the new climate emergency and plutocrat era.

“Much current global debate – as well as a great deal of political rhetoric – about global health and healthcare is characterised by a renewed emphasis on the goal of universal access throughout the world. ... ... Against this background the challenge is much greater in low- and middle-income countries that lag behind – especially if aspirations to universal access go beyond primary care. The challenges of achieving greater equity in access to health and in health outcomes, in a middle-income country like South Africa, illustrate the magnitude of the tensions and gaps that need to be traversed, given the vast differences between healthcare provided in the private and public sectors. Understandably the concept of National Health Insurance (NHI) in South Africa has widespread support. The strategies for how a successful and effective NHI could be implemented, over what timeframe and what it covers are, however, very controversial issues. What tends to be ignored is that sustainable improvement in health in South Africa, and elsewhere, is not determined merely by medical care but more especially by social structures intimately linked to deeply entrenched local and global social, economic and political forces and inequalities. While seldom openly addressed, some of these forces are explicated in this article to supplement views elsewhere, although most have elided emphasis on the pervasive effects of the global political economy on the provisioning and practising of health and healthcare everywhere on our planet.”

Joint Learning Network - Resource Guide for Measuring Health System Efficiency in Low- and Middle-Income Countries


“As more countries aim to implement universal health coverage (UHC), leaders will face challenging decisions from scarce resources. In addition to increasing health sector allocations, improving health system efficiency will be critical to their journeys to achieve UHC. Measuring Health System Efficiency in Low- and Middle-income Countries: A Resource Guide introduces the concepts and
principles of efficiency, and provides a framework for identifying and measuring health system efficiency in a practical way. Co-produced by the JLN’s Efficiency collaborative, this guide packages the experiences and expertise from 9 JLN member countries, including Bangladesh, Ethiopia, Ghana, India, Indonesia, Mongolia, Nigeria, the Philippines, and Vietnam. The resource guide also benefited from country pilots in Kenya and Malaysia.”

Check out also another new JLN resource - Health Priority Setting: A Practitioner’s Handbook.

TB

HPW - New Consortium Aims To Develop “Pan-TB” Treatment Regimen


“... a consortium of partners is entering the fight against one of humankind’s oldest infectious diseases, tuberculosis. A group of philanthropic, non-profit, and private sector organizations on Thursday launched a collaboration to accelerate development for a “pan-TB” treatment regimen to treat drug-sensitive and drug-resistant forms of the deadliest infectious disease in the world. The first-of-its kind Project to Accelerate New Treatments for Tuberculosis (PAN-TB collaboration) aims to develop safe treatment regimens that have little to no drug resistance and advance them through phase 2 clinical trials – universal regimens that can treat multiple different strains of TB....”

For the press release, see here.

“The members of the Project to Accelerate New Treatments for Tuberculosis (PAN-TB collaboration) – Evotec, GSK, Johnson & Johnson, Otsuka Pharmaceutical Co., Ltd., based in Japan, the Bill & Melinda Gates Medical Research Institute and the Bill & Melinda Gates Foundation – have committed to leveraging their unique assets, resources and scientific expertise to advance the development of novel regimens....”

Reuters – New TB drug regimen controls resistant disease in 9 of 10 cases: study

Reuters;

“ The new anti-tuberculosis drug combination of bedaquiline, pretomanid and linezolid cures 90% of people with deadly drug-resistant TB if given for six months, researchers report in The New England Journal of Medicine. “This is extremely significant, probably one of the biggest advances in TB therapeutics since the 1970s,” said Dr. Richard Chaisson, director of the Center for Tuberculosis Research at Johns Hopkins University, in Baltimore, who was not involved in the study....”
Malaria

WHO - The Malaria Vaccine Implementation Programme in Africa: clarifying misperceptions

See also the same reaction (in response to the BMJ Featured article from last week), by Soumya Swaminathan (WHO Chief scientific officer) et al as a BMJ Rapid response:

“...In summary, the RTS,S vaccine is undergoing phased introduction by the Ministries of Health of Malawi, Ghana and Kenya. The evaluation of the pilot implementation is being conducted in accordance with recognized national and international ethical standards and with respect to human subjects regulations. Information gained from the evaluations will help inform decisions around the broader use of RTS,S/AS01 both within the countries piloting the vaccine and across Africa, as part of the global effort to reduce suffering and deaths from malaria.”

HPW - International Research Partnership & EDCTP To Invest €44m In Next-Gen Antimalarials To Combat Drug-Resistant Malaria In Africa


“The European & Developing Countries Clinical Trials Partnership (EDCTP) awarded a new grant to the new PAMAfrica research consortium led by Medicines for Malaria Venture (MMV). The consortium will support the development of new treatments for malaria in the most-at-risk populations, including babies, patients with severe malaria, and those with drug-resistant infections. ...”

SRHR

Guardian - Girls stay longer in school but obesity, suicide and sexual violence remain risks


“Girls are far less likely to get married or drop out of school than ever before, but worryingly high rates of obesity, suicide and sexually transmitted infections underline how uneven global progress has been for them over the past 25 years, according to a report published on Wednesday. Despite major gains in some aspects of girls’ lives since governments pledged at the fourth world conference on women in 1995 to advance the rights of women and girls, violence against them is still not only common but accepted, claim the UN children’s agency, Plan International, and UN Women. They warn that if discrimination continues, the 2030 gender equality targets are unlikely to be achieved....”
“Twenty-five years after the historic Beijing women’s conference in China – a milestone in advancing equal rights – violence against women and girls is not only common, but widely accepted, a new UN report revealed on Wednesday. While there have been remarkable gains for girls in education, little headway has been made to help shape a more equal, less violent environment for them, warned the UN Children’s Fund (UNICEF), together with UN Women and the non-governmental organization Plan International in their report, A New Era for Girls: Taking stock on 25 years of progress.”

Reuters - Two-week U.N. gender equality meeting cut to one day over coronavirus

“An annual two-week United Nations meeting on the promotion of gender equality and the empowerment of women, usually attended by thousands of people from around the world, has been scaled back to a one-day event due the global outbreak of coronavirus. The Commission on the Status of Women will meet on March 9 to adopt a draft political declaration marking the 25th anniversary of the an historic women’s rights declaration signed in Beijing....”

Devex – Can advocates maintain momentum without UN’s largest women’s rights gathering?

“Women’s civil society organizations are scrambling to reframe conversations and rethink logistics following the decision earlier this week to postpone the United Nations Commission on the Status of Women events due to COVID-19 public health risks....”

“One option is to hold CSW in New York in July, following the U.N.’s High-Level Political Forum on Sustainable Development. ...”

UN News – International Women’s Day: progress on gender equality remains slow

“Women’s Rights in Review, 25 years after Beijing” takes stock of how the landmark gender equality plan, the Beijing Platform for Action, is being implemented and calls for greater parity and justice.”

“...The report finds faltering progress and notes that hard-won advances are being reversed by rampant inequality, climate change, conflict and exclusionary politics. The review highlights a lack of effective action to boost women’s representation in key decision-making and warns that the Platform will never be realized if all women and girls are not acknowledged and prioritized.”
Guardian - Argentina set to become first major Latin American country to legalise abortion

https://www.theguardian.com/world/2020/mar/01/argentina-set-to-become-first-major-latin-american-country-to-legalise-abortion

“Argentina is on track to become the first major Latin American country to legalise abortion. Its president, Alberto Fernández, said on Sunday that he intends to send a legal abortion bill to congress in the next 10 days....”

And a link: Washington Post: “Colombia was close to legalizing abortion. Instead, a top court kept restrictions in place.”

See also NPR - Two key decisions on abortion in Colombia and Argentina this month.

Economist – Abortions are becoming safer and easier to obtain—even where they are illegal

https://www.economist.com/international/2020/03/07/abortions-are-becoming-safer-and-easier-to-obtain-even-where-they-are-illegal

“Pills are making it easier for women to end unwanted pregnancies.”

“... behind the headlines, abortion is becoming more widely available in most of the world. Between 2000 and 2017 some 27 countries made it easier for women to get abortions. Only Nicaragua made it harder. In the past two years Cyprus, the Republic of Ireland, Northern Ireland and North Macedonia have all loosened restrictions. Since last April, South Korea and Thailand’s constitutional courts have ruled that banning abortion is unconstitutional. Argentina will probably legalise it soon, though Colombia’s top court refused to do so on March 3rd. And in countries where ending a pregnancy is still illegal or tightly restricted, do-it-yourself abortions, ..., are becoming safer.”

Guardian - Nine out of 10 people found to be biased against women

https://www.theguardian.com/global-development/2020/mar/05/nine-out-of-10-people-found-to-be-biased-against-women

“Analysis of 75 countries reveals ‘shocking’ scale of global women’s rights backlash.” On new UNDP findings.

“Almost 90% of people are biased against women, according to a new index that highlights the “shocking” extent of the global backlash towards gender equality. Despite progress in closing the equality gap, 91% of men and 86% of women hold at least one bias against women in relation to politics, economics, education, violence or reproductive rights. The first gender social norm index analysed data from 75 countries that, collectively, are home to more than 80% of the global population. It found that almost half of people feel men are superior political leaders and more than
40% believe men make better business executives. Almost a third of men and women think it’s acceptable for a man to beat his wife....”

Lancet Comment - The emotional determinants of health: The Lancet–London School of Hygiene & Tropical Medicine Commission

Heidi Larsson, R Horton et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30050-7/fulltext

Sounds really interesting, to say the least. Looking forward!

“...A new The Lancet–London School of Hygiene & Tropical Medicine Commission will bring the important dimension of emotions to this ecosystem of levers that impact on health decisions and outcomes. Ultimately, decisions about health are not only reliant on a rational process but are also impacted by our hopes or fears, anxieties and worries, and empathy and feelings, which are intertwined with political and social determinants, but merit their own attention....”

“...This Commission will explore and gather evidence on the emotional determinants of health in diverse settings and across different actors to generate recommendations and guidance for better preparedness and management of emotions in the context of clinical and public health.”

Planetary Health

Guardian - Tropical forests losing their ability to absorb carbon, study finds

https://www.theguardian.com/environment/2020/mar/04/tropical-forests-losing-their-ability-to-absorb-carbon-study-finds

Some more dire news, linked to a new study in Nature: “Tropical forests are taking up less carbon dioxide from the air, reducing their ability to act as “carbon sinks” and bringing closer the prospect of accelerating climate breakdown. The Amazon could turn into a source of carbon in the atmosphere, instead of one of the biggest absorbers of the gas, as soon as the next decade, owing to the damage caused by loggers and farming interests and the impacts of the climate crisis, new research has found. If that happens, climate breakdown is likely to become much more severe in its impacts, and the world will have to cut down much faster on carbon-producing activities to counteract the loss of the carbon sinks....”

Devex - World Bank staff call for canceling Spring Meetings — permanently

Let’s hope this will indeed be a ‘game changer’: “The World Bank’s staff association is calling for the institution to cancel its Spring Meetings — for good.” For climate reasons.

“...cancelling the Spring Meetings should not be done just for health reasons. They should be cancelled—not just this year but every year—because they’re at odds with our environmental goals and are a massive waste of time and money.”

Nature (Comment) - Emissions: world has four times the work or one-third of the time

N Höhne et al; https://www.nature.com/articles/d41586-020-00571-x

“The past decade of political failure on climate change has cost us all dear. It has shrunk the time left for action by two-thirds. In 2010, the world thought it had 30 years to halve global emissions of greenhouse gases. Today, we know that this must happen in ten years to minimize the effects of climate change. Incremental shifts that might once have been sufficient are no longer enough…”

World Politics Review - A Responsibility to Protect the Earth? Reframing Sovereignty in the Anthropocene


“The most logical way is to expand our concept of sovereign responsibility to incorporate environmental stewardship, by adopting the principle that all nations have a duty to protect the integrity of the living planet.”

“...The first, ethical impulse helped mobilize international elite opinion behind the principle of the so-called Responsibility to Protect, or R2P. Endorsed in 2005, it holds that each sovereign state has a fundamental obligation to protect its citizens from genocide, war crimes, crimes against humanity and ethnic cleansing. ... There is a compelling case for extending this notion to stewardship of the Earth. “Responsible sovereignty,” as Bruce Jones, Carlos Pascual and Stephen Stedman write, “requires all states to be accountable for their actions that have impacts beyond their borders.” The greening of sovereignty would begin by acknowledging that all states must avoid grievously harming the biosphere. A new norm—call it a Responsibility to Protect Earth, or R2PE—would commit countries to safeguard critical biomes, prevent negative ecological spillovers and open themselves to external... The advent of the Anthropocene requires us to expand our concept of the global commons to encompass other vulnerable ecosystems, biomes and natural cycles that are critical to the Earth system, regardless of whether, like the Amazon, they are contained primarily within the territory of particular states. ...”
Guardian - Vital Cop26 climate talks could be derailed by coronavirus

“Preparations for the Glasgow summit already hampered by travel restrictions…”

New Internationalist – The age of development: an obituary

“Wolfgang Sachs wrote a seminal series of essays for the New Internationalist in 1992 called ‘Development: a guide to the ruins’. The concept of development lives on – and takes on new shapes as it is reframed by the UN, reinterpreted by the Vatican or hijacked by authoritarian populists to serve their own nationalist agenda. But, he argues now, we need to move beyond its misguided assumptions into a new post-development era based on eco-solidarity.”

A few quotes: “Development is about survival now, not progress. “ “...“The Sustainable Development Goals should really be called SSGs – Sustainable Survival Goals.”...

Access to Medicines

JAMA theme issue on Drug Pricing
https://jamanetwork.com/journals/jama/currentissue

Got worldwide coverage, and for good reason.

Among others, check out:

- Estimated Research and Development Investment Needed to Bring a New Medicine to Market, 2009-2018 (by Olivier Wouters, Martin McKee et al)

Cfr a few tweets from the first author:

“We estimated that the median cost of bringing a new drug to market was $985 million, and that the average cost was $1.3 billion. This is lower than some earlier studies, which have placed the average figure as high as $2.8 billion. ...”

8/ What is the key take-away message? This study calls into question whether the average cost of developing one new drug is as high as previously claimed.

9/ Our paper is a call for transparency: If estimates of R&D costs are to be used to argue for high drug prices, the underlying data should be made publicly available....”
Coverage, among others, in Stat Plus - New estimate says developing a drug costs $1.3 billion, which is a lot, but less than companies often say.

- Profitability of Large Pharmaceutical Companies Compared With Other Large Public Companies

This analysis compared the profitability of large pharmaceutical companies with other large companies from the S&P 500 index. “... From 2000 to 2018, the profitability of large pharmaceutical companies was significantly greater than other large, public companies, but the difference was less pronounced when considering company size, year, or research and development expense.”

As a Comment pointed out, Big Tech now forms the main challenge for Big Pharma (to continue having these sorts of large profits) in the next decades.

- Lobbying Expenditures and Campaign Contributions by the Pharmaceutical and Health Product Industry in the United States, 1999-2018

Big Pharma and health care industries spent almost $5 billion on lobbying in the last 20 years.

JAMA - Regulating Medicines in a Globalized World With Increased Recognition and Reliance Among Regulators: A National Academies Report

L Gostin et al; https://jamanetwork.com/journals/jama/fullarticle/2762531

“In this Viewpoint, Gostin discusses the recommendations of a National Academies committee convened to explore how increased coordination among countries’ regulatory agencies could improve oversight of drug safety and effectiveness in the era of global pharmaceutical research and development.”

WHO Bulletin – March issue

https://www.who.int/bulletin/volumes/98/3/en/

Start with the Editorial - Data sharing for novel coronavirus (COVID-19)

“... To improve timely access to data in the context of the COVID-19 emergency the Bulletin of the World Health Organization will implement an “COVID-19 Open” data sharing and reporting protocol, which will apply during the current COVID-19 emergency....”

Some other articles we’d like to flag:

- Priority pathogens and the antibiotic pipeline: an update
Editorial related to the two new WHO reports from a few weeks ago: “The steady rise of antimicrobial resistance is one challenge where the current research and development system does not provide the needed solutions. Two new World Health Organization (WHO) reports show that too few new antibacterial treatments are in development and that more interventions are needed....”

- **Health impacts of climate change and geopolitics: a call for papers** (deadline: 15 June)

“...The effects of climate change can also interact with one or several aspects of geopolitics; however, neither are adequately addressed by the global health agenda. ... ... The Bulletin of the World Health Organization will publish a theme issue on the impacts of climate change and geopolitics, and their interlinkages with human health. Specifically, the issue will explore how health systems in low-resource settings mitigate and adapt to these impacts; how the UN Member States, civil society organizations and citizens can foster commitments towards various international instruments on climate change; the role of monitoring and reporting and civil society organizations in holding governments accountable for addressing climate change and influencing geopolitical forces so health is promoted and protected.”

**Some key papers & reports of the week**

Critical Public Health (Editorial) - Teaching global health from the south: challenges and proposals

C R Montenegro et al;
https://www.tandfonline.com/doi/full/10.1080/09581596.2020.1730570#.Xl4NH1iigT4.twitter

“.... considering the asymmetries just described, and thinking from the global south, how can universities, as key sites of knowledge production and circulation, participate in and subvert the definition and practice of global health? Can teaching and learning be a mechanism to visibilize and undo the geopolitical power imbalances reproduced in mainstream, western global health? Focusing on Latin America, we describe some of the challenges at hand and reflect upon the development of global health training in the global south....”

“Crafting a ‘southern’ view and practice of global health requires two analytical movements. One movement places the focus on local conditions and sociocultural foundations of health and illness, bringing local history center stage and drawing extensively on the social sciences. The other movement reflexively considers the geopolitical imbalances that are at the core of the global health enterprise in order to undo them in the act of teaching and training. This double, reflexive approach can aid students and academics to observe, from an ethical stance, their professional practice, tracing the local and global dynamics at play in the emergence and distribution of health and disease. A stronger presence of the social sciences and a reflexive stance towards the global politics of health and their impact upon local realities should be a core component of global health programs in the global south....”

**Book - Health Policy and Systems Responses to Forced Migration**

https://link.springer.com/book/10.1007/978-3-030-33812-1
Edited by K Bozorgmehr et al.

Do start with the introduction - Health Policy and Systems Responses to Forced Migration: An Introduction

BMJ Global Health - International migration and health: it is time to go beyond conventional theoretical frameworks
M Z Hossin; https://gh.bmj.com/content/5/2/e001938

And bring in intersectionality. “Situating migration within the broader structural contexts, the paper calls for using the unharnessed potential of the intersectionality framework to advance immigrant health research....”

Lancet (Comment) - Responding to health emergencies in the Eastern Mediterranean region in times of conflict
R Brennan, Ahmed Al-Mandhari et al  https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30069-6/fulltext

“WHO's Eastern Mediterranean region (EMR) is facing emergencies on a scale that is perhaps unprecedented in its history. There is armed conflict in 12 of the region’s 22 countries. The region’s 680 million people represent 9% of the global population, yet the EMR is home to 43% of those who need humanitarian assistance and is the source of 64% of the world’s refugees. The health effects of these crises are immense. ...”

(PS: Ahmed Al-Mandhari is currently WHO EMRO Regional director).

Journal of Global Health - Government public health intelligence units: bridging the data to policy gap
C Driver et al; http://www.jogh.org/documents/issue202001/jogh-10-010318.htm

“... Public health intelligence (PHI) services provide an opportunity to bridge the gap between data analysis and policy decision-making. We propose that PHI services should be strengthened within government health institutions. Furthermore, we believe that the most efficient, effective, and sustainable way to deliver these services is through a dedicated organizational unit that integrates potentially fragmented efforts...”

Journal of Global Health - World Health Organization simulations: an increasingly popular learning tool for the development of future global health practitioners
B Wong et al; http://www.jogh.org/documents/issue202001/jogh-10-010305.htm

With self-explanatory title.
“To maintain support for further investments into health research and prevent large groups of people from questioning modern science, researchers will increasingly need to master their communication of scientific progress in the 21st century to a broad general population. The new generations, who inform and educate themselves online, prefer to make their own choices in what they view. This makes them vulnerable to many types of online misinformation, which is placed there mainly to attract their clicks. This evolving context could strongly undermine a consensus in the population over very important public health issues and gains. Therefore, we believe that it deserves to be recognised as a serious problem of our time that needs to be addressed. In addition to possible inaccuracies of the health information found online, the other component of the problem is how to make global public health topics and issues attractive for viewing online and engaging with. They need to compete with popular music, celebrity gossip, sports, movies and other forms of entertainment. In this issue, we bring a novel series aiming to explore effective strategies to promoting global health issues online and through other mass media, and reaching wide audiences.”

Lancet Perspective – The danger of stories in global health

Sophie Harman

Recommended.

«Stories become dangerous when we overlook or dismiss them as a source of knowledge. ... ... Too often when we dismiss stories, we dismiss women. ...”

...Other stories have much greater visibility. The rise of the global health hero story in the past decades obscures women further. Men working in global health have cemented their leadership through biographies and high-profile interviews that focus on their life stories. Male dominance of such stories is perhaps unsurprising given men disproportionately assume leadership positions in global health. However, male-dominated story-telling has important impacts on the wider politics of global health governance. It increases the space men take up in our narratives and imagination on global health, reproducing the norm of men as leaders and individual visionaries that get things done—the single heroic leader with the necessary vision, dynamism, and obstinacy to address the world’s greatest problems. ... ... The individual hero, the single narrative, invisible women, and the stories we dismiss all point to the ethical dangers of who has the right to tell, use, and consume stories...”

She concludes: “...Stories are dangerous when they are ignored, taken out of context, are fiction masquerading as fact, or used to dominate, silence, or demonise other people. But stories have long been a means to explain what is happening to us, to think through our fears, and relate to each other as human beings. This is the real power of stories in global health: provision of comfort, making sense of our health and place in the world, challenging our preconceptions, and defeating fear through stories of common humanity.”
Blogs & mainstream articles of the week

Forbes - Reciprocity In Global Health: Ain't Easy But Vital

By M Pai. Need I say more?

Beyond Global Health Equity: The Case for Decolonizing Global Health
https://medium.com/amplify/global-health-equity-is-not-enough-the-case-for-decolonizing-global-health-833f1e2fd2

By A Koris et al. From some of the participants at the Decolonizing Global Health 2020 conference end of January.

“...In global health specifically, the decolonization framework has emerged as a more radical and political take on the “progressive” framework of global health equity. The latter calls practitioners to address social determinants of disease such as income, race, gender, or policy. While the shift in focus to “equity” in global health and its underlying social determinants is a step towards acknowledging the drivers of health disparities across and within countries, it does not directly address structural forces that gave rise to these determinants in the first place....”

“...Somewhat to our surprise, organizing this conference gave us a bird’s eye view of the contours of the transnational conversation on decolonizing global health....”

ProPublica - When the Billionaire Family Behind the Opioid Crisis Needed PR Help, They Turned to Mike Bloomberg

ProPublica;

“Bloomberg gave media advice to the Sacklers and recommended his longtime mayoral spokesman to them.”

Anyway, Bloomberg is presidential race “history” now.

F2P blog - Could Amartya Sen and Martha Nussbaum help us have a more grown-up conversation about aid?


“... In Women and Human Development, Martha Nussbaume identifies 10 basic freedoms at the heart of development. When does aid support the expansion of freedoms? When does it
undermine them? Here are some initial thoughts in tabular form – feel free to disagree/improve. …” Check out Duncan Green’s table.

Some of his quick impressions from this exercise: “Firstly, the striking gaps in the aid agenda, when compared with Nussbaum’s list of what makes life worth living. Second, that the negative column is as much about the failure of aid to act as about it doing bad stuff – sins of omission, rather than commission.”

Some tweets of the week

A thread by J Konyndyk (last weekend), described like this:

“This is THE thread to read to understand where we are & where the world is likely to go on #COVID19. Key message: “this virus will "hold up the mirror" to the health security readiness of every country it reaches. Many will not like what they see.””

Anand Giridharadas

“Coronavirus makes clear what has been true all along, Your health is as safe as that of the worst-insured, worst-cared-for person in your society. It will be decided by the height of the floor, not the ceiling.”

Ilona Kickbusch

“#COVID19 brings all weaknesses of #UHC in a country to the fore: access to testing, payment of tests and treatment, access to sickleave, community engagement, nr of health professionals, emergency beds, health literacy, health in all policies - the list goes on! @UHC2030 #6asks”

Josh Mishaud

“Let’s face it: not calling #COVID19 a pandemic at this point is based in political and social concerns, not epidemiological ones.”

Clare Wenham (part of a great thread of tweets)

“Perhaps most surprising, is how quickly we’ve seen indications of societal breakdown related to outbreaks caused by #COVID19 - looting of hospitals in France for hand sanitiser and #toiletpapergate - disruption noted by McInnes …”

Or in the words of Kelley Lee: “Three packets of toilet paper away from anarchy.”

Devi Sridhar
“Weird thing going on in this outbreak among experts on twitter trying to out-expert each other & people sending tweets self-validating. Can we just have mutual respect that responding to this outbreak involves loads of different backgrounds & get over the academic in-fighting?”

Global governance of health

CGD (blog) - Joint Ministers the Latest Step in Johnson’s Global Britain


“UK Prime Minister Boris Johnson’s recent reshuffle saw substantial changes to the Department for International Development’s (DFID) and Foreign and Commonwealth Office’s (FCO) ministerial teams, the most striking of which was that the two departments will share all of their junior ministers while each retaining cabinet-level secretaries of state.”

For an update, see the Independent - Anger as Boris Johnson 'hands Foreign Office' power to spend aid budget

“It is 2020: Are We Achieving the Global Goals? Global Goal Measurement: SDG Data Events on the Horizon

https://medium.com/@sdgcounting/it-is-2020-are-we-achieving-the-global-goals-53729660e550

“Will the Global Agenda be met by 2030? We have launched a four-part series that looks at what milestones have been achieved toward the SDGs to date, as well as what trends are emerging to progress the Goals over the next ten years. This article — the final part in our series — highlights upcoming events we think are the most important to follow if you are paying attention to SDG data.” Among others, the 51st session of the UN Statistical Commission (early March, NY), The 2020 High-Level Political Forum (HLPF) on Sustainable Development (July, NY), ...
IISD - An Accelerator Under-Used? New Report Explores the Place of Culture in SDG Implementation

IISD;

“Culture – including built and intangible heritage and its connections with nature – represents a resource for addressing individual SDGs and is a factor underpinning wellbeing and sustainability more broadly. Key ways in which culture features in Voluntary National Review reports include as stand-alone areas of work, as vectors of sustainability, and as cross-cutting considerations. The #Culture2030Goal campaign is working with governments, UN agencies and all other stakeholders to ensure that we recognise the role of culture and heritage as development accelerators....”

Check out the related report “Culture in the Implementation of the 2030 Agenda”.

Devex - As Europe uses aid to push private investment in Africa, NGOs push back


“Across Europe, donors are using aid to help domestic businesses expand into Africa — but NGOs say this undermines traditional development work, even as the private sector remains wary.”

Guardian - Save the Children chief resists calls to quit after damning watchdog inquiry


“The head of one of Britain’s biggest charities resisted calls to resign on Wednesday after a damning inquiry into the organisation’s handling of allegations of sexual harassment and inappropriate behaviour against senior managers. A Charity Commission investigation into Save the Children’s handling of claims against Justin Forsyth and Brendan Cox, respectively the charity’s former chief executive and policy director, will be published on Thursday. But leaked details of the inquiry, published in the Times, in which the commission accused Save the Children of “serious failures and mismanagement” of the way it dealt with the allegations in 2015, led to calls for the resignation of Kevin Watkins, the charity’s chief executive....”

“In a statement, Watkins made it clear he would continue in the organisation. Watkins said: “Our leadership team and board have apologised unreservedly to the women affected by the behaviour of these two senior executives. We have made progress on our workplace culture, but still have work to do to strengthen our organisation. We are determined that all our staff should live by the values of respect, compassion and integrity on which Save the Children was founded.””
Devex - US lawmakers reject budget cuts, question USAID policy


“Lawmakers made use of their first opportunity to publicly question the Trump administration’s fiscal year 2021 foreign aid budget during a House appropriations subcommittee hearing on Tuesday. Legislators rejected the proposed budget cuts and addressed a wide-ranging set of issues, from COVID-19 to the “global gag rule.”…”

International Affairs – Global aid and faith actors: the case for an actor-orientated approach to the ‘turn to religion’

E Tomalin: https://academic.oup.com/ia/article-abstract/96/2/323/5775703?redirectedFrom=fulltext

“In this article, drawing on the work of the development sociologist Norman Long, I make the case for an actor-oriented approach to understanding the ‘turn to religion’ by global aid actors over the past couple of decades. I ask, is the ‘turn to religion’ evidence of the emergence of post-secular partnerships or are faith actors being instrumentalized to serve neo-liberal development goals? I argue that neither option captures the whole story and advocate that the study of religion and development needs to move beyond a binary between the ‘turn to religion’ as either evidence of post-secular partnerships or of the ‘instrumentalization’ of religion by the secular global aid business, and instead to think about how faith actors themselves encounter and shape development discourses and frameworks, translate them into relevant formats and strategically employ them....”

Quick links:

Axios - Scoop: State-owned think tank floats China-led WHO alternative

“As the coronavirus continues to spread around the world, a Chinese government-owned think tank is soliciting opinions to gauge how the international community might receive a Chinese alternative to the World Health Organization....”

Foreign Policy - Trump Loyalist Appointed to Oversee Relations With U.N., World Health Organization
Issue dedicated to 10 years ACA (in the US).

In related news, see also AP - [Supreme Court will decide the fate of Obama health care law](https://www.healthaffairs.org/toc/hlthaff/39/3)

“The Supreme Court agreed Monday to decide a lawsuit that threatens the Obama-era health care law, a case that will keep health care squarely in front of voters even though a decision won’t come until after the 2020 election. The court said it would hear an appeal by 20 mainly Democratic states of a lower-court ruling that declared part of the statute unconstitutional and cast a cloud over the rest. For the more than 20 million people covered under “Obamacare,” nothing changes while the Supreme Court deliberates. The law’s subsidized private insurance coverage and Medicaid expansion remain in place while the issues are litigated again....”

[BMJ Global Health - The differential impact of economic recessions on health systems in middle-income settings: a comparative case study of unequal states in Brazil](https://gh.bmj.com/content/5/2/e002122)

“Although economic crises are common in low/middle-income countries (LMICs), the evidence of their impact on health systems is still scant. We conducted a comparative case study of Maranhão and São Paulo, two unevenly developed states in Brazil, to explore the health financing and system performance changes brought in by its 2014–2015 economic recession....”

[SS&M - The knowledge and attitude of Ghanaian decision-makers and researchers towards health technology assessment](https://www.sciencedirect.com/science/article/pii/S0277953620301088)

“As with other LMIC, decision-makers in Ghana have limited knowledge about HTA. The identified barriers to HTA were resources, political and cultural issues. To promote the use of HTA the identified barriers need addressing. Decision-makers were positive about implementing HTA and identified areas of use.”
Journal of Global Health - National user fee abolition and health insurance scheme in Burkina Faso: How can they be integrated on the road to universal health coverage without increasing health inequities?


“In May 2016, the government of Burkina Faso introduced a free health care policy for pregnant women and children under five years of age. This national policy has been effective since in all public health facilities, regardless of their level in the pyramid of care – Burkina Faso counts 1760 primary care facilities, 47 medical centers with surgical capacities, and 13 reference hospitals at the regional or national levels. The health system is complemented by an increasing network of community health workers who provide free services – including test and treatment for certain diseases– to their local communities. It is noticeable that Burkina Faso is one of the first countries in the Region to overturn the cost recovery policy which imposed direct payment for health care in most sub-Saharan African countries following the Bamako Initiative in 1986....”

Quick link:

BMC Health Services - Policy levers and priority-setting in universal health coverage: a qualitative analysis of healthcare financing agenda setting in Kenya

By T Oraro-Lawrence & K Wyss.

Planetary health

Guardian - Scientists turn to tech to prevent second wave of locusts in east Africa


“Researchers use supercomputer to predict potential breeding areas as food security fears grow.”

Newsweek – Air pollution pandemic kills more people prematurely than smoking, malaria and HIV, study finds

Newsweek;

“An air pollution "pandemic" shortens the lives of more people than smoking, malaria and HIV/AIDS, a study has found. Using a newly developed model, scientists have shown air pollution wipes almost
three years off people's lives on average, accounting for 8.8 million premature deaths in 2015. In comparison, smoking was found to shorten people’s lives by 2.2 years on average, while HIV/AIDS cut 0.7 years off the average life expectancy. Parasitic diseases like malaria were responsible for losing 0.6 years of life, while violence—including war—cut the average life expectancy by 0.3 years….”

Based on a brand new paper in Cardiovascular Research, Loss of life expectancy from air pollution compared to other risk factors: a worldwide perspective (by J Lelieveld, A Haines et al)

Quick link:

Locust swarms form dark clouds over South Asia food security

“ Beijing tells authorities to prepare for possible invasion”. It’s not just in Africa, the locusts...

Infectious diseases & NTDs

WHO Bulletin - Economic evaluation of short treatment for multidrug resistant tuberculosis, Ethiopia and South Africa: the STREAM trial

J J Madan et al; https://www.who.int/bulletin/online_first/BLT.19.243584.pdf?ua=1

Authors investigated cost changes for health systems and participants resulting from switching to short treatment regimens for multidrug-resistant (MDR) tuberculosis. The costs to health systems and participants of long (20 to 22 months) and short (9 to 11 months) MDR tuberculosis regimens in Ethiopia and South Africa were compared....”

Conclusion: “The short MDR tuberculosis treatment regimen was associated with a substantial reduction in health-system costs and a lower financial burden for participants.”

NEJM (Editorial) - Triumph and Tragedy of 21st Century Tuberculosis Drug Development


Well worth a read, this helicopter view.
BMJ Global Health (Analysis) – Ending TB in Southeast Asia: current resources are not enough

V Bhatia et al; https://gh.bmj.com/content/5/3/e002073

“The Southeast Asia Region continues to battle tuberculosis (TB) as one of its most severe health and development challenges. Unless there is a substantial increase in investments for TB prevention, diagnosis, care and treatment, there will be catastrophic effects for the region. The uncontrolled TB burden impacts socioeconomic development and increase of drug resistance in the region. Based on epidemiological inputs from a mathematical model, a costing analysis estimates that the desired targets of ending TB are achievable with additional interventions, and critical thresholds require an increase in spending by almost double the current levels. The data source for financial allocation to TB programmes is the report submitted by countries to WHO, while projections are based on modelling. The model accounts for funding needs for all strategies based on published data and accounts for programme and patient costs. This paper delineates the resource needs, availability and gaps of ending TB in the region. It is estimated that close to US$2 billion per year are needed in the region for TB-related activities for a meaningful bending of the incidence curve towards ending TB.”

UNAIDS - Forty years into the HIV epidemic, AIDS remains the leading cause of death of women of reproductive age—UNAIDS calls for bold action


“Ahead of International Women’s Day, UNAIDS has launched a new report showing that the stark inequalities and inequities between men and women are continuing to make women and girls more vulnerable to HIV. We’ve got the power urges governments to do more to empower women and girls and fulfil their human rights. ... ... Gender discrimination and violence, gaps in education and lack of economic empowerment and protection of sexual and reproductive health and rights are blocking progress...”

Quick link:

Lancet Letter - Why is WHO failing women with falciparum malaria in the first trimester of pregnancy?
NCDs

World Hearing Day (3 March)


“Around 466 million people worldwide have disabling hearing loss, and 34 million of these are children. It is estimated that by 2050 over 900 million people will have disabling hearing loss....”

See WHO - World Hearing Day 2020

“On World Hearing Day 2020, WHO will highlight that timely and effective interventions can ensure that people with hearing loss are able to achieve their full potential. It will draw attention to the options available in this respect.

Key messages for World Hearing Day 2020:
• At all life stages, communication and good hearing health connect us to each other, our communities, and the world.
• For those who have hearing loss, appropriate and timely interventions can facilitate access to education, employment and communication.
• Globally, there is lack of access to interventions to address hearing loss, such as hearing aids.
• Early intervention should be made available through the health systems”

BMJ Global Health (blog) - Can 50 by 30 for road safety be achieved without the equity lens?


“Last week, the 3rd Global Ministerial Conference on Road Safety was held in Stockholm, Sweden (19-20 February 2020). The new proposed target is to reduce road deaths and serious injuries by 50% in a new decade of SDG action for road safety to 2030, #50by30. To accelerate progress, major funding has been committed to the cause....”

Interesting blog by Jagnoor Jagnoor (George Institute for Global Health).

IMF (Finance and Development) – The long, good life

“Longer, more productive lives will mean big changes to the old rules of aging”. By Andrew Scott, professor of economics at the London Business School and cofounder of The Longevity Forum.

International Health – Inflammatory bowel disease in Africa: what is the current state of knowledge?


“Inflammatory bowel disease (IBD) is increasingly recognized as a global disease in the twenty-first century; however, little is known about its epidemiology in Africa. We conducted a literature review in order to assess what is currently known on this subject, the results of which are reported here. Based on available observational studies, it appears that the incidence of IBD in Africa is rising, although comprehensive epidemiological data are lacking. This is likely due to multiple factors, including shifting trends in diet and exposure to environmental pathogens. Many challenges relating to IBD exist for healthcare systems in Africa, including the need for improved access to diagnostic facilities such as endoscopy and histopathology, and the potential economic burden of treatment. Intestinal TB also represents a significant confounding factor in the diagnosis of IBD in Africa....”

Sexual & Reproductive / maternal, neonatal & child health

Guardian – Faulty condoms leave charity facing court case in Uganda

Guardian:

“Two Ugandan men have taken court action against an international charity for distributing faulty condoms which, they claim, led to one of them contracting HIV and the other gonorrhoea. In a lawsuit, Joseph Kintu and Sulaiman Balinya say they bought Life Guard condoms from stores supplied by the Marie Stopes organisation in Uganda in October last year....”

Quick link:

Lancet Comment - Guidance for the health sector to partner with parents and families for early childhood development.

“...Three Lancet Series on early childhood development in 2007, 2011, and 2017 brought together a century of developmental science. These Series increased our understanding of how human development unfolds, why early childhood development is so important for health and wellbeing across the life course and into the next generation, and how the health sector can step up and lead efforts to give the youngest children everywhere a better chance to reach their individual potential. Nurturing care from parents and families—and supported by their communities, state services,
national policies, and international conventions—provides the optimal environment for early childhood development....”

**Access to medicines**

Stat - Trump’s tone toward pharma shifts, as he looks to drug makers to help with coronavirus response


“President Trump had billed the meeting with pharmaceutical executives as a scolding waiting to happen. The gathering was intended to pressure the industry to bring drug prices “way down,” he said on Friday, suggesting it had only later morphed into a “convenient” opportunity to discuss the development of a coronavirus vaccine. But seated across from 10 pharmaceutical executives in the Cabinet Room on Monday, Trump’s long-simmering contempt for the drug industry melted away. Trump told executives from Gilead, Johnson & Johnson, and Pfizer that they worked for a “great company.” He affectionately referred to Leonard Schleifer, the CEO of Regeneron, as “Lenny.” At one point, Trump referred to the assembled drug executives as “geniuses.” The meeting signified a remarkable shift in Trump’s view of the pharmaceutical industry. After years of maintaining that drug companies charge “ripoff” prices, Trump appeared floored by the executives’ progress reports....”

**BMJ Global Health - Addressing the challenges of regulatory systems strengthening in small states**

C Preston et al: [https://gh.bmj.com/content/5/2/e001912](https://gh.bmj.com/content/5/2/e001912)

“Countries should ensure equitable access to quality medicines. Regulatory systems for medicines and other health technologies are an essential part of well-functioning health systems and are a requisite for achieving Universal Health and the Sustainable Development Goals. The Pan American Health Organization, the World health Organization (WHO) regional office for the Americas, has assessed national regulatory capacities using a precursor of WHO Global Benchmarking Tool, and conducted an analysis of the data which suggests an association of regulatory capacity with population and the size of the economy. Regulatory capacity tends to decrease as population and gross domestic product decreases. This predominantly impacts the Caribbean sub-region in the Americas, which includes many states with small populations and economies. This paper will use the World Bank’s term ‘small states’ to refer to countries with 1.5 million people or less and other larger countries that face similar challenges. The regulatory challenges of small states include small markets and limited human and financial resources. However, small states can build regulatory systems with a narrower scope that are less resource intensive and still ensure appropriate regulation and oversight. The approach should be tailored to accomplish a subset of WHO recommended essential functions, including marketing authorisation, licensing of establishments and postmarket surveillance/pharmacovigilance, depending on the need to oversee local manufacturing, which requires a comprehensive system. The approach should also
include adoption of efficiencies, such as regionalisation and reliance. *This model is currently being put in practice in the small states of the Caribbean Community and Pacific Islands and can inform other small states around the world.*

Globalization & Health – Public-private knowledge transfer and access to medicines: a systematic review and qualitative study of perceptions and roles of scientists involved in HPV vaccine research


“Public research organizations and their interactions with industry partners play a crucial role for public health and access to medicines. **The development and commercialization of the Human Papillomavirus (HPV) vaccines illustrate how licensing practices of public research organizations can contribute to high prices of the resulting product and affect accessibility to vulnerable populations.** Efforts by the international community to improve access to medicines have recognised this issue and promote the public health-sensitive management of research conducted by public research organizations. **This paper explores: how medical knowledge is exchanged between public and private actors; what role inventor scientists play in this process; and how they view the implementation of public health-sensitive knowledge exchange strategies.**”

Human resources for health

Global Health Action - Key challenges of health care workers in implementing the integrated management of childhood illnesses (IMCI) program: a scoping review


“Several evaluative studies demonstrate that a well-coordinated Integrated Management of Childhood Illnesses (IMCI) program can reduce child mortality. However, there is dearth of information on how frontline providers perceive IMCI and how, in their view, the program is implemented and how it could be refined and revitalized.”

The authors determined the key challenges affecting IMCI implementation from the perspective of health care workers (HCWs) in primary health care facilities.
Guardian - Nurses have been invisible and undervalued for far too long


Focus here on the UK, but relevant for all settings. “Nurses have been invisible and undervalued for far too long.”

JAMA Psychiatry - Male and Female Physician Suicidality - A Systematic Review and Meta-analysis

JAMA;

Female physicians are more likely than their non-physician peers to die by suicide. For male physicians, it’s the opposite.

Miscellaneous

Nature - China bans cash rewards for publishing papers

Nature;

“China has announced a national policy to tackle the perverse incentives that drive a ‘publish or perish’ culture. The policy directs institutions to stop paying researchers bonuses for publishing in journals. It also orders them not to promote or recruit researchers solely on the basis of the number of papers they publish, or their citations.”

See also a Nature Editorial - China’s research-evaluation revamp should not mean fewer international collaborations

“All end to narrow metrics-based evaluation is welcome — but China’s researchers must continue to publish with colleagues from around the world.”
Emerging Voices

The Conversation - Coronavirus: 5 ways to put evidence into action during outbreaks like COVID-19


By Firaz Khalid (EV 2018), based on a recent paper by him.

Research

WHO Bulletin - Cost–effectiveness of emergency care interventions in low and middle-income countries: a systematic review


The authors systematically reviewed and appraised the quality of cost–effectiveness analyses of emergency care interventions in low- and middle-income countries.

They found large gaps in the evidence surrounding the cost–effectiveness of emergency care interventions in low- and middle-income settings.

World Development - Developing a middle-range theory to explain how cash transfers work to tackle the social determinants of health: A realist case study


“Cash transfers (CTs) are increasingly high on the agenda of most governments and development partners in low-and middle-income countries. Even though burgeoning evidence points to CTs’ impact on the social determinants of health (SDoH), there is little evidence about how and why CTs work to influence the SDoH. This paper reports on a realist evaluation aimed at developing a middle-range theory that explains how CTs influence the SDoH by exploring program mechanisms of change and associated contextual factors....”